RESEARCH AT THE YOUTH CENTER
Youth Consent Form
Baseline Assessment

Title: Evaluation of CyberRwanda intervention in Youth Centers in Rwanda
Protocol Number: 1819991
Sponsor: FHI 360
Principal Investigators: xxxxxxxxx and xxxxxxxxxxxxxxxx

Addresses:

xxxxxxxxxxxx	xxxxxxxxxxxxxxxx

Study Sites: 8 districts within Rwanda
Study related phone numbers:

xxxxxxxxxxxx, Principal Investigator	xxxxxxxxxxx
xxxxxxxxxxxx, Principal Investigator	xxxxxxxxxxx

Key Information

- You are being invited to participate in a research study. You are being asked to participate because you have recently attended a youth center.
- **Participation in research is completely voluntary. Participation is <u>not</u> required by the youth program.**
- The purpose of the study is to understand the health and well-being among youth attending youth centers in this district of Rwanda
- As part of the study, you will be asked to complete one survey.
- The survey may take up to 45 minutes to complete.
- The survey will be conducted by a trained research assistant in a private area.
- Your will be asked some sensitive questions. You could feel embarrassed. You may refuse to answer any question or stop participation at any time – without penalty.
- There are no direct benefits to you for participating, but we hope that the results of the research will help improve how we reach youth with information on their health and well-being in the future.

Introduction

This research is being conducted by Dr. xxxxxxxxxxx and xxxxxxxxxxx and Dr xxxxxxxxxxxx. We are also working with Society for Family Health (SFH) to conduct this study. About 1200 other youth will complete the survey across 9 different youth centers.

You are being asked to take part in a research study. The study is taking place at this youth center, but your participation is not required to be a member of the youth center.

A research study is when people collect information to find out more about an important issue or topic. You are being asked to participate in this research study because you recently attended a youth center and are part of the age group we are interested in studying.

Before you decide whether to agree to be part of this study, it's important to understand why we are doing the research and what you will be asked of you. Please review this form carefully. You can discuss it with your parents, teachers, or anyone else. If you have questions about this research, you can also ask me.

Purpose

We are doing this study to understand more about the health and well-being of youth between the ages of 12 and 19 who are in youth center activities in Rwanda. The study's goal is to understand how a digital program, called CyberRwanda, might help change young people's knowledge and ways of thinking about health.

At the youth center, your child may CyberRwanda. CyberRwanda is a digital program that provides information about health and preparing for the future. For example, the program teaches young people about things like how their bodies work, about healthy relationships, and about careers and goal setting.

Procedures

If you agree to participate, you will be asked to complete a survey. The survey will be on a tablet. A trained research assistant will administer the survey. The survey can be administered today if you agree to participate. The survey may take up to 45 minutes to complete. The survey is generally about your health and well-being. The survey also covers sensitive topics like sexual behavior and ways to prevent pregnancy. We will also ask questions about school attendance, work, and about your home environment.

You may refuse to answer any question or stop the survey at any time. This will not affect your status here at the youth center or compensation as part of the study.

Benefits

There is no benefit to personally for taking part in this study. However, we hope the results of the research will help improve how we reach youth with information on their health and well-being in the future.

Risks/Discomforts

- You will be asked some sensitive questions during the survey. These questions could make you feel uncomfortable. If so, you may skip a question or stop the survey at any time– without penalty.
- A nurse will be available from the Youth Center to talk to you if you feel upset or have any questions.
- A possible risk to participation is people outside the study might learn of your participation and what you said. We will do everything we can to prevent this from happening.

Confidentiality

We will keep your information as safe as we can. If we publish or present results of this study, we will not use individual names or other personally identifiable information. To keep your information safe, we will do the following:

- Your name will be replaced with a code (like a number) in the study records. This means your survey responses will be identified by your code, not your name. The master list linking your name and code will be destroyed after data collection is completed.
- Your name and contact information will be kept separate from you survey responses.
- Your research records will be securely stored to the best of our ability.
- Paper forms that contain personal identifying information about participation, including this form, will be stored in a locked cabinet in a locked office in a secured building.
- Any personally identifying information that I identify you will be stored in computers that require a password. Only authorized study team members will have access.
- Your survey responses will be presented together with that of others taking the survey.
- Publications or presentations of study results will not use individual names or other personally identifiable information.

Future use of study data
Information from this study may be shared for future research studies or distributed without additional informed consent from you. Before information is shared all information which may identify you will be removed.

Compensation/Payment
We will provide you with RWF 5,000 (US $5) for your time and for transportation costs associated with completing this survey.

Other Ways to Participation in this Study
There are no other ways to participate in this study other than the activities described in this form.

Rights
Participation in research is completely voluntary. You have the right to not participate or to stop participating at any point. There is no penalty if you do not want to participate or if you decide to stop participating.

Questions
If you have any questions, you may ask me, or you can contact xxxxxxxxxxxxx at **xxxxxxxxxxxx** or email**:** xxxxxxxxxxxxxxxx at any time. If you would like to direct your question to the international study team directly, you can contact Dr. xxxxxxxxxx in the United States at xxxxxxxxxx or xxxxxxxxxxxxxxx.

If you have any questions or concerns about your rights and treatment in this research, you may contact Dr. xxxxxxxxxxxxxx, the xxxxxxxxxxxx of the Rwanda National Ethics Committee at xxxxxxxxxxxx. You may also call Dr. xxxxxxxxxx, the xxxxxxxxxxxxof the Rwanda National Ethics Committee at xxxxxxxxxx. You may also contact the Protection of Human Subjects Committee in the USA, phone number: xxxxxxxxxx, e-mail: xxxxxxxxxxx.

CONSENT FOR PARTICIPANTS

We will give you a copy of this form to keep for future reference.
If you decide to participate in this interview as part of the described study, ***please print your name and sign or make your mark and date below***.

Participant Name (*please print*)

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Participant Signature or Mark Date

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Signature of Investigator/Person Obtaining Consent Date

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