# **PARTICIPANT INFORMATION AND CONSENT FORM**

**Kenyan women’s preferences for place of delivery: a comparative study between Embakasi north and Naivasha sub-county**

**SECTION 1: INFORMATION SHEET: HEALTH PERSONNEL**

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**SECTION 2: INFORMATION SHEET: THE STUDY**

**2.1: What is the study and why is this study being carried out?**

The objective of this research is to conduct a comparative study that assesses women’s preferences for place of delivery in Embakasi North sub-County and Naivasha sub-County. This study aims to study health service characteristics that promote the utilization of facility based delivery by the women utilizing the economic evaluation methodology of Discrete Choice Experiment (DCE) to elucidate the attributes that are important for women in preference for a place of delivery.

**2.2: Do I have to take part?**

No. Taking part in this study is entirely optional and the decision rests only with you. If you decide to take part, you will be asked to complete a questionnaire to get information on your preferences for a place of delivery. If you are not able to answer all the questions successfully the first time, you may be asked to sit through another informational session after which you may be asked to answer the questions a second time. You are free to decline to take part in the study from this study at any time without giving any reasons.

**2.3: Who is eligible to take part in this study?**

Women who have delivered children in the past six months.

**2.4: Who is not eligible to take part in this study?**

Women who have not delivered any children before.

**2.5: What will taking part in this study require of me?**

You will be approached by the Principal Investigator/ an enumerator and requested to take part in the study. If you are satisfied that you fully understand the goals behind this study, you will be asked to sign the informed consent form (this form) and then taken through a questionnaire to complete.

**2.6: Are there any risks or dangers in taking part in this study?**

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way without your express permission.

**2.7: Are there any benefits of taking part in this study?**

The information will be used to improve maternal health services in Dandora and Nairobi County.

**2.8: What will happen to me if I refuse to take part in this study?**

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

**2.9: Who will have access to my information during this research?**

All research records will be stored in securely locked cabinets. That information may be transcribed into our database but this will be sufficiently encrypted and password protected. Only the people who are closely concerned with this study will have access to your information. All your information will be kept confidential.

**2.10:** The data from this study will be de-identified and released into a public repository for the purposes of research

**2.11: Who can I contact in case I have further questions?**

You can contact me, Jackline Oluoch-Aridi, by e-mail [joluocha@nd.edu](mailto:joluocha@nd.edu) or by phone (0715961081). You can also contact my supervisor, Prof. Gilbert Kokwaro, at the Strathmore Business School, Nairobi, or by e-mail [gkokwaro@gmail.com](mailto:gkokwaro@gmail.com) or by phone (0722323651)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have had the study explained to me. I have understood all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you;

|  |  |
| --- | --- |
| **Participation in the research study** | |
| I AGREE to take part in this research |  |
| I DO NOT AGREE to take part in this research |  |
| **Storage of information on the completed questionnaire** | |
| I AGREE to have my completed questionnaire stored for future data analysis |  |
| I DO NOT AGREE to have my completed questionnaire stored for future data analysis |  |

|  |  |  |
| --- | --- | --- |
| **Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | |  |
| **Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
|  |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of person taking consent) certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that she has understood the nature and the purpose of the study and consents to the participation in the study. She has been given opportunity to ask questions which have been answered satisfactorily.

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| **Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |