PARTICIPANTS INFORMATION SHEET
Household Survey – Women Participants

Title:	An exploratory study of family planning self-care in Nepal, Niger, and Uganda
Protocol number:	1806810
Principal Investigators:	
Site(s):	Nepal: Province 1, Province 5 Niger: Dosso, Zinder, Niamey Uganda: Buyende, Mbale, Mukono
Study contact:	

Introduction

- Hello my name is [____]. I am part of a team with [local partner] looking for people to take part in a research study.
- How old were you at your last birthday? [*Do not record response*]
    - *If between the ages of 18-49, proceed with informed consent*
    - *If too young or old, thank them for their time and do not ask any further questions*
- Taking part in this research study is your decision. You don't have to participate if you do not want to. You can stop your participation at any time.

Information about the study

- This research study is about how women and men take care of their personal health and make health decisions both on their own and with the help of a provider or community health worker. We call that "self-care." For this study, we are focused on family planning. This means controlling the number of children in a family and how much time there is between pregnancies. So, we will ask what women and men are doing for their family planning self-care. We will also ask what they are willing to do. Also, we will explore how providers are willing to offer family planning to clients who are practicing self-care.
- If you join, you will be asked to answer questions about the types of family planning information and products you access. This will include how, why, and where you obtain them. I will also ask for some information about you, like your age, education, number of pregnancies, or your use of family planning methods. We will use this information to generate evidence on understanding of, perceptions of, and experiences with self-care in family planning amongst women, men, and providers to inform the development or refinement of self-care guidelines in [your country] and other study countries. The interview will take about one hour.
- About 500 women, 250 men, [Niger only: "12 community leaders,"] and 30 health care providers will take part in this research in [your country].

Possible risks

- There is a small risk that someone outside the study will see your information. We will do our best to keep your information safe.
- You may be uncomfortable answering some questions. You do not have to answer all the questions and you may stop at any time.

- Others in the community or within your own household may learn about the research topic or types of questions being asked, and this may pose some risk to you. However, your answers will not be shared with anyone else interviewed in your household or community.
- We will obey local guidance on COVID-19 prevention during this entire interview. This is to protect you. We will sanitize or wash hands before the discussion, keep distance between us, and wear masks the whole time.

Possible benefits
- Although you will not directly benefit from being in this study, we hope the findings improve sexual and reproductive health services in {insert country}.

Voluntary participation
- You are free to decide if you want to be part of this research. You do not have to answer any questions you do not want to answer. You can stop the interview at any time.
- If you agree to participate and then you change your mind, you may stop. If you do not take part or decide to stop, it will not affect any health care that you would normally receive at your health facility or from the community health worker.

Confidentiality
- We will protect information about you and your taking part in this research to the best of our ability. We will not link your name to your responses in any reports.
- Any information we collect which clearly identifies you (such as a phone number, or if you sign this form) will be kept secret to the best of our ability. If we do collect any of this information, it will only be shared with those working on this study for scheduling purposes, and then destroyed when the study is over. Other information you provide that does not directly identify you will be shared with others in reports and presentations.
- To protect you, this form with your signature will be kept separate from your answers to our questions so your name will not be linked to what you say.
- The information we collect from you may be transferred to countries outside [insert country], and their data laws may be different, but this information will not identify you in any way.

Payment
- For the time it takes to answer my questions, you will receive [*NPR 200/1000 CFA/Soap valued at UGX 4000*].

If you have a question about the study
If you have any questions about the research, call [*name and number*].

Your rights as a participant
This research has been reviewed and approved by the Institutional Review Board of FHI 360 and the [*local IRB*]. If you have any questions about how you are being treated by the study or your rights as a participant you may contact [*name and contact info for local IRB and/or FHI 360 Protection of Human Subjects Committee].*

Do you have any questions?
Do you want a copy of this form? Please know if you take a copy of this form others may learn that you participated in this research study.

STATEMENT OF CONSENT

PARTICIPANT AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to me. I have been given an opportunity to have any questions about the study answered to my satisfaction. I agree to participate as a volunteer in this study and understand that I have the right to withdraw from the study at any time.

_____ _____

Signature / Mark of Participant Date

- ❑ I understand that in order to participate in this study, personal information will be collected about me.

- ❑ I understand that in order to participate in this study, my personal information will be transferred to a different country.

INTERVIEWER AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Signature of Person Who Obtained Consent Date

[Uganda only] Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future research projects. YES ☐ NO ☐

[Uganda only] Identifiable private information

Identifiers will be removed from the identifiable private information, and, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the participant.