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**Quantitative Instruments Pilot Manual**

Health Instrument

Gender Norms Scale Instrument

Vignettes Instrument

**Global Early Adolescent Study**

**Phase 1**

**Version November 16, 2015**

Table of Contents

[Overview of Investigators Team 3](#_Toc434409412)

[1. Objectives and Research Questions 5](#_Toc434409413)

[2. Overview of Instruments 7](#_Toc434409414)

[2.1 Early Adolescent Health and Behavior instrument 7](#_Toc434409415)

[2.2 Gender norms scale 8](#_Toc434409416)

[2.3 Vignettes instrument 9](#_Toc434409417)

[3. Process of piloting instruments 10](#_Toc434409418)

[3.1 Translation of instruments 10](#_Toc434409419)

[3.2 Face validity testing 10](#_Toc434409420)

[**Process** 11](#_Toc434409421)

[3.3 Data collection platform piloting 12](#_Toc434409422)

[4. Ethical considerations 15](#_Toc434409423)

[4.1 Key ethical principles in research 15](#_Toc434409424)

[4.2 Informed consent 16](#_Toc434409425)

[4.3 Parent consent vs. child assent 17](#_Toc434409426)

[4.4 Plan for reporting adverse or unanticipated events 17](#_Toc434409427)

[4.4.1. Screening for distress 17](#_Toc434409428)

[5. Organization of data collection 18](#_Toc434409429)

[13. Timeline 20](#_Toc434409430)

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**This manual describes the quantitative instruments to be piloted as part of Phase 1 of the Global Early Adolescent Study (GEAS). The manual describes how the instruments were developed, their purpose, and how to plan the overall piloting fieldwork. Because many instruments are a work in progress, what is described in this manual will likely be changed as training, face validity, and piloting proceed. Thus, this manual is a living document and many of the topics will need further discussion before decisions can be made. The manual should be adapted for each site in accordance with local sampling procedures and selected data collection platforms. Each instrument has a corresponding section as part of this manual.**

**Please note that this manual does not describe the mobile data collection platform or any technical procedures (there is a separate document for that).**

# Objectives and Research Questions

The Global Early Adolescent Study is guided by three overarching research questions:

***Gender socialization***

* Are there common norms of masculinities/femininities (i.e. perceptions of gender norms) that prevail among young adolescents in different urban poor societies?
* What are the factors that shape prevailing perceptions around gender norms among urban poor young adolescents?

***Influence of gender norms on health outcomes***

* How do gender norms and gender biases affect healthy sexually, sexual and reproductive health, mental health, gender-based violence and educational outcomes at the onset of adolescence and over time in urban poor settings?

Related questions are a) whether these processes are the same for boys and girls, and b) whether they vary by culture and, if so, how.

**The overarching goal of the Phase 1 quantitative piloting is to** 1) test and validate the newly developed instruments across the 15 GEAS study sites; 2) test the feasibility and benefits of using a mobile technology platform for data collection, and 3) conduct a preliminary exploration of the association between gender norms and healthy sexuality.

Three *quantitative* instruments will be piloted as part of Phase 1 of the GEAS:

* Health Instrument
  + Measures sociodemographics, family, peer, school, media, mental health, adverse childhood experiences (ACEs), gender based violence, healthy sexuality, and sexual and reproductive health among young adolescents.
* Gender Norms Scale Instrument
  + Measures perceptions of gender norms (normative expressions of masculinity and femininity) among young adolescents.
* Vignettes Instrument
  + Measures hidden gender biases (gender equitable beliefs about relationships) among young adolescents.

In addition, a **context tool** is being developed but this will be described in a separate manual. The context tool is not one instrument per se, but includes multiple components to understand neighborhood contexts: 1) gathering of extant data; 2) assessing physical and cogitative neighborhood (part of above health instrument), 3) economic assessment of context; 4) adolescent perceptions of risk and safe places by sex (qualitative transect walk) and 5) mapping of cognitive and physical neighborhoods (qualitative).

It is important to note that while the piloting of the instruments is done as part of Phase 1, these tools will ultimately be used in Phase 2 of the GEAS (which is longitudinal). In addition, these instruments will be made publically available as a toolkit for researchers and program planners to use. That said, the *research objectives* underlying the quantitative GEAS instruments are designed specifically for Phase 2.

Research objectives for Phase 2:

|  |  |
| --- | --- |
| **Gender socialization** | ***Corresponding instrument*** |
| 1. Describe perceptions of gender norms and gender biases among young adolescents. | Gender norms scale  Vignettes instrument |
| 1. Describe changes in perceptions of gender norms and gender biases over time (from early to later adolescence) | Gender norms scale  Vignettes instrument |
| 1. Identify the individual (sociodemographic, physical, psychosocial, behavioral), family, peer, partner, school, neighborhood and media exposure) factors that inform perceptions of gender norms and gender biases respectively. | Health instrument  Context measure  Gender norms scale  Vignettes instrument |
| **Influence of gender norms on health outcomes** |  |
| 1. Explore the association between perceptions of gender norms and gender biases with healthy sexuality and other related health outcomes (e.g. mental health, gender-based violence) in early adolescence. | Health instrument  Context instrument  Gender norms scale  Vignettes instrument |
| 1. Assess how changes in perceptions of gender norms and gender biases inform changes in sexual and reproductive health and related behaviors over time (from early to later adolescence). | Health instrument  Context instrument  Gender norms scale  Vignettes instrument |

NOTE: All research objectives will be explored within and across sites, and among both boys and girls (i.e., boys and girls receive both masculinities AND femininities scales, and vignettes with both boys AND girls as the protagonist).

# Overview of Instruments

## Early Adolescent Health and Behavior instrument

**Purpose of instrument**

While we refer to it as the GEAS Health instrument, it is in fact far more than a health measure. Specifically, it seeks to explore domains of healthy sexuality that are developmentally salient for early adolescents (body pride, comfort with pubertal development, relational self-efficacy), as well as sexual and reproductive health as young people initiate interpersonal sexual relationships. The instrument is also designed to assess empowerment, self-perceived health (mental, physical, sexual) and related behaviors during early adolescence, as well as its influencing contextual factors (individual, family, peers, partners, school, media, ACEs, experiences of gender-based violence).

**Instrument type**

Questionnaire with questions and close-ended response options. All data are self-reported.

**Development of instrument**

The Health instrument is developed through an iterative process. The GEAS investigators team across 15 countries has held regular conference calls to discuss the domains and focus of the instrument. The GEAS Coordinating Center prepared a draft structure of the domains (e.g. family, peers, ACEs), distinguishing between “core” domains that are common to all sites and “optional” domains that will only be asked in some sites (e.g. sexual behaviors, in-depth exploration of LGBTQ issues, female genital mutilation). Once the study team had agreed on the final core domains, the GEAS Coordinating Center populated questions from a question bank, including measures and questions patterned after several global studies on adolescents. Questions were drawn and further adapted from the National Longitudinal Study on Adolescent Health (USA), the Health Behavior of School aged Children (Europe/global)[[1]](#endnote-2), the Well-Being of Adolescents in Vulnerable Environments study (global), the Gender Roles and Equality Transformation Project (Africa and Asia), the Survey Assessment of Vietnamese Youth, the 3-City Study (Asia), the Edinburgh Depression Inventory, The Beck Depression Inventory (US), the Media and Gender Norms instrument (China), the Toledo relationships study, (US) the WHO question bank on adolescent sexual health and behaviors (global), the GREAT and Growing up Smart projects (Sub-Saharan Africa) and the Transitions into Adulthood Study (Kenya), among others. For each populated domain, the study team reviewed and provided input on the questions and response options (including their flow and wording) and suggested alternative measures. This process was repeated through seven drafts of the instrument until a final draft was ready for final consensus discussions at the GEAS investigators meeting held in Geneva in July 2015, and subsequent face validity studies across sites.

**Structure of instrument**

The instrument is structured according to 12 domains, out of which 11 are core:

1. Sociodemographics
2. Family
3. Peers
4. School
5. Neighborhood perceptions
6. Media
7. Physical health and development
8. Mental health
9. Peer-to-peer and Gender-based violence
10. Empowerment
11. Romantic relationships
12. Sexual behaviors (optional for Phase 1)

A detailed description of the full instrument can be found in the respective separate file.

It is important to note that while we will pilot this as a single “instrument” as part of Phase 1, it may be more appropriate to move sections (e.g., neighborhood perceptions) to other instruments when data collection for Phase 2 begins.

## Gender norms scale

**Purpose of instrument**

The GEAS gender norms scale seeks to measure perceptions about gender norms (i.e. prevailing masculinities and femininities) in early adolescence. Specifically, the goal of the instrument is to identify common norms or rules of patriarchy across different cultural settings.

**Instrument type**

Scale with statements and multiple response options (Likert-type scale)

**Development of instrument**

Contrary to existing gender norms scales that have been extensively used in different settings, such as the Gender Equitable Male scale for older adolescents, the GEAS gender norms scale is being developed through a “bottom up” approach. This means that the scale is grounded in the qualitative data collected from young adolescents and their parents across sites. The research team is mapping themes of gender norms that emerge from the qualitative data in order to identify the core set of domains that cut across sites as well as site-specific domains that will guide subscale development. In addition, we will benefit from previous gender instruments to assure completeness of the measure. In addition to cross-cultural representation, the choice of the domains to be included in the core gender scale instrument is guided by the overarching research questions of the GEAS (how gender norms comprise healthy sexuality and sexual health). Therefore, gender norms about interpersonal relationships will be critical to the development of the scale. At the end of the mapping process, a bank of items was developed and organized by gender domains to serve two purposes: to identify the core items that capture a gender norms construct relevant in all societies, and to identify site-specific items that address unique gender inequalities relevant to specific sites.

**Structure of instrument**

While this is likely to change as more sites complete their narrative interviews, preliminary results from the coding of qualitative data indicate that the gender scale will be structured according to five core domains. These include:

1. Independence/control
2. Responsibilities
3. Social space
4. Heterosexual relationships
5. Homophobia

## Vignettes instrument

**Purpose of instrument**

The GEAS vignettes instrument seeks to assess gender biases using stories about typical romantic and non-romantic relationships among young adolescents. That is, the vignettes instrument seeks to understand how young adolescents think differently about a relationship situation when it is the boy who is initiating/experiencing the situation and when it is a girl. Thus, gender is viewed as a *stimulus variable* like age or ethnicity; it is a lens through which events and experiences are viewed. We also refer to this as the extent to which young adolescents ascribe to gender equitable relationships.

**Instrument type**

Questionnaire with integrated vignettes (also called scenarios or brief stories) followed by related questions and response options.

**Development of the instrument**

The vignettes instrument was developed through participatory workshops with 10-12 young adolescents in each site who role-play and discuss typical relationships or interactions that young people have with others (e.g. peers of the same and opposite sex, siblings, parents and other significant people in their lives where gender-related issues may be a factor). Based on the results from the workshop, each site constructed a series of 6-7 vignettes. Local vignettes were synthesized with the goal of identifying common, cross-cultural themes.

**Structure of the instrument**

Each segment of the vignettes instrument will consist of three (3) parts:

1. A vignette, i.e. a paragraph that describes the situation and who the lead character and other characters are.
2. A set of questions that follow each segment of the vignette.
3. Multiple-choice response options for each question.

There are six common vignettes across all sites including one optional vignette about the social consequences of pregnancy, and an option for an additional 2-4 site-specific vignettes. There will be two versions of each vignette; these are identical except for the sex of the lead characters. This allows us to explore *both* how 1) *individual* respondents think about situations differently when it is a boy or girl in the lead; and 2) how young people in a given neighborhood think about the differences when it is a girl versus a boy in the lead role. When the data are analyzed, this instrument will allow us to understand gender biases at individual and group levels.

Sites have been encouraged to adapt the six core vignettes to suit their site, while leaving the underlying message of the story and response options unchanged.

# Process of piloting instruments

## Translation of instruments

All instruments will be translated and administered in the corresponding local language(s) unless English is applicable. First, sites will agree on the final English language versions of the instruments. Next, they will be asked to identify those concepts and phrases that do not translate well into local languages. Subsequently, for those phrases each site will be asked to identify the closest English approximation of the term that can be translated. Finally, each site will translate the full instruments into the local language(s) to be used.

## Face validity testing

The face validity testing of the quantitative instruments is essential for successful implementation. Face validity can be thought of as *the extent to which an instrument appears transparent and relevant to participants*. In order to answer questions as part of a survey, the participants need to understand what is being asked, including the wording, terminology and formulation of the question and response options. In general, an instrument is considered to have good face validity if it “looks like” it is going to measure what it is supposed to measure.

**Participants**

Face validity testing is being conducted among N=20 young adolescents aged 10-14 years (10 girls and 10 boys) to assess the reading level and comprehension for each of the quantitative instruments.

Sites should oversample the 10-12 year old age group since if they understand the questions being asked it is very likely that 13-14 year olds will as well. The sample does not need to be random but should rather be a purposive group of young adolescents who are “talkative” and can provide input on the instrument. For the purposes of the face validity study, all participants need to be literate.

**Table 1.** Inclusion and exclusion criteria for the face validity and platform pilot study

|  |  |
| --- | --- |
| **Inclusion Criteria** | **Exclusion Criteria** |
| Male and females aged 10-14 years with oversample of 10-12 year olds | Not aged 10-14 years |
| Lives within the geographic boundaries of each study site | Does not live within the geographic boundaries of each study site |
| Able to assent  Has obtained signed consent from a parent/guardian to participate in the study | Unable to assent  Has not obtained signed consent from a parent/guardian to participate in the study |
| For the face validity study only: literate | For the face validity study only: not literate |

### **Process**

The face validity testing of instruments should be conducted sequentially—not all at once—and will be piloted as a complete set when they are ready.

The face validity study is an individual activity and no session should take more than two (2) hours. Since it will parallel how data will be collected in the full pilot and in Phase 2, the face validity testing should be done using an interviewer who reads the questions to the adolescent. It may be completed with a group of young adolescents as long as each adolescent completes the instrument individually and provides feedback individually. The interviewer should keep careful notes of the questions asked by adolescents when asking for clarification or further specificity. We recommend recording those sessions so that the interviewer can go back and make careful notes on the comments and questions. This is the most critical part of the face validity testing since the goal is to identify questions that are not clear so that when revised the questions are fully understandable to young adolescents. While the process may vary across sites, the following general steps can be used as a guide.

1. Recruit participants
   1. Make sure to obtain parental consent and adolescent assent for participation. While the responses will not be used for analytical purposes, this is still a research activity and thus we need to ensure participant consent. Please check with Lydia Animosa for the most recent version of the face validity assent and consent forms.
2. Prepare the study logistics, which may include:
   1. Identify the venue(s) for the face validity study. You can choose to have groups of adolescents come to one venue, or set up times with individual adolescents. It is important that whatever venue(s) you select are secure and convenient for both adolescents and staff.
   2. Confirm date and time.
   3. Arrange refreshments such as drinks and snacks.
3. Conduct the face validity study
   1. Explain the study purpose and procedure to the adolescent(s). Explain that you would like them to try to answer the questions make note of questions that are not clear or response options that do not make sense to them. Once completed, one field worker will discuss the instrument with each individual adolescent focusing on wording, meaning and clarity. It will be important to emphasize that this is not a test, and that we are not interested in their answers but rather how understandable the questions are.
   2. Take breaks as needed since young adolescents tend to get tired quickly.
   3. Adjourn (provide incentives if applicable).

As soon as you have completed the face validity assessment for an instrument with N=20, you should compile the feedback from the adolescents and send this to the GEAS Coordinating Center at JHSPH. The feedback should be structured so that it highlights the following:

* Questions that worked well in general (with most adolescents)
* Any questions that the adolescents did not understand, and why
* Any questions that were too sensitive, or that the adolescents refused to answer
* Any questions that will absolutely not work in your specific study site
* Language edits suggested by the adolescents

## Data collection platform piloting

**Data collection platform**

The purpose of the platform piloting is to test the feasibility and benefits of using a mobile technology platform for data collection with young adolescents. Most sites will opt to pilot the mobile data collection platform.

The majority of questions will be interviewer-administered. However, for the most sensitive questions (e.g. ACEs, violence, and sexual behavior) we hope to test an A-CASI format so that respondents can complete the questions on their own, so as to ensure privacy. Please test BOTH self-interview AND interviewer-administered methods.

**Sample and recruitment**

Except in Nairobi where the sample will be 500, the pilot will be conducted with a sample of N=120 young adolescents (60 boys, 60 girls) aged 10-14 in each site. The sample does not need to be random; however, diversity in terms of age and other sociodemographic background characteristics is encouraged. As with face validity testing, 10-12-year-olds should be oversampled.

Participants can be recruited via existing sampling frames (e.g. local population observatories), schools, youth organizations or other suitable channels. It is up to each site to decide on the recruitment approach that is most applicable and feasible in their respective contexts. You can work with local partners to identify the best channels for recruitment.

The inclusion and exclusion criteria for participants are the same as for the face validity study, except for the literacy requirement (Table 1).

**Consent and assent**

Each recruited individual needs to provide his/her own assent, as well as his/her parent’s/guardian’s consent, to participate in the study. This can be done in two ways:

1. By approaching their parent/guardian first for parent/guardian consent for their adolescent child’s participation, and then the adolescent for their own assent.
2. By approaching the adolescent first for their own assent to participate, and then ask for their parent/guardians consent for their adolescent child’s participation.

Again, it is up to each local site to choose the approach that works best in their context. Both parent and child will need to sign the consent and assent form before inclusion. Please check with Lydia Animosa for the correct consent and assent forms to use for the platform piloting study.

**Overview of data collection procedure**

1. Select a recruitment approach
2. Identify venues for recruitment.
3. Approach participants (either adolescent first, or parent first).

* Both verbally and in written materials, explain the project and that people are being asked to volunteer. Follow guidelines prepared by the GEAS team at Hopkins. For parental consent, make sure to explain the project to each parent/guardian and ask if he/she would allow their child to participate.
* Obtain consent and assent (as indicated above)
* Schedule time for interview
  + The exact process of scheduling interview will vary depending on the recruitment and data collection approach used in each site. For example:
    - Sites using household recruitment may want to conduct the interview directly after obtaining consent and assent.
    - Sites using school-based or other venue-based recruitments may need to first tell interested adolescents to bring signed parental consent forms, and their own assent, and then conduct the interviews at school during another time
* Conduct pilot testing
  + This process will use an electronic platform in all but one site and there will be a separate manual for that process.
  + In either case, data collection should be done using an interviewer. When it comes to the section of sexual behaviors, however, the young adolescents should be read the question but should be able to respond without interviewer awareness of their responses. Specifically, except with one or two site exceptions, they should be asked to directly enter their responses on the tablet.

**Data collector recruitment and training**

Each site will need to determine how many data collectors to recruit in order to conduct the pilot. This will in part depend on availability and background of data collectors, budget and timeline. There is a trade-off between the number of data collectors and the amount of time the pilot testing will take. It is recommended that a minimum of five and preferably more data collectors be recruited in each site. There should be a gender balance so that both males and females are recruited.

*Recruited data collectors should all (required):*

* Have experience conducting surveys with children/young adolescents
* Be appropriate for interviewing young adolescents about personal/sensitive topics, considering: age, gender, familiarity and status in the neighborhood, their style when talking with others
* Have cultural sensitivity
* Be available during your training days
* Speak the native language in which the interview will be conducted
* Be at least 18 years of age
* Be mature, responsible and trustworthy
* Be willing and able to “suspend judgment” of what adolescents may want to say

*It is also preferable if the data collectors (recommended):*

* Have experience conducting quantitative data collection (for sites piloting the mobile platform, experience from such technology is preferred)
* Have experience working on projects that deal with sensitive topics

Core skills of interviewing include establishing a positive interviewer/participant dynamic (building rapport), listening actively and emphasizing the participant’s perspective, and being able to adjust their style quickly to suit each individual participant.

**Safeguarding**

As a safeguarding approach (given that interviewers will be alone with adolescents), make sure to get a reference or background check for each interviewer. This should include a criminal background check. All interviewers have to participate in mandatory training on the appropriate conduct around children and child protection, including reporting of suspected child abuse, and be trained in the local protocol of what to do in case of disclosure.

**What to include in the local training of data collectors**

It is recommended that the following topics be covered during the local trainings:

* Overview and introduction of the GEAS
* Icebreaking activities (for example, ask participants to think back to when they were 10-14 years-old)
* Human research ethics and case studies
  + Consent and assent
  + How to handle and report adverse events
* Working with young adolescents
* Extensive training in administering the data collection platform (mobile platform or paper-and-pencil)
* Introduction and demonstration of all instruments
* Practice of administering all instruments
* Field logistics
  + Before interviews
  + During interviews
  + After interviews
  + Plan for handling adverse events
  + FAQs
* Field practice and debrief

# Ethical considerations

## 4.1 Key ethical principles in research

There are **three core principles** that form the ethical basis for research involving human subjects around the world.

* ***Respect for persons*** requires protection of people from exploitation because of their vulnerability, or because of power differentials between the researcher and the neighborhood. This means that individuals should be treated as autonomous agents, and that persons with diminished autonomy (such as children) are entitled to protection. The dignity of all participants must be respected.
* ***Beneficence*** requires that the researcher *do no harm* to participants. It also states that the researcher should minimize the risks to participants; whether physical, social, emotional, psychological, or other forms of risks. The researcher should also maximize benefits to participants, ultimately striving to balance risks and benefits.
* ***Justice*** requires a fair distribution of risks and benefits resulting from the study. This means that those who take on the burden of participating also should share the benefits that may arise from the results. This requires the researcher to think about why people are being selected into the study; if some people are being systematically selected simply because of their easy availability, their compromised position, or their manipulability, rather than for reasons directly related to the problem being studied, you must reconsider your selection process.

## 4.2 Informed consent

Informed consent helps ensure *respect for persons* during studies with human subjects, and is essential for any research activity. It is a way of ensuring that people understand what it means to participate in the study. Most people think of informed consent as a form that the participant signs. However obtaining consent is a multistep process. The first task is to inform people about the study in a way that they can understand. Both parents/guardians and their children should have enough information about the study to be able to make a conscious, deliberate decision about their participation.

Informed consent can be written or oral:

* *Written consent:* the person gets a written form describing the research, and signs that form to document their consent to participate. If the participant is illiterate, the form is read to them, after which they mark or check a box. This is often followed by the signature of a witness.
* *Oral consent*: in this case the person gets all the information that they need either verbally or in writing (depending on literacy) and then verbally consents to participate. The participant does need to sign anything. This approach is often used in research with minimal risks; however, it does not mean that the requirement for consent is waived.

As part of the informed consent, it is especially important that the person is told:

1. **The purpose of the research**

You should explain the purpose of the interview to study participants within the broader context of the research study. When explaining the purpose of the study to participants it is important that you are truthful and straightforward about the objectives, anticipated risks and benefits, and that you identify the organizations involved in the study.

1. **What is expected from a participant, including the amount of time it will take**

It is important that you do not create false expectations in order to obtain a participant’s cooperation. False expectations can arise even from the smallest promises, such as promising a participant a ride home after the interview, unless you know for sure that they can.

1. **Expected risks and benefits**

Explain any types of risks that can arise from the study. It is important that you are honest about this. You should also highlight any benefits that might come from the study, whether to the individual participant or to the neighborhood where he/she lives.

1. **That participation is voluntary**

Assure the participants that they are free to leave the study at any time, without consequences. They can say ‘yes’ at first and change their minds later.

1. **How their confidentiality and privacy will be protected**

Assuring participants that what they say will be kept in confidence is important both for protecting *respect for persons*, and for earning their trust. This is essential to get good data. If the participant raises concerns about confidentiality that you cannot address, offer to postpone the interview until you can respond to the stated concerns.

1. **The name and contact information of the local PI who can be contacted for questions/problems**

The local PI’s contact details should be written on any study documents that you give to participants (such as flyers or consent and assent forms). It is your responsibility to assure that participants have access to this information.

## 4.3 Parent consent vs. child assent

All adolescents participating in Phase 1 of the GEAS are considered children (aged 10-14). By regulatory definition, children are “persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted” ([45 CFR 46.402(a)](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.402)). Parent/guardian consent is therefore required for all adolescent s in the GEAS.

## 4.4 Plan for reporting adverse or unanticipated events

Given the nature of the study, adverse events are highly unlikely. If any adverse events were to occur, interviewers should report the situation you and you in turn should notify the study principal investigator (Robert Blum) and site primary investigator for immediate response and for notification of the IRB. Any disclosure of child abuse should be reported to legal authorities in all sites. Parent/guardians and adolescents should be informed about the child abuse disclosure policy, included in the consent and assent forms.

**Before initiating any data collection activities, all sites should develop their own plan for handling adverse events locally, including a plan for what do to if abuse is reported. It is your responsibility to describe to interviewers how to handle adverse events.**

### 4.4.1. Screening for distress

Immediately following the completion of the data collection with each participant, provide the adolescent with a list of local resources to address any issues that you have talked about. This will enable them to learn about support services that they may not be familiar with, in a non-stigmatizing, non-judgmental way*:*

*“I know the questions that I asked may have been sensitive or uncomfortable for you to talk about. How are you feeling now? Are you feeling upset? Would you like me to connect you with support services?”*

* If there is an **indication of distress** that the interviewers deems is ok to share with the parent/guardian, tell the adolescent:

“*Based on your saying to (or showing) to me that our interview may have upset you, I would like to share this with your mother (or father), and let them know that there is help that might be useful. Would it be ok with you if I talk to your mother (or father)? Ok, let’s talk with her (him) together now.”*

* Subsequently, **meet with the parent and the adolescent together** to discuss the distress and provide referral information with the offer to assist with making the referral connection. If the adolescent does not want to share this with his/her parents/guardians, help them identify another adult they could talk with.

If the child **discloses abuse from their parent or guardian**, this should:

* Be reported to legal authorities in your site. The field coordinator should handle this.
* Parents/guardians and adolescents should be informed about the child abuse disclosure policy, included in the consent and assent forms (prior to interviews).

**For any adverse event that occurs** (no matter if this is shared with the parents/guardians) you should:

* Report the situation to your field coordinator
* S/he in turn will notify the study principal investigator (Robert Blum) and site principal investigator for immediate response and for notification of the IRB.

# Organization of data collection

Each site will need to develop a specific plan describing who will conduct each data collection step and when:

* Coordinate recruitment of data collectors
  + Availability for training
  + Availability for carrying out activities
  + Background and suitability for the task
* Set a training date, and find and reserve a venue
* Arrange for food and transportation, as needed
* Translate training materials, as needed
* Print training materials, as needed, and prepare training supplies
* Carry out training of interviewers
* Recruit adolescents for the face validity/pilot testing
  + Make contact with local organizations to recruit adolescents
  + Plan times and places to hold the interviews
* Conduct the face validity, write-up the results and send to Hopkins
* Store all physical documentation, including consent forms, at site in a locked cabinet
* Conduct the pilot (see supplemental document)

# **13. Timeline**

This timeline is a guiding template; each site should develop their own detailed timeline in line with the specific tasks and activities.

**Key dates:**

October 15, 2015 Face validity testing of all instruments completed in all sites

November 15, 2015 Mobile data collection platform programmed for instruments piloting

February 1, 2016 Piloting of the instruments (mobile platform or paper-and-pencil) completed

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 2015 | | | | | | 2016 | | | | | |
|  |  | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March | April | May | June |
| IRB Approvals |  | X | X | X |  |  |  |  |  |  |  |  |  |
| Training session |  | X |  |  |  |  |  |  |  |  |  |  |  |
| Instruments finalized | Health | X |  |  |  |  |  |  |  |  |  |  |  |
| Gender scale |  |  | X |  |  |  |  |  |  |  |  |  |
| Vignettes |  |  | X |  |  |  |  |  |  |  |  |  |
| Context |  | X |  |  |  |  |  |  |  |  |  |  |
| Instruments translated | Health |  | X |  |  |  |  |  |  |  |  |  |  |
| Gender scale |  |  | X |  |  |  |  |  |  |  |  |  |
| Vignettes |  |  | X |  |  |  |  |  |  |  |  |  |
| Context |  | X |  |  |  |  |  |  |  |  |  |  |
| Face validity piloting |  |  | X | X |  |  |  |  |  |  |  |  |  |
| Instruments programmed (if using mobile platform) | Health |  |  |  | X | X |  |  |  |  |  |  |  |
| Gender scale |  |  |  | X | X |  |  |  |  |  |  |  |
| Vignettes |  |  |  | X | X |  |  |  |  |  |  |  |
| Local training of interviewers |  |  |  |  | X | X |  |  |  |  |  |  |  |
| Recruitment of adolescents |  |  |  |  | X | X |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  | X | X | X |  |  |  |  |  |
| Data analysis |  |  |  |  |  |  | X | X | X | X | X | X |  |

1. [↑](#endnote-ref-2)