

**Participant Information Sheet**

**How do young HIV+ people aged 18-24 perceive the Friendship Bench and the impact on their adherence to ART as a result of the problem-solving therapy received?**

**Principal Investigator:**

Dixon Chibanda, MD

+263 712 204 107

92 Prince Edward Street, Milton Park

Harare, Zimbabwe

**INTRODUCTION:**

You are being asked to take part in the research study named above. This study is being conducted within the Friendship Bench premises in Harare. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please feel free to ask us if there is anything that is not clear or if you would like more information. Once you understand the study, and if you agree to take part, you will be asked to sign this consent form. You will be offered a copy to keep.

Please note that:

- Your participation in this research study is entirely voluntary;
- You may decide not to participate or to withdraw from the study at any time without losing the benefits of being treated at this clinic.
- If you decide not to participate in this study, you can still join another research study later, if one is available and you qualify.

**PURPOSE OF THE STUDY:**

Over the past few years, several people suffering from common mental disorders (*kufungisisa*) have been receiving problem solving therapy at the Friendship Bench. This therapy consists on looking at the problems that patients are facing and how they affect their health and how they can deal with them through a structured intervention, to help them address their *kufungisisa*.

In this observational study, I intend to explore the perception of the experience at the Friendship Bench and the impact on ART adherence.

**STUDY PROCEDURES:**

If you agree to join this research study, we will be discussing through an interview of about 1 hour.

**POTENTIAL RISKS /BENEFITS:**

There may be no other direct benefits to you by participating in this study, though we believe this study will benefit the clinic community as a whole by understanding how depression impacts adherence to ART. You will not be subjected to any risk in this study. If you find any

question posed by the interviewer sensitive, you can decline responding to that question. You will not be compelled to answer all the questions.

**REIMBURSEMENT:**

To thank you for taking part you will be given refreshments during the interview and your transport costs using public transport will be reimbursed at the rate of \$3.

**CONFIDENTIALITY:**

Your identity will be kept confidential by assigning you a number which will be used to identify you instead of your name and we will only be using that number through the record keeping.

**ALTERNATIVES TO PARTICIPATION:**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this form to keep and be asked to sign consent form. If you decide to take part, you are still free not to answer any question that you are not comfortable with at any point in the interview and you can withdraw at any time without giving a reason.

**PERSONS TO CONTACT FOR PROBLEMS OR QUESTIONS:**

If you have any problem or doubt about this study you may clarify from the interviewer Ilhame Ouansafi. If you ever have questions about your rights as a research participant you may call the Medical Research Council of Zimbabwe, at 04 791792 or 0712 433 164-7 (offices located corner Tongogara/Mazoe Street in Harare).

NOTE: You are not giving up any of your legal rights by signing this informed consent document.

## Consent form

### STATEMENT OF CONSENT

Thank you for considering taking part in this research study, entitled “How do young HIV+ people aged 18-24 perceive the Friendship Bench and the impact on their adherence to ART as a result of the problem-solving therapy received?”. The person organizing the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

- I understand that if I decide at any time that I no longer wish to participate in this research study, I can notify the researchers involved and withdraw from it immediately without giving any reason. Furthermore, I understand that I will be able to withdraw my data up within two weeks of the interview date.
- I have read the informed consent, or had it read and explained to me. I understand the information and I voluntarily agree to join this study.
- This page of the Informed Consent Form is stamped by the Medical Research Council of Zimbabwe to indicate it has been approved by the MRCZ.
- I consent to my interview being recorded.

Participant's Statement:

\_\_\_\_\_  
Name                      Signature                      Date

Witness

\_\_\_\_\_  
Name                      Signature                      Date

Investigator's Statement:

I \_\_\_\_\_ confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the participant.

Signed \_\_\_\_\_ Date \_\_\_\_\_