Barriers Swahili Women Face in Accessing Information on HIV, Personal and Career Development Training in the London Borough of Islington

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Executive Summary

This report highlights some of the barriers faced by Swahili women from accessing information on HIV and personal and career development trainings in the London borough of Islington.

Swahili women are Swahili speaking women. The name Swahili means "coast," and is the name given to groups of people that share a common culture (Uswahili) and language (Kiswahili). The Swahili are a Bantu ethnic group and culture found in East Africa, mainly Tanzania, Kenya, Eastern Democratic Republic of Congo; Part of Uganda, Burundi and Rwanda.

As a Tanzanian Swahili speaking woman, who works with black and minority ethnic groups in the London borough of Islington, the assumption is that, although there are some local initiatives providing services for black and minority ethnic groups in the borough, it is evident that Swahili women rarely access these services. Key areas of concern are that Swahili women are not accessing information on HIV nor are they accessing personal and career development training. The number of HIV cases for people from sub-Saharan African has gone up from 27% in 2001 to 36% in 2010. In 2007 Islington had the third highest rate of HIV cases in the UK; very few Swahili women have the skills and ability to help them onto the career ladder.

Focus groups, questionnaires and interviews were applied to research the issues around these two key areas. Two stages were used to involve the target group. The first stage was to inform them about the research through telephone, email and one-to-one. The second stage was to recruit the group to participate in the research.

Main findings from this research are: language barrier; work commitment and the role of women in the family and inadequate services specifically for Swahili women; lack of awareness on cross culture diversity within professionals; misguided approaches to service promotion; immigration and social culture factors are the additional findings.

Chapter 1:
(i) Central aim

To explore some of the barriers Swahili women face from accessing information on HIV, and personal and career development training in the London borough of Islington.

As a Tanzanian Swahili speaking woman my involvement with this research is based on the experience, skills and knowledge I acquired over 8 years through work and training in community development. My involvement in this research develops from the passion and experience I have for my community. Therefore, other people from the Swahili community were involved at the initial stage of this research and during the research process. In addition, community development professionals were also involved in this research to strengthening the aims and objectives and to support the course for this research.

(ii) The purpose of research

1. To establish the HIV and personal and career development training needs of Swahili women in Islington
2. To identify whether there are organisations in Islington that provide these services for Swahili women
3. To highlight the barriers to accessing information on HIV and trainings among the Swahili women
4. To identify what efforts are being made by the UK government to address the issue of barriers to information

Defining research questions

1. What are the needs of Swahili women in HIV, personal and career development training?
2. Are there any organisations that provide information on HIV and training for Swahili women in Islington?
3. What effect do the barriers to accessing information on HIV and training have on Swahili women?
4. What government policies are in place to tackle these issues?

(iii) Literature review

A literature review from different secondary sources was conducted for this research. Initially, on-line resources were reviewed: the Office for National Statistics website was used to access census 2001 neighbourhood statistics in the area of Islington. From the report statistics for ethnic group and country of birth were found. There are 10,500 Black British African persons in Islington compared to 8,555 Black or Black British Jamaican. In terms of country of birth there are 5,037 born in South and Eastern Africa, however, this figure excludes South and Eastern African Kenya people, which total 416 people in Islington.

The User Involvement Report 2006 is a report from a study on User Involvement Scheme in a HIV clinic in East London, where the majority of service users were Africans migrants and asylum seekers. The scheme was to encourage patient participation in service provision. Interestingly, the findings from the study suggested that not many African people were represented on the scheme despite the fact that many of them were using the clinic. The study highlighted a lack of training for clinical staff about the User Involvement Scheme, language support, accessibility issues and funding for travel expenses as some of the problems that prevented African people from attending this scheme were:

The Education of Minorities Achievement Service Report, Islington (EMAS Report, 2011), highlighted the number of Swahili speaking children and young people in Islington Schools. There about 75 Swahili speaking children in 27 of the 54 schools in Islington. The Swahili language is the 24th highest spoken language out of 123 languages spoken in Islington schools. Joshua Project, Swahili People listing, 2007 was consulted for a list of Swahili speaking countries. The definition of Swahili and the countries that speaks Swahili language was found on this report.

The Migrant Health report (HPA, 2011) was reviewed. The report highlighted that the number of HIV infected people from Sub Saharan African rose from 27% in 2001 to 36% in 2010, compared to Caucasian people, decreased from 61% in 2001 to 52% in 2010. HPA Report 2007 claims that Islington has the third highest percentage in the country to have people living with HIV. This could be due to the fact that Islington has a higher percentage of migrants from countries with high rates of HIV.

London Metropolitan University Research's report (2007) on Employment, Skills and Training Needs of Refugees, Asylum Seekers and Recent Migrants in the London Borough of Haringey was consulted. A lack of English language skills and a lack of recognition of qualifications and experience were highlighted as common barriers to participating in the labour market. Other findings were a lack of appreciation of abilities, a reliance on their own community, difficulties with workplace culture and the experience of discrimination and prejudice.

Islington council websites were consulted to find out information about community language books in Islington Libraries. Swahili Language books are not available in all the Islington Libraries. Other community language books available include; Arabic, Bengali, Chinese, French, German, Greek, Gujarati, Hindi, Italian, Kurdish, Polish, Punjabi, Russian, Somali, Spanish, Turkish, Urdu, Vietnamese, Albanian and Portuguese.

The Islington Fairness Commission 2011 Report was obtained from the Islington Council. The report is policy that aimed to reduce poverty and inequality in the areas that matter most to Islington people's life chances, these include: unemployment, education, health, access to services and isolation. In terms of access to services, the policy highlighted that the council would work with communities most affected or excluded to ensure access and inclusion in delivery of universal work. The policy also recognises that people should be treated in a way that is appropriate to their needs.

(iv) Methodology

This research enquiry used both quantitative and qualitative method of research. Qualititative is a type of research method that involves with gathering data in the form of spoken or written language. Quantitative research is referred to a researching method in which numerical data are used to obtain information.

The three research methodologies applied in this research were: questionnaire which is a set of designed questions given to the group of people in order to collect data about topics; focus group which involves discussion with a selected group of individuals to gain information about their views and experiences of a topic; face-to-face interview referred as a systematic way of talking and listening to people, it is also another way of collecting data from individuals through conversations.

The research questionnaire tool Survey Monkey was used along with questionnaires being emailed to participants. One-to-one was the method used to circulate the questionnaires.

One-to-one interviews were also used for professionals involved. The professionals involved in the research were the local councillor, the health promotion specialist Camden Provider Service NHS, African Team and the Community Education consultant from Islington.

The interviews were carried out through home visits, office visits and through meeting at the African Relief Support Project Office at Manor Gardens Centre.

One-to-one interviews were carried out in the office as well as by appointment visited outside office.

Participants included professionals who were interviewed face-to-face using specific questionnaires designed for them, please these on pages 23 – 28: appendix 1 questionnaires for health professionals; appendix 2 questionnaires for education professionals; appendix 3 questionnaires for councillor and appendix 4 questionnaires for Swahili women.

One focus group was conducted at the Africa Relief Support Project office. Only 6 out of 11 Swahili women invited participated in the focus group. One male volunteer assisted with note taking as well as recording the discussion.

The planning for this research was carried out through four stages. The first stage was a literature review including informing the community about this research. The second stage was to carry out interviews, focus group discussion as well as circulating research questionnaires. The third stage was data analysis and the fourth stage was writing up.

(v) Ethical considerations

The ethical consideration procedures related to community research were maintained through the researching process.

E-mails with attached questionnaires were circulated to participants with the message that clarify confidentiality.

Consent information sheets and consent forms were handed to all participants to ensure autonomy on their involvement and confidentiality, privacy and anonymity in the collection, storage and publication of research material; see page 29-30 for appendix 5 information consent form and appendix 6 consent form.

At the focus group participants were also given consent forms prior to the discussion and were asked to read and sign the consent form to agree with the process.

Chapter 2: Research findings

The findings of this research derive from data and information collected from Swahili women, local government (councillor Member of Health and Well Being review committee) – Labour, Community Learning Consultant (Ethnic Minority Achievement Service -EMAS) at Islington and the Health Promotional Specialist (Camden Providers Services NHS) African Communities Team.

Although a number of issues were found to be barriers preventing Swahili speaking women from accessing information on HIV and training in the London Borough of Islington, the main findings are highlighted below:

1. Language barrier

2. Work commitments and the role of women in the family

3. Lack of specific Swahili women's services

4. Lack of integration

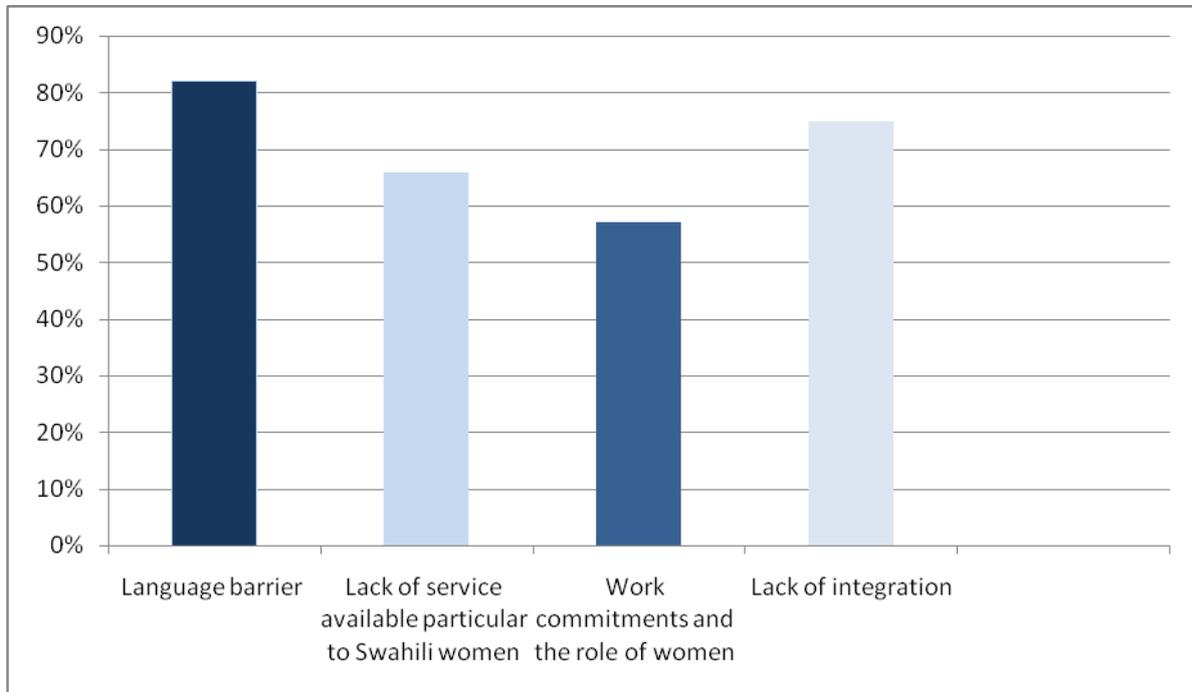## <u>Research findings presented in graph</u>

Figure 1

1. Language barrier

The majority of Swahili Women involved in this research higlighted language as the main barrier to accessing information on HIV, careers and personal development training. The women highlighted to have the knowledge of English language. However, they agree that English literature can sometime be difficult to undestand. They also highlighted that they feel they are not confident enough to fully understand and use the English language effectively (both written and verbal).

Example quote on the language barrier

"*I can't read and wirite properly but I am confident enough using the language when communicating with others*"

2. Work commitments and the role of women

Both Swahili women employed and unemployed involved in this research presented work commitment as among the barriers to accessing these services. The points were expressed in depth during focus group discussions. The research highlighted that working during unsociable hours, part-time jobs and holding two different part-time jobs has left them with no time to search for information and access services. In addition the research highlighted the role of women, for instance caring for children and family, single parenting as another barrier from accessing information.

Example quote on work commitments during the focus groups discussion

"I have seen the invitation to your activities, I have also seen the recent email but I do not have time, I am working at nights, I have also a part time job during the day and I have to look after my daughter who is not at a school age"

3. Lack of specific Swahili women's services

Research highlighted that there is no group that represents adequately the needs of Swahili speaking women. The finding is demonstrated in 15 out of 15 Swahili women who participated in this research. This is when participants were presented with the question about their knowledge of Swahili women representative organisation in Islington.

4. Lack of integration

The research highlighted lack of integration within the Swahili speaking community, and for women in particular. When the women responded to the question on whether they are able to receive information and whether they know of any community organisations that provide services on HIV awareness and personal and career development training in the community, 70% of women pointed that they have never accessed these services as they are not aware of them. On the question of where they receive information on HIV and career and personal development training, 70% of women participants indicated that they only receive information through families and friends. Only 11% pointed that they receive information on HIV from the internet. 15% commented that they receive information through community gatherings. Only 4% of women highlighted that they received information through community organisations and GPs.

Chart below present lack of integration among Swahili women in Islington

Participants	Percentage
Received information from families and friends	70%
Received information from internet and other media	11%
Received information from community gathering	15%
Received information locally (GP, community organizations)	4%

Additional findings from the councillor and two professionals (education and health)

1. **Lack of understanding on cross culture appropriate to diversity within professionals.**

Lack of understanding of cross cultural diversity within professionals was apparent. The research highlighted that the majority of professionals are not encouraged to learn about the cultural differences within the communities. For instance, knowledge on the ways in which different communities socialise, their understanding of the concept of health; illnesses; education and subsequently how these groups access different services in the community.

2. **Misguided approach to service promotion**

A misguided approach to service promotion is another valuable finding. For instance, inappropriate cultural and linguistic approaches when promoting services; lack of clarity on who is doing the training i.e. male or female, and weather a certificate is provided after the training. The report also highlighted professionals lacking the knowledge of the areas where their target groups are located, places where they socialise and appropriate approaches to access the target communities. For instance, outreach, gatherings or online services.

Chapter 3: Discussion

This study set out with the aim of assessing the barriers from accessing information on services such as HIV prevention, career and personal development training among Swahili Speaking women in the London borough of Islington. In reviewing the literature, no exact statistics were found on the Swahili speaking community or, consequently, Swahili speaking women. This is both in Islington and London as a whole. The closest finding was the numbers for Swahili speaking children in Islington schools. Moreover, in reviewing literature no Swahili language books or other literature were found in all the Islington based libraries.

The results of this research indicates that as a result of the lack of availability of statistics and other data on Swahili speaking community, and particularly women, no services have been developed for them. For example, the research highlighted that Swahili women are not aware of services provided in the community; more less like other communities Swahili women depend on families and friends for information on health and other services. However, the most interesting finding was the ways in which women have to juggle with different part-time jobs while looking after children and families. The most important finding in this research is the language barrier. The research indicates that the language barrier plays a major role not only in the ways the services are accessed but also the ways and means in which information is interpreted by the community; information is delved to the community and the effect this barrier has in accessing employment subsequently reaching to a high position for those that are in employment.

Another important finding in this research was the lack of professional understanding of cross culture appropriate to diversity, and misguided approaches to services promotion. If the professionals have no knowledge of the community they are targeting it would be impossible to design the service that would attract them. For example, on the point of access to training, people are attracted with a training that would provide them with a

certificate. Certificate would help them meet their long term goals. For instance, it would help to access into high level education, employment or career opportunity.

Surprisingly, the point of information technology as the means for accessing information was highlighted as the least effective approach. The barrier emerged unexpectedly when the majority of participants were unable to respond to on-line research questions and other information send via e-mail. However, it could be suggested that they were not born in the internet era; educated in this county; they do not have access to internet; or they have the knowledge of internet but did not have time to respond due to work and other commitments.

There are several possible explanations for the result of this research: unlike any other community group, Swahili is the language spoken in over six African countries. Although the similarity in these countries is the Swahili language, there are differences in national and other local languages within them. As a result, it is difficult to collect data for this community subsequently providing services for them.

The research result must be interpreted with caution because it is a small scale research with small amount of time. Due to the time limit not every women from the countries that speak Swahili were represented and not much was put into visiting each and every community organisation in Islington. However, the research managed to corroborate with the Swahili women representatives throughout the research period, the professionals in health and education based in the community and the councillor leader of equality in Islington.

The combination of these research findings provide some support to the development of services for Swahili women. The services developed should provide information, advice and support on matters related to health, education, employment, social entitlements, and law and other activities.

The research was successful as it was able to identify factors that influence the low uptake on information regarding to HIV and career and personal development trainings

and subsequently services among Swahili women in Islington. The research result was also found in other research study report on: The User Involvement Report 2006 from a study on User Involvement Scheme in a HIV clinic in East London and London Metropolitan University Research report 2007on employment, Skills and Training Needs of Refugees, Asylum Seekers and Recent Migrants. The research also was successful as it was able to highlight the policy response to the needs of people who live and work in the London borough of Islington. In terms of access to information and services, the strategy recommended to work with different communities most affected or excluded to ensure access and inclusion in the delivery of universal services. This is by treating people in a way that is appropriate to their needs. However, the policy is too premature to measure its effectiveness as it was only implemented in 2011.

However, more research on this topic needs to be undertaken. For instance, to research each Swahili speaking country individually to enable to identify the place they socialise, their national days, the types of Swahili spoken and therefore to provide appropriate services for the Swahili community in Islington.

Chapter 4

(i)   Conclusion

This research outlined some barriers faced by Swahili speaking women to accessing information on HIV, and career and personal development training in the London borough of Islington. The purpose of the research was to establish the HIV and personal and career development training needs of Swahili women in Islington; identify whether there are organisations in Islington that provide these services for Swahili women; highlight the barriers from accessing information on HIV and trainings among the Swahili women; identify what efforts are being made by the UK government to address the issue of barriers to information.

The study finding suggested a number of barriers, however, the language barrier, work commitments and the role of women in the family, lack of specific Swahili women's services and lack of integration were three main barriers highlighted on this research. Among these findings the language barrier was the first major finding.   Work commitments and the role of women in the family suggested being the distinctive finding in the research. Additional findings such as the issue of immigration, lack of professional understanding of culture diversity, inappropriate service promotion and socialisation suggested there are many underlying issues to access to information.

The research findings enhance our understanding of the difficulties faced by Swahili speaking women. It also provides the platform to work to find solutions to this problem. The local government have come up with a policy (The Islington Fairness Commission) to respond to these problems.

There is a need to carry out in depth research in this community London-wide to gather data on Swahili speaking people. This research was unable to cover in depth search due to the lack of time and resources. It is clear from this research that, Swahili women are among the hard to reach group, therefore doing this kind of research will highlight other important findings which will help to develop a strategy to try and solve the problem

(ii) Recommendations

Much support is needed from the government, local government and expertise from the community to support any initiatives that aim to reach hard to reach groups, particularly Swahili women. There is a need for an expert from within the Swahili community to build partnership work with the above body in order to promote diversity and equality. This is community work and a community level initiative thus it should be a bottom up approach. Thus, recommended strategy plan is outline below:

1. To set up Swahili women's initiatives including an outreach project to attend to the needs of Swahili speaking women to reduce social inequality

2. Support to create projects and work in partnership with other organisations to promote English language skills, health and wellbeing, educational and employment programmes in the Swahili speaking community

3. Local professionals, community development workers, councillors, service providers must engage with the Swahili community to be able to support them.

4. Support to carry out in depth research in this community to gather data on the Swahili speaking people from each Swahili Speaking Country. Not only in this community but also to research in other communities which are hard to reach.

(iii) The strengths and limitations of research

Initially, Swahili speaking women who face barriers to accessing information on HIV, career and personal development training was not the first topic. I started with lack of employment among African men, and then I changed to Tanzanian and barriers from access information on HIV, sexual, health, mental health and trainings. After rigorous searches through local and national reports, government websites and international reports nothing much on Tanzania was found. As a result of this I had to change the topic.

The research question was developed after reading and visiting different websites and discussions with my community; colleagues and volunteers at the African Relief Support Project (ARSP), an organisation of which I am a board member

After establishing my research question, the aim and study objective, an appointment with my mentor was arranged. This was our first meeting and was a good way of establishing a rapport. My mentor advised me to draw a work plan which I found the plan very useful because it acted as a guideline.

Defining a research questionnaire was a challenging task as I had numbers of points to cover. To resolve the matter I booked a one-to-one session with the course facilitator. Using Survey Monkey to circulate questionnaires was a new skill that I had to learn. I was pleased to know that I could use the online programme to circulate questionnaires to my group. However, during the research process, it became apparent that using on-line communication tools was not the most effective way of communicating with my target group. I therefore had to change my research tools to better reflect my target group and instead conducted face-to-face interviews and distributed questionnaires in person.

Another complicated issue was trying to get an appointment with the local councillor and the health promotion specialists. The interviews were planned in early January 2012, but due to their timetable this had to change to the end of February 2012. Since they were key important people for this research I had to request an extension on my essay.

The points that I would change if I had the opportunity is to have more time and human and financial resources. These would help me to reach wider groups of this community, and a volunteer who would help me with some of my office work during the research period. I would also involve another person from the community on researching course to carry out the same research but in one of Swahili speaking country as opposed to the whole Swahili speaking community.

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Appendices

Appendices 1: questionnaire for health professional

1. What are the particular needs of Swahilis speakers in terms of HIV and also on personal development?

2. Why is this case?

3. What support is available from the NHS on this? How effective do you think this is?

4. What support are you aware of, beyond the NHS, e.g. charities, on this? How effective do you think this is?

5. What else needs to be done to improve the sexual health knowledge, practices and healthier actions amongst Swahili speakers? A. by government b. by the charitable sector

6. Is there anything else you want to say on this topic?

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Appendices 2: questionnaires for education professional

1. What are the particular needs of migrant's a particular Swahili speaker women in terms of personal and professional development trainings?

2. Why is this case?

3. What support is available from the local government on this? How effective do you think this is?

4. What support are you aware of, e.g. charities, on this? How effective do you think this is?

5. What else needs to be done to improve their action to access information on trainings and other services available in the community

6. Is there anything else you want to say on this topic?

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Appendices 3: questionnaire for councillor leader of equality at Islington council

1. What do you think the main issues of Swahili or ethnic minority women are on the topics HIV; personal and career development training?

2. Why is it, do you think, that Swahili women don't accessing services and advice on these issues?

3. Why is this case?

4. A. What is the government's response to this?
   B. Local government's response?

5. What else can be done by the charitable sector and others?

6. Can you refer me to any relevant documents/policy on these topics?

Appendices 4 questionnaire for Swahili Women

The questionnaire will examine some of the barriers faced by Swahili women from accessing information on HIV and personal and career development trainings in the London borough of Islington. We hope to identify women's needs and then try and explore how these needs can be met.

We promise this will be kept confidential.

Please tick one answer from each question that applies to you

<u>HIV</u>

1. A How confident would you say you are in understanding HIV

(i) Very confident ☐ (ii) quite confident ☐ (iii) not confident ☐

B Do you feel you have adequate access to information on HIV?

No ☐, Yes ☐

2. A. How do you access information on HIV

(i) Friends ☐ (ii) doctor ☐ (iii) internet ☐ (iv) trainings ☐ (v) health centre ☐ (vi) religious group ☐, (viii) other please specify………………………………………………………………………………………………
……………………………………………………………………...........

B. Are you aware of the Health services or community organisations that provide information on HIV?   No ☐, Yes ☐

If yes, what services have you been able to access?

(i) GP (ii) health clinic, (iii) support groups (v) HIV charities (vi) Other please specify………………………………………………………………………...........

3. Do you have problems in accessing information on HIV? No ☐, Yes ☐ If Yes, what are they?

(a) Language barriers ☐   (b) lack of specific services available for Swahili women in the community. e.g. Swahili speaking women only organisation, information in Swahili language ☐   (c) lack of awareness about the groups that provide these information in the community ☐   (d) Financial barriers ☐, (e) Other please specify
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4. What do you think the effects will be of not accessing adequate HIV information and services? What do you think the effects will be of not accessing adequate HIV information and services?

(a)Lack of knowledge of the current situation of HIV in your community ☐

(b)Lack of knowledge of dangers and consequences of HIV ☐

(c)Lack of understanding of the causes and spread of HIV ☐

(d)Lack of understanding of HIV services in the community ☐

Personal Development Training

5.   Do you find it easy to access personal and professional training opportunities in the UK?   No ☐ Yes ☐

If yes how often do you attend professional development-type training e.g. IT Language, etc. ; personal development training e.g. finance, parenting trainings, etc.
(A) professional development training (i) frequently (at least once a month) (ii) sometimes (a few times a year) (iii) rarely (IV) never

(B)   Personal (i) frequently (at least once a month) (ii) sometimes (a few times a year) (iii) rarely (IV) never

6. A. How do you find out about training opportunities?

(a) Friends ☐   (b) library ☐   (c) other, please specify………………………………………………………………………

B. Where do you go to access these trainings?

(a) College ☐ (b) your children's school ☐ (b) community ☐ (c)   other ☐ please specify
………………………………………………………………………...........

7. Do you have problems in accessing trainings? No ☐, Yes ☐ if yes , what are they? Please tick boxes that applies to you

(a) Child care problem ☐ (b) language barrier ☐ (c) culture barrier ☐ (d) lack of the service available for Swahili women   (e) work commitments (f) low level of education (g) low level of education (f) transport issues (g) transport issues (h) not aware of them (I) Other, please specify financial barrier, cultural barrier, work commitments, low level of education, transport issues, not aware of them

……………………………………………………………………………………………………
……………………………………………………………………………

8. Do you know of any organisation that provides these types of services in Islington? (a)   No ☐   (b) Yes ☐ Please mention organisation name…………………………………………………………………...........

9. A. For you, what are the issues of not been able to access training, both personal and professional?

- lack of integration into community
- lack of understanding of UK systems and services
- lack of access to employment opportunities
- lack of personal fulfilment and progression
- unable to support family, especially children
- Other…

B. What kind of personal development training, HIV information and other needs do   you have or want us to provide you with? Please mention your needs below
……………………………………………………………………………………………………
……………………………………………………………………………………....

Thank you for your cooperation

AFRICA RELIEF SUPPORT PROJECT (ARSP) 6-9 Manor Gardens Centre,
Manor Gardens, London N7 6LA, Tel: 0207 2723882; email: arspltd@gmail.com
Company Register No: 07245296

Appendices 5 Consent information form sheet

Study title:

To explore some of the barriers Swahili women face from accessing information on HIV, Career and personal development training in the London borough of Islington

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

The purpose of the study

The purpose of the study is to: establish what the HIV and personal and career development training need of Swahili women in Islington; identify weather there are organisations that provide these services for Swahili women in Islington; highlight the barriers from accessing information on HIV and trainings among the Swahili women; to identify what efforts are being made by the government to address the issue of barriers to information.

The study will last for 30 minutes - 1 hour - for face to face interview; 1:30 – 2 hours for focus group.

You are invited to take part because you are Swahili women and live in Islington, and this research is for Swahili women.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason'.

You will be asked questions regarding the research topic. You are also free to add any relevant information that you may have. The discussion will last for 1:30 – 2:00 hours.

All information collected about the individual will be kept strictly confidential (subject to legal limitations). To insure confidentiality, privacy and anonymity in the collection, storage and publication of research material individuals' names are not going to be used. Data collected in the course of research will be kept electronically in a safe area with a code and discarded within five years.

The research study will be used to identify women's needs and then try and explore how these needs can be met

This report will be used as evidence of the barriers faced by Swahili women in accessing information and try to find a way of resolving the problems.

Contact for Further Information:
Salna Abdallah; mob no: 07949476913
Salnaabdallah@yahoo.co.uk

Thank you for taking time to read the information sheet.

Date: 22/01 /2012

AFRICA RELIEF SUPPORT PROJECT (ARSP) 6-9 Manor Gardens Centre,
Manor Gardens, London N7 6LA, Tel: 0207 2723882; email: arspltd@gmail.com
Company Register No: 07245296

Appendices: 6 Consent form

Project title:

To explore some of the barriers Swahili women faced from accessing information on HIV, personal and career development trainings

Name, position and contact address of Researcher: Salna Abdallah. Secretary Africa Relief Support Project; Mob: 07949476913 Email: arspltd@gmail.com or salnarajabu@yahoo.co.uk

Please tick boxes to confirm

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

3. I agree to take part in the above study.

	Yes	No
4. I agree to the interview / focus group / consultation being audio recorded	☐	☐
5. I agree to the interview / focus group / consultation being video recorded	☐	☐
6. I agree to the use of anonymised quotes in publications	☐	☐
7. I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research.	☐	☐

Name of Participant   Date   Signature

_____   _____   _____

_____   _____   _____

Name of Researcher   Date   Signature