

LETTER OF INFORMATION / CONSENT

An interpretive descriptive study of the personal and contextual factors that influence pregnant and parenting adolescent girls' and young women's decision making regarding their smoking behaviour

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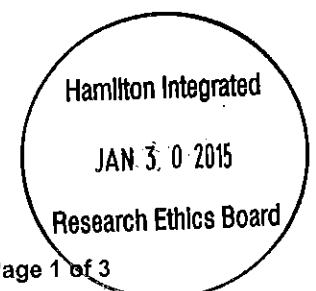
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Purpose of the Study

The purpose of this study is to explore the factors that influence pregnant and parenting young women's decision-making regarding their smoking behaviour. The findings of this study will help to inform young women, maternity care providers, and health professionals of the factors and circumstances that influence smoking habits and the types of community supports needed to shape positive behavioural changes before, during and after pregnancy. This information will be used to develop more effective programs and services to help pregnant and parenting young women in their efforts to reduce or quit smoking.

What You Will Be Asked to Do in the Study

- If you decide to participate in the study, you will be asked to take part in a ½ to one hour interview in-person or by telephone as per your preference
- During the interview, you will be asked to describe your smoking behaviour before pregnancy as well as during and/or after pregnancy (depending on if the interview is conducted during your pregnancy or in the post-partum period). You will also be asked to discuss the factors that influenced your smoking behaviour in pregnancy and/or postpartum.
- For the purposes of describing the study sample, you will be asked questions about socio-demographic, individual and family characteristics
- You may continue your participation in the study even if you choose not to answer all of the questions asked during the interview
- Your interview will be digitally recorded and transcribed verbatim (typed out).
- You will receive a \$15 gift card to thank you for your participation in the study.
- If you consent to a second contact you will be asked to engage in a brief telephone interview to verify the description and the researchers interpretation of the common elements and key themes that has been gathered from the data.
- You will receive an additional \$5 gift card to thank you for your participation in a secondary interview to confirm main ideas and themes presenting in the interviews. You will therefore have received a total of \$20 in gift cards.



Are there any risks to doing this study?

You will be discussing the factors that influenced your smoking behaviour in pregnancy and postpartum. This may involve self-reflection and critical thinking as to how different situations and life circumstances may impact your smoking habits in either a positive or negative way. There are no foreseeable risks to participating in the study however some participants may feel embarrassed or ashamed to disclose their smoking habits while pregnant and/or feel as though they will be unfairly judged by people conducting the interview. This is not the intent of the study. You will be reassured at the outset of the interview that you can speak openly and free of any form of judgement. The goal of this study is to determine how care providers can best help young mothers, such as yourself, to make positive changes to their smoking behaviour throughout pregnancy and postpartum in order to benefit the health of both the mother and baby. If you request help in changing your smoking behaviour throughout the interview, you will be provided with a list of supports and services to help you quit smoking that are available locally. If you feel uncomfortable at any time, the interview can be terminated early and you can end your voluntary participation in the study without any questioning.

You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. I describe below the steps I am taking to protect your privacy.

Are there any benefits to doing this study?

You may not experience any direct benefits from participating in the study, however, the study findings may help to improve community 'Quit Smoking' services and supports provided to pregnant and parenting young women who smoke. We hope from this experience you will learn more about the factors and circumstances that influence your smoking behaviour, learn more about the 'Quit Smoking' supports that are available locally and gain a deeper understanding of the types of supports and services that would be most helpful to you in your efforts to reduce or quit smoking.

Voluntary Participation and Withdrawal

Your participation in the study is completely voluntary and you may choose to end your participation at any time with no consequence of any kind. Should you choose not to volunteer to participate in the study, your decision will not influence any relationships you may have with the researcher, study staff, McMaster University or any health care providers promoting the study. You can choose to end your participation in the study at any time, for any reason. Your decision to end participation or refuse to answer particular questions will not affect your relationship with the researcher or any other group associated with this project. You have the option of removing your data from the study OR information provided up to the point where you withdraw will be kept unless you request that it be removed. If you do not want to answer some of the questions you do not have to, but you can still be in the study. If at any time you choose to withdraw from the study, all data collected that you wish to be removed will be immediately destroyed and not included in the study.

Confidentiality

You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified. No one other than myself (and other select members of the research team) will know whether you participated in the study unless you choose to tell them. As well, all of the information you supply during this research investigation will be held in confidence. Your name will not appear in any report or publication of the research. Interviews will be digitally recorded and transcribed (typed out). Your information will be safely stored in a locked cabinet and/or on a secure password protected computer that only select members of the research team can access. Once the study is complete, an archive of the data, without identifying information, will be kept for up to 5 years and deposited on a secure University computer. After 5 years this information will be destroyed. Confidentiality will be provided to the fullest extent possible by law. Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information (e.g., child abuse, harm to oneself or others).

Information about the Study Results

I expect to have this study completed by approximately *August, 2015*. If you would like a brief summary of the results, please let me know how you would like it sent to you at the end of the interview.

Questions about the Study

If you have questions or need more information about the study itself, please contact me at: dawdyjl@mcmaster.ca, or by telephone 905-616-0541.

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HIREB at 905.521.2100 x 42013.

CONSENT

I have read the information presented in the information letter about a study being conducted by Jamie Dawdy, of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a signed copy of this form. I agree to participate in the study.

1. I agree to participate in an interview that is audio recorded. Yes No

2. I would like to receive a summary of the study's results. Yes No

If yes, where would you like the results sent:

Email: _____

Mailing address: _____

Please contact me at: _____

Name of Participant (Printed)

Signature

Date

Consent form explained in person by:

Name and Role (Printed)

Signature

Date

