PARTICIPANTS INFORMATION SHEET

In-depth Interview – Parent/Guardian Consent Form for the participation of a minor child (age 15-17)

Title:	An exploratory study of family planning self-care in Nepal
Protocol number:	[IRBNet Project #: 1877537]
Principal Investigators:	
Site(s):	Nepal: Province 1, Province 5 Niger: Dosso, Zinder, Niamey Uganda: Buyende, Mbale, Mukono
Study contact:	[local contact information]

Introduction

- Hello my name is [____]. I am part of a team with [local partner] looking for people to take part in a research study. We are speaking with you since you have a daughter who we would like to include in this research study. Since your daughter is not yet a legal adult, we are asking for your permission to allow them to be in this study.
- She will be invited to participate in this study if she meets the other requirements and if both you and your daughter give permission for her to participate. If you give permission, we will tell your daughter about the study and ask if they would agree to participate. Both you and your daughter will have to agree for them to participate. So even if you provide permission – it is up to your daughter if she wants to agree, or not.
- If she chooses to participate, she will be interviewed. The interview will take up to an hour to complete. She can stop her 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.
- 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 [Insert country] and other study countries.
- If you give permission and your daughter agrees to join the study, she will be asked to answer questions about the types of family planning information and products she accesses. This will include how, why, and where she obtains them. I will also ask for some information about her, like her age, education, number of pregnancies, or her use of family planning methods. The interview will take about one and a half hour.

- The discussion will be audio recorded, and I will be taking notes. The findings from the recordings and the notes will later be summarized and shared with others, but your daughter's name will not be linked to what she said during the discussion. If you do not agree for your daughter to be audio recorded, she cannot participate.

- About 300 women, 250 men, and 30 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 daughter's information. We will do our best to keep her information safe.
- She may be uncomfortable answering some questions. She does not have to answer all the questions and she 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 your daughter. However, her 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 your daughter. We will sanitize or wash hands before the discussion, keep distance between us, and wear masks the whole time.

Possible benefits

- Although your daughter 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 allow your daughter to participate in this research. However, she will only participate in this research if both you and her to provide permission for her participation.
- If you agree to let them participate and then you change your mind, you can let us know. If you do not allow your daughter to take part or decide to stop, it will not affect any health care that you, your daughter, or nay family member would normally receive at your health facility or from the community health worker.
- Your daughter is also free to decide if she wants to participate. She will know she can skip any question she does not want to answer or stop being in the study – at any time without penalty.

Confidentiality

- We will protect information about your daughter and her taking part in this research to the best of our ability. We will not link her name to her responses in any reports.
- Any information we collect which clearly identifies you or your daughter (such as a phone number, or if you or she signs 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 or she provides that does not directly identify you or her will be shared with others in reports and presentations.
- To protect your daughter, the assent form with her signature and this form with your signature will be kept separate from her answers to our questions so your name and her name will not be linked to what she says.
- The information we collect from your daughter may be transferred to countries outside [your country], and their data laws may be different, but this information will not identify your daughter in any way.

Payment

- As a parent, there is no payment to you, but your daughter will receive *NPR 200* for the time it takes to answer my questions.

If you have a question about the study
If you have any questions about the research, call [local contact].

Your rights as a participant
This research has been reviewed and approved by the Institutional Review Board of FHI 360 and the Nepal Health Research Council (NHRC). If you have any questions about how you or your daughter is being treated by the study or her rights as a participant you may contact *Nepal Health Research Council* and/or *FHI 360 Protection of Human Subjects Committee]*

Do you have any questions? Please, take the time to discuss with your daughter about her participation in this research if needed.
Do you want a copy of this form? Please know if you take a copy of this form others may learn that you were asked to provide permission for your daughter to participate in this research study.

STATEMENT OF PARENTAL CONSENT

PARENT OR GUARDIAN AGREEMENT

I certify that the nature and purpose, the potential benefits, and possible risks associated with my daughter's participation 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 give permission for my daughter to participate as a volunteer in this study and understand that she has the right to withdraw from the study at any time.

Parent/guardian Full Name (please print)	Signature or Mark	Date
_____	_____	_____

☐ I understand that in order to participate in this study, my daughter's personal information will be collected.

☐ I understand that in order to participate in this study, my daughter's personal information will be transferred to a different country.

I give the researchers permission to audio record their discussion with my daughter YES ☐

Person witnessing Consent	Signature or Mark	Date
_____	_____	_____

Name of the daughter	Date
_____	_____

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.

Person Obtaining Consent	Signature or Mark	Date
_____	_____	_____