Ethics & Scientific Review Committee

Informed Consent Form

[This ICF should only be used for those who have attained the age of majority, 18 years]

Study Title	Developing and validating measures of unintended pregnancy and reasons for contraceptive non-use among married women in Nairobi's informal settlements
Investigator(s)	Dr. Joyce Mumah (Principal Investigator) Dr. Caroline Kabiru (Co- Principal Investigator) Mr. Clement Oduor (Co-Investigator) Mr. Stephen Mulupi (co-Investigator) Tel: 020 400 1000 Cell phone: 0722 205 933
Study Sponsor(s)	Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP) Research Consortium funded by UKAid
Collaborators	None

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

The African Population and Health Research Center is doing research among women who are either married or live with a male partner to help to create a better understanding of unintended pregnancy and how it affects people's lives and reasons for not using family planning. We are giving you this information because we would like you to participate in our research project. If you prefer not to participate, you are free to choose to do so. You will continue to receive health services the way that you normally would, with no negative impact. We want to make sure that you have all the information that you need before you decide. Members of our team are here to help you understand more about the project. If

you do not understand any of the words or ideas that you see on this form, please ask us to explain the information to you. You can talk to anyone from our team whom you feel comfortable with about the research.

Why is this Project Important?
The aim of the study is to ask women who are either married or live with a male partner a series of questions about their reproductive health. We hope to get a better understanding of unintended pregnancy and how it affects people's lives and reasons for not using family planning. We are interested in learning about how decisions to use contraception and the different aspects and motivations related to getting pregnant, either in the past or in the future, affect a range of behaviors and outcomes in people's lives. Your opinions and experiences are of great importance to this study. We will be very grateful if you are honest and trustful in our discussions and answering our questions. If you agree to participate in the study, I will have a short interview with you covering questions about personal lives, sexual relationships, pregnancy, abortion, and contraception.

Who Can Participate? You have been invited to take part in this study because you are a resident of Korogocho and Viwandani, married or living with a male partner and between the ages of 15 and 39 years. We feel that your experiences will help us understand better the issues that I have just explained above.

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Participation is your choice
Your participation in this research is completely voluntary. You will make the choice about whether you will participate or not. If you choose not to take part, you will continue to receive all of the services that you usually get in your community and nothing will change.

What Is Involved in this Project? If you agree to participate in the study, I would like to conduct 3 interviews with you. The first interview would be conducted today or as soon as you agree to participate in this study. The second interview would be conducted a year from now, and the third interview would be conducted 2 years from now. I will ask you some questions and write down your answers. These questions will be about your personal life, dating, sexual relationships, pregnancy, abortion, contraception, growing up, dreams and hopes about yourself. Each interview will take about one hour. The interview will take place in a private place that you prefer, and apart from me (the interviewer), no one else will hear our discussions. If changes are made to the study or new information becomes available, you will be informed.

How long will the project last?
This study is expected to take 2 years.

What are the risks?
Some of the questions that will be asked are of a very personal nature and may make you feel uncomfortable. Your participation is completely voluntary and you are free to ask me to

stop discussions at any time or can refuse to answer any question if it makes you uncomfortable. You are also free to withdraw from this study at any time. If you decide to participate, a representative of APHRC may contact you ensure that you have consented to do so.

An inconvenience may be the time and effort you take to be a participant. You may find one or more questions that we ask to be upsetting or emotionally sensitive. You do not have to respond to any question that makes you uncomfortable. You may end the interview at any time without penalty or loss of any benefits to which you are entitled.

A risk may be a breach of confidentiality (something you say is accidentally provided to others) but we will take precautions to see that this does not happen.

What are the benefits?

There will be no direct benefit to you, but your participation is likely to help us improve our understanding about the sexual and reproductive health needs of women in this community. The findings are expected to contribute towards better planning for reproductive health services for community members here and in other parts of the Kenya and beyond. Your participation will generate data that will be used to provide recommendations to Ministry of Health, as well as to family planning service providers that may improve services related to pregnancy planning and prevention among women. Though there are no direct benefits to you for participating in the study, you may find an indirect benefit in knowing you participated in an important study that could help you and others in the future.

How will we protect your information and confidentiality?

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. We will need to keep a record of your name and where you live and this information will only be used to verify that you consented to participate in the study. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone outside of our project. Other information will be stored in password-protected computers that are accessible only to the research team.

What will happen with the results?

The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results. There will also be small meetings in the community and these will be announced. The results of the study will also be discussed and presented at conferences and published in a journal. This study will also be presented to the Ministry of Health, so they may better provide programs related to reproductive health of women.

Can I refuse to participate or withdraw from the study?
You do not have to take part in this research if you do not wish to do so. If you choose not to participate, you will continue to receive all of the normal services that you usually get and nothing will change. If you wish to stop participating in the study after you begin, you can stop at any time by telling someone on our project team. If you choose to stop taking part, you will continue to get all of the normal services that you usually get in your community. If you feel uncomfortable about some questions, you may say so and the interviewer will move on to the next question.

Who can I contact?
If you have any questions, you can ask anyone from our team now or later. If you have questions later, you may contact Dr. Joyce Mumah or Dr. Caroline Kabiru at this number 20 400 1000. If you have questions about your rights as a research participant, you may contact:

The Research Officer
AMREF Kenya
Wilson Airport, Lang'ata Road
Office Tel: +254 20 6994000
Fax: +254 20 606340
P.O Box 30125-00100
Nairobi, Kenya

Do you have any questions at this time?

Part II: Certificate of Consent

I have read the above 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 consent voluntarily to be a participant in this study.

Print Name of Participant	[at least forename and surname]
Signature of Participant	
DD/MM/YYYY	

If visually impaired, physically impaired, mentally impaired or illiterate

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.

Print Name of Participant	[at least forename and surname]
Thumb/Foot print of Participant	
Signature of Witness	[A literate witness must sign and should be selected by the participant and MUST have no connection to the research team.
DD/MM/YYYY	

Statement by the researcher/person taking consent

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. **A member of the research team will visit him/ her 3 times over the 2 year period.**
2. **At the visit the participant will complete a 1-hour questionnaire.**
3. **The participant's information will be kept confidential.**

I confirm that the participant 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.

Print Name of Researcher/person taking the consent	[at least forename and surname]
Signature of Researcher/person taking the consent	
DD/MM/YYYY	