Informed Consent for Children in Saudi Arabia

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**Declaration**

The following declaration, signed by Hind Alotabi

This is to certify that:

i. The thesis comprises only my original work towards the masters except where due reference is given in the text.

ii. Due acknowledgement has been made in the text to all other material used.

iii. The thesis is 23972 words in length, exclusive of tables, maps, bibliographies and appendices.
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Abstract

Informed consent is considered an integral part of the ethical dimension of research, especially in educational research undertaken with children. The procedures and details of obtaining informed consent from children’s parents have received much scholarship in the field. This study aims at exploring the issue of obtaining informed consent for children in educational research in the Kingdom of Saudi Arabia (KSA). The thesis proposes that there is a gap in obtaining informed consent from parents of children involved in educational research in KSA.

Data was collected through a questionnaire, which was completed by six participants who hold graduate degrees in education research. Results indicated that there were clear administrative processes undertaken by the participants to obtain permission to undertake research in early childhood settings, firstly from the Ministry of Education and then the principal of early childhood settings. There were no formal ethics guidelines, protocols, or processes discussed in relation to obtaining informed consent from children’s parents in KSA. Researchers who discussed informed consent from parents and children when conducting research on children were guided by their experience in the United States or the United Kingdom. This was the major reason behind choosing post-colonialism as a conceptual frame for the study. The point being stressed is that there is no harm in importing academic and research practices from the West as long as they do not contradict major religious and cultural practices—something that goes in line with Islam’s encouragement of gaining knowledge. Post-colonial theory supports a way to navigate western concepts of informed consent with KSA’s social and historical beliefs and practices.

The study concludes by stressing the necessity of adopting the informed consent procedure in research conducted on children in KSA. The nature and details of this informed
consent can be appropriated to fit the social and cultural realities of KSA. It is also recommended that further research be done in this field

Keywords: Informed consent—post-colonialism – Islam – KSA.
**Introduction**

This thesis seeks to understand the practice of informed consent in early childhood educational research in the Kingdom of Saudi Arabia (KSA). I have been involved in the field of teaching and education for over four years in the KSA. During this time, there have been many significant issues related to the field of early childhood education (which started formally in the mid-20th century), and in particular, issues of educational research undertaken on children. When I was a senior student in the KSA, I undertook practical training in kindergartens for a year. During this experience, I noticed that there were no rules that would hinder me or any researcher from working with children on research; in other words, prior parental approval was not required. The only permission I had to gain was from the school principal. I conducted a case study during this period without the prior approval of either the parents or the child. Later on, during my own professional career, before coming to Australia, I supervised students who were completing their practice teaching session. Similarly, I did not instruct any of these students to obtain any kind of consent from parents for the purpose of conducting case studies or any kind of research work with children.

However, upon moving to Australia, I found stark differences when it came to the issue of obtaining informed consent related to research undertaken on children. I explored the necessity of obtaining informed consent from children’s parents when conducting educational research on their children through my master’s coursework. Moreover, as I became a mother, I realized that it is my requirement as a mother to know what kind of research is going to be conducted on my child, and thus it is my right to consent or withdraw accordingly. Hence, my interest in the topic was born. In more specific terms, I became interested in the issue of ethical
engagement with children participating in research and how children are supported to provide consent or assent when involved in research studies.

While undertaking my literature review, I discovered that there was no Saudi Arabian early childhood research literature that discussed informed consent for children’s participation in early childhood educational research. Further, in this literature search there was no research literature regarding parents’ informed consent for children to participate in early childhood educational research. I felt that I needed to focus firstly on parental consent for children’s participation in research before pursuing children’s consent or assent. Hence comes, this process informed my research topic.

Before moving to discuss my research questions, it is vital to indicate the differences between consent and assent. In the case of children participating in research, informed consent is to be obtained from the parents, whereas what is to be obtained from children is informed assent. The difference between informed consent and informed assent is that the latter represents more of an oral approval taken from the participant, whereas the former is a written one.

My research questions are:
1- How is informed consent obtained for children participating in early childhood educational research in Saudi Arabia?
2- What are the historical and contemporary issues that inform these practices?

Ultimately, this project aims at:
- increasing knowledge about how informed consent for children to participate in research is currently obtained in early childhood research in the KSA;
- increasing knowledge about what guiding principles inform these practices; and
- providing knowledge to guide the practices of early childhood educational researchers.
Overview

In chapter one, I present a review of the literature related to informed consent for children participating in educational research, both internationally and in the KSA. Chapter two outlines the methodological approach adopted for the research. This chapter discusses the significance of the qualitative approach to the study as well as the reasons why the questionnaire is appropriate for the study. Chapter three, in turn, discusses how I analysed the research data and highlights its significance to the topic. Chapter four deals with the data and data analysis, which supports a discussion of the findings and poses recommendations in chapter five, the conclusion.
Chapter 1: Literature Review

This chapter will provide an overview of what is informed consent, the western and the Kingdom of Saudi Arabia’s (KSA) historical perspectives of informed consent, debate related to children’s informed consent, influences of children’s rights discourses on informed consent, and sociological influences on children’s informed consent. Finally, this chapter will examine the cultural issues of informed consent and discuss the gaps in the research literature on informed consent for children to participate within a KSA context.

What Is Informed Consent?

Informed consent is a legal procedure to ensure that, research participants are aware of all the potential risks and costs involved in their research participation (Coady, 2001). There are essential elements of informed consent that include informing the participants of the nature of the involvement, and the potential risks and benefits of their contribution to the research. This is to ensure that, informed consent is based on a participant’s autonomy, and their right to determine what is in their own best interest (Coady, 2001). The research literature described the core principles of consent as an explicit act of verbal or written agreement indicating that a person willingly wants to participate in the research. This shows that they understand the purpose or aim of the research and how they will be involved in the research. It also highlights what activities they will undertake, the benefits and risks involved, that they haven’t been pressured into participating, and that there is an understanding that they can withdraw at any time (Royal College of Nursing, 2011; Miller, Drotar, & Kodish, 2004; Gallagher, 2010; Powell, 2011). This is further supported by Robert Levin’s (1988) definition of informed consent as:

The voluntary agreement of an individual, or his or her authorized representative, who has the legal capacity to give consent, and who exercises free power of choice, without undue
inducement or any other form of constraint or coercion to participate in research. The individual must have sufficient knowledge and understanding of the nature of the proposed research, the anticipated risks, and potential benefits, and the requirements of the research to be able to make an informed decision. (p. 66)

Informed consent aims to ensure that the participant is not deceived or coerced in any way in relation to the research. In this regard, The Royal College of Nursing (2011) elaborated on informed consent. In its published Informed Consent in Health and Social Care Research, Pharahoo (2006) defined informed consent as ‘the process of agreeing to take part in a study based on access to all relevant and easily digestible information about what participation means, in particular, in terms of harms and benefits’ (as cited in Royal College of Nursing, 2011, p. 3).

Many researchers emphasised that informed consent involves more than a mere signature on a form (Royal College of Nursing, 2011). Alderson and Morrow (2004, p. 96) explained that informed consent is ‘the invisible act of evaluating information and making a decision, and the visible act of signifying the decision’.

As an overview, informed consent is based on three features: the knowledge and information provided to the participants in a form they can understand, their voluntary consent, and competence to give this consent (Beresford, 1997). Gordin and Alpert (1988) and Kanner, Langerman, and Grey (2002) argued that conducting research with children as participants has only occurred during the past 75 years. Who should provide consent for children’s participation in research is often a controversial issue and has generated great debate (Powell & Smith, 2009; Alderson & Morrow, 2004; Cocks, 2006). In accordance with legal definitions, a child cannot give informed consent; however, the child’s legal guardian can provide informed consent on behalf of the child (Coady, 2001). Spriggs (2010) illustrated that assent ‘gives recognition to the
role for children that lies between no involvement in discussions and full decisional authority’ and that in this case ‘there is no requirement for a signature’ (p. 7).

Tigges distinguished between active parental consent and passive parental consent, arguing that ‘active consent requires all parents to return a consent form, regardless of whether they are allowing their child to participate. Passive parental consent requires parents to respond only if they do not want their child to participate in the research’ (Loveridge, 2010, p. 8). At any rate, the parent as a legal guardian or decision-maker has its roots in the United Kingdom’s common law where, until the 1700s, children were accepted as their father’s chattels (Gordin & Alpert, 1988; Kanner, Langerman, & Grey, 2002). A more vivid view of this field can be obtained by perusing the history of informed consent.

**Historical Overview of Informed Consent**

For many European countries as well as the United States of America, Australia, and New Zealand, informed consent is bound by ethical and legal frameworks and standards ensuring that processes for gaining consent are adequate and appropriate (Royal College of Nursing, 2011; Powell & Smith, 2006). The history of informed consent involving human subjects in research goes back to the 1930s. It emerged as a reaction to the German National Socialist doctors’ experimentation on human subjects during World War II (Gallagher, Haywood, Jones, & Milne, 2010). In response to this dehumanising treatment, the Nuremberg Code stressed that research needed to be guided by ethical principles and practices, and that researchers should obtain voluntary consent from participants in medical research (Almenia, 1951). The *Nuremberg Code* emphasised that the key to ethical research was informed consent of the participant (Coady, 2001). The *Nuremberg Code* (1949) appeared to introduce the concept of consent for the participation of children in research in the first principle, where it stated:
The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. (Nuremberg Code, 1949, p. 1)

Later in 1964, the Declaration of Helsinki (World Medical Association, 2008) was issued to further stress the significance of obtaining informed consent from participants in research. It should be mentioned that the Declaration distinguished between therapeutic research, which may benefit patients, and non-therapeutic research that may not give this benefit. In case of the latter, fully informed consent should be obtained; in the former, the consent is to be determined by the physician depending on the patient’s psychological situation (World Medical Association, 2008).

The Declaration of Helsinki (World Medical Association, 2008) argued that while the child may not be legally competent to give consent, researchers nevertheless, should gain informed consent. This means that both the parents and child should be informed about the implications of the research.

In 1979, the United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research issued The Belmont Report, which also stressed the
significance of obtaining consent from participants in the research. The report highlighted three basic principles that should govern the research process: namely respect for persons, beneficence, and justice. In this report, respect means the necessity of respecting one’s decision to participate or not participate in research. Beneficence includes two major factors, namely the avoidance of harm and the maximization of benefit. Justice, on the other hand, means ‘fairness in distribution’, which means that all get equal benefit. Further, in 1991, the Federal Policy for the Protection of Human Subjects (Common Rule) was issued by the U.S. Department of Health and Human Services, which also stressed the necessity of obtaining informed consent.

The Nuremberg Code (1949) and the Declaration of Helsinki (World Medical Association, 2008) heavily influenced the protocols and guidelines established by human ethics committees at many institutions in Europe, the United States of America, Australia, and New Zealand where research has been undertaken on or with people. I would argue that this is not surprising as many European countries were either involved in World War II or were affected through trade or migration as a result of the war. Further, the United States of America and Australia also participated in World War II. It is important to note that the KSA was not actively involved in World War II and so it is not a surprise that the Nuremberg Code (1949) and the Declaration of Helsinki (World Medical Association, 2008) did not have the same influence on broader human ethics research protocols and guidelines, and more specifically on informed consent for children’s participation in research. I will discuss this further later in my literature review.

Children’s Informed Consent and Assent

Informed consent" is the voluntary agreement of an individual, or his or her authorized representative, who has the legal capacity to give consent, and who exercises free power of
choice, without undue inducement or any other form of constraint or pressure to participate in research. The individual must have sufficient knowledge and understanding of the nature of the proposed research, the anticipated risks and potential benefits, and the requirements of the research to be able to make an informed decision (Coady, 2001; Spriggs, 2010; Tigges, 2003; Loveridge, 2010).

"Assent" is a term used to express inclination to participate in research by persons who are by definition too young to give informed consent but who are old enough to understand the proposed research in general, its expected risks and possible benefits, and the activities expected of them as subjects. Assent by itself is not sufficient, however. If assent is given, informed consent must still be obtained from the subject's parents or guardian. Country-specific laws define who constitutes a "child," and such definitions dictate whether or not a person can legally consent to participate in a protocol.

In addition, the Society for Research in Child Development (SRCD) (1933) in the United States of America established the Ethical Standards for Research with Children. Principle 3 of the Standards states that informed consent can be obtained from parents or those who are involved in loco parentis such as teachers or superintendents, who do not need to be legal guardians (SRCD, 1933). It indicated that it is preferable to obtain this consent in writing, showing all the features that may discourage them from giving the consent. In addition to giving them the right to refuse consent, the informed consent should inform them that their refusal will be without prejudice.

Additionally, the Code of Ethics issued by the American Educational Research Association (AERA) (2011) illustrated certain regulations regarding obtaining informed consent
with children. It showed that consent is to be obtained from ‘a parent or a legally authorized guardian’ (Para 2). This consent may be waived in the following situations when 1) the research involves no more than minimal risk for the research participants, and (2) the research could not practicably be carried out were consent to be required, or (3) the consent of a parent or guardian is not a reasonable requirement to protect the child (e.g., in the case of neglected or abused children) (AERA, 2011). The document goes on to outline that the researcher should obtain the assent of the child as far as the child is capable of giving this assent, except in cases illustrated in the three points above. In any case, the waiver of the consent from the child or the parent necessitates approval of the institutional review board or a party authorised in research ethics.

Gallagher, M., Haywood, S. L., Jones, M. W., & Milne, S. (2010) outlined certain issues that the researcher has to take into consideration in obtaining informed consent. For example, they urged researchers to consider issues like children’s understanding and the information delivered, among others. The authors went on to examine detailed aspects of the process, such as the extent to which the child’s consent is authentic. They argue that his or her consent may be a way of escaping classes or homework rather than a real desire to participate in the study, which may affect the authenticity of his or her feedback to the research.

In addition to the above-mentioned scholarship, the National Health and Medical Research Council, Australian Research Council & Australian Vice-Chancellors’ Committee (the Australian National Statement on Ethical Conduct in Human Research (2007)) stressed the significance of obtaining informed consent from parents of children participating in educational research. The document divided participants into various categories of maturity levels, explaining the case for acquiring consent from each category. For example, ‘Different levels of maturity and of the corresponding capacity to be involved in the decision include infants, who
are unable to take part in discussion about the research and its effects (Australian National Statement on Ethical Conduct in Human Research, p. 55). In the case of young children of developing maturity, consent is required but is not sufficient to authorize research, whereas fully mature people whose consent is required can authorize research. The document went on to emphasise that in the design of the research, the researcher should explain the capacity of the child to give consent to participate in the research, and in addition, the child’s refusal to participate in the research should be respected.

Woven within the debate of parental consent for children’s participation is whether children can provide their own informed consent. This includes the debate around the differences between children’s consent and assent. It should be highlighted that in the case of children participating in research, informed consent is to be obtained from the parents, whereas what is to be obtained from children is informed assent. The difference between informed consent and informed assent is that the latter represents more of an oral approval taken from the participant, whereas the former is a written one. The implication here is that assent is not sufficient to conduct research. Although assent entails that the child is mature enough (age range between 12 and 15) to understand the nature of the research to be conducted, written consent from the parent is a must for the research to be conducted (Medical Translation Service, 2012).

To illustrate the difference more clearly, the following two examples give an idea of the differences between an informed consent form and an informed assent form: ‘This consent form provides you with information about a research study’ (consent form) and ‘We want to find out how to make your sickness better’ (assent form); ‘The purpose of this study is to find out more about diabetes treatment’ (consent form) and ‘We want to find out new ways to treat diabetes’ (assent form) (Wood, Friedland, & McGrory, 2001, p. 41). Thus, both the informed assent forms
and consent forms must be carefully phrased if the research is to be legal, ethical, and honest. This debate is often fuelled by questions of children’s capacities, as Lansdown (1994) wrote: ‘Some adults perceive children as essentially irrational, irresponsible and incapable of making informed choices of matters of concern to them and to a large extent our legislation still reflects this view’ (p. 24). Thus, in brief, assent is oral and taken from children, and consent is written and taken from parents. There is also a large body of work that examines children’s human right to participate in the process of providing informed consent and assent to participate in research.

**Children’s Rights Discourses and Informed Consent**

The United Nations Convention on the Rights of the Child which was (UNCRC), issued in 1989, heavily influenced the view of children’s participation in research (Sinclair, 2004; Powell & Smith, 2009; Loveridge, 2010). The UNCRC (1989) dealt with the rights of children in all aspects of life. The UNCRC (1989) was structured under three areas: provision, protection, and participatory rights. Article 3 states:

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration.

States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. (UNCRC, 1989, n.p)

The interpretation of this article in practice in western countries such as the United States of America, the United Kingdom, and Australia in regard to informed consent and the
overseeing of the ‘best interest of the child’ in research is the responsibility of the child’s parent or legal guardian. Where a child is a ‘ward of the state’, the government or ‘state’ is the child’s legal guardian. In addition, article 5 highlights the right to parental guidance. Article 5 notes:

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. (UNCRC, 1989)

Additionally, several Articles in the United Nations Convention on the Rights of the Child (UNCRC) specifically recognize children’s rights to be consulted and heard in matters affecting them:

- the right to express their views on all matters affecting them and for their views to be taken seriously (Article 12);
- the right to freedom of expression, including freedom to seek, receive, and impart information and ideas of all kinds through any media they choose (Article 13);
- the right to education that promotes children’s emotional, intellectual, and physical development; that fosters awareness and understanding of parents’ roles and of the importance of cultural identity, language and values; and that prepares children for a responsible life in society (Article 29) (see Moss, 2007; Ackroyd & Pilkingham, 1999).

This has created a great debate and literature calling for children to actively participate in the informed consent or assent process (for examples, see MacNaughton & Smith, 2009, 2008; MacNaughton et al., 2007; Powell & Smith, 2009). This emphasis on young children’s active
engagement in research was further fuelled in 2005 with the release of the United Nations’ General Comment No. 7 ‘Implementing Child Rights in Early Childhood’. General Comment No. 7 stated that the young child’s right to express their views and feelings should be taken into account in ‘the development of policies and services, including through research and consultations’ (OHCHR, 2005, p. 7). General Comment No. 7 stressed that these are the rights of all children, irrespective of age. In regard to research and early childhood education, General Comment No. 7 noted under Section 40, ‘Capacity-building for research in early childhood’, that:

Increasingly, research is also being carried out on early childhood from a human rights perspective, notably on ways that children’s participatory rights can be respected, including through their participation in the research process. Theory and evidence from early childhood research has a great deal to offer in the development of policies and practices, as well as in the monitoring and evaluation of initiatives and the education and training of all responsible for the well-being of young children. But the Committee also draws attention to the limitations of current research, through its focus mainly on early childhood in a limited range of contexts and regions of the world. As part of planning for early childhood, the Committee encourages States parties to develop national and local capacities for early childhood research, especially from a rights-based perspective. (OHCHR, 2005, p. 19)

Powell (2011) argued the need for researchers to engage with the UNCRC to ethically engage with children’s participation in research, writing:

Children’s involvement in research is underscored by increasing recognition of the citizenship and status of children, which has been universally recognised in the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC has implications for researchers, both as an
international charter of children’s rights and as a framework for interpretation and application of children’s rights in the context of research ethics (p. 11).

General Comment No. 7 in the Convention of the Rights of Child mentioned that the child’s approval to participate in the research is more of an assent rather than consent. However, as mentioned above, informed assent alone is not sufficient to satisfy legal requirements (in countries such as the United States of America, Australia, New Zealand, and the United Kingdom) for a child’s participation; informed consent must also be sought and gained from the child’s parent or guardian. In practice, assent may be attained by the researcher by talking with the child and getting their agreement (saying ‘OK’), as well as requiring them to sign an assent form, which is tailored to the child’s age, maturity level, and intellectual capacity, as described by Vygotsky (1978) and Piaget (1952). Cocks (2006) argued that assent recognizes the interdependence of the researcher and the researched:

Assent is represented within the relationships between the researched and the researcher, by the trust within that relationship and acceptance of the researcher’s presence. It removes the reliance on the child demonstrating adult-centric attributes such as maturity, competence and completeness; rather, it accepts the child’s state of being (p. 257).

There is a need to consider how research is guided and conducted to ensure all efforts are made towards implementing the principles of the UNCRC (1989). Informed consent is a very important issue in research since it shows respect for the person participating in the research. The significance of obtaining informed consent from children participating in the research has been highlighted in the National Statement on Ethical Conduct in Human Research (2007). It stressed that the research should respect ‘the developing capacity of the children’ by giving tribute to his consent or lack thereof.
Connected to ethics is a rights’ perspective. The Statement stressed that any research done involving children should maintain the right of children to ‘safety, emotional and psychological security and well-being’. Informed consent is a part of respecting the child’s right to safety by guaranteeing that the research involves no risk to them. In addition, the Statement clearly stated that researchers should ensure that the child’s participation in the research does not contradict with his or her ‘best interest’. In this regard, informed consent can help the child’s parents decide whether the research goes against the best interest of the child.

There have been many other studies conducted in this field emphasising the significance of the issue of rights and outlining relevant regulations and implications. The Ethical Conduct of Research on Children issued by the Medical Research Council outlined the conditions upon which children may be involved in research studies; among these conditions is the prior consent of either the child himself or his guardians (Marrow, 2011, p. 3). Likewise, Code of Conduct Ethical Principles and Guidelines issued by the British Psychological Society indicated that ‘where research involves all persons under sixteen years of age, consent should be obtained from parents or from those in “loco parentis”’ (Marrow, 2011, p. 3).

A significant source that highlighted children’s rights in research is Harcourt, Perry, and Waller’s (2011) Researching Young Children’s Perspectives. The authors drew on their experience in the research field with children to elaborate on the ethical and methodological implications of children-oriented research. The book highlighted many issues related to informed consent such as distinguishing it from informed assent, its process, and challenges. Most importantly, the authors highlighted the right of the child to withdraw his or her consent during the course of the research. The authors also paid particular attention to the right of the child in
giving or withholding his consent. They viewed children with high esteem, arguing that they should be considered an integral part of the research process.

The Kingdom of Saudi Arabia became a signatory to the Convention in 1996. Despite my literature search, I was unable to find any research articles connecting the KSA’s ethics, protocols, guidelines, procedures, and connections with parental informed consent for children’s participation and children’s rights in early childhood education research. This raises questions about how children’s rights discourses may affect the future exploration of parental informed consent for children to participate in early childhood research and children’s participation in these processes in the KSA. KSA’s participation in this Convention could pave the way for informed consent to be implemented, especially as it is in line with Islam’s focus on human rights in general and children’s rights in particular. However, it is important to note that Saudi Arabia was critical of the Universal Declaration of Human Rights and participated in discussions and development of The Cairo Declaration on Human Rights in Islam (CDHRI) (CDHRI, 1990). The KSA was among other Muslim nations including Sudan and Iran that criticized the Universal Declaration of Human Rights for its ignorance of Muslim cultures and societies. Hence, the CDHRI held in 1990 set out to address human rights from the perspective of Islam, taking into consideration Arab and Muslim social realities. The CDHRI focused on major aspects of human rights such as racism and rights of elderly people. Article 7 of the Declaration states that, parents and those in such like capacity have the right to choose the type of education they desire for their children, provided they take into consideration the interest and future of the children in accordance with ethical values and the principles of Sharia.
In addition, Article 20 of the CDHRI states: ‘Nor is it permitted to subject an individual to medical or scientific experimentation without his consent or at the risk of his health or of his life’.

The CDHRI gave particular attention to both women and children. With respect to children, the Declaration entitled the parents with the right over their children, imposing on them the necessity of protecting their children. Article 7 (a) says: ‘As of the moment of birth, every child has rights due from the parents, the society and the state to be accorded proper nursing, education and material, hygienic and moral care. Both the foetus and the mother must be safeguarded and accorded special care’.

As mentioned above, the Royal College of Nursing Research Society (2011) emphasised that both children and their parents should be involved in the consent process. Even for children who can give consent, parental assistance is required. In addition, the American Academy of Pediatrics indicated that ‘decision making related to the treatment of older children and adolescents should include assent of the patient in addition to parental permission’ (cited in Miller, 2004, p. 256).

**Sociology of Childhood and Informed Consent**

A large body of research in the field of sociology has given new perspectives on children, generating debate between the traditional theories of sociology and the new sociology of childhood (Kotansas, 2009). Corsaro (2005), comparing the traditional and new theories of child sociology, argued that ‘traditional theories view children as “consumers” of the culture established by adults’ (p. 7). However, Corsaro is on the side of the ‘constructivist and interpretive theoretical perspectives in sociology’ which argues that children and adults are equally active participants in society. Similarly, several writers argue for recognizing children as
‘social actors’ having great influence in their lives as well as the lives of others around them (Corsaro 2005). This view recognises children’s agency, arguing that young children have valid and important knowledge about their worlds that is different from adult knowledge but not inferior (James & James, 2004; Winter, 2006). Additionally, Martin Woodhead has been an advocate for the recognition of children as social actors and active participants of research (Woodhead, 2009). A literature review undertaken by Smith and Powell (2006) found that when research is sensitive and children are perceived as vulnerable, child participants are more likely to be excluded from research by adult gatekeepers. Smith and Powell (2006) suggested that children should not be treated like passive victims but rather should be empowered as social actors who can shape research. In terms of informed consent, this means that children should be given greater decision-making authority when it comes to deciding whether a child can participate in research.

The language of the consent form, Smith and Powell (2006) suggested, should not be dumbed down nor should text be omitted and placed in the parents’ consent form, but rather should be included in the assent form on which the child can deliberate and decide. Margaret Coady has a similar perspective to Smith and Powell, criticizing the traditional view that represents children as incompetent citizens. Coady gave special credit to the UNCRC as it created a quantitative shift in the view of children and their rights (Macnaughton, 2008).

**Child Development and Informed Consent**

Developmental theories have played a part in understanding children’s capacity to provide informed consent or assent to participate in research. The biological and linguistic immaturities of very young children are recognised as creating particular challenges (e.g., Greene & Hogan, 2005; Greig et al., 2007). The Russian psychologist Lev Vygotsky was one of
the first major theorists in the field of child development in Russia. While Vygotsky did not write about informed consent for children to participate in research, his work did examine children’s development and their capabilities and capacities, and influenced early childhood education. Vygotsky believed that social processes, not individual development, were the key to child development (Vygotsky, 1978). He believed that teaching must proceed ahead of a child’s development so that the child’s internal processes and abilities can be advanced by what is taught to them. He rejected any view that the child has all the skills and tools necessary to mature into a fully functioning adult and instead insisted that others more skilled in the child’s life, such as parents and teachers, could assist the child to develop more advanced structures and thought processes (Vygotsky, 1978). It could be argued that this is reflected in the western legal principle governing parents’ informed consent for children to participate in research. Since the child is not deemed ‘competent’ to provide such consent, the child’s parents provide consent on the child’s behalf. In this regard, informed consent could be understood as part of the social processes that Vygotsky emphasised as integral for a child’s development. Vygotsky argued that until children achieved competence in particular areas of achievement, they were better suited to be in the company of others who could supervise and help them. This is in line with the concept of informed consent, as it means assistance provided to the child from the parents. That is, the parent ensures that any research in which their child participates has direct benefits to the child, for example the enhancement of skills or knowledge, or to the broader society, and that there is justice as outlined in the Belmont Report (1979). Vygotsky introduced the concept of the zone of proximal development (ZPD), which he argued was ‘the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration
with more capable peers’ (Vygotsky, 1978, p. 86).

I would argue that the ZPD should be considered when assessing how young children can engage in providing assent (alongside parents’ informed consent) to participate in research. It is important to ask the question: how can the concept of the ZPD support researchers in explaining the key concepts of the research, its risks and benefits, and the task demands to children? An example of this could be that children should not simply receive a piece of paper with detailed information (plain language statement and consent/assent form), which is beyond their cognitive level. Instead, the language must be customized to their age and maturity level, and then a more competent adult researcher must assist them to understand the research so that nothing is misunderstood (Vygotsky, 1978). In this sense, the customization of language is the language provided for the child to give assent, and the assistance provided to them is the informed consent provided by the parent, which sustains their rights. This is why Vygotsky’s concept of ZPD contributes to the literature on informed consent.

Another theorist in the child development field who has had a major influence in areas involving children, such as law and education, is the Swiss developmental psychologist, Jean Piaget (1928, 1951, 1952, 1962, 1970, 1983). Like Vygotsky, Piaget did not write about informed consent; however, his conceptualizations of the child and the child’s capacities inform the general understanding of the child’s capacity to provide informed consent to participate in research. For example, Piaget adopted a biological perspective when he argued that a child’s ability to learn was secondary to, and limited by, his or her stage of cognitive development. He believed that a child engages in a process of reinterpreting or restructuring the environment through his or her own activities. Piaget was very interested in intelligence and believed that a child’s intelligence grew with his interactions with the environment, which helped mould and
shape new structures and thought processes (Piaget, 1952). This contradicts the general belief that children are not competent to provide informed consent for research that will be conducted on them.

Piaget conceptualised the child as passing through various stages of cognitive development and described what children are capable of at various stages in their development. Piaget postulated the child as an isolated but active scientist, trying to make sense of the world and making discoveries which improve his knowledge and intelligence. In terms of informed consent and assent, a Piagetian would suggest that consent and assent should be tailored to the child’s cognitive abilities, not written to some standard that involves adult language and concepts. Piaget’s theorization of the child advocated that language and concepts in consent and assent forms and explanations should be adjusted to the child’s level and that no tasks should be assigned to a child that are beyond their stage of cognitive development. In this sense, informed consent would be a task that is beyond a child’s cognitive abilities, depending on the nature of the research; hence, parent’s intervention is a must. In addition, Piaget’s view is reflective of the significance of appropriating informed consent to the convenience of the child rather than adopting a universal formula that does not take the social and cognitive realities of the child into consideration.

**Tensions Related to Informed Consent**

Despite the progress researchers have made in formulating strict protocols surrounding informed consent and informed assent, there are a significant number of gaps in this research. One area which needs to be addressed is the factors that underpin a child’s decision-making process, such as how they arrive at their decision, who influences the child’s decision to consent, and the role of the parents and the researcher in facilitating this consent. Some researchers also
suggested that informed consent and assent can be individualized to meet the needs of each participant (Medical Translation Service, 2012). As far as parental informed consent is concerned, the informed consent form should meet the needs of the children’s parents as they are the ones who are responsible for giving consent.

**Cultural Issues and Informed Consent**

As indicated by Wilson (2006), there are several cultural issues involved in the process of implementing informed consent. Aside from adapting informed consent to fit the society in which it is implemented, there are other issues of concern that come with implementing informed consent. One of these issues is cultural diversity which is associated with linguistic diversities, which may affect (and ultimately define) diverse cultural understandings and meanings. Wilson (2006) touched on this point. Realising the sensitivity of this issue and the high ethical implications of informed consent, Wilson recommended that there be interpreters for people who are asked to sign an informed consent form. Powell (2011) paid specific attention to cultural issues in obtaining informed consent. In particular, she examined the situation in South Africa, commenting on some researchers’ contention that there is no acceptance of the validity of a child’s voice in the majority of the world. Powell (2011) further explained the difficulty in obtaining informed context in the context of South Africa. Parents may be separated from children due to AIDS or HIV, or parents may be working some distance from home. High illiteracy rates further compound this difficult situation. Coady (2001) also elaborated on the negative view given to children in terms of not considering them fully-fledged citizens who have equal rights. She argued that until quite recently, children were excluded because they were viewed as intellectually incompetent.

**Educational Research in KSA and Informed Consent**
There is a growing research agenda in the KSA in the early childhood field. Early childhood research in the KSA has been in the areas of preschool education. For example ‘The Status of Preschool Teachers in Saudi Arabia’ (n.d) set out to explore the challenges that face preschool teachers in the kingdom. It explores the history of preschool education in the KSA, arguing that ‘the main goal of preschool education is to prepare children via righteous upbringing to receive life’s diverse roles with a sound basis’ (The Status of Preschool Teachers in Saudi Arabia, p. 7). It is noted that the scholarship does not highlight the issue of informed consent at all.

My literature review shows that there is a gap in the research literature about informed consent for children’s participation in early childhood educational research in the KSA. I drew on western and middle eastern databases to search for journals and books about parents providing informed consent for children to participate in early childhood research. There was no published research literature about informed consent for children to participate in early childhood research in the KSA.

Table 1. Literature Databases Searched

<table>
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<th>Websites</th>
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<td>King Saud University website</td>
<td><a href="http://ksu.edu.sa/sites/KSUArabic/Pages/Home.aspx">http://ksu.edu.sa/sites/KSUArabic/Pages/Home.aspx</a></td>
</tr>
</tbody>
</table>
The silence in the discussion on informed consent for children’s participation in the KSA raises issues about how children’s rights are protected. In this sense, I believe my research will contribute a new dimension to how research protocols and procedures in early childhood education in the KSA could be developed and implemented.

With a lack of research on the topic of informed consent for children to participate in research in early childhood education in the KSA, I broadened my search to include research outside the early childhood field. It is important to note that although Human Rights Watch (2008) referred to instances where Saudi children’s right to informed consent to medical surgery is violated (p. 50), there are other studies that offered a dissenting view. There is literature that showed that there were protocols about informed consent for children in the medical field in the KSA. Mohammad Al Shanqiti’s The Regulations of Medical Surgery and Resulting Consequences (2004) is a seminal work on the study of informed consent in relation to medical surgery in the KSA. Al Shanqiti asserted that prior informed consent is applied in the Saudi medical sector in most cases, including children, and referred to this principle in Islamic legislation, citing Ibn Qudama, a renowned Muslim scholar, as follows: ‘If the boy underwent a
surgery without the permission of relevant guardian …, the case will be deemed as a criminal act because it is carried out without legal permission’ (p. 246). He also referred to Ibn Al-Qayim, another equally important figure in Islamic discourse. Ibn Al-Qyim asserted that ‘if the person is under the age of maturity such right of permission pursuant to guardianship will be applicable’ (p. 255).

Al Shanqiti (2004) thus emphasised the necessity of ‘obtaining the approval of the parents or the nearest relative of the child on its behalf upon examination or treatment’ (p. 139). Accordingly, physicians are not entitled to undertake any medical procedure since the prior consent of the parents is obligatory (p. 139). The author also showed that even the hospital may not transfer the patient to a particular surgeon without his prior consent. It is an ethical commitment on the side of the physician not to be involved with the patient’s body without his approval. Al Shanqiti advised that such consent should be in the form of a ‘written statement’ (p. 139), which is why, in the case of children, ‘the approval of his relatives or family must be obtained in writing, getting them to sign the relevant form to evidence the approval or the permission of the surgery performance’ (p. 279).

Al Shanqiti stressed that the approval of the patient is almost mandatory, based on the teachings of the prophet Mohammad (Peace be Upon Him). He referred to Osama Bin Sharik’s Hadith explanation that the prophet (PBUH) said ‘Pursue treatment because Allah has made a medication for every disease’ (256). Not abiding by this rule means that the patient is committing a sin since protection of the self is one of the basic principles in Islamic jurisprudence. Al Shanqiti’s argument was reiterated in other studies including Summary of the Provisions of the Surgical and Medical Implications (الوجيز في أحكام الجراحه الطبية والآثار المرتبطه عليه) by Fahd bin

In the same vein, there are rules and regulations in the KSA health sector that stress the significance of patients’ approval prior to any medical treatment. The New Health Professions Practice Regulation issued in 2005 is living testimony in this field. Article 18 of the Regulation emphasised the necessity of informing the patient of the details of his case:

The health practitioner is committed to alert the patient and the relatives to follow the instructions and warn them of the risk of consequences that might occur if the instructions are not followed, after explain the treatment and the effects of surgery. (p. 12)

Article 19 gives more emphasis to the patient’s approval prior to any medical treatment: ‘No surgical operation may be made to any patient except in case the patient’s satisfaction or approval is obtained accordingly, or else the guardian or the representative of the patient approves the surgery’ (New Health Professions Practice Regulation, 2005, p. 12).

These protocols and procedures may support the development of guidelines and practices in early childhood education research. In examining informed consent in research in general and more specifically, in early childhood education, one needs to also examine the educational system in the KSA.

Educational System in the KSA: Historical Overview

To gain insight into why informed consent for children’s participation in early childhood educational research in the KSA does not occur, an overview of the educational arena in the country is important. The educational system in the KSA has its roots in the time of the Prophet Mohammad (PBUH). Essentially, the Prophet Mohammad (PBUH) was a teacher for all
Muslims in his time. His teachings were basically represented in transferring the word of God to his companions, and explicating the right path to God. The Prophet Mohammad (PBUH) assigned some of his renowned companions as instructors for Muslims. The list of teachers of that time includes important names in Islamic history, including Maaz ibn Jabal, Abu Abeida ibn Jarrah, and Amr ibn Hazm, among others. These teachers were highly revered, setting an example on ethics and trust for both their students as well as the whole society. The teaching was offered for both adults as well as young children, resembling what is known today as early childhood education. Their teaching basically focused on religious themes, including the Quran, Hadith, jurisprudence, Arabic, and history. The mosque was the school where students obtained their learning. In later years, teaching took place in what is called Kuttabs (Quranic schools): informal places where the teaching and learning process was undertaken.

It should be noted that in the time of the Prophet Mohammad, great emphasis was placed on the ethical aspects of education, with the Prophet Mohammad constituting the authority to which all ethical issues were referred. In this regard, there was a reasonable consideration of the issue of consent, which was mainly taken from the Prophet Mohammad. The quote mentioned above—repeated here for emphasis—is relevant in this regard: ‘It was narrated by Osama Bin Sharik that the Prophet (PBUH) replied to an Arab man asking about the possibility of treatment pursuit by saying “Pursue treatment because Allah has made a medication for every disease”’ (Al Shanqiti, 2004). This emphasis on the ethical aspect now continues in KSA.

With the progress of time, changes have taken place in the educational system in the Arab Peninsula. In the early era, new forms of teaching facilities evolved, such as the Badiah (the place where Bedouins live) and the scholar’s house. In addition to other facilities that provide a more collective teaching. During the Ottoman Empire, which ended in 1916, schools were
established where the focus was on Turkish rather than Arabic language. After this, in the Hashemite era (1916–1924), special emphasis was given to education; Arabic was regained as the formal language of teaching and schools were established and divided into early childhood education (elementary), advanced elementary, and schools for higher education. However, studying abroad was prevented, probably for political reasons, and there were financial issues where teachers did not receive their salaries on time (Al-Abdulkareem, n.d).

In 1925, the first form of formal education was witnessed with the establishment of the Directorate of Education under the supervision of the Ministry of Education. However, schools were open only to boys; girls were taught in Kuttabs or in their homes. It should be noted that until this time, the teacher’s position was still imbued with religious connotations; for example, his title in the southern region was (Faqeeh), meaning a person knowledgeable in Islamic dogma. The British education system was adopted and Egyptian assistance was requested to address the lack of human resources in the kingdom. This convinced the government to send Saudi scholars to study abroad. In 1953, the first Ministry of Education was established and education became free. A point to be mentioned here is the stress on the separation of boys and girls in the Saudi educational system, which resulted in the establishment of a separate Presidency of Girl’s Education in 1960 (Al-Abdulkareem, n.d). However, the Presidency is now part of the Ministry of Education, supervising the education of both boys and girls.

The current educational system in the KSA has undergone a considerable transformation in all aspects. Teaching has become more institutionalized; in other words, it moved from being informal to being formal, taking a more formal orientation to cope with advancements in knowledge and various fields. The current educational system in the KSA is administered by the Ministry of Education. Within the educational hierarchical organization, there is the General
Organization for Technical Education and Vocational Training and The Ministry of Higher Education (Al-Abdulkareem, n.d). Accordingly, progress in the educational field in the KSA has been so influential that it has led to improvements in the field. The point to be emphasised is that within the contemporary education system in the KSA, one realises the necessity of keeping up with all the developments that characterise modern educational systems. These developments are not restricted to equipment, methodologies, and human resources as such; rather, they extend to include all the factors that govern the teaching-learning process. The education system has been influenced by western concepts and thinkers such as Piaget and Vygotsky; however, educational research has not been influenced by current developments in the field.

In terms of validating the questionnaire findings, there are several ways to validate the findings we see in the data. Regularly findings require making comparisons to other studies and published sources. In some cases, this is as easy as comparing findings to already published studies. For example to show demographic similarities which has been adapted in this research. In other words, the results obtained from this research have been compared against relevant published results.

The ethical dimension in the Saudi educational system takes its principles from Islamic teachings. It draws on principles of honesty, respect, and care for children. However, as mentioned earlier, there is still a gap in the area of formal ethical protocols related to informed consent.

The gap in the research literature about informed consent for children’s participation in early childhood educational research framed my research questions, which are:

1- How is informed consent obtained for children participating in early childhood educational research in Saudi Arabia?
2- What are the historical and contemporary issues that inform these practices?

As an academic from the KSA, my hope is that this research can support the KSA to engage further in the global developments in human rights in general and children’s rights in particular. This study aims at opening the horizon for a deep examination of the issue, realising its implications and working towards its implementation in the Saudi environment and most importantly, in a way that is culturally appropriate.
Chapter 2: Methodology

To address my research question—how is informed consent for children participating in early childhood educational research obtained in the Kingdom of Saudi Arabia?. It is important to decide on the most appropriate research design to answer the research question. Typically, the type of research will dictate the kinds of research methodologies that should be used to support the study and methods used in order to collect data. Quantitative methodology is chosen if we to collect data to measure variables and verify existing theories, hypotheses, or questioning them. Data is often used to generate new hypotheses based on the results of data collected about different variables which is more robust and accurate research methodology since it deals with numbers and statistics (Malterud, 2001).

However, often collections of statistics and number are not the answer to understanding meanings, beliefs and experience, which are better understood through qualitative data. In addition, even the production of numbers is guided by the kinds of questions asked of the subjects, so is essentially subjective, although it appears less so than qualitative research data. Qualitative research is chosen when we wish to understand meanings, look at, describe and understand experience, ideas, beliefs and values. Moreover, Questionnaire is the most commonly used method of gathering information because it is less costly way to reach more people, including people at some distance. Depending upon the method of distribution, it can be swiftly done and data analysis can begin right away. The questionnaire keeps away from interviewer bias, guiding and cues that can impact the legitimacy and reliability of the data collection (Malterud, 2001).

Since the aim of this thesis is, to investigate informed consent for children participating in early childhood educational research obtained in the Kingdom of Saudi Arabia, a qualitative
Informed Consent: Saudi Children

In addition, qualitative research sets out to analyse topics based on a detailed examination of actions and conversations. Malterud (2001) illustrated the concept of qualitative research, arguing that it is a form of inquiry that is part of both the social and human sciences, employing multiple strategies that aim at interpreting people’s experience, which he calls phenomenology. Malterud (2001) wrote:

Qualitative research…refers to theories on interpretation (hermeneutics) and human experience (phenomenology). They include various strategies for systematic collection, organization and interpretation of textual material obtained while talking with people or through observation. The aim of such research is to investigate the meaning of social phenomena as experienced by the people themselves. (p. 398)

Denzin and Lincoln (2005) also stressed qualitative research’s ability to examine people’s understanding of social phenomena. The authors highlighted that qualitative research leads to this understanding through the utilization of a set of field notes, recordings, and interviews. They argued that qualitative research comprises a collection of interpretive methods that clarify the world around us. This comes through transforming the world into a set of representations that includes ‘field notes, interviews, conversations, photographs, recordings and memos to the self’ (Denzin & Lincoln, 2005, p. 3). In this way, qualitative research examined things as they appear in their natural form and attempted to approach them in the same manner so that people understand them. In the same manner, qualitative research employs various empirical materials such as case studies, life stories, and interviews. These are interconnected
practices that make qualitative methodology a way to reach the best understanding possible of the object of study. This is a major reason for choosing qualitative research: because the research is based on life experience of the participants in the field of research.

It has been argued that qualitative research provides more opportunity to deal with new ideas that arise during the process of research (Conger, 1998; Bryman et al., 1988; Alvesson, 1996). Qualitative research places more emphasis on contextual issues, which is significant to this research as it sits within the Saudi culture. In addressing the issue of informed consent for children participating in educational research in the KSA, one has to take into consideration the cultural, historical, and religious background that informs this practice in the country. It is for these reasons that I have chosen the qualitative methodology to approach my research question.

Not all things can be addressed quantitatively; in other words, not everything can be quantified. I believe that just as qualitative research gives more freedom to the researcher, so it does for the participants. In more particular terms, it gives credence to all of the feedback given by the participant through questions. It does not restrict the participants’ feedback to answers that rely on multiple choice; rather it gives them the freedom to write amply answers to the questions. Qualitative research, by virtue of the nature of the questions that do not focus on merely producing figures, takes into consideration all the participants’ narratives and employs it in the study.

Qualitative research comprises many research methodologies. For my research, I have chosen to use questionnaires. My questionnaire is open-ended. In this sense, it goes in line with the above argument about qualitative research in the sense that it gives participants ample space to provide their answers without being restricted to options that merely aim at producing figures.
Questionnaires

Brace (2008) highlighted the significance of the role of the questionnaire in the success of the research process. He argued that it yields more accurate data from the study sample and forms a basis for the treatment of data. That is why, for the purpose of data collection, I designed a questionnaire that addresses significant issues in relation to the research topic. The questionnaire creates possibilities for more accurate and detailed responses from the participants, compared to the interview where participants may produce hasty answers due to the time limitations. In answering a written questionnaire, the participants will have ample time to address the questions in a time and place of their convenience, which will be reflected in the answers given.

The questionnaire used in this thesis consists of two sections. The first section is concerned with background questions related to the participants, and the second set includes questions that are seminal to the research topic (See Appendix 1 for a copy of the questionnaire). The questions in the questionnaire are open-ended, giving the participants more freedom to elaborate on their answers and allowing them to give as much detail as possible. The questions were not restricted to ‘yes’ or ‘no’; rather participants were given ample space to explain and elaborate on their answers. Comparing and contrasting these detailed answers gives more credence and depth to the research findings. Ultimately, as mentioned above, qualitative research gives more freedom to the participants in answering the questions.

Participants

The research participants consisted of six academics from the KSA who were invited to participate in the study by answering the questionnaire. Seven questionnaires were completed. However, one was excluded as the participant was Egyptian and the majority of that research had
been conducted in Egypt, whereas I specifically wanted participants who had conducted research in the KSA. Two of the six participants were early career researchers in their first five years of research experience. Three of the participants were mid-career researchers having five to ten years’ experience in research, and one participant was a senior researcher with over ten years’ experience in research. A summary of the demographic information about the participants is catalogued in Table 2 shown below.

**Table 2. Demographics of Research Participants**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Age</th>
<th>Gender</th>
<th>Academic qualifications</th>
<th>Experience</th>
<th>Field of work</th>
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<td>University</td>
<td>Dammam</td>
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<td>B</td>
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<td>5-10 years</td>
<td>University</td>
<td>Dammam</td>
</tr>
<tr>
<td>C</td>
<td>40-50</td>
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<td>1-5 years</td>
<td>University</td>
<td>Riyadh</td>
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<tr>
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<td>Male</td>
<td>Master</td>
<td>5-10 years</td>
<td>Government</td>
<td>Riyadh</td>
</tr>
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**Recruiting Participants**

The participants in the study were Saudi academics who had specialized in the field of early childhood educational research in the KSA. Participants were recruited from three regions of KSA: Dammam, Riyadh, and Jeddah. These regions were chosen because major universities
and children’s research centres are located in these areas, a recent initiative in the KSA. The research aimed to see if the different regions had different practices and protocols.

Potential participants were approached via email through my professional networks in King Saud University. On receipt of an expression of interest, participants received a plain language statement and consent form. On receipt of the completed consent form, the questionnaire was sent to the participants.

**Ethical Considerations**

Participants received a plain language statement and a consent form (see Appendix 2&3). As Doak et al. (1996) stated, a plain language statement is more memorable and more persuasive, especially when accompanied by graphics and other visuals. This is why the researcher will use plain language so the participants understand the message clearly and will consequently give the most beneficial feedback.

The plain language statement introduced the researcher to the participants, informing them that this research is part of my master’s thesis. In addition, the statement explained to the participants the nature of the study, why it is being conducted, its goals, what they are being asked to do, and the anticipated time to complete it. As the participants were from the KSA, they were informed that the questions would be sent to them by email, and they were requested to respond via email. It should be noted that the questionnaire, the consent form, as well as the plain language statement were sent to the participants in Arabic in order to address any deficiency they may have in the English language.

The participants were informed about the low number of participants in the study and the implications for anonymity. They also knew that the researcher intends to protect their anonymity and the confidentiality of their responses to the fullest possible extent, within the
limits of the law. In this regard, their names and contact details were stored in a password-protected computer file. In the thesis, they are referred to by a pseudonym. In addition, they were informed that the researcher would remove any references to personal information that might allow someone to guess their identity; however, it was noted that as the number of people involved in the project is small, it is possible that someone may still be able to identify them. The data is kept securely in the Department of Information Systems in the University of Melbourne for five years from the date of publication, before being destroyed.

Participants were informed that they had the right to withdraw at any stage of the questionnaire without any prejudice and that their withdrawal would not jeopardize their relationship with the researcher. The participants were also given the opportunity to view the findings of the research through the department. The participants were given the contact information of the researcher, my supervisor, and the executive officer of the Human Research Ethics Committee in order to raise any questions (see Appendix 3 for a copy of the plain language statement).

The Belmont Report (1979), issued by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, stressed the significance of obtaining consent from participants involved in research. It stated that researchers have to acknowledge the independence of the participants and their right to make free decisions. This respect for participants’ preferences comes from providing the consent form that guarantees the complete and free acceptance of the participants. Hence, all participants in this research received a consent form. Participants were asked to sign the consent form to acknowledge that they have read the plain language statement and that they understood all of the terms of the nature and goals of the research, the right for anonymity, the right to withdraw from participation without prejudice, and
the right to gain a copy of the findings. The participants were also informed about the duration for keeping the data and that their participation is voluntary (see Appendix 2 for a copy of the consent form).

It should be mentioned that the fact that the researcher was based in Australia and the participants in the study were in the KSA created some difficulties for the researcher and participants. For example, there was some delay in terms of sending the questions and receiving the answers. In addition, the participants had questions about the research to which they may not have found an answer because of being at a distance from the researcher. Although the plain language statement provides contact numbers for the participants to call when they have a question, they may refrain from calling due to the high cost of international calls. They may even find it difficult to send an email to ask a question, since oral contact is easier for them.

**Research Limitations**

The research was limited first by the small sample size as it includes only six participants. Most importantly, there is the limitation of the language. There were issues in translation as there are some words that are not easy to translate from English to Arabic and vice versa. In addition, several concepts are totally different in the Saudi culture, the most important of which is ‘informed consent’. Generally speaking, ‘informed consent’ translates into Arabic as something like ‘prior agreement’, which does not give the full sense of the term as it is in English. In order to solve this issue, I had to explain the correct meaning orally to the six participants. This is an important issue that is significant to my research topic because this process has raised questions about the construction of meaning through language. The English words ‘informed consent’ are not directly translatable into Arabic.
Validity

Patton (1990) claimed that the guidelines that govern the degree to which research findings are valid are not ‘straightforward’. Hammersley (1987, p. xx) argued that qualitative research is considered valid ‘if it represents accurately those features of the phenomena that it is intended to describe, explain or theorize’. I claim that the findings of my research do accurately represent the topic being explored, which can be authenticated through exploring the field in the KSA. Hagey (1997) and Wainwright (1997) stressed issues of honesty of the researcher in examining the validity of the research. Finlay (2002, p. xx) contended that reflexivity, which includes ‘continual evaluation of subjective responses’, is seminal to validity.

I was aware of any subjective answers that the participants may give. It should also be mentioned that the participants in the study are experts in the field and they were deliberately chosen as Saudis to reflect on the Saudi experience. As a Saudi woman, I am well-informed about the Saudi culture in general and any cultural issues that may affect the answers of the participants. The research questions have been chosen to address the research theme directly. I have no political, societal, or religious agenda that I need to foster through the research.
Chapter 3: Conceptual Framework

In this chapter, I will outline an interpretive framework in which I will organize the participant data under four broad themes. I will do this to illustrate how informed consent is obtained for children participating in early childhood educational research in Saudi Arabia. The four broad themes are:

- Current practices
- Parental informed consent
- Children’s consent or assent
- Current policies

Drawing from my literature review, I will analyse the data under each of these themes looking at how the responses reflect or are influenced by concepts or ideas from:

1. Western constructions of informed consent
2. Islamic constructions of ethics

I will do this to examine the historical and contemporary issues that inform the researchers’ practices in obtaining consent for children’s participation in research.

In order to compare and distinguish the guiding concepts that are embedded in each of the above paradigm I am choosing to identify these within specific documents and theoretical understandings that form the basis of each of the above paradigm—namely, western conceptions and Islamic conceptions of ethical engagement with children.

Western Constructions of Informed Consent

To highlight how the participants’ responses to the questionnaire are drawn from western constructions of informed consent, I will examine how the responses reflect knowledge drawn from four areas that were examined in my literature review:
1. Historical reports and documents
2. United Nations’ Rights of the Child
3. Sociology of the child
4. Child development

Current policies, protocols, and practices related to informed consent in western countries, as discussed in my literature review, have been heavily influenced and guided by historical reports and documents such as the Nuremberg code (1949), Declaration of Helsinki (World Medical Association, 2008) and the Belmont Report (1979). I will specifically analyse the participants’ responses to determine if western historical reports and documents influenced the participants’ processes and protocols for gaining informed consent by identifying whether they discuss the parent or child’s:

1. legal capacity to give consent;
2. ability to exercise free power of choice, without the intervention of any element of constraint or coercion; and
3. having sufficient knowledge and comprehension of the elements of the subject matter involved to enable him or her to make an understanding and enlightened decision.

United Nations Rights of the Child

As discussed in the literature review, the KSA became a signatory of the United Nations Convention on the Rights of the Child in 1996. The UNCRC is guided by what is known as the ‘three p’s’: protection, provision, and participation. The UNCRC emphasises respect for the child’s rights and dignity and their right to express their views. In addition, as mentioned earlier, Coady (2001) argued that ‘the idea of informed consent is based on the ethical view that all humans have a right to autonomy, that is, the right to determine what is in their own best interest’
In the participants’ responses, I will be examining the extent to which the principles of the United Nations’ Rights of the Child are implemented. Specifically, I will analyse participants’ responses to identify whether they discuss:

1. the right of the child to be protected from harm;
2. the right of the child to participate in research; and
3. the right of the child to expect protection and care as necessary for his or her well-being from the state, in this case the KSA, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, that the state will take all appropriate legislative and administrative measures.

**Sociology of the Child**

As discussed in my literature review, sociology provides a vivid view on informed consent in early childhood research (e.g., Corsaro, 2005; Woodhead, 2009; Smith & Powell, 2006), showing the influence that informed consent has on sociological relationships. For example, in “Informed Consent in the View of Sociology” (2006), Zamykalova and Simek approached informed consent from a sociological perspective. They argued that the existence of informed consent in the medical field influences the relationship between the physician and the patient. It is implied that this influence is essentially positive. In addition, the authors elaborated the difficulty that informed consent may have on the patient.

One of the basic trends in the sociology of children deals with the child as a ‘social actor’. This perspective in looking at the child regards the child as an active participant in society from the moment of his birth. Participants’ answers will be analysed from a sociological perspective of the child. To do this, I will analyse participants’ responses looking for discussion that:
Identifies children as competent meaning-makers with the capacity to participate and also, identifies children’s agencies and obtaining the acceptance of a child participant, it is necessary to have parental permission. This gives a parent or guardian the opportunity to learn about the study, ask questions, and agree or decline their child’s participation in the research study.

**Child Development**

Similar to sociology, the field of child development informs the practice of informed consent. The Society for Research in Child Development 2007 established ethical standards for research with children. I will draw on Principle 2 of these standards to analyse participants’ responses, looking to see if participants:

1. seek consent from the parent or legal guardian;
2. explain the research procedures to the parents and are especially sensitive to any indicators of discomfort from the child;
3. inform the child of all features of the research that may affect his or her willingness to participate and answer the child’s questions in terms appropriate to the his or her comprehension; and
4. respect the child’s freedom to choose to participate in the research by giving the child the opportunity to give or not give consent to participate as well as to choose to discontinue participation at any time.

**Islamic Constructions of Ethics**

From my literature review, it can be seen that informed consent is framed by Western reports and guidelines (Powell & Smith, 2009; Sinclair, 2004). My initial reaction to not finding any information about parental consent for children to participate in early childhood research in the KSA was to ‘fix’ or change this so that the KSA complies with current practices in Western
countries. I began to read about postcolonial theory and realized that I was colonizing current KSA practices and protocols, marking them as inferior. From a postcolonial perceptive, the West constructs the East as a marginal culture that is not coping with modern civilization. The West imposes this view on the East to improve the former’s hegemony (Said, 1978). I did not want to do this, so I will draw on what I call Islamic constructions of ethics. I will further explore participants’ responses, drawing on Islamic constructions of ethical engagement, linking this to how informed consent is recognized and engaged with in two ways:

1. Saudi Arabia’s historical and cultural beliefs

2. The Cairo Declaration on Human Rights in Islam

In doing this, I hope to make visible other ways of understanding the KSA’s research ethics processes, noting the differences from Western practices not as an inferior ‘other’ but recognizing the historical, political, cultural, and social constructions of knowledge and practice (Said, 1978).

**Saudi Arabia’s Historical and Cultural Beliefs**

Saudi Arabia is an Arab Muslim country. Being the land where Mohammad was born and where he preached Islam, the KSA has become the centre of Islam in the world. As such, Saudi culture is strongly motivated by Sharia and Islamic traditions. Islam stresses the idea of asking for permission in every aspect of life. As far as children are concerned, Islam stresses respect for children as evidenced by many accounts. For example, Sahil Bin Saad Al Sadi mentions that once the Prophet Mohammad was sitting with mature people on his left and a child on his right. He was drinking juice. Then he asked the child if he would mind giving some juice to the older people. The child refused, preferring to give his share to the Prophet Mohammad, who respected the child’s wishes (النابلسي). This shows that respect for a child’s permission is a must in
Islam, an issue which is also reiterated in the Quran.

More generally, Islam encourages the idea of benefiting from other cultures’ experience so long as it does not go against the principles of Islam. The Prophet Mohammad said, ‘Seeking knowledge is an obligation on each Muslim’ (راغب السرجاني). In addition, what facilitates the implementation of informed consent in the KSA is the fact that the country has been governed by Islamic rules ever since its establishment (سياسة التعليم). In other words, the king, who is the head of the state, operates the Islamic rules. All aspects of life are operated with reference to the Sharia (Islamic law) whose source is the Quran and Mohammad’s teachings (Bowen, 2007). This provides a rich arena for informed consent to be easily implemented in the KSA. So, the focus here will be on the extent to which the responses reflect Saudi cultural values.

It is essential to draw on the role of language in the responses of the participants. For example, the translation of ‘informed consent’ to Arabic does not yield the equivalent meaning in English. In Arabic, the term translates into something like ‘prior agreement’.

a. In taking into account these historical and cultural beliefs, I will specifically look at participants’ responses that reflect:

2. respect for children
3. prior agreement
4. the Quran and Mohammad’s teachings
5. Saudi cultural values
6. Western influence

The Cairo Declaration on Human Rights in Islam

I will draw on the Cairo Declaration on Human Rights (1990) to analyse participants’ responses, as it provides a Middle Eastern perspective on children’s rights. In my analysis, I will
explore how participants may be influenced by the Cairo Declaration on Human Rights (1990) in their approach to informed consent. Drawing particularly from the Cairo Declaration on Human Rights (1990) Article 7, I will examine how participants discuss:

1. How every child has the right, to be accorded by the parents, society, and the state, to be accorded proper nursing and education as well as material, hygienic, and moral care.

2. Parents and those in such a capacity have the right to choose the type of education they desire for their children, provided they take into consideration the interest and future of the children in accordance with ethical values and the principles of the Shari’ah.

3. Both parents are entitled to certain rights from their children, and relatives are entitled to rights from their kin, in accordance with the tenets of the Shari’ah.

Using Western and Middle Eastern perspectives to analyse my data, I hope to show multiple influences and understandings of protocols, practices and beliefs on parental informed consent to children’s participation in early childhood research. I want to do this so that I do not colonise current beliefs and practices in the KSA and discuss them as inferior to Western constructions.
Chapter 4: Data Analysis and Discussion

In this chapter, I report on the findings of the questionnaire and explore how Western constructions of informed consent and Islamic constructions of ethics influence participants’ understandings and practices of informed consent for children’s participation in early childhood research in the KSA which are in circulation.

Current Practices

Participants were specifically asked the question: How do you currently obtain consent for children to participate in your research? Participants were asked to identify how they currently obtain informed consent for children to participate in early childhood educational research. All six participants clearly outlined that there were protocols for obtaining consent for children’s participation in research. Three of the participants (B, D, and E) indicated that in their research, which had been undertaken in the KSA, they received consent from the supervision department in the Ministry of Education. This process was an administrative expectation.

None of the three participants named this process as an ethics process. Participant F had a similar answer, explaining that he obtained permission from the Ministry of Education. In answering question 5, he said, ‘only the permission of the Ministry of Education’.

……. “Only the permission of the Ministry of Education”

Participant C said she obtained permission from the school administration; in answering question 3, she said ‘from the school administration’. Participant A said he ‘never had to’ obtain consent. However, participant D said that he used the method just because it is the procedure: ‘These are the procedures in the KSA’. As explained in the literature review, this is in line with the Islamic stress on obedience.
These protocols can be seen to reflect Saudi cultural beliefs. Islam stresses that it is a must to obey the leader of any group, whether formal or informal. It is said that Mohammad said ‘whoever obeys me obeys God, and whoever disobeys me disobeys God; whoever obeys the authority obeys me, and whoever disobeys the authority disobeys me’ (مسلم). As such, Saudi people find it a religious duty to obey the decisions of higher authorities, even if it sometimes goes against the norm of ‘whoever obeys the authority obeys me and whoever disobeys the authority disobeys me’. As the educational arena in the KSA has become more institutionalized, it is the Ministry of Education that occupies the top position in the hierarchical paradigm, with all individuals and institutions in the field reporting to it. In this case, it could be argued that the Ministry of Education is acting on behalf of the King of Saudi Arabia and therefore, acting as the higher authority and guider of ethical and moral engagement. Further, it can be argued that these responses reflect the translation of informed consent as ‘prior agreement’, i.e., the researchers obtained prior agreement from the Ministry of Education and/or the school principal before conducting the research.

A significant answer came from participant C, who indicated that she learnt the practice of obtaining informed consent from the parents through her study in the United States of America; she said: ‘I do this as I learnt from my study in US’. This response can be seen to reflect Western understandings of informed consent, particularly the influence of historical reports and documents. It is not a surprise, as the United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research issued the Belmont Report (1979), which stresses the significance of obtaining consent from participants in research.

In response to the question: How do you currently obtain consent for children to participate in your research? I saw no evidence of participants being influenced by the United
Nations Convention on the Rights of the Child or developmental discourses. In addition, it goes with the Islamic teaching of benefiting from others’ knowledge, as the Prophet Mohammad has emphasized this.

Two participants indicated that they use this method, and as a significant research component, it facilitates the research process and prevents any delay. For example, participant B said, ‘It makes things easier and stops any delay in the research process’.

**Parental Consent**

Participants were asked if they had obtained informed consent from the children’s parents. Three participants indicated that they had obtained informed consent from parents, with one of them (participant E) adding that he obtained verbal consent from the child. Participant E wrote, ‘Verbal from children and written from parents”, adding: ‘This is by informed consent from the parents and sometimes the permission of the kindergarten in addition to the concerned Department in the Ministry’. This reflects a number of Western constructions of informed consent. I recognize the influence of Western historical reports and documents, particularly the Nuremberg Code (1949) and the Belmont Report (1979), which give consent. The participants didn’t discuss consent around knowledge or comprehension of the adult or child or issues of power and constraints or coercion in this discussion.

Participant E’s response can also be seen to be influenced by sociological perspectives of the child through their recognition of the child’s capacity to give verbal consent. It could be argued that the response also recognizes the child’s right to participate in the consent process.

Two other participants (B and F) emphasized that what is required is the permission of the Ministry of Education, not the consent of the parents. This reflects historical and cultural beliefs in Saudi Arabia. As mentioned in chapter 4, the KSA has been governed by Islamic
teaching since its establishment. Islam stresses the idea of the obedience to authority. So these participants are simply following the authority of the Ministry of Education.

Participant D answered that she did not obtain parental consent, implying that she did not obtain informed consent, but obtained consent from the ministry. She wrote: ‘No, the ministry’s permission is enough. Parents’ permission is obtained only if parents themselves are involved’.

Again, this reflects Western historical reports and documents. The United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) issued a statement which also stressed the significance of obtaining consent from participants in research. However, the fact that researchers adhere to this when parents are involved is a positive aspect of their work.

These responses are not a surprise, as my literature review showed a gap in the research related to researchers undertaking research in education and obtaining informed consent from parents for childhood educational research in the KSA and the absence of any clear methodology for doing so. As Islam stresses respect for the child and obtaining his permission, this gap is antithetical to Islamic teachings in this aspect.

**Children’s Consent or Assent**

Participants were asked if they asked children directly for their consent or assent to participate in research. Three participants commented that they never do this. One participant said that this is optional. Their answers were emphatically ‘No’ or ‘Never’.

In addition to the fact that this goes against the emphasis of Piaget, Vygotsky, the UN Convention, and Islamic teachings, these practices support the claims made in the literature review. The examples from the participants’ answers indicate that the participants lacked interest in obtaining informed consent in the KSA. These examples also show that those who said yes
showed that even when implemented, informed consent does not have a clear methodology. Piaget, Vygotsky and the UN Child Rights would not be happy with these practices as they are not in line with the stress on children’s rights and respect for their competency. Most importantly, they are not in line with Islam’s focus on child’s rights. Islam stresses respect for children and obtaining their permission. The example cited above from the Prophet Mohammad is a best example of this focus. It shows that in Islam, obtaining permission from the child is a must, even in ordinary issues; so, clearly, obtaining permission (informed consent) is more significant in important issues such as research.

Two participants (C and E) indicated that they do ask children for their consent. Participant C noted that she learnt this in the US: ‘Yes, but I learnt this in the US, not in the KSA’. This reflects the sociological conceptual frame of the child as a meaning-maker, as powerful and able to make a decision in terms of giving his or her assent to the research project as considered by Corsaro (2005). As indicated in the literature review, the new sociology of the child considers the child as a significant contributor to society (ibid).

These responses provide valuable information about parental informed consent in early childhood research in the KSA:

1. Informed consent from parents for their child to participate in research in education in the KSA is not mandatory. If consent is obtained, it is usually from the highest authority, not parents.

2. Gaining a child’s informed consent/assent is a practice of the researcher’s, influenced by previous experience or training in Western countries, as noted above, e.g., in the case of
this research, where participants have studied or worked in the United States of America or the United Kingdom.

**Current Policies**

Participants were asked to list any government or university guidelines, policies, or procedures that guide research involving child participants. Three participants indicted that there are no such materials: ‘There is none as far as I know’. Two other participants said that it is ‘only the permission from the Ministry of Education’. This is in line with the KSA cultural practices. As mentioned in the section on the Saudi educational system, the Ministry of Education is the highest level in the hierarchy; which is why it is not surprising that its permission is a must (Al-Abdul Kareem, n.d). This raises questions as to which administrative procedures in the KSA would go against Islamic stress on ethics and permission.

Only participant E gave more details by showing that there are procedures in the university, the Ministry of Education and sometimes the school: ‘In some cases, the permission of the board of directors in some private schools’. Again, this shows the lack of any clear guidelines for obtaining informed consent in the KSA. Although a lack of consent is seen as culturally inappropriate, nothing has changed so far.

Participants were also asked to list any other documents or materials that inform or guide research involving child participants. One participant commented that there were no other documents or materials that informed or guided their research involving children. This is not a surprise, as it is in line with Islamic ethics, which stress obedience to the higher authority.

Two of the participants said that they do not know if such documents exist. These two participants were early career researchers who had undertaken research outside of the KSA but had not yet conducted research within the KSA. Another participant spoke about his job
description as a document. Only participants D and E gave detailed answers. Participant D explained some procedures between the university and the Ministry of Education; the latter spoke about templates that are used for this purpose: She said: “

First, my department addresses the supervision department for permission and explains research tools and duration in addition to schools involved. The supervision department reviews the material according to established standards they have. The permission is sent to the principals of schools involved in the research. There are no specific guidelines or policies that govern the process of obtaining the consent in early childhood education services.

What does this tell me about current practices in the KSA? These responses provide valuable information about current policies and guidelines about informed consent for child participation in early childhood research in the KSA as follows:

1. There are no specific guidelines or documents which govern the process of gaining informed consent from parents for their child to participate in early childhood research
2. There are no documents or guidelines that draw on ethics specifically within research in early childhood educational research
3. The Cairo Declaration on Human Rights in Islam was not identified by participants as a guiding document
4. Sharia and Islamic traditions were not identified by participants as a guiding document
5. The United Nations Convention of the Rights of the Child was not identified by participants as a guiding document

In brief, the participant’s responses reflect that they admit adult total control and power. This view does not correspond with Islamic or Western ethics.
Where to Next: Postcolonial Theory as a Way to Take my Journey Farther

When I initially interpreted my data, I used a Western lens to understand the response. This caused me to conclude that the current practices in relation to researching children in the KSA did not recognize the basic rights-based ethical principles of respect, benefits, and justice because it didn’t ‘look’ like current Western protocols and practices reported in my literature review. However, coming to the end of my research when discussing the influences of the United States of America and United Kingdom on two of the participants’ research on gaining informed consent from parents and/or children, I began to question the origin of their understandings.

Simultaneously, I had been reading about postcolonial theories which allowed me to consider how such influence can be challenged and can support me to explore future ethical principles for research in the KSA that respects the cultural and historical attitudes and teachings in conducting research. My hope is that postcolonial theories can recognize multiplicities rather than mark any ideologies and teachings non-Western as inferior or ‘other’. For me, I hope that postcolonial thinking and writing can support my conclusion and planning for future exploration of this topic within the KSA.

Postmodernism and Postcolonialism

In exploring how and why informed consent for children’s participation in early childhood research is undertaken in the KSA, I wanted to draw on theories that sought to explore the multiplicity of societies and respect the cultural understandings and practices of the KSA. In my analysis, I continued to discuss the responses of participants as ‘going against’ ideas, particularly Western ideas of informed consent. Postmodernism essentially repudiates any kind of essential knowledge, practice, or beliefs. For postmodernism, all ideas, values, beliefs, etc. are socially constructed rather than universally acknowledged. In other words, postmodernism
denies the existence of any kind of objective morality, behaviour or belief. As far as my research is concerned, this began to support how I understood informed consent in the KSA. Postmodern perspectives argue that knowledge does not have to conform to the template designed by the West. This form is not essential; it is not objective. Rather, it is culturally constructed to fit the Western context. Hence, Saudi society should reformulate this template to fit its social and religious context rather than abide by Western dictates.

This brings forth the issue of postcolonial theory. It is difficult to pinpoint a definite meaning of the term ‘postcolonial theory’. Scholars have proposed several conceptualisations of the term. For example, Bill Ashcroft (1994) views postcolonial theory as ‘the discourse of resistance to colonialism which begins from the first moment of colonization’ (163). Ania Loomba, Kaul, Bunzl, and Burton (2005) indicated that postcolonialism provides a critique of colonial ideology within an ‘array of area studies, each with a differing sense of its place within (or angle of remove from) the prevailing conceptions of the postcolonial’ (6). Venn (2006) contends that the term connotes a wide arena that provides opportunities for creating ‘a future that will not repeat existing forms of sociality and oppressive power relations’ (p. 190).

In spite of these divergent concepts, the bottom line of this discipline is the critique of oppressive and hegemonic power of the coloniser and the call for giving the colonised the freedom of expression and self-realisation. Generally speaking, the advent of postcolonial theory came with Edward Said’s Orientalism (1978). In his book, Said provided a trenchant critique of the Western view of the East, which, he argued, is socially and culturally constructed by the West itself. There have been many other prominent writers in this field, including Frantz Fanon, Gayatri Spivak, and Homi Bhabha.

Why Postcolonial Theory?
Postcolonial theory is not restricted to political or cultural studies; it extends to all fields of life. Robert Young agrees with Chilisa, arguing that postcolonial activity works in all fields, including ‘the academic, the cultural, the ecological, the educational, the industrial, the local centre-periphery structure of the city and the rural hinterland…” (cited. in Viruru, n.d., p. 9). Chilisa (2011) stresses that ‘no subject area or theory, be it biology, physics, language, mathematics, Marxism, or feminism, has escaped Eurocentric colonialism and modern imperialism or globalization’ (p.46). That is why she strongly calls for a critique of colonialism and imperialism in research methods courses in order for methodologies to be understood as ‘practices seeking to see and know realities in diverse historical moments bound with politics and power’ (p. 70).

Accordingly, postcolonial theory has a strong presence in the field of early educational research. Donaldo Maced argues that schools are institutions that perform measures of “distinction” as an “ideological yardstick” (cited in Viruru, n.d., p. 10). Thus, he contends that if colonialism is not explored in the educational arena, ‘our minds, if not our hearts will remain colonized’ (p. 10). Radhika Viruru (n.d) explains that there have been many educational scholarships that used the postcolonial methodology to address the oppression of children as well as childhood professional in various ways. She goes on to argue against the existence of a universal concept of childhood or childhood development as perpetuated by the imperial West. She equates the Western concept of childhood with that of the Orient, in being stereotypical and socially constructed. She terms this universal view as ‘civilized oppression’ and calls for the ‘unmasking of power structure’ that govern this hidden oppression.

I would claim that my study falls within this category of the scholarships described by Viruru in the sense that my study addresses how educational research is conducted on children
without obtaining informed consent from parents, thus depriving them of their right. On the other hand, as mentioned in the previous chapter, I became more enthusiastic to approach the issue of informed consent for children participating in educational research after my observations in more developed countries. This has made me think about the influence of Western thinking on my mind: Am I being influenced by the West? Are the traces of the inferiority so complex that it makes me view the Western model as an ideal one?

These questions made me think about how postcolonial theory can support me to be aware of any “Western metaphysics” that may influence my approach. There is nothing that makes the Western experience ideal, rather, it is the dictates of imperialism that makes the East view the West as the source of all correct’ knowledge. As Glenda MacNaughton (2005) indicates, Western norms about child development are based on the Western expectations of those children. Thus, these norms are not essential; rather, they need to be appropriated to fit the context in which these children exist. This idea goes in line with Said’s concept of orientalism remarked on above, which shows that the Western view of the East is the construction of the West itself rather than a reflection of the social reality of Eastern civilisation. In line with MacNaughton’s (2005) argument, understanding this point opens wide opportunity of freedom and liberty for the East.

In addition, postcolonial theory can effectively inform issues of childhood education. The postcolonial approach allows for detecting points of weakness, most importantly the existence of colonial and oppressive tendencies in the field. As Ashcroft (2001) claims, postcolonial tools facilitate the examination of ‘the many strategies by which colonized societies have engaged imperial discourse (and) the ways in which many of those strategies are shared by colonized societies, re-emerging in very different political and cultural circumstances’ (p. 7). In other
words, postcolonial criticism strongly believes that elements of colonialism exist in each discipline and that it is our mission to decolonize the discipline. In this respect, an analogy can be drawn in the educational system where pedagogues can be viewed as the imperial West and the children as the oppressed East. Children are subject to the dictates of the know-it-all pedagogues who, in claiming the support of the children, restrain their freedom and rights through the power these pedagogues possess.

Michael Foucault, the renowned French philosopher, has written extensively on power in society. He argued that power functions in all fields of life. In his analysis of the power system, Foucault focused on the concept of ‘discourse’, which he defined as ‘a system of statements within which the world can be known’ (cited. in Das, p. 371). Ashcroft, Griffiths, and Tiffin (2002) show that the colonial discourse aims at concealing ‘statements about the exploitation of the resources of the colonized’ (p. 43). This is the case with the educational system, wherein children are not given the right to informed consent in educational research. Conducting education research on children without obtaining informed consent from parents is by itself an exploitation of these children and a denial of their rights.

Foucault elaborates on the issue of institutional power in his famous book *Discipline and Punish* (1995). Although his main argument is targeted towards the prison as a system of power, Foucault explains that his analysis extends to all institutions including schools. As MacNaughton argues, Foucault’s critique of these institutions is ‘a critique of sociological and philosophical norms that reduce our possibilities of freedom and justice because it shows these norms to be partial and biased’ (152).

Foucault argues that all institutions operate power with a view at creating ‘docile bodies’ i.e., those people that are easily controlled, not necessarily by hegemony, but by systematic
surveillance. Foucault draws on Jeremy Bentham’s concept of the Panopticon in order to illustrate the mechanism of power. He explains that the Panopticon setting entails the existence of an observer (the people with power), who monitors everything and maintains discipline, and an observed (the subjects), who conforms to the regulations imposed by the authority.

A strong correlation can be drawn between the environment within Saudi school systems and Foucault’s theories about the Panopticon and power, where much of Foucault’s argument about the Panopticon applies to the school atmosphere where all features of the disciplinary system are proposed by Foucault. School children are Foucault’s ‘docile bodies’ who conform to the dictates of the educational authority. In depriving children of the right to informed consent, the educational authority represses their freedom of expression.

In addition, not only are the students the docile bodies produced within the Saudi educational institution, but principals of schools fit into this category as well. What happens usually is that a researcher acquires the permission of the Department of Education to conduct research on schoolchildren. The principal cannot reject this, and he has to give his consent, whether he is personally convinced of this or not.

Foucault’s ‘docile bodies’ are Spivak’s ‘subaltern’ (1998). The famous postcolonial critic Gayatri Spivak termed the colonised people as “he subaltern. She addressed this issue in her study called ‘Can the Subaltern Speak?’ (1988). In this study, Spivak speaks of the subaltern as those people who have been subject to dictates of colonialism, and thus were deprived freedom of expression and speech. In line with Foucault’s argument on power, Spivak views those people as always being the object of discourse rather than the subject.

When examined within the Saudi educational system, it is clear that children not given the right to informed consent fit Spivak’s view of the subaltern. In depriving them of their right
to express consent, the colonising educational system deprives them of their right to speak and express their interests. In this sense, they are always the object rather than the subject of the educational discourse.

Spivak, along with Said and other postcolonial theorists such as Ashcroft, Griffiths, and Tiffin, also discussed the issue of othering from a postcolonial perspective. In simple terms, othering is the marginalisation of the colonized group so that the coloniser takes the leading position. In their book *Post-colonial Studies: The Key Concepts* (2007), Ashcroft, Griffiths, and Tiffin view othering as ‘a process by which the empire can define itself against those it colonizes, excludes and marginalizes’ (158). In the context of educational research that does not take informed consent into consideration, children and their parents are being ‘othered’ and marginalised for the dominant mainstream to continue its hegemony.

**Postcolonial Theory and Informed Consent**

In her elaboration on the existence of colonial thinking in research, Bagele Chilisa (2011) gives examples on how sometimes the right to informed consent is not granted to participants in research. She mentions that in certain parts of Africa, it is the chief of the village who informs the residents about any research to be conducted. It is implied that the chief is the one who gives the consent to the researcher.

This is almost no different from the situation in the KSA. In fact, in the KSA, consent to undertake research on children is not even obtained from the ‘chief’ or, for that matter, the parents. It is a form of colonisation that needs to be addressed in order to eliminate it and create a better atmosphere for research that is characterised by freedom and recognition of the rights of participants. As Chilisa (2011) says, scholars should exert effort to ‘decolonize research
methodologies’ (p. 70). Addressing the issue of informed consent for children participating in childhood research in the KSA is part of this process of decolonisation.

In light of all of this, implementing informed consent in the KSA should be done without assimilating the colonial agenda. In general, third-world countries can take beneficial knowledge from the West. This is because these countries have suffered delay in progress as a result of colonisation accompanied with high increase in population. That is why adopting Western scientific and academic methodologies is not negative in itself. However, in adopting such methodologies, countries should be cautious to ensure that such methodologies do not erase the national identity of the culture. In other words, Western ideas should not erase the culture of the country. If such ideas conform to the customs of the culture, they can be taken; otherwise, they should be repudiated.

In the case of informed consent, adopting the Western model does not affect the Saudi culture in any way. On the contrary, it adds to the Islamic prescriptions that stress respect for individuals and maintaining their freedom. It also maintains justice for children and parents as well as researchers. In addition, Islam does not object to benefitting from the advanced knowledge of others as long as it does not contradict with the principles of Islam. In fact, Islam has always stressed respect for the rights of people and stressed the necessity of taking permission in all formal and informal matters. Taking this into consideration, adopting informed consent for children participating in childhood research in the KSA is something that Islam would care about.

In a sense, the educational authorities in the KSA can be thought of as the coloniser; the children are the colonised. These authorities exercise their power to deprive the colonised children from their rights to freedom of expression. These children become Foucault’s docile
bodies, being the object of surveillance and domination. They are also Spivak’s subaltern, who are not allowed to speak for themselves. This is the ‘ideological yardstick’ that Donaldo Maced speaks about in schools (cited in Viruru, p. 10) and the “civilized oppression” proposed by Radhika Viruru (n.d).

Accordingly, this study is a critique of colonialist and imperialist methodologies of research as proposed by Chilisa (2011). It goes in line with her calling for decolonising methodologies of research. It aims at creating ‘a future that will not repeat existing forms of sociality and oppressive power relations” (Venn190) relations’ (Venn, 2006, p. 190). It also helps the ‘unmasking of power structure’ that govern this hidden oppression (Viruru, n.d).

In the meantime, one should be cautious not to fall prey to Western dictates and models of childhood development, as illustrated in the conceptual frame of this study. For example, it is noticed that some participants, such as participant C, indicated that she learnt her research methodologies, including even obtaining oral approval of the children, from the West. This by itself is not wrong as long as the Western dictates are not assimilated blindly. The point is, as mentioned elsewhere, the East can take what is beneficial from the West. In this regard, informed consent is one of the beneficial things that can be borrowed from the West. At the same time, the model of informed consent does not have to be taken as it is. It can be appropriated to fit the social and cultural realities of Saudi children. In fact, as mentioned elsewhere, informed consent adds to the Islamic prescriptions that stress respect for individuals and maintaining their freedom. It also maintains justice for children and parents as well as researchers. Islam has always stressed respect for the rights of people and stressed the necessity of acquiring permission in all formal and informal matters.

**Saudi Political System**
As its name denotes, the Kingdom of Saudi Arabia is a kingdom. In other words, it is a hereditary monarchy. The political, economic, legal, and legislative systems are drawn from the Islamic sources, basically the Quran and Mohammad’s teachings. The king is nominated yearly. In addition to functioning as the king, also functions as a prime minister and chief of the military. As a prime minister, the king assigns the cabinet, which consists of 22 ministers, each four years. Although the monarchy is hereditary, in 2006 an Allegiance Commission was established that consists of princes who contribute to the process of selecting future kings. This recent trend towards democracy opens the horizon for more recognition of human rights in general and children’s rights in particular. In a sense, it makes the process of adopting informed consent easier.

Postcolonial theory opens up some questions to explore for the future in terms of informed consent in educational research in the KSA.

1. Will socio-political factors determine the extent to which informed consent is implemented in the KSA?
2. To what extent will the KSA manage to appropriate the Western model of informed consent to fit its culture and society?
3. Will the colonial mentality go on dominating the educational system keeping children as docile bodies?

Colonising the Other

Western influence, especially in its American form, was reflected in the answers of some participants. For example, participant C said that she learnt the method of informed consent from the US. She also indicated that she asks children for their consent; something which she also learnt in the US.
Chapter 5: Conclusion

The aim of this study was to address the issue of obtaining informed consent from parents of children participating in childhood educational research in the KSA. This was achieved by undertaking a literature review and administering a questionnaire to six Saudi academics who were involved in early childhood educational research. The participants’ answers provided insight into current practices, and the literature review supported the identification of possible gaps when it comes to obtaining informed consent in educational research in the KSA.

Key Findings

In answering the two research questions—(a) How is informed consent obtained for children participating in early childhood educational research in Saudi Arabia? and (b) What are the historical and contemporary issues that inform these practices?—there were 10 findings:

1. Approval to conduct research in a school is required from the Ministry of Education.

2. Approval is an administrative process rather than an ethical requirement.

3. Informed consent from parents for their child to participate in research in education in the KSA is not mandatory.

4. Gaining informed consent from parents is a practice of the researcher influenced by previous experience and training in Western countries, in the case of this research where participants have studied or worked in the United States of America or the United Kingdom.

5. Informed consent/assent from a child to participate in research in education in the KSA is not mandatory.

6. Gaining informed consent/assent from a child is a practice of the researcher, influenced by previous experience and training in Western countries, as noted above, in the case of
this research where participants have studied or worked in the United States of America or the United Kingdom.

7. There are no documents or guidelines that draw on ethics specifically within research in early childhood educational research.

8. The Cairo Declaration on Human Rights in Islam was not identified by participants as a guiding document.

9. Sharia and Islamic traditions were not identified by participants as a guiding document.


Limitations of the Research

There are no references that show the procedures adopted for educational research, despite the existence of such reference in the medical field.

The limited number of participants may call into question the validity of the results. However, the sample was not meant to be representative of the whole Saudi community; it is simply meant to add evidence to the thesis proposed regarding obtaining informed consent for children involved in educational research.

There were also some limitations in relation to recruiting highly educated participants in the field who had experience in educational research. In addition, the fact that participants answered in Arabic made the research more time-consuming, as their feedback needed to be translated. Take more time in translating their feedback, aside from This was compounded by the fact that time was already short.

In addition, reliance on a questionnaire as the only source of data is another limitation. This is in addition to the fact that there was no face-to-face interview with the participants.
However, it should be mentioned that email correspondence gave me more freedom in contacting male participants, taking into consideration the conservative nature of the Saudi society that does not allow immediate contact between males and females.

**Implications of My Findings**

There are implications to theory, research and practice.

**Implications to theory.** Through my initial engagement with postcolonial theories, I can see how work by authors such as Said (1978) and Spivak (1988) could help support my work as a researcher in the KSA to explore possibilities related to informed consent for children to participate in early childhood educational research. Postcolonial theories will support me to resist being drawn into Western discourses of research ethics, which may result in me neglecting KSA history and culture, and instead give priority to Western thinking. My next steps will be to explore informed consent with KSA academics and the government to support the exploration of policies and practices that will consider multiple influences. Areas and ideas I would like to explore within the KSA include:

- the influence of the Saudi educational system on educational research ethics
- how the teachings of Islam as proposed by the Prophet Mohammed (PBUH) can inform ethical research protocols and practices within the KSA
- how the Cairo Declaration on Human Rights in Islam can inform ethical research protocols and practices within the KSA
- sociological understandings of the child and his or her capacity to consent/assent to research
- the influence of historical and cultural beliefs in the KSA on research ethics
- how current medical protocols for informed consent and the development of these
provide insight into constructing similar protocols for educational research.

Western knowledge and theories will continue to identify KSA practices as inferior to Western ethical processes for informed consent.

**Implications for research.** I also see the need for further research related to informed consent for children’s participation in research. I can see the need for further qualitative and quantitative research in this area, particularly research that obtains the views of parents, children, teachers, and government representatives. This research should be targeted towards raising awareness of the significance of informed consent in Saudi educational research so that the current gap existing in the field is nowadays would be bridged.

**Implications for practice.** As there are no clear documents providing guidance in this area, what does this mean for new early career researchers? How do researchers understand what to do? At present, researchers are required to gain permission from the Ministry of Education before conducting research. Creating a guide for researchers undertaking early childhood research could support them to understand principles and protocols such as:

- Voluntary consent of the human subject.
- The person consenting has a legal capacity to give consent.
- Research participants should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior forms of constraint or coercion.
- Researchers should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an enlightened decision.
- Highlighting the Islamic emphasis on respect for children and obtaining their permission.
- Appropriating the Western dictates in this field to fit the Saudi culture.
**Future Directions**

Based on the findings of this study, it is recommended that informed consent be adopted in educational research in a manner that is respectful of children’s rights, parents’ views, and Saudi cultural values. Based on the opinions of the prominent postcolonial theorist Gayatri Spivak (1988), it is recommended that, researchers in the Kingdom of Saudi Arabia do not become colonised people ‘subaltern’. In other words, Western knowledge about informed consent should not silence the cultural and historical views and knowledge of the Kingdom of Saudi Arabia.
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هاني بن عبد الله بن محمد الجبير، أذن في إجراء العمليات الطبية أحكامه واثرها أطروحة ليل درجة الماجستير.

جامعة الإمام محمد بن سعود الإسلامية الرياض.
Appendix 1

فيما يلي الاستبان المطلوب منك الإجابة عليها لأغراض الدراسة. القسم الأول من الاستنذ هو معلومات شخصية،
والقسم الثاني يتعلق بموضوع الدراسة.

المعلومات الشخصية

الجنس:
ذكر
انثى

العمر:
31 - 35
36 - 40
41 - 50

المؤهل العلمي:
دكتوراه
ماجستير
أخرى (الرجاء التوضيح)

مجال العمل:
جامعه
كلية مجتمع
الحكومه
مدة العمل في المؤسسة

اقل من سنة

من خمس سنوات إلى عشر سنوات

كم عدد الأطفال الذين قامت بإجراء البحوث عليهم؟
١. ما هي الطريقة التي تقوم من خلالها بالحصول على موافقة الأطفال المشاركين في الأبحاث التي تقوم بها؟

٢. بين سبب اختيارك هذه الطريقة للحصول على الموافقة للأطفال المشاركين في الأبحاث التي تقوم بها؟

٣. هل هناك أي أشرطة أو سياسات أو إجراءات من الجامعة أو الوزارة تنظم هذه الطريقة؟ يرجى توضيح هذه الإرشادات والسياسات في حال وجودها؟

٤. هل هناك إجراءات مطلقة من الجامعة أو الوزارة للحصول على الموافقة الخطية بشأن الأطفال المشاركين في الأبحاث?

٥. هل هناك أي وثائق أو مراجع تساعد في توضيح وظيفتك الحالية؟

٦. هل تقوم بطلب الموافقة الخطية أو الشفهي أو أي طريقة أخرى من الأطفال المشاركين في الأبحاث؟ (يرجى التوضيح)

شكرًا على علمك الذين التي هي محدثة تدريجًا، وسيكون هناك تواصل مستقبلا في حال وجود أي أمور متعلقة بالبحث.
Appendix 2

نموذج الموافقة الخطية

عنوان الدراسة: الموافقة الخطية للأطفال المشاركون في البحوث التربوية على الطفل المبكر في المملكة العربية السعودية

اسم المشاركة:

الباحث/الباحثة: د. كيلي سميث، هند العبدي

1. أوافق على المشاركة في الدراسة التي تم إعلانها عن الدراسة في طريقها، وقد تم توضيح كل ما يتعلق بهذه الدراسة من طبعتها، هدفها، طريقة إرسال واستقبال الاستماع والإجابات، اللغة المستخدمة في الاستماع، عدد المشاركين في الدراسة، حقيقة في سري معلوماتي، حقي في الانسحاب من المشاركة في أي وقت بدون أي نتائج متترتبة على الانسحاب، حقي في الحصول على نسخ من نتائج الدراسة بالإضافة إلى معلومات الاتصال المهمة، حيث تم تزويدي بهذه المعلومات خطياً.

2. يسمح للباحث أو مساعدته باستخدام المعلومات التي أزدهر بها في هذا البحث من أجل الوصول لهدف البحث.

3. أقر بما يلي:

4. تم توضيح اثار هذه الدراسة لي بشكل كافي.

5. تم اخباري بأن المشاركة في هذه الدراسة اختباري، وأنه يحق لي الانسحاب من المشاركة في أي وقت وبدون توضيح.

6. هذه الدراسة تتم فقط للاستفاض الباحث وسيتم الاحتفاظ بالبيانات المتعلقة بها لمدة خمس سنوات قبل أن يتم التخلص منها.

7. تم إخباري بأنه سيتم الاحتفاظ بسرية المعلومات التي ساهمت بترخيص البحث بها بما يلتائم مع متطلبات القانون.

8. قمت بالإطلاع على وثيقة طبيعة الدراسة المبينة بشكل واضح.

التاريخ:

توقيع:
Appendix 3

طبيعة الدراسة

نرجو اعتبار هذه الوثيقة بمثابة دعوة شخصية لك للمشاركة في البحث المعنون (كيفية الحصول على الموافقة الخطية للأطفال المساركن في الابحاث في المملكة العربية السعودية). ويتم اجراء هذه الدارسة ضمن متطلبات الحصول على درجة الماجستير في التربية من كلية التربية في جامعة ملبورن استراليا باشراف الدكتور (كيلي سميث). مع العلم بأنه قد تم الحصول على موافقة لجنة اخلاقيات البحوث في الجامعة بشأن هذه الدراسة.

تتمثل أهداف هذه الدراسة فيما يلي:

1. معرفة كيفية الحصول على الموافقة الخطية للأطفال المساركن في الابحاث في المملكة العربية السعودية.

2. معرفة السياسات التي تتحكم عملية الحصول على هذه الموافقة الخطية.

3. توفير المعلومات التي تسهم تحسين الممارسات فيما يتعلق بالأبحاث التربوية على الطفل المبكر.

في حال موافقتك على المشاركة فان ما هو مطلوب منك هو تعبيئة استبيان عبر الاميل. مع العلم بأن هذه الاستبيان ستكون باللغة العربية ولا تستغرق اجابتها أكثر من 20 دقيقة.

سنتكون حريصين على سرية مشاركتك واجاباتك بالحدد الذي يسمح به القانون بحيث سيتم الاحتفاظ باسمك ومعالجات الاتصال الخاصة بك في اجهزة حاسوب لا يمكن الدخول عليها إلا بكلمة سر خاصة، وسوف يتم استخدام الاسماء المستعارة للمشاركون. في المداهم، سوف يتم ازالة أي معلومات شخصية يمكن من خلالها التعرف عليك.

ولكن يرجى العلم بأنه الحدود المحددة للمشاركون يمكن أن يسهل على الآخرين معرفة هوية المشاركة. وسيتم الاحتفاظ بالبيانات في قسم نظم المعلومات لمدة 5 سنوات من تاريخ نشرها ثم سيتم التخلص منها.

وإذا لم تنشر هذه الماده خلال 12 شهر من تطبيق العينه.

يرجى العلم بأن مشاركتك في هذا البحث اختياري بحت. وبالتالي يمكنك الانسحاب من المشاركة في الدراسة في أي وقت أو سحب البيانات التي تم الحصول عليها منك في أي وقت، وبدون أي إجراءات تترتب عليك نتيجة لذلك. وعند الوصول
في حال وجود اسئلة او استفسارات يرجى التواصل مع احد الباحثين حسب البيانات المبينة ادناه. وفي حال وجود أي استفسارات بشأن اجراءات البحث المتعلقة بالدراسة يرجى الاتصال مع قسم اخلاقيات البحوث في جامعة ميلبورن على هاتف 8344 2073 او فاكس 93476739.

في حال رغبتك بالمشاركة يرجى توقيع نموذج الموافقة الخطي المرفق وارساله بالبريد الالكتروني الينا بحيث سيقوم الباحث بالاتصال بك لتحديد وقت مناسب لارسال الاستماع الينا.

Dr Kylie Smith

Kylieas@unimelb.edu.au

Hind Alotabi

h.alotabi@student.unimelb.edu.au

8344 4084

0414260491
Appendix 4

1. Background Information.

- Gender:
  - Male
  - Female

- Age:
  - 25-30
  - 31-35
  - 36-40
  - 40-50
  - +50

- Academic qualifications:
  - Master
  - PhD
  - Other please name……………………

- What institution do you work for or employed by?
Informed Consent: Saudi Children

- University
- Collage
- Government
- Other please name………

How long have you worked in the organization?

- Less than a year
- 1-5 years
- 5-10 years
- More than 10 years
2. Please list the research projects you have undertaken where young children under the age of 8 have been research participants?

3. How do you currently obtain consent for children to participate in your research?

4. Why do you use this method of consent for children to participate in research?

5. Please list the government or university guidelines, policies and/or procedures that guide research involving child participants?

6. Please list any other documents or materials that inform or guide research involving child participants? (Please explain your response).

8. Who do you currently request informed consent for children’s participation from? In what form does this take (For example written or verbal)?

9. Do you ever ask children directly for their consent or assent to participate in research? (Please explain your response)

Thank you for completing the questionnaire. Your contribution is highly appreciated. We will be in contact for any further issues arising from the questionnaire.
Appendix 5

PLAIN LANGUAGE STATEMENT

I would like to invite you to participate in a research project entitled. I am undertaking this research as part of my enrolment in the Master of Education in the Melbourne Graduate School of Education at the University of Melbourne. My supervisor is Dr Kylie Smith. The project has been approved by the Human Ethics Committee.

The aim of the project is to:

- To increase knowledge about how informed consent for children to participate in research is currently obtained in early childhood research in Saudi Arabia.
- To increase knowledge about what guiding principles inform these practices.
- To provide knowledge to guide the practices of early childhood educational researchers.

If you agree to take part in the research, your participation will involve completing a questionnaire via email for your convenience; the questions will be in Arabic. It is anticipated that this will take approximately 20 minutes.

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law. Your names and contact details will be stored in a password-protected computer file. In the final report, you will be referred to by a pseudonym. We will remove any references to personal information that might allow someone to guess your identity; however, you should note that as the number of people involved in the project is small, it is possible that someone may still be able to identify you. The data will be kept securely in the Department of Information Systems for five years from the date of publication, before being destroyed and no data will be publish within the first 12 months of collection.
Please be advised that your participation in this study is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice. Once the thesis arising from this research has been completed, a brief summary of the findings will be available to you on application at the Department of Communications.

Should you require any further information, or have any concerns, please do not hesitate to contact either of the researchers on the contact information provided below. Should you have any concerns about the conduct of the project, you are welcome to contact the Executive Officer, Human Research Ethics, The University of Melbourne, on ph: 8344 2073, or fax: 9347 6739.

If you would like to participate, please indicate that you have read and understood this information by signing the attached consent form and emailing it to us. The researchers will then contact you to arrange a mutually convenient time for you in order to send the questions for you.

Dr. Kylie Smith

Phone number 83444084
Email: Kylieas@unimelb.edu.au

Hind Alotabi

Phone number 0414260491
Email: h.alotabi@student.unimelb.edu.au
Appendix 6

CONSENT FORM

Project: Informed consent for children in Saudi Arabia

Name of participant:

Name of investigator(s): Dr Kylie Smith and Hind Hammad Alotabi

1. I consent to participate in the project named above, the particulars of which - including details of the nature of the study, its purpose, method of sending and receiving questions and answers, the language to be used in the questions, the number of participants in the study, my right to anonymity, my right to withdraw without prejudice, my right to get a copy of the study findings in addition to necessary contact numbers- have been explained to me. A written copy of the information has been given to me to keep.

2. I authorise the researcher or assistant to use for this purpose the information I provide him for the project being conducted.

3. I acknowledge that:

   (a) The possible effects of the study have been explained to me to my satisfaction;
(b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data previously supplied;

(c) The project is purely for the purpose of research.

(d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements.

(e) I have reviewed the plain language statement and accept everything within it.

Signature

Date
Author/s:
Alotabi, Hind Hammad

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2012

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