Submit Consent Documents in ***Microsoft Word ONLY*** *Leave blank for HREC Office Use.*	***HREC Office Use Only:*** Approval Date: Approved Consent HREC Version No.: PI Name: HREC No.

INSTITUTE OF PUBLIC HEALTH, OBAFEMI AWOLOWO UNIVERSITY, ILE IFE

INFORMED CONSENT DOCUMENT
(FOR ADULTS)

This is the consent form template for creating your informed consent document. Please review the companion "Consent Form Instructional Template" for guidance.
Delete this box and all other guidance boxes

Insert an identifier in the footer such as version number and/or date on the first page

If there are more than one consent form, identify each document by the population who will sign it, for example, "Adult Controls", "Parents", "Teachers", etc.

<<Insert Type of Consent Document here>>

Study Title: Gender Differentials in Access to Medical Services during COVID-19 Lock-Down: Insights from Nigeria

Principal Investigator: Dr Kehinde Oluwaseun Omotoso

HREC No.: 2737

PI Version Date:

Investigators are expected to write consent forms in simple language. Check the **instructional template** for guidance about assessing reading levels.

What you should know about this study

- You are being asked to join a research study.
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.
- Participation in this study is optional. You may decide to leave at any time without being penalized.
- During the study, we will tell you if we learn any new information that might affect whether you wish to continue to be in the study.

Information about each of the following sections may be found in the **instructional template.**

Purpose of research project

To explore contextual factors such as poverty, inter-and intra- household resources allocation and decision, inequality, power relations, socio-cultural norms and perceptions which influenced access to sexual reproductive health.

Why you are being asked to participate

You are being asked to participate in this study because you are either
i. middle and late adolescent boys between the ages of 14 and 21years;
ii. middle and late adolescent girls between the ages of 14 and 21years;
iii. adult men from the ages of 22 and above and
iv. adult women from the ages of 22 and above.
For the IDI, you are either a headteacher, policymaker; NGO representative.

Procedures
The primary data will be obtained through a focus group discussion (FGDs) and Indepth Interview (IDI). A total of 24 FGDs and 6 IDIs will be conducted to capture the perspectives of the three regions representing the major ethnic groups in the country.

Risks/discomforts

There are no possible risks in partaking in the study

Benefits

Participants are unlikely to experience any direct benefit from participating in this study. They will gain more knowledge from other people's discussion. We hope our results contribute to the field of gender study and eventually to help better improve even access of health facilities based on gender.

Payment

The participants will be paid N1000 each

Protecting data confidentiality

We will keep confidential all research records that identify you to the extent allowed by law. Your information will be combined with information from other people taking part in the study, so there will be no way of identifying your individual data once the study is complete. When we write about the study to share it with other researchers, we will write about only the combined information we have gathered. We will keep informed consent forms and data for a minimum of three years after the project closes, and we will retain deidentified data indefinitely. Data collected will be kept confidential

Add the following sections, if applicable (see instructional template).
If none are applicable, skip to section titled, "Who do I call if I have questions or problems?"

Protecting subject privacy during data collection

Alternatives to procedures or treatments

Biological specimens

Insert applicable specimen(s) names and use text as written:
The < **insert specimen name** > and data collected from you during this study are important to science. You will not own the < **insert specimen name** > or data after you give it to the study. You will not receive any financial benefit from any product or idea created by the investigators using the data or materials collected from you.

Cost of participation in the study

The participants will be paid N1000 each

What happens if you leave the study early?

Those who do not complete the interview will be given N500 which is half payment

Sharing your health information with others

People at [Obafemi Awolowo University/Collaborating Institution] who work on the study or who need to make sure the study is being done correctly may see the [answers to questions/information].

Conflict of Interest

No conflict of interest

Payment of treatment costs for injury or illness from study participation

Clinical Trial Registration

Include in all consent forms

Who do I call if I have questions or problems?

Research conducted in an **international setting** must provide a local contact name and telephone number, address, and email, if available. If a local HREC is overseeing the study, replace the information below with contact information for the local HREC.

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- Call the principal investigator, Kehinde Oluwaseun Omotoso, at 08064452272 if you have questions, complaints, or get sick or injured as a result of being in this study.

- Call or contact the Institute of Public Health, Obafemi Awolowo University HREC Office if you have questions about your rights as a study participant. Contact the HREC if you feel you have not been treated fairly or if you have other concerns. The HREC contact information is:

  Address: Health Research and Ethics Committee
  Institute of Public Health
  Obafemi Awolowo University
  PMB 045, OAU Post Office
  Postal Code 220005
  Ile Ife
  Telephone: +234 808 842 8726
  E-mail: iph@oauife.edu.ng
  iphoauife@gmail.com

Keep the questions below on the same page as the signature lines.

What does your signature (or thumbprint/mark) on this consent form mean?

Your signature (or thumbprint/mark) on this form means:

- You have been informed about this study's purpose, procedures, possible benefits and risks.
- You have been given the chance to ask questions before you sign.
- You have voluntarily agreed to be in this study.

Add any of the following lines that are required; delete any that do not apply.

_____	_____	_____
Print name of Adult Participant	Signature of Adult Participant	Date
_____	_____	_____
Print name of Legally Authorized Representative (LAR)	Signature of LAR	Date

_____

Relationship of LAR to Participant

Ask the participant to mark a "left thumb impression" in this box if the participant (or participant's parent) is unable to provide a signature above.

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