# INFORMED ASSENT FORM FOR CHILDREN/MINORS

**Informed Assent for** Adolescents girls (15-17 years). Adolescents girls between age 15 to 17 years within the catchment areas of the following health facilities Oshakati health Centre, Ounick, Ongwediva and Ondangwa. and who we are inviting to participate in research.

**Titled.** Peer-led strategies for health care workers to enhance uptake of Pre-Exposure Prophylaxis as HIV preventive measure to reduce HIV prevalence among adolescent girls and young women in Oshana region, Namibia.

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|---|---|
| **Name of Principal Investigator:** | Peneyambeko Ipawa Shikulo |
| **Name of Sponsor:** | UNAM |

**This Informed Assent Form has two parts:**

- **Information Sheet** (gives you information about the study)
- **Certificate of Assent** (this is where you sign if you agree to participate)

**You will be given a copy of the full Informed Assent Form.**

## PART I: INFORMATION SHEET

### Introduction

My name is Peneyambeko Ipawa Shikulo and I am a PhD student in Public Health. Conducting a research project is one of the requirements for completing my degree. Since you are a minor (under 18 years old), once you have agreed to take part, I will also need to speak with your parent(s)/guardian(s) to ask for their permission again. Your parent(s)/guardian(s) also need to agree, and they know that we are asking **you** for your agreement as well.

You are free to talk to anyone if you want more information to help you make your decision. I am going to give you some information and invite you to take part in a research study. You can choose whether or not you want to participate.

We want to reduce the spread of HIV infections among adolescent girls and young women. We cannot do this without information from you. This means your contribution to this research project is very important—not only to me as a researcher, but also to the entire country. The government is also trying to develop strategies to reduce HIV among adolescent girls.

**Purpose: Why are you doing this research?**

I would like to develop a peer led strategies that will be used by health care providers to facilitate adolescent's girls and young women to take action in taking care of themselves in prevention of HIV infections by taking Pre Exposed Prophylaxis. I'm focusing on adolescent girls and young women because they are the future generation and vulnerable. Failing to take Adolescents sexual reproductive health into consideration they will be no future.

**Type of Research Intervention**

I will make arrangements with the clinic in charge to set up an appointment to meet with you **after** you have agreed to take part in the study. We will be given a private room where we can have our discussions. First, you will be given a paper with questions (a questionnaire), or you will be briefed about the interview. There are clear instructions in the questionnaire, but I will still explain what is expected of you. After we finish the questionnaire, we will have group discussions (focus group discussions) and individual interviews. Individual interviews are included because some questions may be uncomfortable for you to answer in a group. The agreement form will also include information about audio recording, meaning our discussions will be recorded. Everything we discuss will be handled confidentially. Your name will not be linked to any information.

**Choice of Participants: Why are you asking me?**

As I mentioned early, the study is targeting the adolescents' girls (15 -17 years old). Meaning every adolescent girls of your age using those mentioned health facility (PrEP user or Non PrEP user) will be requested to take part in the study.

**Participation is Voluntary: Do I have to do this?**

You do not have to take part if you do not want to. Even if your parents or guardians agree for you to take part, you still have the full right to refuse without any pressure or intimidation. This means taking part in this study should be entirely your choice. Even if you say "yes" now, you can change your mind later, and that is completely okay.

If you decide not to take part in this research study, do you know what your options are? Do you understand that you do not have to participate if you do not wish to? Do you have any questions?

| Confirmation | Initial |
|---|---|
| I have checked with the child and they understand that participation is voluntary. | |

**Risks: Is this bad or dangerous for me?**

Explain any risks using simple, clear language.

There is no risk involved, the participant will be just required to answer questions which are formulate in consideration of topic sensitivity and also by adhering to the ethical measures.

**Discomforts: Will it hurt?**

No hurt in this study project

| Confirmation | Initial |
|---|---|
| I have checked with the child and they understand the risks and discomforts. | |

**Benefits: Is there anything good that happens to me?**

Describe any benefits to the child.

There is no direct benefits. But, the adolescents will gain knowledge about the study subject and the study finding will contributes to the public health as well.

| Confirmation | Initial |
|---|---|
| I have checked with the child and they understand the benefits. | |

**Reimbursements: Do I get anything for being in the research?**

No reimbursement

**Confidentiality: Is everybody going to know about this?**

Confidentiality means everything that we are going to discuss; it will be kept as a secret between you. No name will be recorded, but we will rather use the code. Even I have received permission from your parents /guardians for you to take part in this study, Parents/guardians don't have any right to be provided with the information about our discussions.

Information about you that will be collected from the research will be put away and no-one but the researchers will be able to see it.

**Compensation: What happens if I get hurt?**

**N/A**

**Sharing the Findings: Will you tell me the results?**

The results will not be shared with individuals. Instead, the results will be presented in a generalized way for your group. A booklet will be developed, and the findings will also be shared publicly to encourage adolescent girls to use PrEP services. However, after the data analysis is completed, arrangements can be made to meet at your health facility to share the overall findings. In addition, the booklet will also be used by health care providers at the health facilities.

**Right to Refuse or Withdraw: Can I choose not to be in the research? Can I change my mind?**

To take part in the research is voluntary as I have explained it before. You are free to withdraw from the study any time at any stage without intimidation.

**Who to Contact: Who can I talk to or ask questions to?**

You are free to ask me any questions related to the research study, my contact details will be in the consents or you can also contact my Supervisor. I have written a number and address where you can reach us. Or you can ask health care providers at any health facility

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

## PART II: CERTIFICATE OF ASSENT

I understand the research is about developing the peer led strategies for health care workers which will educate and mobilize the adolescents' girls and young women to utilize PrEP as a

HIV preventive measure to reduce HIV infections among AGYW. I understand that I will be given the questionnaire, and individual interviews. I also understand that taking part is voluntary

(This section is mandatory.)

I have read this information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I agree to take part in the research.

**OR**

I do not wish to take part in the research and I have not signed the assent below.
……. (*initialled by child/minor*)

**Only if child assents:**

……. ……

Name of Child (print) Signature of Child

……

Date (day/month/year)

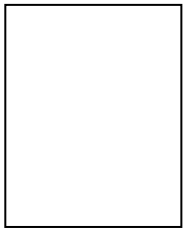
**If illiterate**

[*A literate witness must sign. (If possible, this person should be selected by the participant, not be a parent, and should have no connection to the research team.) Participants who are illiterate should include their thumb print as well.*]

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

…….

Name of Witness (not a parent/guardian) (print)



Thumb print of Participant

……

Signature of Witness

……

Date (day/month/year)

I have accurately read or witnessed the accurate reading of the assent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

……. ……

Name of Researcher (print) Signature

……

Date (day/month/year)

**Statement by the Researcher/Person taking Assent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Answer the questionnaire
2. Taking part in individual interview
3. Taking part focus group discussion

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

……. ……

Name of Researcher/Person taking Consent (print) Signature

……

Date (day/month/year)

| **Confirmation** | **Initial** |
|---|---|
| Copy of IAF provided to the participant | |

| **Confirmation** | **Yes (X)** | **No (X)** | **Initial** |
|---|---|---|---|
| Parent/Guardian has signed an informed consent. | | | |

**<u>If Assisted by an Interpreter: Statement by Interpreter (N/A)</u>**

I have accurately interpreted the information sheet to the child in …….. (insert name of target language), and to the best of my ability made sure that the child understands that the following will be done:

1.
2.
3.

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by them have been interpreted correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

I declare that I will not divulge any information that I interpret during this research intervention to a third party outside this study.

……. ……

Name of Interpreter (print) Signature

……

Date (day/month/year)