# IDEAS qualitative study: FLW – family interactions

Information Sheet

## What is the purpose of this interview?

You are invited to participate in a research study about maternal and new born health in Gombe State. This study is being conducted by the Childcare and Wellness Clinics in Abuja and SFH.

## Why am I selected for this interview?

We would like to hear about your experiences, stories and opinions related to pregnancies, deliveries and the first days in the life of newborns in your community. You were selected because you have had a recent experience of pregnancy and newborn care in your life. We select also other people and hear the stories of new mothers, fathers, grandmothers, friends, FOMWANs and TBAs. The interview will last approximately 60 min.

## What is expected from me?

We would like to learn as much as possible from you. If you are willing to participate please answer questions in as much detail as possible. Participating in this study may not benefit you directly, but it will help us learn about women and children in your community. You may skip any questions you don’t want to answer and you may end the interview at any time. If you agree, your answers will be recorded with a tape recorder: The recording will be used to listen again to your stories at a later time, but will be deleted at the end of the study.

## How will you use my interview answers?

Your experiences and views will be very important for the success of the study and greatly help in understanding the care of pregnant women, new mothers, and newborns in Nigeria. We will not talk about your answers to your family members or friends, also if they will be interviewed after you. Please ask anything which is not clear to you.

We will produce a range of reports, papers and presentations based on this work in Nigeria and compare the results with similar research in other countries. However, all your responses will be anonymized and your name would not be used in any report.

Participation is completely voluntary: if you prefer to not take part we thank you very much for you time so far: it will not in any way affect the health care and support you are receiving.

## Who can I contact if I have more questions?

For more information please contact:

Dr Yashua (CWC): 08037012074

Dr Nasir (LSHTM):

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Informed Consent

**For the interviewer:**

Is the respondent aged 18 or over?

Has the respondent or their families had at least one interaction with the FOMWAN or TBA during the last pregnancy, delivery or postnatal period?

**Please tick all boxes that apply:**

|  |  |
| --- | --- |
| I have read the study information sheet and/or have been given a clear overview of the study |  |
| I am happy for you to write about what I have said during our interview on the understanding that you will not reveal my identify in any study outputs |  |
| I am happy for the interview to be sound recorded |  |
| I am happy for you to include quotations from this interview |  |
| I am happy for the information collected in our interview to be transferred to London, UK |  |
| I am willing to be interviewed |  |

|  |
| --- |
| **Interviewee**  **Name (in BLOCK CAPITALS)**  Signature Date |

|  |
| --- |
| **Researcher**  **Name (in BLOCK CAPITALS)**  Signature Date |

Family members interviewed:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Relationship to above interviewee | Code | Relationship to above interviewee |
|  |  |  |  |
|  |  |  |  |