



## **Consent Form Legal Guardians - Menstrual Health for Minors Study**

### **Principal Investigators**

Marinja Principe, PhD Student at the Dept. of Informatics, University of Zurich ([marinja.principe@uzh.ch](mailto:marinja.principe@uzh.ch))  
Prof Dr. Elaine M. Huang, Dept. of Informatics, University of Zurich ([huang@ifi.uzh.ch](mailto:huang@ifi.uzh.ch))

### **Collaborators**

Prof. Dr. Marcia Nissen, Institute for Implementation Science in Health Care, University of Zurich ([marcia.nissen@uzh.ch](mailto:marcia.nissen@uzh.ch))  
Maria Schüler, Faculty of Medicine, University of Zurich ([maria.schueler@uzh.ch](mailto:maria.schueler@uzh.ch))  
Bethany Dallas, English Department, University of Zurich ([bethany.dallas@es.uzh.ch](mailto:bethany.dallas@es.uzh.ch))

### **Purpose**

Many young people do not receive clear, supportive, and stigma-free information about periods (menstruation). How they first learn about and experience periods at home, in school, in sports, and with friends can shape how they feel about their bodies, how they manage symptoms, and whether they seek help when needed. Yet most existing tools and information (including apps) are designed with adults in mind and may not fit the realities of 8–17-year-olds.

This study aims to better understand how children and adolescents (ages 8–17) learn about and manage periods in everyday life, and what goals, challenges, and needs they have. By listening to young people, as well as adults involved in their care (e.g., teachers, caregivers, coaches, health professionals), we hope to inform future education, technologies, and support that are safer, more inclusive, and more useful for young people who menstruate.

### **Study Procedure**

After we receive your signed consent (this form), the researcher will meet with your child, explain the study in an age-appropriate way, and give your child the opportunity to ask questions. Your child's own consent (assent) will then be obtained; if they do not wish to participate, they will not be included.

If they agree, your child will take part in a one-time audio recorded conversation (about 30 minutes for children aged 8–12 and about 60 minutes for adolescents aged 13–17) in which we ask how they experience menstruation, what they know about it, whether they already have their period, and, if so, how they manage it in everyday life. We will also present participants with examples of menstrual health technologies and products (e.g., apps, tracking tools, and pictures of products and/or unopened menstrual products) and ask what they like or dislike about them, and what they would change. There are no tests, exams, or medical procedures, and there are no "right" or "wrong" answers; we are interested in your child's own experiences and opinions.

### **Benefits and Risks**

By letting your child participate in this study, your child will have the chance to express their needs and experiences related to menstruation, describe current challenges, and share wishes for future menstrual health technologies and support. Your child can also ask questions about menstruation in a safe setting and may learn new information that helps them feel more prepared and confident.

The main risk for your child is feeling embarrassed, uncomfortable, or upset when talking about bodies, periods, or personal experiences. Participation also takes some of your child's time. Your child can skip any



question they do not want to answer and may stop participating at any moment without giving a reason and without any negative consequences. We will do our best to protect your child's privacy and keep their answers confidential.

### Personal Information

During the study, we will collect only limited personal information about your child, specifically their age and gender. Your child will choose their own pseudonym, and no real names will be used during the study. With your permission, the session will be audio-recorded to ensure we accurately capture what your child says; the recording will be used only to create a transcript for later analysis, and the analysis will use only pseudonymized data (i.e., they will not contain identifying information). After the transcript has been created, the audio recording will be deleted. Only members of the research team will have access to the transcript, and it will not be shared with anyone outside the research group.

### Uses of the Study Data

The results of this study will potentially appear in both internal and external academic research presentations and publications, such as academic journals and conference proceedings. Whenever we refer to our findings, we will ensure to publish only fully anonymized and fully de-identified information using pseudonyms (e.g., P09).

### Contact for Information about the Study

If you have any questions or want further information with respect to the study, you may contact Marinja Principe ([marinja.principe@uzh.ch](mailto:marinja.principe@uzh.ch)) or Prof. Dr. Marcia Nissen ([marcia.nissen@uzh.ch](mailto:marcia.nissen@uzh.ch)).

### Consent for Study Participation (Parent/Guardian)

Participation of your child in this study is entirely voluntary. You and your child are free to decide whether to take part. You or your child may withdraw from the study at any time, without giving any reason and without any negative consequences. Unless you request otherwise, any information collected before withdrawal may still be used for this study.

With your consent to this form, you confirm the following statements:

- I understand the study's goals, procedures, and applicable conditions.
- I had the opportunity to ask questions. I understood the answers and accept them.
- I had enough time to decide, and I voluntarily agree that my child may participate in this study.
- I agree that the session will be audio-recorded for transcription and later data analysis, and that the audio recordings will be deleted after transcription.

Signing this form does not waive any of my or my child's legal rights, nor does it release the investigators or the involved institutions from their legal or professional responsibilities.

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Legal guardian name

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Location, Date

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Legal guardian signature