

## **PARTICIPANT (GUARDIAN) INFORMATION SHEET – INTERVENTION GROUP**

### **Testing the Impact of Family-based Intervention to Improve Developmental and Health Outcomes for Female Adolescents (ANZANSI Family Program)**

Research Collaborators: University of Ghana  
New York University  
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### **INTRODUCTION**

We are a group of researchers based at New York University, in the United States of America, and the University of Ghana, and the University of Ghana, working with BasicNeeds Ghana and BIBIR Ghana to find out what kinds of programs can be helpful to support girls in staying in school and avoiding migration for work, as well as to strengthen the psychosocial wellbeing of the girls and their families.

This study is funded by the U.S. National Institute of Child Health and Human Development (NICHD). This means that the University of Ghana, BasicNeeds and BIBIR Ghana are receiving payments from NICHD to support the activities that are required to conduct the study. No one on the research team will receive a direct payment or increase in salary from NICHD for conducting this study.

We are asking you to participate in a study because you are the primary caregiver for at least one adolescent girl between the ages of 11-14 years enrolled in school in the Greater Tamale Metropolitan area and who lives with you. The next few pages will describe the study, your/your daughter's rights and responsibilities if you agree, and allow your daughter to participate.

Please ask any questions about this study, including possible risks and benefits, your/your daughter's rights as a potential participant, and anything else about the research or this form that is not clear to

you. This process is called ‘informed consent.’ You will be provided with a copy of this form for your records. Most importantly, know that you are allowed to say “no” to your and your daughter’s participation today or at any point in the future without suffering any negative consequences.

### **PURPOSE**

The study we are inviting you to participate in aims to test whether the ANZANSI Family Program will successfully help adolescent girls stay in school and not migrate for work while also strengthening family relationships and communication. This research project is a collaboration between New York University (USA), University of Ghana, BasicNeeds Ghana, and BIBIR Ghana.

### **EXTENT OF PARTICIPATION**

If you agree to participate in this study, you will be in the study for 3 years. During the first year, you and your daughter will participate in the 12-month long ANZANSI Family Program which comprises of multiple family group and family economic empowerment components. Participants in the multiple family group program will engage in 16 group sessions along with up to 12 other families. The group sessions will include discussions and activities on child employment, building and strengthening positive family relationships, bolstering family communication, setting clear expectations and responsibilities, managing stress, and building social support. Eligible families must have at least one adult caregiver who participates in the group along with the identified child.

Moreover, you and your daughter will also participate in the family economic empowerment component of the program. This component includes: 1) Workshops on asset building, future planning, and protection from risks; 2) Child Development Account (CDA); and 3) Family income-generating/microenterprise activities.

The CDA will be a matched savings account held in your daughter’s name with you as the co-signer, in a financial institution/bank registered by the Central Bank (Bank of Ghana) to host the CDAs. You and any of your family members, relatives, or family friends will be allowed to contribute towards the account. The account will then be matched with money from the program up to a matching cap, which is the maximum amount of family contribution to be matched by the program. During the 12-month program, every 10 Ghana Cedis saved by you and your family each month will be matched by 20 Ghana Cedis from the project (match rate of 1:2), but the match shall not be more than 200 Ghana Cedis each month or 2,400 Ghana Cedis at the end of the intervention year. Thus, families who save the maximum amount will have 3,600 Ghana Cedis at the end of the intervention (i.e. 1,200 Ghana Cedis in their own savings plus 2,400 Ghana Cedis from the match). This money can be used for school expenses (e.g. pay for school uniform, books, supplies) and/or start a small business for you and your family *outside of school hours*. During the intervention, you and your daughter, will have access to the money *in your account (excluding the matching funds)*. When ready to use their match for business expenses, participants meet with study team to review their business plan and supply costs. A check for the matching funds is then written directly to the school or “the vendor,” supplier of the business capital items.

Each month, a savings account statement will be generated for your daughter to note their accumulated savings. Additionally, during the intervention period, together with you as the co-signer, you will have access to the money in your account (excluding the matching funds). This option is in the event of an emergency, such that your daughter can withdraw her money– but not the matching funds– and cover the emergency. The matching funds will be kept in a separate account from your

savings. At the end of the intervention (12 months), the matched savings will be transferred to your savings account.

To better understand whether our program works, we will ask you and your daughter to participate in four confidential (private) surveys with a member of our research staff, such as myself and/or through audio computer-assisted devices. Each interview will last approximately 60 minutes and the information we collect during these surveys– which will be at baseline (i.e. at the start of the program) and at 12, 24, and 36 months after the program (intervention) start date– are for research purposes only. With these surveys, we will assess you and your daughter’s attitudes towards school, future educational plans, psychosocial wellbeing and family support. We will also ask about your and your daughter’s attitudes towards women, child employment, savings and migration.

In addition, you may be selected to take part in another interview at 12 months to help us understand your and your daughter’s experience with the intervention, including perceived impact, and the important factors (individual, family, contextual, and programmatic) that may have affected or influenced your participation. This interview will take up to an hour and will be audio-recorded.

**Withdrawal:** Your participation in this study is entirely voluntary. You and your daughter are allowed to withdraw from the study at any time, for any reason. There will be no consequences to your withdrawal. You won't be penalized or lose benefits you're otherwise entitled to. If you withdraw prior to the completion of the intervention, we will transfer any matched savings you may have to your savings account. You, both, can also refuse to answer any questions at any time. None of your choices will affect the services you or your caregiver receives at school. You both have the right to review any materials and request that we erase any of your responses. In addition, we will inform you if we know of any new findings during the course of the study that might influence your decision to continue participation.

### **ALTERNATIVES TO PARTICIPATING IN THE STUDY**

You and your daughter may choose not to participate in this research study, in which case your daughter will continue to receive the services they normally receive at your school.

### **POSSIBLE RISKS**

During the interviews, you or your daughter may feel embarrassed or uncomfortable when answering sensitive and personal questions. If you or your daughter is uncomfortable with a particular topic, you can tell us that you prefer not to discuss it, and we will move on.

One risk of participating in this study is that confidential information about you may be accidentally disclosed, including what is discussed during group sessions. We will use our best efforts to keep the information about you secure. Please see the section in this consent form titled “Confidentiality of your information” for more information about procedures we put in place to protect your confidentiality about procedures we put in place to protect your confidentiality.

There could be other unforeseeable risks to participation in the study. If we become aware of new risks, we will inform you.

### **COMPENSATION**

If you and your daughter agree to participate in the study, each of you will be compensated 80 Ghana Cedis upon completion of each survey, totaling 320 Ghana Cedis for each of you. Additionally, if you and your daughter are selected to take part in the follow-up interview at 12 months, you will each receive 100 Ghana Cedis each upon completion. The compensation is for the time and the valuable information you and your daughter may provide during the interviews. In addition, each family will receive a transport compensation (50 GHS) for each program session they attend. Finally, all participants will receive a drink and a snack during sessions.

### **BENEFITS**

In the process of this study, you and your daughter may learn ways to better prepare for the future and to strengthen family relationships. Moreover, your family may be able to benefit from the economic empowerment opportunities the program provides, in addition to school materials the program will provide. Lastly, your/your daughter's participation will help in the successful completion of this study, which will allow us to better understand the impact of this program and make it available to other adolescent girls and their families.

### **CONFIDENTIALITY OF YOUR INFORMATION**

We will keep your participation in this research study confidential to the extent permitted by law. The information you and your daughter give will be used by New York University and University of Ghana only for research purposes. We will not share any information or answers with any of your family members, friends, neighbors, teachers or community leaders. However, it is possible that other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you.

- Government representatives in the United States, (including the Office for Human Research Protections) to complete federal or state responsibilities
- National Institute of Child Health and Human Development
- The Ghana Health Service Ethics Review Committee for auditing purposes. The Ethics Review Committee reviewed and approved this study
- New York University's Institutional Review Board (a committee that oversees the conduct of research involving human participants) and Human Research Protection Office. The Institutional Review Board has reviewed and approved this study.

To protect you and your daughter's confidentiality, hard copies of documents will be maintained in locked cabinets at BasicNeeds Ghana. All data will be coded with ID numbers and stored on computerized, password-protected computers. Participant consent forms and ID logs will be kept in a separate location in a locked cabinet at the BasicNeeds offices. Information about participants will also be kept in password protected computer files. The master list of study participants will only be used to coordinate data collection. All the research staff will receive training on confidentiality issues. In addition, research staff will be trained how to collect human subjects' data in a way that protects your privacy. All research staff and facilitators will also sign a confidentiality pledge in which they will pledge not to share anything you shared in the group or in your questionnaires. However, we cannot guarantee that other families in the group will do the same.

If we write a report or article about this study or share the study data set with others, we will do so in such a way that you cannot be directly identified.

**Important Exception:**

The only circumstance in which confidentiality may be breached is in cases of risk of immediate harm. For example, if you tell us that you intend to harm yourself or someone else, or that your daughter intends to harm herself or others, we will be required to report this information to the appropriate local authorities.

\_\_\_ Please initial here to acknowledge your understanding of this

**DATA SHARING**

Data from this study will be submitted to NICHD's Data Sharing for Demographic Research (DSDR). DSDR is a centralized resource that allows researchers to share and access de-identified data from studies funded by NICHD. A data repository is a large database where information from many studies is stored and managed. Deidentified information means that all personal information about research participants such as name, address, and phone number is removed and replaced with a code number.

Your data will be stored in DSDR without your name or any other kind of link that would enable us to identify what data is yours. During and after the study, the researchers will send deidentified data to DSDR. Other researchers nationwide can then file an application with the NICHD to obtain access to your deidentified study data for research purposes. Experts at the NICHD who know how to protect health and science information will look at every request carefully to minimize risks to your privacy.

You may not benefit directly from allowing your information to be shared with DSDR. The information provided to DSDR may help researchers around the world find solutions for adolescent girls so that they have better outcomes. NICHD will also report to Congress in the United States and on its website about the different studies that researchers are conducting using DSDR data. However, you will not be contacted directly about the data you contributed to DSDR.

You may choose at any time, now or in the future, to withdraw your consent for sharing your information through DSDR. If you decide to do so, please contact the researchers who conducted this study, and they will inform DSDR to stop sharing your research data. However, DSDR cannot take back information that was shared before you changed your mind. If you would like more information about DSDR, please contact the study team.

A description of this clinical trial will be available at <http://www.ClinicalTrials.gov>, as required by U.S. law. This website will not include information that can identify you. At most, the website will include a summary of results. You can search the website at any time.

**CONTACT INFORMATION**

If you have any questions about this study, you are encouraged to contact:

Dr. Adolphina Ado-Lartey, Senior Lecturer at the School of Public Health, University of Ghana, Legon Boundary in Accra at 0261458709, or by email at: [aaddo-lartey@ug.edu.gh](mailto:aaddo-lartey@ug.edu.gh), Dr. Alice Boateng, Senior Lecturer at the Department of Social Work, University of Ghana at 050-607-4933 or by email at: [aboateng@ug.edu.gh](mailto:aboateng@ug.edu.gh), or Dr. Abdallah Ibrahim, Senior Lecturer at the School of Public Health, University of Ghana, Legon Boundary in Accra at 026-645-0012 or 020-445-0012, or by email at:

[aibrahim@ug.edu.gh](mailto:aibrahim@ug.edu.gh), or Dr. Ozge Sensoy Bahar, Research Associate Professor at New York University on 001-617-610-6814 or by email at: [osb208@nyu.edu](mailto:osb208@nyu.edu).

If you have any questions regarding your rights as a research participant, or if at any time you have comments regarding the conduct of this research, you may contact the Ethical Review Board of the Ghana Health Service (GHS-ERC) office between the hours of 8:30am-5pm, or by telephone: 0503539896 or 0559886678 or by email at: [ethics.research@ghs.gov.gh](mailto:ethics.research@ghs.gov.gh). Additionally, you may contact the Institutional Review Board Office at New York University by telephone at (001) 212-998-4808 or via e-mail at [ask.humansubjects@nyu.edu](mailto:ask.humansubjects@nyu.edu). The Institutional Review Board is a committee organized to protect the rights and welfare of human subjects involved in research.

## **GUARDIAN CONSENT FORM – INTERVENTION GROUP**

### **Testing the Impact of Family-based Intervention to Improve Developmental and Health Outcomes for Female Adolescents (ANZANSI Family Program)**

#### **PARTICIPANT’S STATEMENT**

I acknowledge that I have read or have had the purpose and contents of the Participants’ Information Sheet read and satisfactorily explained to me in a language I understand (*Dagbani*). I have had the opportunity to ask questions about it and any question I have asked has been answered to my satisfaction. I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form without affecting any services I am otherwise entitled to. I consent to voluntarily participate in this study and allow my daughter to be contacted by the research team for her interest in participating in this study.

Caregiver’s Name/Initials:..... ..

Child’s Name: .....

Caregiver’s Signature/Thumb Print..... ..

Date:..... ..

#### **PARTICIPATION IN THE INTERVIEW**

If selected, I agree for myself and my daughter to participate in the tape-recorded interview.

☐ Yes

☐ No

Caregiver’s Name/Initials:..... ..

Child’s Name: .....

Caregiver’s Signature/Thumb Print..... ..

Date:..... ..

#### **DATA SHARING CONSENT STATEMENT**

I understand that the data collected in this study, including survey responses, interview transcripts, and other study-related information, may be shared with other researchers for future research purposes. This data will be de-identified to remove any personally identifiable information, ensuring privacy and confidentiality. The data may be stored in a secure research repository, such as the

NICHD's Data Sharing for Demographic Research (DSDR), and shared with other researchers who request access. I acknowledge that choosing not to share my de-identified data will not affect my participation in the study.

☐ **Yes**, I agree to the sharing of my de-identified data for future research purposes.

☐ **No**, I do not agree to the sharing of my de-identified data.

Caregiver's Name/Initials:.....

Child's Name: .....

Caregiver's Signature/Thumb Print.....

Date:.....

### **INTERPRETERS' STATEMENT (where applicable)**

I interpreted the purpose and contents of the Participants' Information Sheet to the afore-named participant to the best of my ability in the (*Dagbani*) language to his proper understanding.

All questions posed, appropriate clarifications sought by the participant and answers received were also duly interpreted to his/her satisfaction.

Name of Interpreter.....

Signature of Interpreter.....

Date:..... Contact Details: .....

### **STATEMENT OF WITNESS (where the participant cannot read the form themselves)**

I was present when the purpose and contents of the Participant Information Sheet was read and explained satisfactorily to the participant in the language he/she understood (*Dagbani*).

I confirm that he/she was given the opportunity to ask questions/seek clarifications and same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name of Witness:..... Signature/Thumb Print: .....

Date:.....

### **INVESTIGATOR STATEMENT AND SIGNATURE**

I certify that I have carefully read the purpose and other relevant aspects of the participant's informed consent, and that I have thoroughly explained and addressed all questions and clarifications raised by the participant.

Researcher's Name..... Signature .....

Date:.....