**INFORMATION SHEET**

For females under the age of 18 accompanied by a parent or guardian

**Study title**

Improving adolescent access to contraception and abortion-related care in [COUNTRY]: Health system pathways.

**Introduction**

Hello. Our names are [NAMES]. We are part of a team from the London School of Economics and Ipas-[COUNTRY]. We are conducting a study whose main objective is to improve the implementation of sexual and reproductive health services for adolescents in [COUNTRY]. We are asking your daughter/ward to take part in the study because her experience and thoughts are very important to help us achieve the study objective. She has been selected for this study because you received treatment here today at [NAME OF FACILITY].

**What are we asking of you?**

Should you agree that she participates, and she is willing to participate, we are going to have an interview with her, and ask her questions about her experiences. All the information that she would provide will remain anonymous, which means that no-one will be able to know who she is. This interview will take about one hour of her time. Her views are important to us and we would like to record the interview so that we can remember the conversation.

**What are the potential benefits of participating?**

The intention of this study is to contribute towards understanding the health of females in [COUNTRY]. By participating in this interview, she would be providing information that would be useful in designing more effective policies and programmes for female health in [COUNTRY].

**What are the potential risks for participating?**

The questions of the interview concern her sexual and reproductive behaviour, and these can be sensitive and embarrassing. However, we have a team that is well trained in handling interviews of such a sensitive nature, so that the risk is minimised.

**What happens if she does not want to participate?**

Participation is voluntary and there are no consequences for your or her refusing to participate. Before making a decision about her participation, please feel free to ask any questions about what we have just said. If you agree that she participates, and she is willing to participate, we will ask you to thumbprint or sign this form to show that the study has been explained to you and that you agree that she should be part of it. You may decide to end her participation in the interview at any time if you don’t feel comfortable about her continuing.

**Compensation for participation**

You will receive [CURRENCY AMOUNT] as a thank you for your time participating in this interview.

**Apart from the [COUNTRY ETHICS BODY], who else has approved the study?**

The study protocol was reviewed and approved by the London School of Economics (LSE) institutional Review Board (IRB). The contact details of the IRB are as follows: LSE, Houghton Street, London, WC2A 2AE, UK (rescon@lse.ac.uk)

**What happens if I want to know more?**

If you wish to have further information or if you have questions you wish to ask after the interview, please contact the principal investigator, whose details are provided below:

Name: Ernestina Coast, PhD Email: [e.coast@lse.ac.uk](mailto:e.coast@lse.ac.uk) Telephone: [NUMBER] (United Kingdom)

For ease of contact by phone in [COUNTRY], you can reach the principal investigator through [NAME] on this telephone number: [NUMBER]

**What happens if I have questions regarding ethical procedures?**

If you have any questions about the ethical clearance of the study, or any questions regarding your rights in participating in the study, or you have any complaints about the way the study was implemented, you can contact the [CONTACT DETAILS NATIONAL ETHICS BODY]

**INFORMED CONSENT FORM: For females under the age of 18 accompanied by a parent or guardian**

SID: | | | | | | | |

**Interviewer: ask guardian / parent**

‘It is possible that some of the questions we will be asking might be considered sensitive and personal. [NAME]’s decision to participate in this project is completely voluntary. She will be free to ask us to stop the interview if she is uncomfortable, or to decline to answer any questions that make her uncomfortable. May I now ask if you would like your child/dependant to participate in the study?’

**Interviewer: ask child**

It is possible that some of the questions we will be asking might be considered sensitive and personal. Your decision to participate in this project is completely voluntary. You will be free to ask us to stop the interview if you are uncomfortable, or to decline to answer any questions that make you uncomfortable. May I now ask if you would like to participate in the study?

**Instruction to Interviewer: Ask respondent the following:**

‘Do we have your permission to examine NAME’S hospital notes and to ask medical professionals about her care here? Please remember that you do not have to participate if you do not want to.’

**Instruction to Interviewer: Ask parent/guardian the following**:

‘Do we have your permission to include her information, without her name, in our research findings, which will be shared and published?’

I.

Interviewer’s Declaration

I, [name]…………………………………… [Signature:]

Date ………………………………………

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hereby declare that I have explained clearly to the participant and her guardian the aims, objectives, and benefits of participating in the study. I have received their consent to participate according to the components agreed.

RESPONDENT

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| I have been given an opportunity to ask any questions I may have, and all such questions or inquiries have been answered to my satisfaction. I have been informed orally and in writing of whom to contact in case I have questions. |  |  |
| I give my consent for my child /ward to participate in this study |  |  |
| I agree to allow my child/ward to participate in a recorded interview |  |  |
| I give permission for my child’s/ward’s medical notes to be examined and her case to be discussed with medical practitioners |  |  |
| I give permission to include her information, without her name, in your research findings, which will be shared and published |  |  |

*The above details about the study and the basis of participation have been explained to me and I agree to let my child/ward take part in the study. I understand that I am free to choose whether or not to have my child/ward be part of the study. I also understand that if I do not want her to go on with the study, I can withdraw her from participating in the study at any time.*

*Please sign/thumbprint here if you agree for your child/dependant to participate in the interview:*

Date: --------------------------------------------- *Note: Signed copy of this form must be retained on file by the PI*