

LONDON
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MEDICINE



Y-Check: Evaluating the effectiveness of adolescent health check-ups

ADOLESCENTS 16-19Y WHO DID NOT RECEIVE Y-CHECK SERVICES

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What you should know about this research study:

- We give you this information sheet and consent and assent form so that you may read about the purpose, risks, and benefits of this research study.
- We cannot promise that this research will benefit you. The main goal of research studies is to gain knowledge that may help other people in the future.
- You have the right to refuse to take part, or to agree to take part now but to change your mind later.
- Whatever you decide, it will not affect your regular care
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your choice to participate is voluntary.

PURPOSE

You are being asked to agree to participate in a research study to find out whether a check-up visit can improve the health of adolescents in Zimbabwe. We want to find out what you know about staying healthy, and what you know about the Y-Check service (check-up) that was recently delivered in your community. We would like to know why you did not receive services and whether you would be interested in receiving services in the future. In total approximately 10-20 young people aged 10-19 years will take part in this part of the Y-Check study. You are being invited to take part in the study because check-ups have recently been delivered in your school or community and our records show that you did not receive a check-up.

The research team is made up of scientists from the Biomedical Research and Training Institute (BRTI), Harare, and the London School of Hygiene and Tropical Medicine. The study is supported by the Ministry of Health and Child Care and the Ministry of Primary and Secondary Education of Zimbabwe.

PROCEDURES AND DURATION

If you agree to take part in the study, we will ask you to take part in individual, paired or group discussions with other participants to answer questions about your health and well-being. We will also ask you about your experience and opinion of the check-up visit to help us to understand the service better. Interviews will take around 60 minutes. We will audio record these discussions and take notes but your name will not be recorded. We may quote what you say when reporting results but no one will be able to link what you say back to you.

For telephone interviews: If restrictions are in place to address COVID-19 infection in Zimbabwe, some interviews may take place over the telephone and should take no longer than one hour. If you have an email address or WhatsApp on your telephone, this information sheet and consent form can be forwarded to you for your review.

RISKS AND DISCOMFORTS

The risks of participating in this study are minimal. There is a risk that you may feel uncomfortable or embarrassed by some of the questions you are asked in which case you do not need to answer them. During group discussion sessions, information you share may be shared outside the group by other participants. However, the group discussion facilitator will remind all participants to avoid sharing group discussion information with outsiders. You can refuse to answer any questions and/or withdraw from the study at any time.

BENEFITS AND/OR COMPENSATION

There are no direct benefits to participants when they take part in this study. Taking part in this study will cost you nothing. The study will help us understand the challenges adolescents face staying healthy, and what they need and want in terms of services, education, and support. We will not pay you to take part in the study. However, we will provide you with a drink and snack during interviews and we will reimburse your bus fare if you have come to the clinic or another venue for follow-up visits/discussions up to a value of US\$5.

CONFIDENTIALITY

If you agree to participate in this study by signing this document, all information obtained will be kept secret. It will be stored using a unique study number (instead of your name), in safe paper and computer files. No one will be able to access the information about you except members of the study team and no one will be able to identify you from the information and samples collected. Data without any names but only a number may be made available to other researchers. Under some circumstances, the Medical Research Council of Zimbabwe and the Research Council of Zimbabwe may review research records to check for any problems with the way that the study is being carried out.

VOLUNTARY PARTICIPATION

We hope that you will agree to take part in this study. However, you do not have to take part in this study if you do not want to. If you decide that you will not participate in this study, that decision will not affect your daily life or regular care or schooling in any way. If you decide that you will take part but then change

your mind you may withdraw at any time without having to give a reason. Participation in this study is completely voluntary. If you decide that you do not want to participate, your decision will not affect your future relations with check-up visits or any associated school, clinics, hospitals, and its personnel. The services that you receive through the check-up visit will not be affected if you decide not to participate in the research study.

OFFER TO ANSWER QUESTIONS

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over. If you have any questions, please contact the Study Coordinator Dr Farirai Nzvere on 0774692698.

SIGNATURE PAGE Protocol Version 1.3 dated 15 July 2022

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AUTHORIZATION

You are making a decision whether or not to take part in this study. Your signature shows that you have read and understood the information provided above, have had all your questions answered, and have decided to agree to take part.

- I have read the information concerning this study [or have understood the verbal explanation] and I understand what will be required of me
- I understand that I may withdraw from this study without giving a reason

I agree to take part in this study YES/NO

I agree to take part in group discussions or an interview
and for the discussion/interview to be audio recorded YES/NO

I agree that what I say may be included in reports and papers as anonymous quotes YES/NO

Name of Participant (print) Signature of Participant (or Thumb Print*)

□ □ / □ □ / 20 □ □
Date

Name of Staff obtaining consent Signature of Staff

□ □ / □ □ / 20 □ □
Date

Name of Witness* (required only if participant is illiterate) Signature of Witness*

□ □ / □ □ / 20 □ □
Date

YOU WILL BE OFFERED A COPY OF THIS CONSENT FORM TO KEEP

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the Medical Research Council of Zimbabwe (MRCZ) on telephone (242)791792 or (242)791193 and cell phone lines 0784 956 128. The MRCZ Offices are located at 20 Cambridge Road, Avondale in Harare.