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**PARENTAL DECISION-MAKING THROUGH
PSYCHOLOGICAL STANDPOINT: CHILDREN'S
PARTICIPATION IN CLINICAL TRIAL**



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**MASTER OF ARTS (PSYCHOLOGY)
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**Parental Decision-Making Through Psychological Standpoint: Children's
Participation in Clinical Trial**



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Abstract

Conducting clinical trials is essential for improving children's healthcare. However, parental involvement as a surrogate decision-maker remains a complex process influenced by cultural, social, and psychological factors. Furthermore, little is known about how parents navigate these challenges, particularly in regions of Malaysia, where the culture and religious beliefs strongly shape the health-related choices. Hence, this study aimed to explore in depth the processes, factors, and experiences that influence the parental decision-making on children's participation in clinical trials. Accordingly, a qualitative design was employed, involving semi-structured interviews with 14 parents whose children participated in the clinical trials at two government hospitals located in Northern Malaysia. In particular, thematic analyses were employed to analyse the data. The findings revealed that the parents underwent a process that began with the referral stage, followed by initial engagement, information sharing, weighing risks and benefits, and finally achieving the decision-making process. Three major themes shaped this process: trust, culture and religion, and socio-economic considerations. Specifically, trust in the clinical trial teams was central, and the clear and empathetic communication reinforced parental confidence. Meanwhile, cultural and religious beliefs, including Tawakkul, Redha, and Halal consideration, have provided moral guidance and psychological assurance. Moreover, socio-economic factors involving financial benefits and access to beyond routine medical healthcare have motivated participation. At the same time, parental experiences reflected a mixture of hope, reassurance, and gratitude. Parents valued opportunities for better healthcare and close monitoring. Notably, parents perceived themselves as surrogate decision-makers, supporters, and collaborators in the clinical trial process. In conclusion, while the benefits of participation may facilitate enrolment, parents' experiences highlight the crucial role of trust, cultural sensitivity, and supportive relationships in ensuring informed and ethical consent. Overall, this study revealed a new insight into parents' perspectives in Malaysia, suggesting that policymakers design culturally sensitive and parental-centred recruitment strategies to enhance future participation.

Keywords: Children's Clinical Trials, Parental Decision-making, Informed Consent, Trust and Communication

Abstrak

Pelaksanaan kajian klinikal adalah penting dalam meningkatkan penjagaan kesihatan kanak-kanak. Walau bagaimanapun, proses membuat keputusan ibu bapa sebagai wakil kepada anak mereka merupakan satu proses yang kompleks, dipengaruhi oleh faktor budaya, sosial, dan psikologi. Penyelidikan mengenai bagaimana ibu bapa mengharungi cabaran ini di Malaysia masih terhad, khususnya dalam konteks masyarakat yang kepercayaan budaya dan agamanya sangat mempengaruhi pilihan kesihatan. Justeru, kajian ini bertujuan untuk meneroka proses, faktor serta pengalaman ibu bapa dalam membuat keputusan berkaitan penyertaan anak mereka dalam kajian klinikal. Kajian kualitatif digunakan, melibatkan temu bual separa berstruktur dengan empat belas orang ibu bapa yang anak mereka sedang menyertai kajian klinikal di dua buah hospital kerajaan di utara Malaysia. Data dianalisis secara tematik. Hasil kajian menunjukkan bahawa proses ibu bapa membuat keputusan bermula dengan rujukan, diikuti dengan penglibatan awal, perkongsian maklumat, pertimbangan risiko dan manfaat, dan akhirnya membuat keputusan untuk memberi persetujuan. Tiga tema utama dikenal pasti melibatkan rasa percaya, budaya dan agama, serta pertimbangan sosio-ekonomi. Rasa percaya terhadap pasukan kajian klinikal adalah teras, ditambah komunikasi yang jelas dan empati memperkukuh lagi keyakinan ibu bapa. Nilai budaya dan agama, khususnya konsep Tawakkul, Redha, dan pematuhan Halal, telah memberi panduan moral serta jaminan psikologi. Faktor sosio-ekonomi, termasuk manfaat kewangan dan akses kepada rawatan kesihatan di luar rutin biasa, turut menggalakkan penyertaan tetapi tidak memadai tanpa kepercayaan dan keselarasan budaya. Pengalaman ibu bapa mencerminkan gabungan harapan, ketenangan, rasa syukur, dan bebanan emosi. Mereka menghargai peluang mendapatkan penjagaan kesihatan yang lebih baik dan pemantauan rapi, di samping melihat diri mereka sebagai wakil pembuat keputusan, penyokong emosi, dan rakan kerjasama dalam proses kajian klinikal. Kesimpulannya, walaupun manfaat kewangan dan perubatan boleh menggalakkan penyertaan, pengalaman ibu bapa telah menekankan kepentingan rasa percaya, sensitiviti budaya, dan hubungan yang baik dalam memastikan penyertaan yang beretika. Kajian ini memperlihatkan perspektif baharu tentang pandangan ibu bapa di Malaysia, serta mencadangkan agar pembuat dasar merangka strategi yang sensitif budaya dan berpusatkan ibu bapa bagi meningkatkan penyertaan dalam kajian klinikal kanak-kanak.

Kata Kunci: Pengambilan Keputusan oleh Ibu Bapa, Kajian Klinikal Kanak-kanak, Keizinan Termaklum, Kepercayaan dan Komunikasi

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Siti Maisarah Md Ali

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List of Abbreviations

COVID-19	Coronavirus disease 2019
CRC	Clinical Research Centre
CRM	Clinical Research Malaysia
DM	Diabetes mellitus
etc.	et cetera
FGD	Focus group discussion
HBM	Health Belief Model
HSB	Hospital Sultanah Bahiyah
HTF	Hospital Tuanku Fauziah
GCP	Good Clinical Practice
ICR	Institute of Clinical Research
ICTRP	International Clinical Trials Registry Platform
IIR	Investigator-Initiated Research
ISR	Industry-Sponsored Research
LAR	Legal Authorized Representative
MENA	The Middle East and North Africa
MOH	Ministry of Health Malaysia
MREC	Medical and Ethics Committee
NIH	National Institute of Health
NMRR	National Medical Research Register
SDM	Shared Decision-making
SOP	Standard Operation Procedure
WMA	World Medical Association
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Children's medical care has significantly improved due to the clinical trial conducted. However, the list of advances in children's health due to clinical trials is unfortunately short and limited to paediatric disorders, heavily clustering around cancer. This is largely attributed to the paucity of paediatric trials (De Abreu Lourenco, McCarthy, McMillan, Sullivan, & Gillam, 2021). Moreover, the children are reliant on others for resources and safety due to their physiological vulnerability and immaturity in terms of development. As a result, there is a need for further trials, particularly in places with high clinical demand. This can be achieved by strengthening paediatric clinical trials to provide information that enables children to benefit from new medical advancements, similarly to adults (Joseph, Craig, & Caldwell, 2015; Lagler, Hirschfeld, & Kindblom, 2021).

Nonetheless, the safety and efficacy information on medicines used in children is scarce. Correspondingly, some of the medicines used in children are ineffective or have unknown side effects (Gerson et al., 2023; Van der Zanden et al., 2021). Hence, more effective and relevant clinical trials in children are necessary to identify safe medicines to prevent delays in beneficial treatment. Currently, the clinical trial is the only method that can provide reliable evidence of therapies through systemically controlled testing of interventions on human subjects (Sundaram, Selvaganesan, Deo, & Karnib, 2022).

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Appendix A

Interview Protocol

Demographic Data Collection

1. Name:
2. Age:
3. Race:
4. Occupation:
5. Education Level:
6. Monthly Income:
7. Marital Status:

Skop Temubual	Kunci Soalan
Pemahaman tentang kajian klinikal	• Apa yang Encik/Puan tahu tentang kajian klinikal <i>Prob:</i> - kajian ubat baru/penyakit baru - tujuan kajian klinikal dijalankan - jenis –jenis kajian klinikal yang anda tahu
Sumber maklumat tentang kajian klinikal tersebut	• Bagaimana Encik/Puan mendapat maklumat tentang kajian klinikal? <i>Prob:</i> -petugas kesihatan – doctor/misi -ahli keluarga -kawan-kawan -media sosial -media elektronik -media cetak • Apakah maklumat yang diperolehi oleh Encik/Puan? • Apakah maklumat yang belum diperolehi dan pada pendapat Encik/Puan maklumat tersebut penting untuk diketahui?

Faktor yang mempengaruhi keputusan membenarkan anak menyertai kajian klinikal	• Mengapa Encik/Puan memberi kebenaran untuk anak terlibat dalam kajian klinikal ini? • Atau apakah sebab yang membuatkan encik/puan membenarkan anak terlibat di dalam kajian klinikal? <i>Prob:</i> -manfaat yang ditawarkan - nasihat/pendapat daripada doctor yang merawat -keyakinan terhadap tahap keselamatan kajian/risiko rendah kepada anak -risiko rendah untuk kegagalan kajian -kajian dengan proses dan prosedur yang tersusun dan mudah dijalankan.
Pengalaman dialami/didapatkan semasa terlibat dengan kajian klinikal – anak sebagai “subject/participants”	• Bagaimana pemahaman Encik/Puan tentang kajian klinikal yg anak encik ikuti/jalani? • Bagaimana pengalaman Encik/Puan semasa anak terlibat dalam kajian tersebut? • Bagaimanakah perasaan encik/puan apabila anak terlibat di dalam kajian klinikal? <i>Prob:</i> - tujuan -kelebihan/kebaikan/benefit -randomisation - risiko/implikasi hasil daripada kajian - berhenti daripada kajian lepas suatu tempoh dalam kajian
Pandangan/cadangan terhadap kajian klinikal yang telah dijalankan	• Apakah pandangan Encik/Puan terhadap kajian klinikal yang anak anda jalani? <i>Prob:</i> - Perasaan melihat anak menjalani kajian klinikal tersebut – lega/bimbang/risau/tiada rasa apa - Pengetahuan- perlu ditambah/ cukup penerangan - Penyesalan sebab? - Penyelidik/doctor/study coordinator-membantu/masalah • Adakah apa-apa cadangan daripada pihak Encik/Puan untuk menambah baik pengurusan kajian klinikal di pihak penyelidik?

Appendix B

A 15-Point Checklist of Criteria for Good Thematic Analysis Process (Braun and Clarke, 2006)

Stage	Criteria	Application to Current Study
Transcription	1. Data transcribed accurately and checked with recordings.	All interviews were transcribed verbatim and cross-checked with the audio for accuracy.
Coding	2. Each data item received equal attention during coding.	All transcripts were read several times and coded equally without bias.
	3. Themes developed from full data, not just vivid examples.	Themes were based on patterns across all 14 participants, ensuring completeness.
	4. All relevant data extracts for each theme were gathered.	Supporting quotes were organized under each theme.
	5. Themes reviewed against each other and the full data set.	Themes were refined through continuous comparison with original transcripts.
	6. Themes are coherent, consistent, and distinct.	Final themes are clear, internally consistent, and separate from one another.
Analysis	7. Data were interpreted, not just described.	Analysis explored meanings behind parental decisions using psychological insight.
	8. Data and analysis match - extracts support the claims.	Participant quotes directly support each analytical point in Chapter Four.
	9. Analysis tells a clear and convincing story.	Findings explain the decision-making journey from referral to consent, including the roles and experiences within the journey.
	10. Balance between narrative and participant quotes.	Each theme combines explanation with selected meaningful quotations.

Overall	11. Analysis shows a clear, systematic process.	Thematic analysis followed Braun and Clarke's approach.
Written Report	12. Language fits the study's qualitative approach.	Writing reflects an interpretive and constructive perspective throughout.
	13. Researcher acknowledged own role in the process.	Reflexivity maintained to manage bias in the data analysis.
	14. Report shows both process and results clearly.	Thematic development is shown with supporting quotes and explanation.
	15. Analysis is concise, logical, and interesting.	Final report presents a clear, engaging and meaningful account of findings.



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Appendix C

Thematic Analysis (Themes, Subthemes and Codes)





