



Cervical screening communications for young Māori, Pacific and Asian women

Key findings and implications

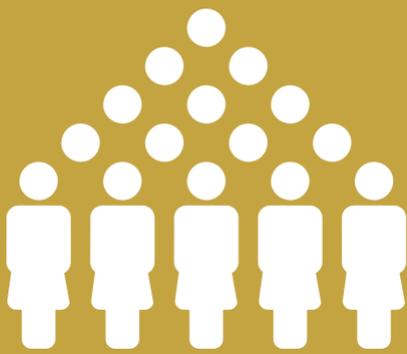
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ALLEN+CLARKE

KEY FINDINGS

Insufficient provision of information on cervical screening



Insufficient provision of necessary information contributed to a **lack of understanding** and **confusion**. This was one of the most **significant barriers** for young Māori, Pacific and Asian women.

Most young women felt they did not have the **necessary information** to give informed **consent**, including young women **did not know** why it was important to be **screened**.

The combination of lack of **information, misinformation** and **confusion** suggests health practitioners and providers should not assume young women have a good understanding of their bodies and cervical health needs.

Young women want cervical health talk to be normalised



Not living in an environment in which cervical health is discussed **openly**, contributed to the young women's **lack of understanding** about cervical health.

Feeling uncomfortable talking about cervical health meant these young women experienced **shyness** and **embarrassment** when trying to gather information.

All the young women expressed a desire for cervical health 'talk' to be **normalised**.

Young women need to feel sufficiently prepared, mentally and logistically, to engage in screening



There are a range of mental, physical and **logistical challenges** that the young women needed to work through to attend a cervical screening appointment.

Cost and transport are the most significant logistical challenges to attending an appointment.

Addressing these challenges could **increase engagement** rates in the programme for young Māori, Pacific and Asian women.

Experiences of the health system is important



Negative screening experiences **reduce** young women's willingness to **engage** and remain engaged in the programme.

Trust in the New Zealand health system needs to be **built**, especially with young Asian women, if engagement in the programme is **likely to improve**.

Young Māori, Pacific and Asian women need **positive experiences**, as defined by them.

Representation is crucial



All of the women wanted to see themselves **reflected** back at them in **publicity** and **education materials**.

They wanted to see:
Young like me
Looks like me
Dresses like me
Talks like me
Same interests as me
Then I know it's about me

Multi-level approach needed



There is no one size fits all, rather there needs to be a multi-level, **no wrong door**, approach to information.

Information needs to be provided where they are. For young wāhine Māori **building relationships** is important.

Popular approaches for receiving information included **social media**, campaigns and advertisements on TV, YouTube, and Facebook.

Information needs to be simple and relatable



Both Māori and Pacific young women preferred more **direct text, visual approaches** and a **relationship based** approach.

Information needs to provide an outline of the entire process, choices you can make, explain the **costs, risks** and **benefits**.

Care needs to be taken in the **extent risks** and **benefits** are **explained**.

Provide variety of options to get questions answered



Preferences included searching Google, **frequently asked questions**,

online chat, someone at GP surgery.

Implication is that promotional material needs to both **reflect** the women and **meet them** where they are.

EXECUTIVE SUMMARY

The Ministry of Health (the Ministry) is preparing to change the age to start cervical screening from 20 to 25 years of age. A key focus of this change is to continue to improve equitable access to cervical screening for Māori, Pacific and Asian women.

Approach

Allen and Clarke was commissioned by the Ministry to identify effective approaches to communicate with young Māori, Pacific and Asian women about participating in the National Cervical Screening Programme (the Programme). A two-phase exploratory research project was undertaken, the first component was a rapid literature review.

A total of nine focus groups were held across New Zealand, three groups each for Māori, Pacific and Asian women aged 20 to 30 years. Key themes from the literature review were used to inform the questions at the focus groups with a view to testing their applicability specifically for young Māori, Pacific and Asian women. The key areas explored in the focus groups included:

- challenges to engaging in organised cervical screening;
- effective communication methods for informing young women about cervical screening;
- preferences for accessing and receiving information; and
- how to make a difference and engage young women in organised cervical screening.

All the focus group findings were in line with the literature review. Broadly, the findings identified key barriers young Māori, Pacific and Asian women experience when engaging in organised cervical screening, the impact of these barriers and preferences on the approach to communication about cervical screening. The findings also highlighted key areas the Ministry could consider changing in their approach to engaging young Māori, Pacific and Asian women and encouraging participation in the Programme.

Key findings

Insufficient provision of information on cervical screening

Findings from the focus groups indicated that a lack of health literacy and knowledge about cervical cancer, cervical screening and cervical health was a major barrier for getting young women to engage in the Programme. Insufficient provision of necessary information was a significant factor in the lack of knowledge, misinformation and confusion among the young women. This was particularly the case for those young women who had never been screened. Most of these women had heard that the screening procedure was painful, which had left them with an expectation that they would have a similar experience. This, along with insufficient understanding of the importance of being screened, contributed to expressions of unwillingness to engage in the Programme. Moreover, most of the young women felt that they did not have the necessary information to give informed consent to be screened.

Young women want cervical health talk to be normalised

Findings from the focus groups indicated that the link between cervical cancer, sexuality and sex has made the subject of cervical screening taboo and as a result was not to be talked about. This

was especially the case if young women were not married and lived in communities where sex before marriage was discouraged. Not discussing cervical health and screening contributed to the lack of young women's understanding and a sense of shyness and embarrassment about making open attempts to gain information. There was a strong emphasis on normalising the topic of cervical screening, with suggestions that a media campaign could raise awareness and help enable necessary conversations with and between young women.

Young women need to feel sufficiently prepared, mentally and logistically, to engage in screening

Findings from focus groups showed that there were a range of logistical accessibility issues that acted as barriers to the young women engaging in the Programme. Cost and transport were particularly significant challenges for the young women. There was general consensus that making cervical screening free both at GP surgeries and health clinics would help improve participation rates. The young women made a range of suggestions including providing transport or bringing screening to them, providing out-of-hours, early morning or weekend appointments and making it into a social occasion with food so that the experience was more relaxed.

Experiences of the health system is important

Findings from the focus groups showed at a service provision level negative experiences of the New Zealand health system either in connection to cervical screening or more broadly contributed to a reluctance to engage in the Programme. A strong theme among young Asian women was a lack of trust in the New Zealand health system. Across the focus groups, some young women shared negative screening experiences, including feeling pain, not being adequately talked through the process and opportunistic screening which left them feeling like a tick-box exercise. A positive screening experience was defined as having someone to talk them through the process, being gentle, using lubrication, having a sense of humour and understanding their needs. Additionally, some young Māori and Pacific women wanted to attend in a group with other family members as this would create an opportunity to support each other.

Young women need to see themselves represented in promotions

Findings from the focus groups highlighted that all the young women wanted to see themselves represented in promotional material. This signalled that the information concerned them. However, there was some diversity among the young women's preferences with some young women wanting to see only their ethnic group and others wanting broader representation. Moreover, young Māori and Pacific women placed importance on a whānau approach, including men and children, rather than individual well-being.

Multi-level approach to cervical screening communication is needed

Findings from the focus group indicated that a multi-level approach to providing information was needed; there was no one-size fits all. This meant that there needed to be varying levels of information (from high level to more detailed information) provided across a range of platforms. Recommended options for receiving information included social media platforms such as Instagram, Facebook and WeChat, campaigns and advertisements which could be shown on television, YouTube, Facebook and GP surgeries. All the young women wanted people they could relate to, were role models and that came from their community appearing in campaigns and advertisements. In addition, there was general agreement that a cervical screening awareness week or day could be effective in raising awareness. For promoting that it was time to be screened, the young women preferred text or email over receiving a letter or telephone call.

Information about cervical screening needs to be simple and relatable

The literature review provided limited insight to determine the most effective information and messages to encourage engagement in screening. Although there were some indications that explanations of the value of cervical screening could be motivating. Findings from the focus groups showed that information about cervical screening needed to be in everyday language, simple and relatable. Key information that needed to be provided included a step-by-step explanation of the process and how to access a provider, screening options, the risks involved (including the procedure) and the benefits of being screened. Most of the young women could not relate to a risk of dying from cervical screening, however, a risk of potentially losing the ability to have a baby resonated. A strong theme was the need for testimonials of other women's experiences, particularly from role models in their community. For many Asian women, written material needed to be provided in their own language. This made the information more accessible and was considered a more inclusive approach.

Different strategies to answer young women's question is needed

Focus group findings showed that young women had a variety of preferences when seeking information to answer questions. A reoccurring theme was that information needed to come from a trusted source. Preferred approaches included Google, Frequently Asked Questions, online chat, provision of weblinks, health practitioners and members of their community.

Conclusion

Young Māori, Pacific and Asian women encountered a range of barriers which reduced the likelihood of their participation in the Programme. The most significant barriers were insufficient provision of information, cervical health not being discussed openly, cost, transport and negative service provision experiences. There are a range of changes that could help reduce these barriers, including:

- health practitioners and providers providing young women with more education about their bodies, cervical health, the need to be screened and the choices the young women can make;
- cervical health talk being normalised through increased publicity;
- service provision of the Programme being changed (e.g., making screening free, providing transport options and offering a wider range of appointment times); and
- young Māori, Pacific and Asian women being given a positive experience as defined by them.

For communication, a multi-level approach is required to improve the Programme's accessibility and support increased uptake of cervical screening. This includes:

- making the intended audience clear by representing the young women in images, such as age, ethnicity and using a whānau approach;
- providing information through social media, campaigns and advertisements. Role models from the young women's communities need to be used;
- using everyday language, making information succinct and relatable; and
- making a variety of trustworthy options available to answer young women's questions.