

**Document:**

Informed Consent Form – Clients (Control salons)

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**Official study title:**

Community-based venues for delivery of healthcare services: Proof of concept pilot

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**Community-Based Venues for Delivery of Healthcare Services: proof of concept pilot in the salons**

**Research Participant Consent Form for Control Salons**

**Why is this research study being done?**

We are doing a study to test and evaluate a program for offering sexual health care services, specifically HIV prevention, contraceptives, and sexually transmitted infection screening to young women at hair salons in the Umlazi and Berea areas.

We are asking you to take part in this study because you are a female attending a salon in Umlazi or Berea and may be able to share your perspectives on the types of services being offered as part of this study.

This study will help us better understand women's interest in pre-exposure prophylaxis (PrEP) for HIV prevention, contraceptives, and sexually transmitted infection screening, offered in salon settings. PrEP is a one-pill medication that can be taken daily to prevent the transmission of HIV to a person without HIV. Contraceptives are pills taken daily or injections administered by a nurse or doctor once every three months to prevent pregnancy in women. Tests for sexually transmitted infections are done using either a sample of blood or cultures from swabs of different parts of the body.

We expect that about 200 clients from various hair salons in and around Umlazi or Berea will participate in the section of the study in which we ask survey questions about these types of services.

**How long will I take part in this research study?**

If you are willing to participate in this study, we will ask you to take part in a survey today that will take about 30 minutes. You will also be asked to return to this salon for 3 and 6-month visits. You may also be asked to return at 12-months. You will be notified of your follow-up timeline. These follow-up survey visits should last about 30 minutes each.

**What will happen in this research study?**

A research assistant will ask you survey questions about yourself. This will include information about yourself, including how you use health services.

To protect your privacy, no one outside of the research team (including no one at the salon) will be allowed to see the information we collect in this study. Our reports about the study will not use anyone's name. Deciding to take part in the study survey is completely up to you. Even if you join the study, you can drop out at any time. Your experience at the salon will not be affected if you drop out.

Joining this study means that you cannot join any other research study about PrEP or contraception. If you would like to join another research study about PrEP or contraception, you will have to withdraw from this study.

**What are the risks and possible discomforts from being in this research study?**

There are no health risks from taking part in this study. You may be uncomfortable talking about your experiences. We have procedures in place to help protect your confidentiality which are described below. You are also not required to share anything you are uncomfortable talking about.

**What are the possible benefits from being in this research study?**

You will not immediately benefit from participation in this survey. However, the results of this survey will help us to better understand how to offer HIV prevention, contraception, and sexually transmitted infection testing services in community hair salons.

**If I don't take part in the research study or if I stop taking part, will it affect my status as a patron of the salon?**

No. Participating in this research study or choosing not to participate will have no effect on your ability to receive services from the salon. Taking part in this research study is up to you. You can decide not to take part or to change your mind and drop out later.

**Will I be paid to take part in this research study?**

You will be paid 50 South African Rand for your participation in the study at each visit.

**What will I have to pay for if I take part in this research study?**

There is no extra cost to you for survey participation.

**If I have questions or concerns about this research study, whom can I call?**

The coordinator of this study is Sabina Govere. Her office phone number is [REDACTED]. Her cell phone number is [REDACTED]. The local physician in charge of this study is Dr. Tasneem Naidoo. Her phone number is [REDACTED]. They are available at all times during this study. You can call them with your questions or concerns.

In the event of any problems or concerns/questions you may also contact the UKZN Biomedical Research Ethics Committee, contact details as follows:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION  
Research Office, Westville Campus  
Govan Mbeki Building  
University of KwaZulu-Natal  
Private Bag X 54001, Durban, 4000  
KwaZulu-Natal, SOUTH AFRICA  
Tel: 27 31 2604769 - Fax: 27 31 2604609  
Email: BREC@ukzn.ac.za

**If I take part in this research study, how will you protect my privacy?**

Any information that we collect in connection with this study and that can be identified with you will remain confidential. The research team will not provide information about you or your health to anyone else, including salon staff.

All information collected will be stored in a locked cabinet or on password protected tablets and kept confidential. Your information will be available only to members of study staff. Any information that is used for research purposes will be kept confidential and will not have your name attached to it.

When we write up a report about our research, the information you share will not be associated with your name in any way.

**It may be useful for someone from the study staff to contact you by phone. Is it okay for us to contact you by phone call or SMS at a number you will provide?**

- ☐ YES
- ☐ NO

\_\_\_\_\_  
Initials of client

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of initials of client

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I (print name) \_\_\_\_\_ have read and/or had this study explained to me, and understand what options are available to me.

I voluntarily choose to enroll and understand that I may decline or withdraw from any part of the study surveys, or the entire study, at any time. I have been provided contact details for members of the study. I can speak to them in the clinic or by phone if I have questions.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of signature of client

\_\_\_\_\_  
Signature of research staff

\_\_\_\_\_  
Printed name of research staff

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of signature of research staff