

## Consent Form for AL participants

Title: **Applying a gender-transformative approach to youth-friendly SRH services**

**Funding:** International Development Research Centre

**Principal Investigator:** Dr. Chinyere Mbachu

**Address:** Health Policy Research Group (HPRG), College of Medicine, University of Nigeria, Enugu campus

### Introduction

We are asking you to take part in research study titled: **Applying a gender-transformative approach to youth-friendly SRH services**. We want to be sure that you understand the purpose and your responsibilities in the research before you decide if you want to be in it. Please ask us to explain any words or information that you may not understand.

### Information about the research

The overall aim of the study is to stimulate individual and organizational change in youth-friendly sexual and reproductive health (SRH) service delivery by increasing awareness and critical thinking about gender and power imbalances among health service providers and community members in Ebonyi State, Nigeria. The study involves implementing an intervention called action learning, which will be conducted in three meeting sessions in your local government area. These meeting sessions include action learning initial, deployment, and status update meetings.

This intervention will involve the participation of healthcare workers, community leaders, young people and researchers. Participants will share their experiences of challenges and propose actionable strategies to address gender norms and other interrelated societal factors that shape the attitudes of health workers in providing youth-friendly SRH services and influence the health-seeking behaviors of young people. Each meeting session will last between 1 to 3 hours of discussion. There are no right or wrong contributions, so we hope you will make honest contributions during the meeting sessions.

### Possible risks

The risk of participating in this research project is anticipated to be minimal. You may experience discomfort when responding to sensitive questions relating to sexuality and gender norms. Facilitators have been trained to observe discomfort in participants, skip questions that cause discomfort or choose not to participate in any of the meetings. Please let us know if you experience any discomfort and will be unable to continue with the meeting sessions.

### Possible benefits

There will not be any direct benefits to you for participating in the research project. The information you provide will be very useful and this will inform the adaptation of actionable strategies for addressing identified priority challenges in your communities. You are expected to work with the PHC workers in delivering agreed actions.

### Voluntary Participation

You are free to decide if you want to participate in the research or not.

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### Confidentiality

We will protect information about you and your taking part in this research to the best of our ability. All research project team members will receive training in ethical protection of survey participants and sign a confidentiality agreement (oath of secrecy, for data collection interviewers). Strong emphasis during training will focus on the importance of keeping all information obtained from research participants strictly confidential. All electronic databases will be password protected and access will be restricted to core-research team members. Self-identifying characteristics will be excluded from data collection tools, where possible, or encrypted at the point of data entry or transcription. Parents/guardians will not be present during the discussions.

### Payment

No monetary incentives of any form will be offered for participation.

### Leaving the research

You may end your participation at any time with no negative consequence to you.

### If you have questions about the study

If you have any questions about the research, call Dr. Chinyere Mbachu on 09095201921.

### Your rights as a participant

This research has been reviewed and approved by the Institutional Review Board of the University of Nigeria Teaching Hospital, Enugu. If you have any questions about how you are being treated by the study or your rights as a participant you may contact Mazi Onyimba on 08034079903

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### VOLUNTEER AGREEMENT

I understand all that has been explained to me about the study – objectives, benefits, risks and my rights, and I agree to participate in this study.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Signature of Person Who Obtained Consent

\_\_\_\_\_  
Date