PARTICIPANTS INFORMATION SHEET
In-depth Interview – Assent Form for 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 FHI 360 looking for people to take part in a research study.
- You are being asked to participate because you are in the eligible age category (15-17 years old).
- You will be invited to participate in this study if you meet the other requirements and if both you and your parent or guardian give permission for you to participate.
- Taking part in this research study is your decision. You don't have to participate if you do not want to, even if your parent or guardian provides his permission. You can stop your participation at any time.
- If you choose to participate, you will be interviewed by a member of the research team. The interview will take up to an hour for you to complete. You can stop your participation at any time.

Information about the study

- This research study is about family planning. This means what women and couples do to control the number of children and how much time there is between pregnancies.
- We are interested in learning how women use and decide about family planning both on their own and with the help of a provider or community health worker. We call that "self-care."
- We are also interested in learning 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.
- About 300 women, 250 men, and 30 providers will take part in this research in Nepal.
- 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 the family planning methods you have used. 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 name will not be linked to what you said during the discussion. If you do not agree to be audio recorded, you cannot participate.
- The interview will be done privately by a trained female research assistant.

Possible Risks/ Discomforts

- You will be asked some personal and sensitive questions on the interview. These questions may make you feel uncomfortable or distressed. You can refuse to answer any question that you do not want to answer or end your participation at any time without penalty.
- There is a small risk that someone outside the study will see your information for the study purpose. We will do our best to keep your information safe.
- Others in the community or within your own household may learn about the research topic or types of questions you were 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 and Payments

- There is no direct benefit to you personally or your family for taking part in this study. Although you will not directly benefit from being in this study, we hope the findings improve sexual and reproductive health services in Nepal in the future. However, for the time it takes to answer our questions, you will receive *NPR 200*.

Voluntary participation

- You are free to decide if you want to be part of this research. Even if your parent provides permission for your participation, it is your choice if you want to be in this study or not. Your parent knows that.
- 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 [your country], and their data laws may be different, but this information will not identify your daughter in any way.

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 are being treated by the study or your 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?

(Note: please allow the minor respondent to discuss the overall agreement and the different points with their parents).

STATEMENT OF ASSENT

INDIVIDUAL MINOR's ASSENT

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 (We will give you a copy of this form to keep for future reference. Participation in this research study is voluntary).

*Child Participant Full Name (please print)	Signature or Mark	Date
_____	_____	_____

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

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

I give the researchers permission to audio record our discussion YES ☐

Person obtaining Assent	Signature or Mark	Date
_____	_____	_____
Person witnessing Assent	Signature or Mark	Date
_____	_____	_____