

Recruitment of Women from a Culturally and Linguistically Diverse Background

**Arabic, Cantonese, Mandarin,
Korean and Spanish
speaking women**

Acknowledgments

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The Program especially extends its thanks to all the women who participated.

Members of the project management team are listed at Appendix 1.

Executive Summary

This report outlines the NSW Cervical Screening Program's communication campaign aimed at women from non-English speaking background, targeting Arabic, Chinese, Korean, Spanish and Vietnamese speaking women.

The communication strategy consisted of interviews, community announcements and advertisements placed in the electronic and print media. It was developed from information obtained through focus groups conducted with women from each language group. The information identified potential barriers/deterrents to screening compliance, and these issues were incorporated into the development of the campaign. The project was piloted with Vietnamese speaking women in 1998. Evaluation of the Vietnamese campaign indicated that the communication strategy was successful in reaching its target audience. On this basis the campaign for Arabic, Chinese and Korean and Spanish speaking women proceeded in October 1999 using the same format as the Vietnamese campaign.

The communication strategy had the following aims:

- To encourage and motivate women to have a Pap test
- To promote awareness of the two-yearly screening message.
- To increase screening rates.

The communication strategy consisted of three major components:

- Print media (newspaper advertisements and editorials)
- Electronic media (radio interviews, advertisements and community announcements on radio)
- Enquiry lines with bilingual staff in each language for women to phone for more information and referrals.

The key messages promoted in the campaign were:

- Up to 90% of the most common type of cancer of the cervix may be prevented if early cell changes are detected and treated.
- A Pap test minimises the risk of developing cancer of the cervix by identifying abnormal changes of the cervix.
- The majority of such changes will not develop into cervical cancer.
- Three out of four women who develop cancer of the cervix each year have not had a Pap test every two years.
- Pap tests every two years are the best protection against cancer of the cervix.

Evaluation was conducted of the Chinese (Cantonese and Mandarin), and Spanish components of the campaign. This involved repeated cross-sectional pre- and post-campaign telephone interview surveys of 269 Spanish-speaking women and 422 Chinese women aged 18 to 70 years. Approximately 42.2% of respondents surveyed after the campaign could recall without prompting a message relating to Pap tests, compared to 20.9% before the campaign. Overall the results indicate the campaign was successful in meeting its aims of reaching the target audience and promoting awareness of the two-yearly screening message. However, there was no evidence that changes in screening behaviours resulted from the campaign.

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Introduction

The NSW Cervical Screening Program is a jointly funded Commonwealth State Initiative that aims to reduce the incidence of morbidity and mortality due to cervical cancer. Currently in its second phase the Program is managed by Western Sydney Area Health Service through a funding and performance Agreement with NSW Health. The agreement, which commenced in May 1996, is for the implementation of a statewide Program that meets the aims and objectives specified by the Commonwealth and State. The Program aims to achieve this by encouraging women to have a regular biennial Pap test.

To ensure that significant progress is made towards achieving the stated aims, the Program has developed and implemented a Recruitment Plan which details a number of strategies to increase screening rates in women of NSW. A major component of the Recruitment Plan is a communication strategy, aimed at informing women of the key messages of the benefits of regular Pap tests.

To extend the commitment to non-English speakers the program engaged the NSW Multicultural Health Communication Service (Multicultural Communication) to conduct a media campaign for women in the Arabic, Cantonese, Korean, Mandarin, Spanish and Vietnamese speaking communities. These languages were selected on the basis of population, incidence of cervical cancer and English language proficiency. The Vietnamese campaign ran as a pilot in November to December 1998 followed by the other five languages in November 1999.

The communication strategy was developed from information obtained through focus groups of women from each language group. The information gained from the focus groups identified potential barriers/deterrents to screening compliance, and these issues were incorporated into the development of the campaign.

The communication strategy was evaluated using pre- and post-intervention telephone surveys of Chinese and Spanish-speaking women to determine if the strategy was successful in reaching its target audience and promoting awareness of its messages. The pre-and post-survey samples were not the same individuals.

Background

Reproductive health and women's cancers have been identified as two key health issues for many Non-English Speaking Background (NESB) women. Elevated incidences of obstetric complications and cervical cancer among some NESB women exist, and there is evidence that NESB attendance rates at prenatal classes, postnatal classes and cancer screening programs is markedly lower than those of women born in Australia¹.

In Australia, NESB women are reported to have lower screening rates than women of English speaking background, with women of southern European and Asian backgrounds having the lowest rates overall². Several Australian studies investigating barriers to NESB women participating in Pap screening suggest that they face barriers similar to those of Anglo-Australian women^{3,4,5,6,7}. A study investigating patterns of screening across socio-demographic groups in NSW and the ACT found that screening rates were lowest among women living in areas with the highest proportions of non-English speakers and the lowest socioeconomic status. For NESB women, rates tended to increase with socioeconomic status; at least 15% more NESB from high socioeconomic groups had had a recent smear than those in low socioeconomic status groups. English speaking women of low socioeconomic status generally had Pap rates at least 10%, and up to 30%, higher than non-English speaking women of similar socioeconomic status⁸.

In addition, two studies focusing on Arabic speaking and Vietnamese speaking women and women of Italian and Macedonian background also suggest that specific cultural beliefs and practices influence their decisions^{9,10,11}. Women's lack of knowledge and misconceptions of cancer screening often cause delays in diagnosis and treatment¹². Some members of minority ethnic populations find it difficult to comprehend the concept of screening apparently well women for the detection of disease as it is outside traditional health and healing practices¹³.

When utilising health services NESB women experience barriers similar to Anglo-Saxon women, especially those of low socio-economic status. In addition they face linguistic, cultural and religious barriers¹⁴. The majority of health care services are characterised by western concepts and practices within the medical model. This can result in a system which appears to be indifferent to the values, help-seeking behaviours, treatment goals, problem solving methods and communication styles of ethnic communities¹⁵.

Other factors which impact on screening rates of immigrant women include cost, knowledge and understanding of the disease, motivation for prevention, the importance that women give to the health of their children and family, as against their own health, the taboos on the discussion of sexual matters, and on gynaecological examination by doctors in some cultures.

In 1991 the National Cervical Cancer Screening Evaluation Steering Committee identified NESB women as warranting specific attention for action due to their low screening rates¹⁶. The New South Wales Cervical Screening Program in its *Strategic Directions 1996-1999* identified the need to develop strategies to reach NESB women.

Elements of successful media campaigns

In order to conduct a successful communication campaign for populations of non-English speaking backgrounds in Australia, the messages need to be culturally appropriate. Key factors in determining participation by female populations in programs to prevent cervical cancer are: awareness of the risk of acquiring the disease and knowledge of the important function of the test in detecting pre-cancerous lesions. These factors are in turn dependent on the efficient dissemination of information regarding the prevention of cervical cancer, bearing in mind its relevance to specific social groups¹⁷. Increased compliance with the recommended health service/treatment will depend on improved health knowledge and satisfaction of user expectations. In other words, a well informed, satisfied patient would have a greater incentive to seek care when she again perceives the need to do so¹⁸.

Best practice entails: gaining detailed understanding of the issues for the particular community, its cultural values and probable responses to the issues raised, then developing the specific strategies and messages that can address individuals within those communities¹⁹. Although it is generally felt that the mass media constitute the basic mechanism for information dissemination, other interpersonal communications media also play a significant role as they have a profound impact on the ideas, behaviours, and attitudes of individuals, families, groups, and social classes. It is not only the factual material but also the psychological and emotional content of messages that have potential to increase the demand for Pap testing²⁰.

An advantage of the mass media is that they simultaneously reach large numbers of individuals who are both distant from the source and distant from each other. Radio and television achieve this result more completely than do the printed media, as reading takes place in heterogeneous situations and circumstances. In addition, delivery of the same message simultaneously to a large audience leads to increased consistency in its interpretation²¹. Dissemination through natural networks that customarily exist in the community is another form of message dissemination. Evaluation of media campaigns for changing health behaviour suggest that although mass media alone may have little effect on behaviour, media campaigns combined with other strategies can result in behaviour change²². "It is the use of community networks both formal and informal that can be utilised to motivate recipients by providing involvement, participation and ownership of the message"²³. The most successful promotional campaigns are those which use a combination of media²⁴.

The evidence suggests that mass communication has an important role in influencing the use of health care interventions when the design of the campaign includes^{25, 26, 27}.

- Formative research
- Clear understanding of the topic to be communicated
- Skilled personnel
- Understanding of the audience
- Targeting of the message
- Reference to interpersonal and peer influences
- Maximising contact with the message

- The use of multiple channels
- The use of a credible source or spokesperson
- Setting realistic goals
- Providing environmental supports for change

Methodology

Pilot Project

The development of the campaign for Arabic, Cantonese, Korean, Mandarin and Spanish women, was modelled on the pilot project conducted for Vietnamese women in 1998. The pilot project with Vietnamese women included the establishment of an advisory group to support and direct the process of developing and implementing the communication strategies. This process included focus groups with five diverse groups of Vietnamese-speaking women used to inform the intervention.

Focus groups were asked to consider what they knew about Pap tests; what stopped them from getting a Pap test; and what messages they would like to hear when talking about Pap tests.

Some of the barriers identified by focus group members included the fact that Pap tests were painful and embarrassing, that they could lead to infection if the instruments were not properly sterilised, and that they were no longer required if a woman was a widow.

Focus group members felt any media campaign must include messages on the need for husbands to encourage wives to have Pap tests; that include women who are widowed and divorced; and that suggest that having a Pap test promotes a “happy family”.

In light of the focus group findings it was decided that the most appropriate format for conveying the Pap test messages on radio were small vignettes that addressed a specific message for different target groups, e.g. older women, younger women, husbands. A scriptwriter was drawn from the advisory group and three separate vignettes were developed together with a straightforward statement about Pap test issues. Three different quarter page advertisements were also developed for placement in Vietnamese newspapers. Placement of advertisements in both radio and press were made in consultation with the advisory committee.

The pilot campaign was evaluated with a pre- and post-intervention phone survey, using a random selection from the white pages of 300 households at pre-test and 300 different households at post-test – a repeated cross-sectional study design. Women 18-70 years of age were interviewed using the Kish grid selection process. The questionnaire measured knowledge of the message content of ads, media recall and action as a result of the campaign.

The evaluation of the Vietnamese pilot project suggested that the intervention had a small but significant positive impact. The percentage that recalled a Pap test health message increased pre to post significantly from 46% to 55% ($\chi^2=5.77$, $p<0.02$). This was also demonstrated in a 20% increase in the recall of the message “Pap tests every 2 years save your life” (45% at pre-test and 65% at post-test). In terms of action taken as a result of hearing the Pap test messages, there was no statistically significant difference in the proportion of women who said they took some action pre-and post-campaign. Similarly,

there were no significant differences between pre-and post-survey in women's knowledge of Pap tests. The most effective sources of Pap test information reported were Vietnamese radio and newspaper, and Vietnamese speaking doctor.

Based on these results the decision was taken to proceed with developing the communication strategy for Arabic, Cantonese, Korean, Mandarin and Spanish speakers according to the model developed in the Vietnamese pilot.

Advisory Committees

To steer the development of media campaigns, Advisory Committees were established for each language group. Membership included key community members, same language speaking health professionals and Area Health Service Coordinators who indicated they would assist and advise in planning local initiatives in that language. The terms of reference and responsibilities for the Advisory Committee's were to:

- Advise on adapting the key messages used for the English campaign, to ensure cultural appropriateness
- Advise on the development of culturally appropriate scripts for use in radio advertising
- Advise on the development of culturally appropriate advertisements for print media
- Provide advice on the types of media to use
- Advise on medically or suitably qualified spokesperson/s to answer media inquiries for the duration of the campaign
- Advise on appropriateness of terms and language style
- Advise on graphics
- Assist with checking translation of the materials including questionnaires
- Advise on the overall ability of the specific piece to convey the key messages to the reader or listener.

Focus Groups

Focus groups were conducted to obtain the spontaneous views of the women in each community on cervical cancer and screening, focusing on attitudes to screening, their experiences of cervical screening, and their knowledge and beliefs about cervical screening. This qualitative data was collected to inform the content and development of the media strategy. The focus groups aims were to¹²:

1. Explore the issues that motivate, or barriers which contribute to the level of screening
2. Identify the level of knowledge about Pap testing and cervical cancer within the target group
3. Provide suggestions in regards to the development of the media strategy

Participants aged between 18–70 years, preferably with poor English language proficiency were recruited through the facilitators to the group discussions (Table 1).

Table 1: Profile of Focus groups

Language	Location	Participants	Group type	No's
Arabic	Auburn	General	Existing group	6
Arabic	Lakemba	General	Existing group	6
Arabic	Bankstown	General	New group	6
Chinese	Zetland	Health professionals	New group	
Mandarin	Canterbury	Women with children 7+ years	Existing group	7
Cantonese	Crows Nest	Recent arrivals-within last 18 months	New group	4
Mandarin	Baulkham Hills	Long term residents-5+ years	New group	8
Mandarin	Campsie	Unmarried mothers	New group	6
Cantonese	Canterbury	Women with children 1-6 years	New group	8
Korean	Punchbowl	General	New group	6
Korean	Zetland	General	New group	6
Korean	Chatswood	General	New group	6
Spanish	Botany	Community group Aged 50+	Existing group	10
Spanish	Warilla	General	New group	6
Spanish	Liverpool	Aged 20-68 years	Existing group	5

Focus group questions

The discussion groups were informal and guided by the list of issues identified in the previous sections and approved by the project committee (Appendix 3). As in the pilot project, participants in the groups were asked to consider:

- What they knew about Pap tests;
- What stopped them from having a Pap test
- What messages they would like to hear in discussions about Pap tests in the media.

Themes to emerge from Focus Group discussions

Arabic

Most women had reasonable knowledge about Pap tests. This included having a Pap test every two years, what the procedure entailed and that it was necessary if a woman was ever sexually active.

“every woman has to do it every two years...”

Embarrassment in attending male health practitioners often coupled with the opinion that some males are rough when they do the tests, underlined the preference for a female health practitioner.

“Females know what a woman has to go through and often take more time to relax the woman, to talk her through the procedure”.

Priority was also an issue - some Arabic-speaking women said:

“younger women tended to neglect themselves, putting off important health issues to look after their husbands or family.”

Mention was made of fidelity, that husbands could feel threatened if their wife was having women's health testing. For some women they would probably not wish to “displease” their husbands.

Korean

Some of the older women had had hysterectomies and believed that for them and other older women after menopause that they no longer needed to have Pap Tests. They also lacked knowledge precisely about where the cervix is located.

Participants said that language was a barrier and that having health practitioners who spoke Korean would be an advantage. Being able to attend clinics with friends or in groups would also be helpful. Some of the women expressed “shyness” about showing their private parts to a male doctor, especially when there was “nothing wrong” and “no symptoms”. Some of the women said that doctors are busy people and do not wish to trouble them. There was discussion that for Korean women this was not a topic of open discussion even between friends, it is private.

An important factor for some women attending was cost. Overseas many women had paid AU\$100.00 for a Pap test. Most of those attending the Korean focus groups did not know that Pap Tests are available free of charge in Australia.

“..do not know if we have to pay....what about students... young women... overseas Pap Tests are expensive...”

Mandarin and Cantonese

In the Mandarin-and Cantonese-speaking focus groups knowledge of what a Pap test is was very reasonable. But there was some general questioning from the groups around why there is the two year time frame for screening and the mechanics of the procedure “digital probing, metal or wooden instrument”.

Lack of access to Mandarin-or Cantonese-speaking female health practitioners for regular Pap Tests was mentioned by participants. Women who regularly returned to their country of birth said they made appointments with “specialists” to have regular Pap Tests there. Concern was expressed that:

“here in Australia the test was not done by specialists, so how could the test be accurate or professional”

There was a lack of knowledge among participants about the actual procedure, and embarrassment about their bodies due culture, age or lack of knowledge,. Some participants considered the Pap test a “very painful” procedure. There was also the notion that one should only attend for medical examination when “something was wrong”. Older women thought that younger women would neglect themselves due to their commitment to families. Nearly all women had experienced difficulty with service provision in one or more of the following terms:

- waiting for long periods at appointments when they do not feel sick
- not hearing back about results and/or afraid to ring for results if the health provider does not speak Mandarin or Cantonese in case there was bad news
- racism by service providers, mainly General Practitioners

Spanish

Most women attending the Spanish-speaking Focus Groups had accurate knowledge on the importance, frequency and procedures associated with Pap tests in Australia. Many of the women, of across ages, had experienced racism and what they felt to be discrimination by health practitioners, both male and female.

“...the nurse was rude and racist...”

“... because many of the nurses and doctors are racist... it is easy to pick up ... so it doesn't make it easier to go ...”

Women expressed the need to change the attitude of Spanish speaking men about women's sexual health.

“I feel husbands need more information about women and their reproductive health....then they can be more supportive”

All the older women attending the focus groups expressed the need to have female health practitioners. For many women of their age it was too embarrassing to attend a male doctor. Most of the women reported that overseas while the specialist was male the test was often done at the pathologists by a female and during the procedure an explanation was given.

“there is one problem however, we need to have available women doctors or health practitioners... it is less embarrassing for us”

“... he cannot feel what we feel... I would love to see a female gynaecologist ... older women will not go to see a male doctor”

Recommendations for the development of messages

Table 2: Recommendations for campaign messages made by focus group participants

<i>Recommendation</i>	<i>Language of group</i>
<i>Pap tests help prevent cancer/Health is wealth</i>	<i>Chinese</i>
<i>Tell your sisters about Pap tests, “sisters tell sisters and friends tell friends”</i>	<i>Chinese</i>
<i>Explain why the procedure must be carried out every two years</i>	<i>Chinese, Korean</i>
<i>Explain that there may be some discomfort</i>	<i>Chinese</i>
<i>Clarify what the Pap Test is for</i>	<i>Chinese</i>
<i>Reinforce that women who are or have been sexually active between the ages of 18-70 have regular Pap Tests. Use have been or are married in the wording</i>	<i>Chinese, Korean</i>
<i>That a Pap Test will protect your health and therefore protect your family. Refer to the importance of women not becoming a burden on her family by becoming ill</i>	<i>Chinese</i>
<i>Include for women an explanation of where the cervix is, i.e.: mouth/neck of the womb</i>	<i>Korean</i>
<i>Specify that it can be available for free</i>	<i>Korean</i>
<i>All women referred to the cervix as the “neck of the womb” and felt that the wording for Spanish speaking women in the ads, both print and radio must include both terms</i>	<i>Spanish</i>
<i>That not only should the ads target the women but also the men. That the Pap Test is important for women, for their health, that a Pap Test is not an STD Test</i>	<i>Arabic, Spanish</i>
<i>The message should be clear that it is only a few minutes of discomfort then they are free again for two years</i>	<i>Spanish</i>
<i>Those women who have been through menopause must not stop having Pap Tests</i>	<i>Arabic, Spanish</i>
<i>Use women in the advertising, women are more likely to pay attention</i>	<i>Arabic</i>
<i>The messages must be in Arabic, as many women can not understand English</i>	<i>Arabic</i>

The Intervention

This strategy aimed to inform the communities, not just the women themselves, of the importance of having a Pap test and to raise awareness of early detection of cervical cancer.

Characteristics of the messages

The messages to be disseminated were developed on the basis of the knowledge, attitudes, and behaviours of the community with regard to the prevention of cervical cancer, as obtained from the focus groups. The aim was to encourage a feeling of ease and a positive attitude toward participation in cervical screening, and decrease the level of anxiety related to the gynaecological examination. The usefulness of health education in reducing psychological distress and anxiety has been evaluated in previous studies. The aim was to develop messages that were clear and unambiguous about the timing and benefits of Pap tests, so as to ensure that mixed messages about screening did not result.

Focus group evidence suggested that it was essential to get across the idea that cervical cancer is not always lethal and that it is best that the lesion is diagnosed as early as possible. The belief that the word cancer is synonymous with death needed to be addressed. Key messages promoted in the campaign were:

- Promote role of husbands in supporting their wives to have Pap tests
- Early detection is synonymous with survival,
- Pap tests are free and easy to obtain
- Adherence to the two-yearly screening routine is essential.

Ethnic Radio

Two advertisements were broadcast over the three-week period (Appendix 1). All advertisements included the relevant inquiry line telephone number.

The first radio advertisement emphasised the fact. Its aim was to convey the main messages of the strategy ie.:

- A Pap test can detect changes in the neck of the womb/cervix which may lead to cervical cancer
- A Pap test is recommended every two years
- If a woman has been sexually active, and is between the ages of 18 and 70, she will need to have a Pap test

The second advertisement featured a dialogue between a husband and wife. This advertisement, aimed at both men and women, was developed in response to the women in the focus groups identifying husbands/partners as a barrier to women having a Pap test. It was hoped that this advertisement would raise the awareness of men of Pap tests, and depicted a husband being supportive of his wife having a Pap test. It aimed to emphasise to husbands the necessity of Pap tests to ensure the good health of their wives, and convey

the message that a Pap test does not imply or cast any negative aspersions on their wives or themselves. The advertisements were produced by SBS.

Ethnic Press

The strategy used two print advertisements (listed in Appendix 2).

The first advertisement was very simple and conveyed the importance of a Pap test, where to go to have one and the telephone number of the message line to obtain further information. Feedback from some of the focus groups informed us that in their home country, women expected to consult a specialist in order to have a Pap test. The print advertisements of the strategy thus sought to increase the women's awareness that there is a range of providers for Pap tests, in particular the less traditional 'women-orientated' providers such as Family Planning Association Clinics, local General Practitioners, women's health nurses or women's health centres. It was hoped that this would at least 'push' the women into taking some action, to actually attend for a screen or at least discuss the issue with a health professional or family or friends. The aim was to encourage cervical screening as a normal part of their health routine rather than a special test to detect cancer. Some of the newspaper advertisements included a photograph of 3 women.

For the Spanish component a second advertisement was developed for the Spanish language press. It consisted of a quiz for the women to complete together with the inquiry line number. It consisted of 5 questions with the answers printed upside down at the bottom of the advertisement. Women were encouraged to send in their answers to receive a free information pack.

Some of the newspapers also printed free editorials. To promote this activity additional information was provided to the media outlets including information on cervical screening and cancer, and a list of service providers for Pap Tests.

A bilingual worker was responsible for checking the newspapers for the advertisements and any other supporting material.

English Language Press

During the focus groups, participants informed us that although they could not read the local newspapers, they would often scan them. It was decided that an advertisement would be placed in publications within geographical areas where there were a large numbers of the NESB communities. The Cumberland Newsgroup was chosen since they are the largest publishers of community newspapers in NSW. The format chosen was a ½ page advertisement. The advertisement was divided into five sections. All had exactly the same factual message but in the five different languages: Arabic, Chinese, Korean, Spanish and English. Included were the respective message inquiry line numbers.

Ethnic news digest web site

The website is available to all ethnic broadcasters and informs of events occurring in NESB communities. The website appears in English and is also translated into 18 different languages. Our strategy brief was submitted and was added to the site. It was hoped that ethnic broadcasters would announce the running of this communication strategy and once again raise the profile of the campaign. A detailed listing of the media placements for both press and radio are provided in Appendices 1 and 2.

Table 3: A summary of the media placements for each language

	Press Adverts (paid)	Press Editorial (free)	Radio Adverts (paid)	Radio Community announcements (free)	Radio Interviews (free)
Arabic	36	2	72	0	0
Cantonese	33	1	123	0	7
Mandarin	33		126	0	0
Korean	27	1	12	0	0
Spanish	33	6	168	79	1

Supplementary resources for the strategy

Inquiry Lines

Bilingual workers provided non-clinical information to callers. If technical information was sought the operator had the contact details of a health worker who could answer these sorts of questions.

Table 4: Calls to Inquiry lines

	Arabic	Chinese	Korean	Spanish
No of calls	2	146	38	9
No of Information packs sent out	1	93	25	7

Information packs

When the women's calls were returned, women were asked where they had found the inquiry line number and the opportunity was taken to ask some demographic questions if the women allowed. All women were sent an information pack that contained a congratulatory note, information about cervical cancer and screening, a Cervical Screening brochure, a Pap Test Registry brochure, 'Where to go for a Pap Test' leaflet and a gift pack provided by the Cervical Screening Program. All printed material was in the target languages. The *Where to go for a Pap test* leaflet was produced by the project officers.

Media kits

Each media organisation and volunteer health worker was sent a media kit outlining the strategy and information on Pap screening and cervical cancer.

Figure 1: Callers to the Chinese inquiry lines by AHS residence

Figure 1 shows the largest numbers of calls were from residents from the Western Sydney Area Health Service followed by South Eastern Sydney.

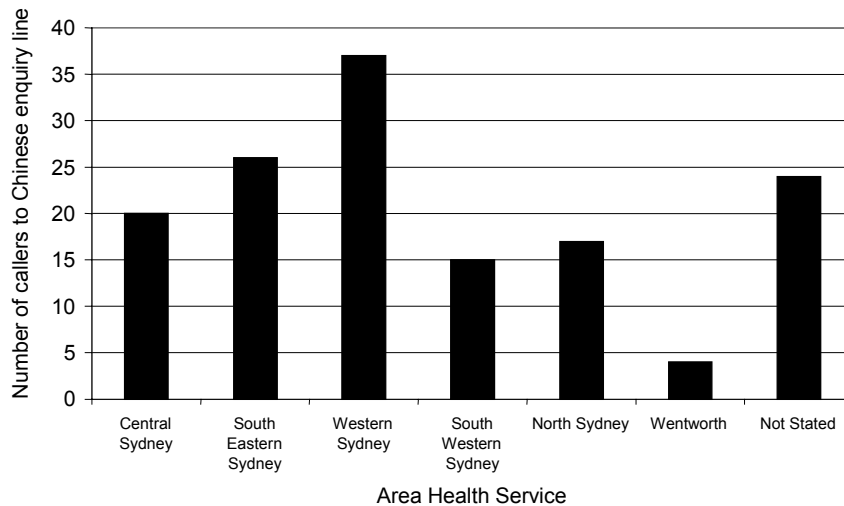
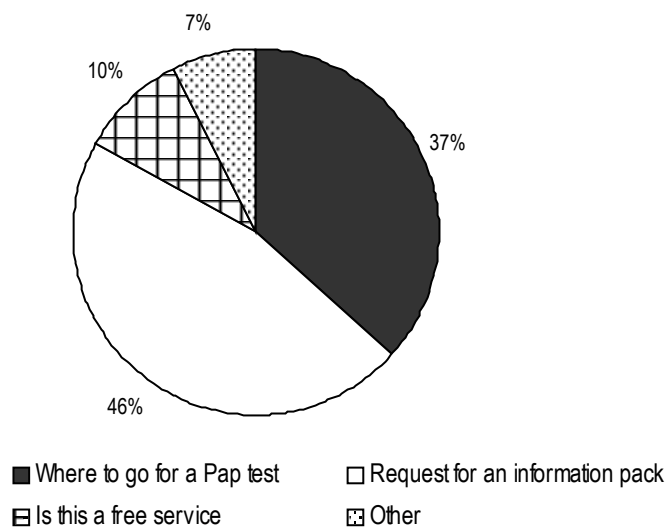


Figure 2: Information required by callers to the Chinese inquiry line

Figure 2 indicates that the most frequent reason for calling the inquiry line was to receive an information pack, with 46% (n=63) of callers in this category. The other major reason for calling was to find where to go for a Pap test 37% (n=50). Nine percent of respondents wanted to know whether Pap testing is a free service.



Pre- and Post- Intervention Surveys

The pre and post intervention surveys were confined to Cantonese, Mandarin and Spanish speakers and designed to evaluate:

- How successful the communication strategy was in reaching Cantonese, Mandarin and Spanish speaking women aged 18-70 years
- How successful the communication strategy was in promoting the key messages to Cantonese, Mandarin and Spanish speaking women aged 18-70 years
- How relevant the messages in the strategy were to under-screened Cantonese, Mandarin and Spanish speaking women aged 18-70 years
- The impact the strategy had on screening behaviour with Cantonese, Mandarin and Spanish speaking women aged 18-70 years

The pre-intervention survey was conducted in the three weeks prior to the delivery of the communication strategy and the post-intervention survey in the three week period that followed. All interviews were conducted by bilingual interviewers by telephone.

Questionnaire

The questionnaire was adapted from the Vietnamese survey, which in turn was adapted from a questionnaire previously used by Central Sydney Area Health Service in surveying women from the Chinese community. The survey asked questions about recall of campaign messages, screening history, and knowledge and attitudes towards cervical screening. Social and demographic data were collected, including information on English language proficiency.

The Chinese and Spanish advisory committees reviewed the questionnaire and amendments were made as recommended. Items on the questionnaire remained the same for both languages to allow for aggregation and comparison of the data. The questionnaire was then translated into Spanish and Chinese and back translated with a second translator to ensure accuracy (Appendix 5)

Interviewer Training

All interviewers working on the survey attended a compulsory training session. They were each provided with a training manual specific to the survey. The session provided instructions on contacting households, selecting the correct respondent, the survey protocol, the questionnaire, the snowball sampling technique (for the Spanish survey), interviewing techniques, and code of conduct for interviewers. The interviewers also completed a practical component where they took turns as both interviewer and participant.

Cantonese and Mandarin speaking sample

The electronic White Pages were randomly sampled for a list of last names defined as belonging to either Mandarin or Cantonese speakers. This was done as two separate sampling frames, one for Cantonese and one for Mandarin. For each language a list of

surnames considered to be exclusive to that language was compiled. Searches were then conducted for the surnames on each list in the electronic White Pages¹. For Mandarin surnames this generated 9,717 possible respondents and for the Cantonese surnames 3,179 possible respondents were generated.

Samples were then selected at random from the Mandarin and Cantonese lists. Sample sizes were calculated on the basis of the Vietnamese campaign which had achieved a 20% increase in recall of the message “Pap tests every 2 years save your life”. Therefore to detect an increase of 20% on recall of key campaign messages with power at 80% and 95% confidence interval the sample size required would be 98 respondents at pre-test and 98 at post-test. The sample size was then set at 480 for both Mandarin and Cantonese speaking women. This assumed a response rate in the order of 70% and that at least 50% of the numbers called would have to be removed from the sample because they were not Chinese households, were disconnected, or were fax numbers.

Eight interviewers (fluent in English, Mandarin and Cantonese) were recruited; all but one had worked on similar phone surveys previously for Multicultural Communication. Each interviewer was given a list of 120 names, which they worked through to obtain interviews as follows:

A respondent was selected from each household by asking the number of women aged between 18-70 years in the household. Each interviewer was supplied with a randomisation sheet based on the Kish grid. Depending on the number of women, the randomisation sheet directed the interviewer to speak to the eldest, the second eldest, the third eldest etc.

In order to maximise response rates a total of 6 callbacks were made to each number in order to make contact with a household. Once contact was made, up to 5 callbacks were made to speak with the correct respondent. All call attempts were recorded on a result code sheet (Appendix 4)

Chinese community radio stations were sent community announcements to publicise the survey to the community.

Spanish speaking sample

The “snowball sampling technique” was used to sample Spanish speaking women. This method was selected after it became evident that the preferred method of sampling as described above would not be suitable for Spanish speaking women, as it was not possible to identify a distinctive/unique set of last names to search the white pages which identified Spanish speakers accurately enough.

In a group such as first generation Spanish speaking immigrants who are widely dispersed geographically but relatively easily identified by each other, snowball sampling is probably the most cost-effective method of recruitment available²⁸.

Five bilingual women interviewers were recruited for the study. The selection of interviewers

was guided by our interest in obtaining a representative sample of the Spanish-speaking community in Sydney. Hence interviewers were selected to represent different sub-groups from the Spanish speaking community. The interviewer's "country of origin" was Uruguay, Chile, Spain or Argentina.

Respondents to the pre-test were asked to nominate two Spanish-speaking acquaintances who in turn were asked to nominate 3 respondents to be interviewed by telephone, and so on. The interviewers were asked to interview only women who were Spanish speaking aged between 18-70 with limited English language proficiency, residing in the Sydney metropolitan area. Family members of nominator's families were excluded from the study. For the post-test, the interviewers asked one additional acquaintance who in turn nominated 3 respondents, and so on. Additional respondents at post-test were obtained through use of the nominations from respondents not yet interviewed from the pre-test snowball. The same eligibility criteria were applied as in the pre-test.

A minimum of six calls to each nominated person was made to maximise response rates. The interviewers were to complete 25 interviews each, for both the pre-and post-test phases. All interviews were conducted in Spanish.

Spanish community radio stations were also sent community announcements to publicise the survey.

Data analysis

The data was coded by the project manager and project officer and captured in Epi Info 6, (using check). Basic frequency tables were produced by Epi Info 6. Variables of interest were cross tabulated in SAS and the continuity-adjusted Chi-square statistic applied at $p=0.05$ as the test for statistically significant differences in proportions between pre- and post-campaign respondents.

Results

The evaluation conducted for the Chinese (Cantonese and Mandarin) and Spanish components of the campaign involved pre- and post-campaign telephone interviews with 269 Spanish speaking women and 422 Chinese women aged 18 to 70 years.

Profile of Chinese sample

In the Cantonese and Mandarin survey a list of 1239 phone numbers was used to identify 669 Cantonese and Mandarin speaking households that included a female member aged 18-70 years from which 422 respondents were interviewed, representing a response rate of 63%.

Demographic characteristics of the respondents were compared with those of the Chinese population living in Sydney metropolitan area using 1996 Census figures for comparison on variables of interest (Refer Table 5).

Table 5: Comparison of demographic characteristics for Chinese women in 1999 Cervical Screening survey and the 1996 census data

	Cantonese		Mandarin	
	Pre & Post intervention Samples %	1996 Census %	Pre & Post intervention Samples %	1996 Census %
English Proficiency				
Speaks English very well	6.4	32.8	4.4	25.0
Speaks English well	34.4	32.4	23.3	35.0
Speaks English not well	42.7	22.9	60.5	29.8
Speaks English not at all	16.5	11.8	11.7	10.0
Area of Residence				
South Western Sydney Area Health Service	10.5	16.8	10.5	15.3
South Eastern Sydney Area Health Service	22.5	19.9	21.1	19.9
Western Sydney Area Health Service	22.0	19.5	19.4	16.7
Central Sydney Area Health Service	20.1	18.9	26.7	26.4
Northern Sydney Area Health Service	18.3	23.9	12.2	20.8
Other	6.4	0.8	10.0	0.6
Country of Origin				
China	52.2	31.6	88.3	63.0
Hong Kong	33.5	38.9	1.7	0.0
Malaysia	0.5	7.2	1.1	6.2
Vietnam	5.5	13.5	0.6	1.3
Other country	6.4	8.7	8.3	28.9
Age				
18-24	9.2	15.9	3.9	13.0
25-39	40.8	39.6	0.6	48.8
40-54	32.6	31.7	37.2	28.3
55-69	16.5	12.8	8.3	9.8
Missing	0.9		1.6	
Total	n=218	n=38,579	n=180	n=14,920

In terms of English literacy the Chinese sample included women with lower English proficiency than the census. Respondents reporting that they could read English “very well” (6%) or “well”

(33%) were lower in proportion compared to the census. A corresponding larger proportion of the women (44%) said they could read English “not well” and (17%) “not at all”.

In terms of relationship status the clear majority of Chinese women surveyed were married or living with a partner (83%). Separated or divorced women comprised 4% of respondents, never married 8%, and widowed 2%.

The main occupation for 37% of Chinese respondents was home duties, with 34% employed full time and 13% part time. Students comprised 5% of the group and retired women 7%.

Profile of Spanish speaking sample

The demographic characteristics of the final sample of Spanish-speaking respondents were compared with that of the Spanish speaking female population living in the Sydney metropolitan area from the 1996 Census. Variables of interest were tabulated for comparisons between the survey sample and the census (Refer Table 6).

Table 6: Comparison of demographic characteristics for Spanish speaking women in 1999 Cervical Screening survey and the 1996 census data

	Pre & Post Intervention samples (%)	1996 Census (%)
English Proficiency		
Speaks English very well	0.4	51.5
Speaks English well	21.2	28.6
Speaks English not well	65.1	15.3
Speaks English not at all	12.3	4.6
Area of Residence		
South Western Sydney Area Health Service	47.6	41.9
South Eastern Sydney Area Health Service	16.5	20.6
Western Sydney Area Health Service	24.0	15.8
Central Sydney Area Health Service	0.4	13.8
Northern Sydney Area Health Service	0.4	8.1
Country of Origin		
Chile	31.2	27.9
Spain	6.4	19.5
Uruguay	24.8	15.8
Argentina	13.9	12.0
Peru	4.1	8.6
El Salvador	8.3	4.0
Colombia	4.1	3.6
South America	0	2.5
Ecuador	2.6	2.3
Nicaragua	0.8	1.0
Bolivia	1.1	1.0
Mexico	0.4	0.8
Other (inc Central America)	1.6	0.9
Missing	0.8	0
Age		
18-24	1.9	16
25-39	23.3	32
40-54	48.1	36
55-69	26.7	15.6
Total	n=269	n=22,228

70.3% of respondents indicated that they could read English “not well” or “not at all”. As in the Chinese sample, English language proficiency of the Spanish-speaking was statistically lower than in the 1993 census. There were more Spanish speaking respondents employed part time (20%) than full time (15%). Nine percent described themselves as retired, and 5% were unable to work due to health problems. Home duties were the main occupation for 40% of Spanish speaking respondents. Unemployment was low at 2.3% of respondents while 5% of the sample were students.

Married or living with a partner was the most common marital status for Spanish speaking respondents, with 71% in this category. 18% reported that they were separated or divorced, and 9% were widowed.

In terms of length of stay in Australia for Spanish-speaking women in the survey, 2.3% had arrived less than 2 years ago, 6% between 2-5 years ago and 21% between 5-10 years ago. The majority of respondents (69%) had arrived more than 10 years ago.

Unprompted recall of Pap test related messages

To collect unprompted messages recalled women were asked “have you heard a health message since September 1999”? If they said yes, they were asked “what was it about?” In response to this question, for both Chinese and Spanish speakers, recall of Pap test related messages was higher at post campaign (42.2%) than pre-campaign (20.9%). This is highly statistically significant at $p < 0.001$ ($\chi^2_{(1)} = 35.266$) The recall rates of health messages for each of the language groups are shown in Table 7 & 8. Figure 3 & 4.

Table 7: Unprompted recall of health messages by all Chinese speakers

If you saw or heard a message what was it about	Pre-campaign		Post Campaign	
	(n)	(%)	(n)	(%)
Recalled Pap test message	31	14.2	63	30.6
Recalled other health message	33	15.1	27	13.2
No recall of health messages	154	70.6	116	56.6
Total	218	100	206	100

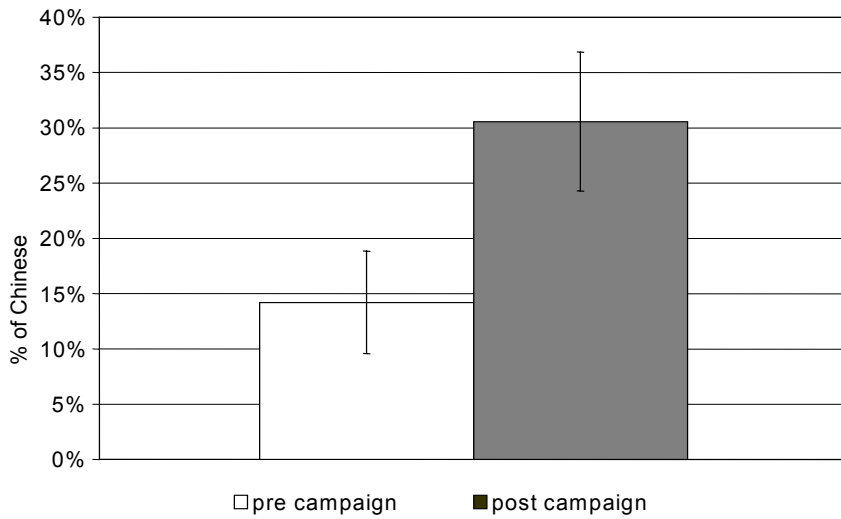


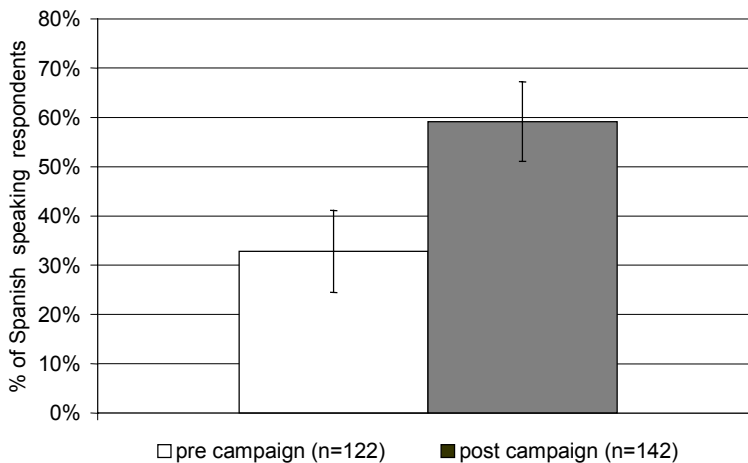
Figure 3: Unprompted recall of Pap test related messages by Chinese respondents

At the pre-campaign survey 14.2% of Chinese respondents provided unprompted recall of Pap test related messages. At post campaign testing this was higher, with 30.6% of Chinese respondents providing unprompted recall of Pap test related messages. This difference was statistically significant at $p < 0.001$, $\chi^2_{(1)} = 15.499$ (Refer Table 7, Figure 3).

Table 8 : Unprompted recall of Pap test related messages by Spanish speakers

If you saw or heard a message what was it about	Pre-campaign		Post Campaign	
	(n)	(%)	(n)	(%)
Recalled Pap test message	40	32.8	84	59.2
Recalled other health message	30	24.6	10	7.0
No recall of health messages	52	42.6	48	33.8
Total	122	100	142	100

Figure 4: Unprompted recall of Pap test related messages by Spanish speaking respondents



At the pre-campaign survey 32.8% of Spanish speaking respondents provided an unprompted recall of Pap test related messages. At post campaign testing this was higher, with 59.2% of the Spanish-speaking respondents providing unprompted recall of Pap test-related messages. This difference was statistically significant at $p < 0.001$, $\chi^2_{(1)} = 17.274$ (Refer Table 8, Figure 4).

The post-campaign excess in unprompted recall of Pap test messages by the Chinese women was evident in both the Cantonese and Mandarin speaking samples (Table 9).

Table 9: Unprompted recall of Pap test related messages by Chinese language spoken

If you saw or heard a message what was it about	Cantonese speakers				Mandarin speakers			
	Pre-campaign (n)	%	Post campaign (n)	%	Pre-campaign (n)	%	Post campaign (n)	%
Recalled Pap test message	17	16.3	38	33.3	14	15.1	24	27.6
Recalled other health message	18	17.3	16	14.0	14	15.1	11	12.6
No recall of health messages	69	66.3	60	52.6	65	69.9	52	59.7
Total	104	100	114	100	93	100	87	100

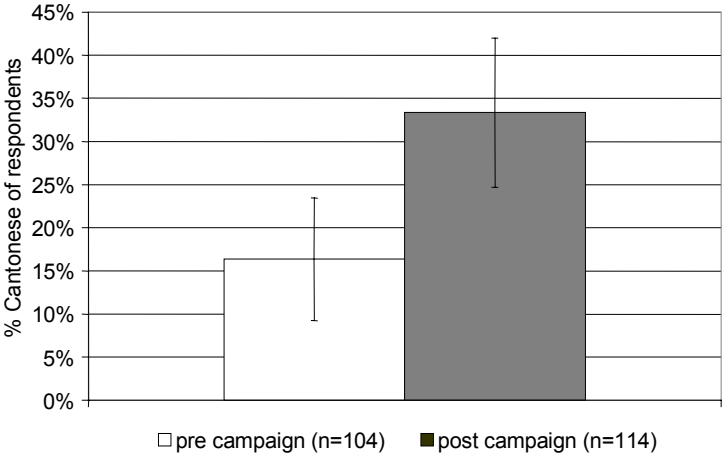


Figure 5: Unprompted recall of Pap test related messages by Cantonese speaking respondents

16.4% of Cantonese speaking women in the pre-campaign survey recalled Pap test-related messages without prompting (Figure 5). At the post campaign survey the recall was 33.3%, statistically significantly higher at $p = 0.006$, $\chi^2_{(1)} = 7.44$.

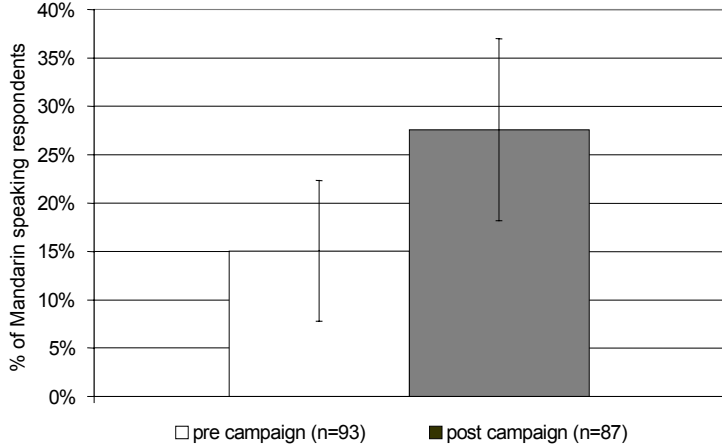


Figure 6: Unprompted recall of Pap test related messages by Mandarin speaking respondents

A higher recall of unprompted Pap test-related messages was also recorded in the post campaign survey of Mandarin speakers (Figure 6.), with 15% for the pre-campaign sample and 27.6% for the post campaign sample recalling a Pap test-related message. This was not statistically significant different $p=0.061$ $\chi^2_{(1)}=3.520$, but is suggestive of a change for want of larger respondent numbers.

Prompted recall of Campaign messages

Respondents were then asked “Can you recall hearing or seeing messages related to Pap tests or Pap smears? When the Chinese and Spanish samples are combined, 69.4% of the women recalled hearing or seeing messages related to Pap tests or smears before the campaign. Post campaign, this was higher at 79.2%. But when the Chinese and Spanish samples are compared, the higher recall is evident only in the Chinese sample post campaign (Table 10 Figure 7).

Table 10: Prompted recall of Pap test message for all Chinese respondents

Have you heard or seen a message relating to Pap tests	Pre-campaign		Post-campaign	
	(n)	(%)	(n)	(%)
Yes	144	66.6	129	76.3
No	65	30.1	38	22.5
Unsure	4	1.9	2	1.2
Missing	4	1.4	0	0
Total	216	100	169	100

Some respondents who recalled an unprompted Pap test message in the previous question were not prompted in this question at pre-test. This excluded 2 respondents at pre-test and 39 respondents at post-test.

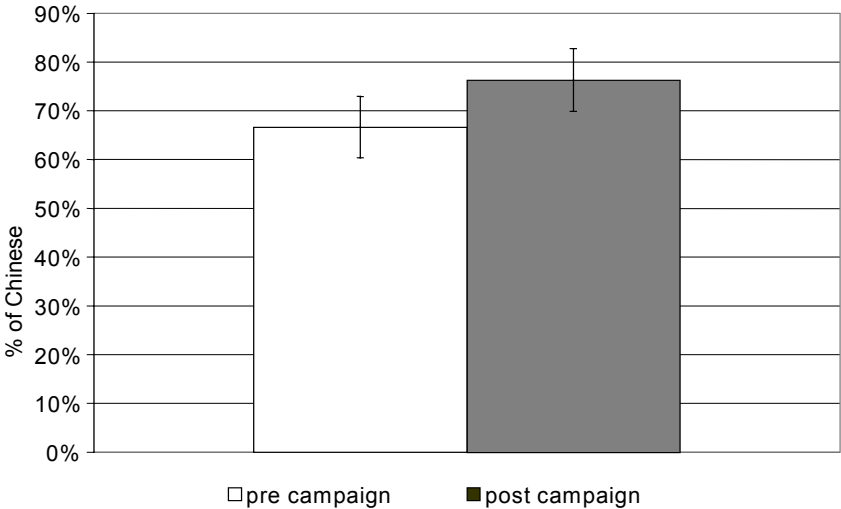


Figure 7: Prompted recall of Pap test message by Chinese respondents*

Pre-campaign, 66.7% of Chinese respondents responded affirmatively to the prompt “Can you recall hearing or seeing messages related to Pap tests or Pap smears? At post-campaign this was higher, with 76.3% of respondents responding affirmatively to the prompt.

This difference was statistically significant at $p < 0.050$ $\chi^2_{(1)} = 3.838$ (after collapsing the non-yes answer categories).

Table 11: Prompted recall of Pap test message for Spanish speaking respondents

Have you heard or seen a message relating to Pap tests	Pre-campaign		Post-campaign	
	(n)	(%)	(n)	(%)
Yes	86	74.8	88	83.8
No	26	22.6	13	12.4
Unsure	3	2.6	3	2.9
Missing	0	0	1	0.9
Total	115	100	142	100

This question was not asked of those respondents who recalled hearing a Pap test message without prompting. At pre-test 7 respondents were excluded and at post-test 37 respondents were excluded as a result.

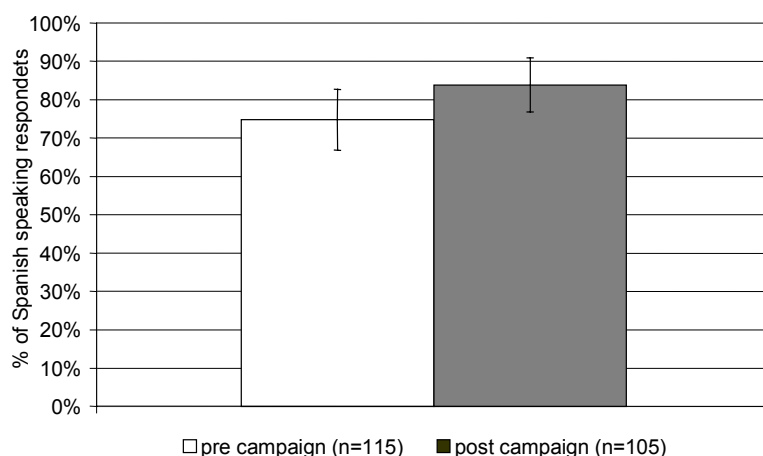


Figure 8: Prompted recall of Pap test message by Spanish speaking respondents*

Pre-campaign, 74.8% of Spanish speaking women affirmed that they could "recall seeing or hearing messages related to having Pap tests or Pap smears" (Refer Table 11, Figure 8). At post campaign the Spanish speaking sample again reported a high degree of recall, with 83.8% affirming that they could "recall seeing or hearing messages related to having Pap tests or Pap smears". But this was not statistically significant at $p = 0.139$ $\chi^2_{(1)} = 2.186$ (after collapsing the non-yes answer categories).

Table 12: Prompted recall of Pap test message by Chinese language spoken

Have you heard or seen a message relating to Pap tests	Cantonese Speakers				Mandarin speakers			
	Pre-campaign (n)	%	Post-Campaign (n)	%	Pre-campaign (n)	%	Post-campaign (n)	%
Yes	84	82.4	79	88.8	50	53.8	46	61.3
No	17	16.6	9	10.1	37	39.8	28	37.3
Unsure	1	0.9	1	1.1	3	3.2	1	1.3
Missing	0	0	0	0	3	3.2	0	0
Total	102	100	89	100	93	100	75	100

At pre-test there were 2 respondents and at post-test 25 respondents who were excluded from this question because they had recalled a Pap test related message in the previous question. There were also 12 Mandarin-speaking respondents excluded from the question at

post-test because they had recalled without prompting a Pap test related message in the previous question.

Mandarin speakers registered 53.8% on prompted recall in the pre-campaign sample and 61.3% in the post campaign sample, but this was not statistically significant at $p=0.407$ $\chi^2_{(1)}=0.687$ (Refer Table 12).

Pap test messages recalled

Without prompting the respondents were asked to tell the interviewers what the Pap test message(s) they recalled was about. The responses of the Chinese sample are illustrated in Table 13 and Figure 9 and responses from the Spanish speakers are illustrated below in Table 14 and Figure 10.

Table 13: Pap test messages recalled by Chinese respondents

	Pre-campaign (n=218) %	Post-campaign (n=206) %	* $\chi^2_{1(df)}$	P value
Women over 18 need to have regular Pap tests	7.3	11.2	1.42	0.23
Young women are at risk of cervical cancer	1.4	4.4	2.45	0.12
Pap tests every two years could save your life	16.5	20.9	1.06	0.30
Pap tests are embarrassing	0	0.5	0.001	0.98
Make an appointment today to have a Pap test	0.5	3.9	5.97	0.02
Pap test can help prevent cervical cancer	24.8	39.3	9.67	0.002
Pap tests can help identify anything unusual so it can	6.4	4.4	0.52	0.47
Can't recall message	16.1	12.6	0.75	0.39

*Mantel-Haenszel Chi-square

At pre-campaign 24.8% of Chinese respondents were able to recall messages that "Pap test can help prevent cervical cancer". Post campaign, this figure was higher, with 39.3% of the Chinese sample recalling the same message. This difference was statistically significant at $p=0.002$ $\chi^2_{(1)}=9.672$.

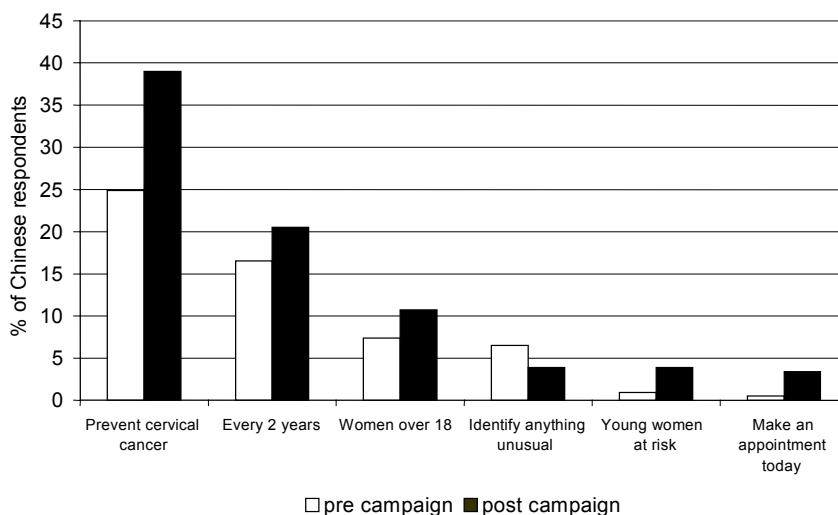


Figure 9: Pap test messages recalled by Chinese respondents

The Chinese sample also demonstrated recall of a number of other key messages promoted in the cervical screening campaign: the two-yearly screening message and onset of screening at 18 years of age. However it is unclear whether the recall of these messages was associated with the campaign, as the pre/post differences were not statistically significant.

Table 14: Pap test messages recalled by Spanish speaking respondents

	Pre-campaign (n=142) %	Post campaign (n=122) %	$\chi^2_{1(df)}$	P value
Women over 18 need to have regular Pap tests	11.5	30.3	12.621	0.001
Young women are at risk of cervical cancer	3.3	2.1	0.043	0.389
Pap tests every two years could save your life	28.7	34.5	0.773	0.379
Pap tests are embarrassing	1.6	0.7	0.018	0.895
Make an appointment today to have a Pap test	1.6	6.3	2.547	0.111
Pap test can help prevent cervical cancer	23.8	14.1	3.457	0.063
Pap tests can help identify anything unusual so it can be treated	10.7	7.8	0.366	0.545
Can't recall message	5.7	5.6	0.000	1.000

The message "Women over 18 need to have regular Pap tests", was recalled by 11.5% of Spanish speaking women in the pre-campaign period, and at post campaign the recall of this message was 30.3% which was statistically significant at $p < 0.001$ $\chi^2_{(1)} = 12.621$.

In contrast to the Chinese sample, the Spanish speakers recorded higher recall of the message "Pap test can help prevent cervical cancer" at pre-campaign (23.8%) rather than post-campaign (14.1%). The difference was almost statistically significant ($p = 0.063$ $\chi^2_{(1)} = 3.457$).

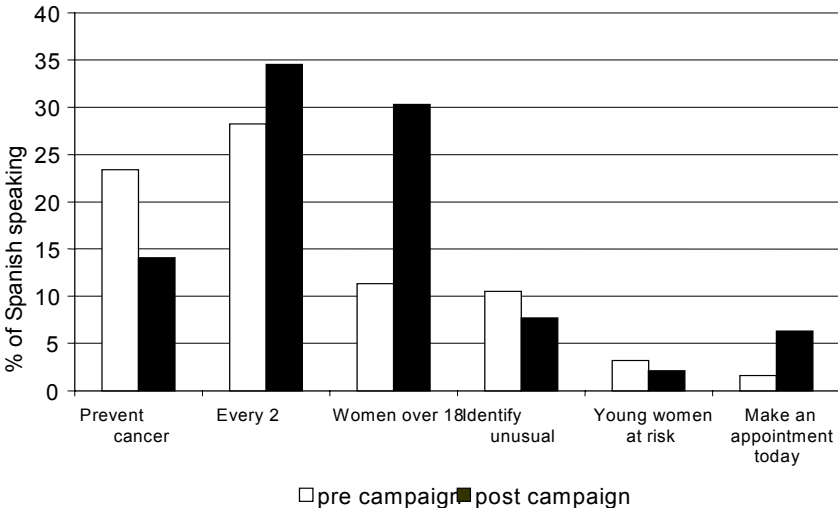


Figure 10: Pap test messages recalled by Spanish speaking respondents

The Spanish-speaking women surveyed also demonstrated recall on a number of the other key Pap test messages promoted in the campaign for example, the two-yearly screening message recalled by 28.7% of women in the pre-test survey and by 34.5% of women in the post-test survey. This was not statistically significantly different, however ($p=0.773$, $\chi^2_{(1)}=0.379$).

Sources of messages

Those women who reported hearing a Pap test message were asked “where did you see or hear the messages?”

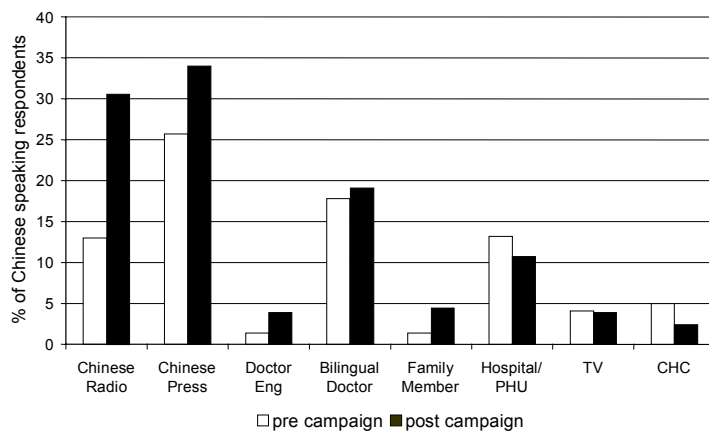


Figure 11: Source of Pap test message for Chinese respondents

For the Chinese sample the most frequently cited source of messages relating to Pap tests was the Chinese media, with radio being responsible for 30.6% and print media the source for 34% at post-test (Refer Figure 11). Bilingual doctors were cited by 19.1% of the post-test group as the message source. Another frequently cited source was hospitals, with 13.2% of the pre-campaign sample and 10.7% at post campaign citing hospitals as their information source.

The main radio sources were 2CR, 2AC and SBS Chinese. Newspapers most frequently cited were the Australian Chinese Daily, mentioned by 14.6%, and Sing Tao, mentioned by 8.7% of respondents who recalled a Pap test related message.

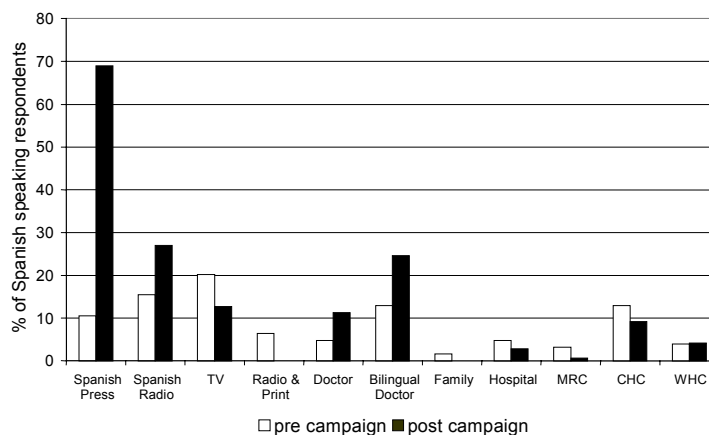


Figure 12: Source of Pap test message for Spanish-speaking respondents

For the Spanish-speaking respondents the most frequently cited source of messages relating to Pap tests was the Spanish media (Figure 12). Newspapers were the source for 68.9% of respondents, and radio the source for 27% of respondents in the post-campaign survey. Bilingual doctors were also cited by 24.6% of respondents in the post-campaign group. Another frequently cited source was hospitals with 13.2% of the pre-campaign sample and 10.7% at post-campaign reporting hospitals as their information source.

Most frequently cited newspapers were El Espanol En Australi (18.8%), Noticias Y Deportes (17.9%) and the Spanish Herald (16.4%). The main radio sources were Radio Rio and the SBS Spanish program.

Action taken as a result of hearing the campaign messages

Respondents who indicated that they recalled a Pap test message were then asked to indicate if they took any action as a result of hearing a campaign message.

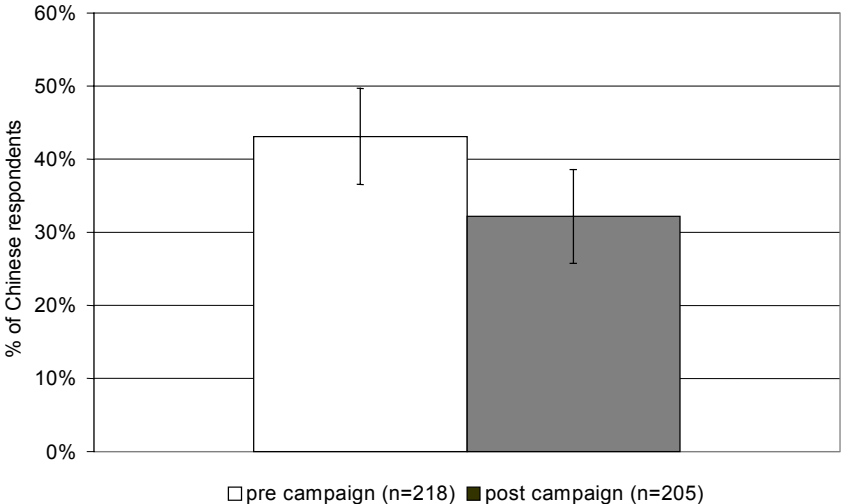


Figure 13: Chinese respondents reporting taking action as a result of hearing a campaign message

The proportion of Chinese respondents who indicated that they took action as a result of hearing a campaign message was higher at the pre-campaign survey (43.1%) than the post campaign survey (32.2%) Refer Figure 13). This difference was statistically significant at $P=0.027$, $\chi^2_{(1)}=4.907$ and this was the reverse of the effect expected.

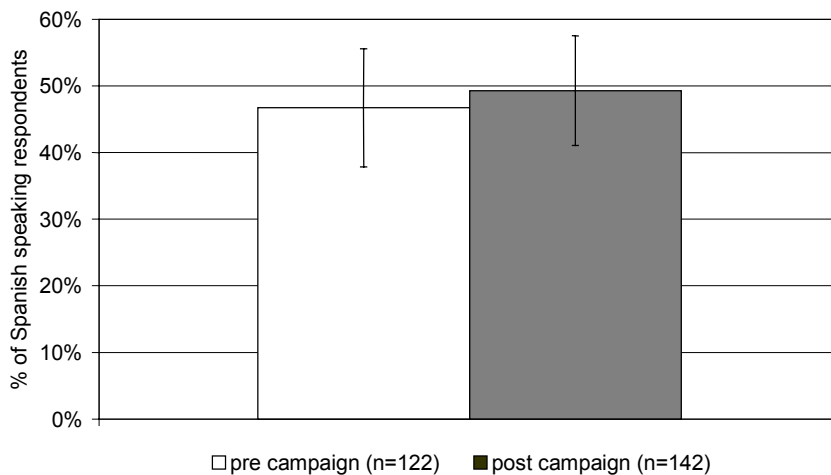


Figure 14: Spanish-speaking respondents reporting taking action as a result of hearing a campaign message

In the Spanish speaking samples, at pre-test the proportion of respondents indicating they had taken action was 46.7% (Refer Figure 14). Post-test this was 49.3%, a difference which was not significant ($p=0.769$, $\chi^2_{(1)}=0.086$).

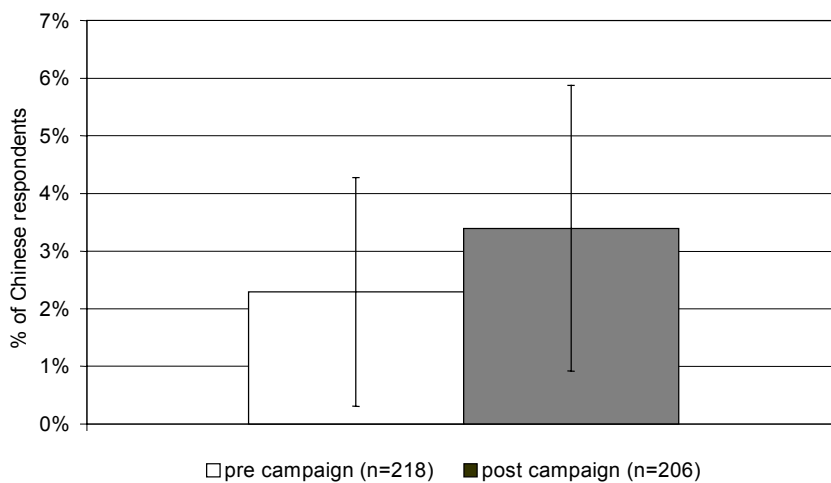


Figure 15: Chinese respondents who talked to family or friends as a result of hearing the campaign

The number of Chinese respondents who said they talked to family and friends as a result of hearing the campaign message was low. At pre-campaign 2.3% stated that they spoke to their families and post campaign the proportion was 3.4% (Refer Figure 15). This was not statistically significant ($p=0.70$, $\chi^2_{(1)}=0.154$).

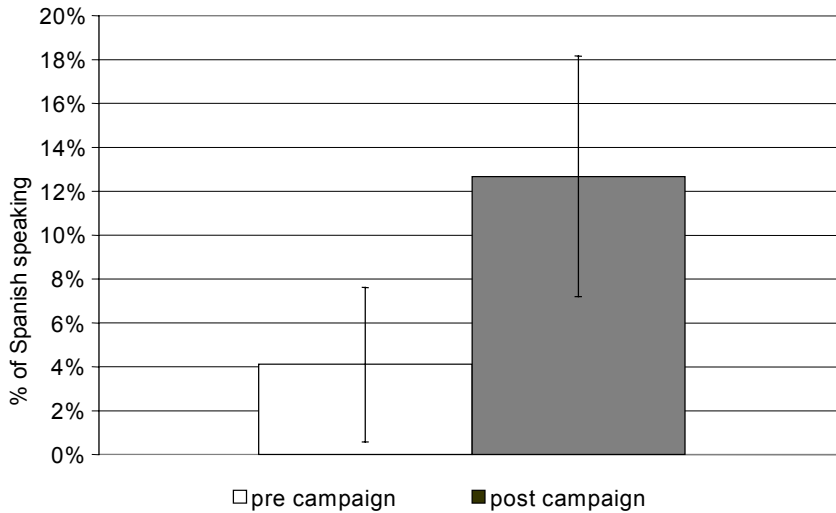


Figure 16: Spanish speaking respondents who talked to family or friends as a result of hearing the campaign

With the Spanish-speaking women, 4.1% of the pre-campaign group said they had spoken to family or friends as a result of hearing a Pap test message (Refer Figure 16). In the post-campaign group a higher proportion of women (12.7%) stated they had taken this action. This was statistically significant at $p=0.025$ $\chi^2_{(1)}=5.04$.

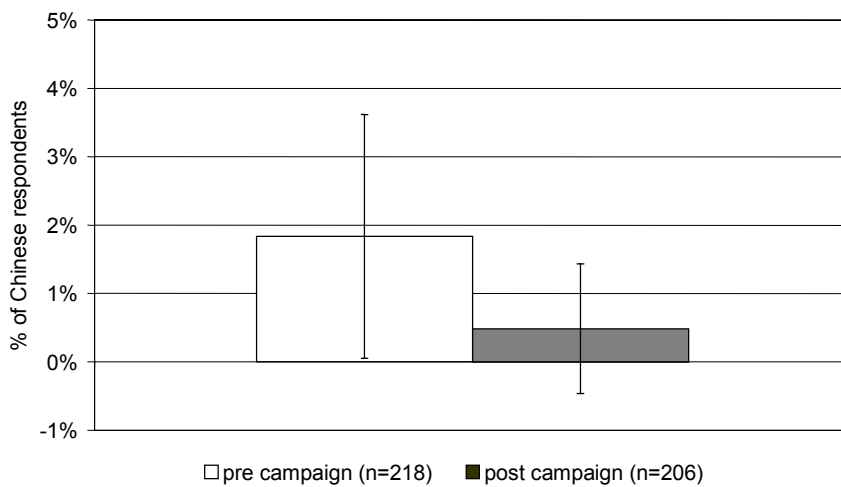


Figure 17: Chinese respondents who reported looking for information on where to get a Pap test.

Very few in the Chinese sample at pre-test (1.8%), or post-test (0.5%) looked for information on where to get a Pap test as a result of hearing the campaign (Refer Figure 17). This difference was not statistically significant ($p<0.403$, $\chi^2_{(1)}=0.700$).

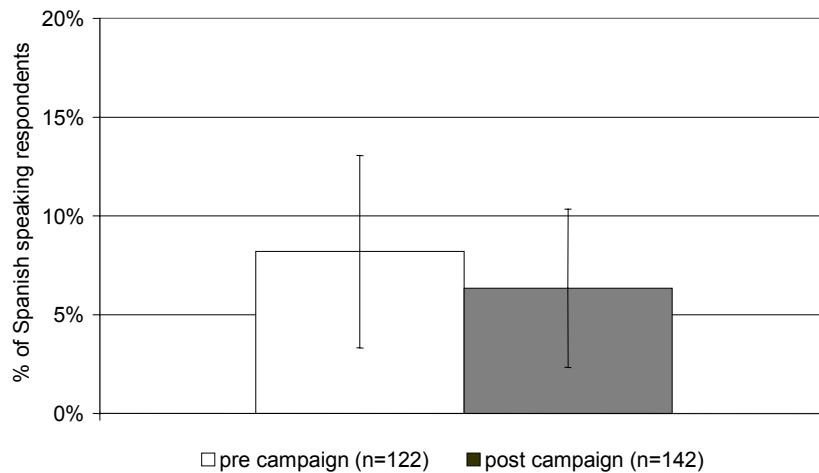


Figure 18: Spanish-speaking respondents who reported looking for information on where to get a Pap test.

In the Spanish sample at pre-test 8.2% of the sample reported that they had looked for information on where to get a Pap test, and 6.3% at post-test (Refer Figure 18). This difference was not statistically significant ($p=0.731$ $\chi^2_{(1)}=0.118$).

Knowledge, attitudes and history of cervical screening

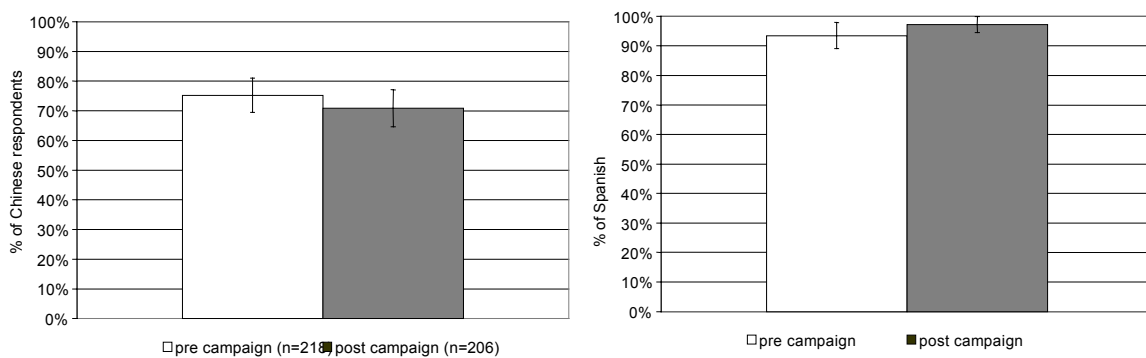


Figure 19: Respondents who reported ever having a Pap test

At pre-test 75.3% of Chinese respondents reported higher levels of ever screening, compared to 70.9% post-test (Figure 19). This difference was not statistically significant ($p=0.367$ $\chi^2_{(1)}=0.813$). For the Spanish speaking women there were higher rates of ever screening reported, with 93.4% in the pre-test reporting they had ever had a Pap test, and at post-test the proportion was 97.9%. This difference was not statistically significant ($p=0.247$ $\chi^2_{(1)}=1.342$).

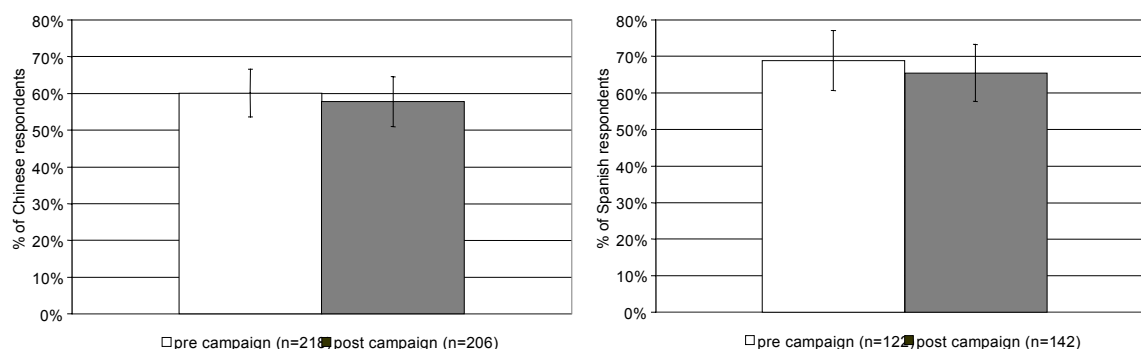


Figure 20: Respondents who reported having a Pap test within the last two years Chinese CSQ = Spanish

Figure 20 shows rates of reported screening in the last two years. 60.1% of Chinese women at pre-test stated they had a Pap test in the last two years, compared to 57.8% post-test. This difference was not statistically significant ($p=0.698$, $\chi^2_{(1)}=0.150$). As suggested by the high number of respondents who reported ever having had had a test, the proportion of Spanish-speaking respondents who reported a test in the last two years was relatively high. 68.9% of Spanish speaking women surveyed before the intervention reported having a Pap test in the last two years. In the post campaign survey this proportion was 65.5%, not statistically significant ($p=0.654$, $\chi^2_{(1)}=0.2$).

Table 15: Pap test history of Chinese respondents by length of stay in Australia

Length of stay in Australia	Has had a Pap test		Never had Pap test	
	(n)	(%)	(n)	%
< 2 years	15	44.1	18	52.9
2-5 years	66	62.9	34	32.4
5-10 years	94	78.3	24	20.0
>10 years	131	84.0	23	14.7
Unknown	4	57.1	2	28.6
Total	310		101	

Chinese respondents varied in their length of stay in Australia, with over half the group (57.9%), being in Australia for less than ten years and 43% being here for more than ten years (Refer Table 15).

Only 44.1% of the Chinese respondents whose length of stay was less than 2 years indicated they had ever been screened. This was 62.9% for the Chinese respondents whose length of stay was between 2-5 years, and was higher again for Chinese respondents who had been in Australia between 5-10 years (78.3%). The Chinese respondents who recorded the highest screening rates: (84%), were those who had been here more than 10 years.

Table 16: Pap test history of Spanish-speaking respondents by length of stay in Australia

Length of stay in Australia	Has had a Pap test		Never had Pap test	
	(n)	(%)	(n)	%
< 2 years	5	83.3	1	16.7
2-5 years	16	100.0	0	0.0
5-10 years	51	92.7	3	5.5
>10 years	176	95.7	7	3.8
Unknown	5	100.0	0	0.0
Total	253		11	

The majority of Spanish-speaking respondents have resided in Australia for more than 10 years (69.6%), and as the unscreened numbers were very small there was no apparent relationship between length of stay and having had a Pap test in the Spanish-speaking respondents (Table 16).

Knowledge of Pap tests

Table 17: Respondents who know what a Pap test is for

	Pre-campaign		Post campaign	
	(n)	(%)	(n)	(%)
All	267	78.5	278	79.8
Chinese	155	71.1	141	68.45
Spanish	112	91.8	137	96.48

At the pre-campaign survey 71.1% of Chinese respondents indicated that they knew what a Pap test is for. At post-test this figure was lower, (68.5%), but this difference was not significant ($p=0.239$, $\chi^2_{(1)}=0.625$) (Table 17, Figure 21).

For the Spanish speakers 91.8% of the pre-campaign sample indicated they knew what a Pap test is for, and at post campaign this figure was 96.5%, which is not significantly different ($p=0.171$, $\chi^2_{(1)}=1.876$).

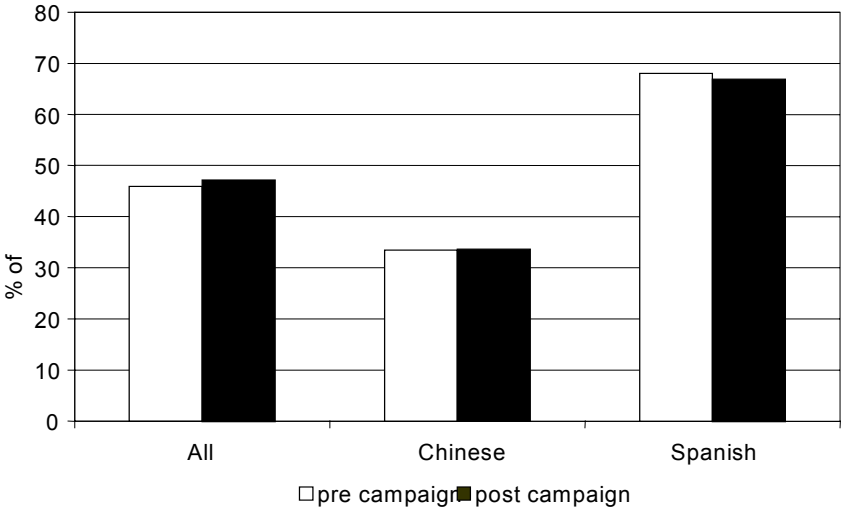


Figure 21: Knowledge of Pap tests (To detect cancer of the cervix)

At pre-test 45.9% of the combined Chinese and Spanish-speaking sample said that Pap tests detect cancer of the cervix. At post-test this figure was 47.3% which was not significantly different ($p=0.717$ $\chi^2_{(1)}=0.131$).

In the Chinese sample at pre-campaign 33.5% indicated that Pap tests are to detect cancer of the cervix. In the post-campaign group the figure was 33.7% which was not statistically significantly different ($p<1$ $\chi^2_{(1)}=0$).

68% of the Spanish speakers at the pre-campaign survey reported that Pap tests are for detecting cancer. At post-test this figure was 67% but the result was not statistically significant ($p=0.949$ ($\chi^2_{(1)}=0.004$),

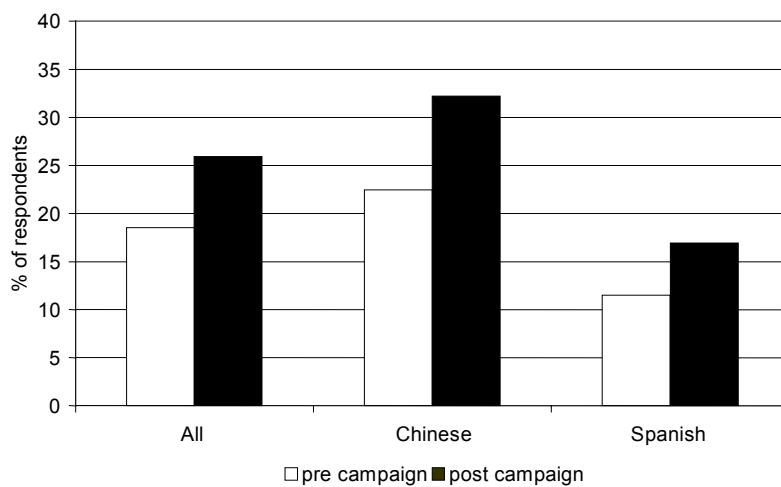


Figure 22: Knowledge of Pap tests (To detect changes in the tissues of the cervix)

18.5% of Chinese and Spanish-speaking respondents together in the pre-campaign surveys indicated that Pap tests are to detect changes in the tissues of the cervix (Refer Figure 22). Post campaign this proportion was higher at 25.9% and statistically significantly different at $p=0.025$, $\chi^2_{(1)}=5.024$.

For the Chinese sample alone, at pre-test 22.5% of respondents indicated that the test is to detect changes in the tissues of the cervix. At post-test this proportion was 32.2%, statistically significantly higher at $p=0.033$, $\chi^2_{(1)}=4.561$.

In the Spanish-speaking sample at pre-test 11.5% of respondents reported that they knew that the test is to detect changes in the tissues of the cervix, and at post-test this proportion was 16.9%. This difference was not statistically significant ($p=0.282$, $\chi^2_{(1)}=1.158$).

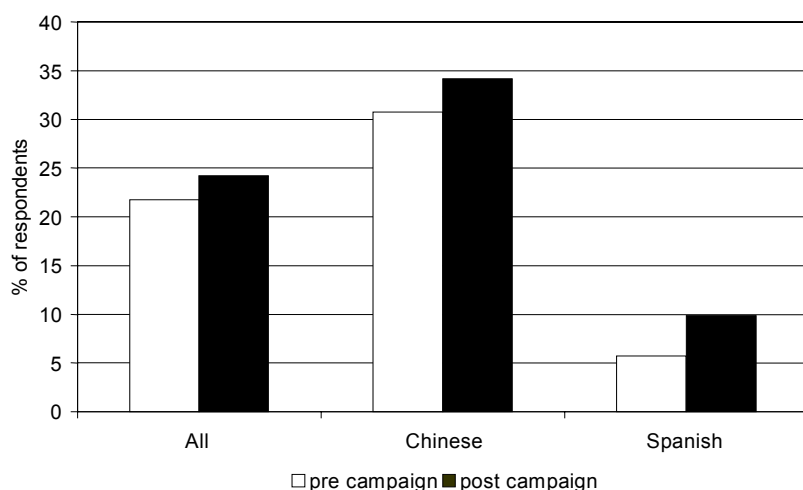


Figure 23: Knowledge of Pap tests (To prevent cervical cancer)

At pre-test 30.7% of Chinese respondents knew that Pap tests are to prevent cervical cancer (Refer Figure 23). At post-test this figure was 34.2% which was not statistically significantly different ($p=0.519$, $\chi^2_{(1)}=0.417$).

For Spanish speakers at pre-test 5.7% knew that Pap tests are to prevent cervical cancer. This figure was higher at post-test (9.9%), but the difference was not statistically significant ($p=0.315$, $\chi^2_{(1)}=1.012$).

Table 18: Attitudes of Chinese and Spanish speaking respondents towards Pap tests

	strongly agree/agree Chinese Respondents			Spanish speaking respondents		
	Pre-test n=217 %	Post-test n=205 %	$\chi^2_{(1)}$	Pre- test n=124 %	Post- test n=142 %	$\chi^2_{(1)}$
It is embarrassing to have a Pap test	26.6	31.1	1.823 $p=0.364$	27.7	31.7	0.293 $p=0.588$
A husband should encourage a wife to have regular Pap tests	80.7	84.5	0.781 $p=0.377$	66.4	66.2	0.00 $p=1$
Pap tests show up all woman's diseases	21.1	17.5	0.675 $p=0.411$	5.7	12.7	2.920 $p=0.086$
If a woman is widowed and divorced she still has to have regular Pap tests	77.5	78.6	0.026 $p=0.872$	93.4	88.0	1.657 $p=0.198$
Pap tests are not painful	50.9	44.7	1.42 $p=0.233$	60.7	61.3	0.00 $p=1$
You only go to a doctor when you have something wrong	26.2	22.3	0.644 $p=0.422$	23.0	25.4	0.096 $p=0.757$

Respondents were presented with a series of attitudinal questions but, as Table 18 demonstrates none of the pre/post differences in agreement rates to these questions were statistically significant at the 5% level.

Discussion

Any interpretation of the results from the surveys conducted with the Chinese and Spanish-speaking women should be with reference to the fact that the proportion of non-English speakers in the surveys is high compared to that in each community, as shown by comparison with the 1996 census (Tables 5 and 6). To evaluate the communication strategies for these communities this was important as it is the women with low proficiency in English who are the main target group within the communities for whom the campaigns were conducted. As evidence from comparisons of the census and the survey sample, the evaluation successfully reached those with lower English proficiency than in the community as a whole.

Screening History and Knowledge

The evaluation shows on the basis of self-report that screening rates among Chinese women are much lower than among Spanish women. As self-report rates are approximately 10% higher than actual screening rates²⁹, we are able to make an assessment of the likely extent that 2-yearly screening rates in these two groups relate to the 2-yearly screening rates for the general population. The present recorded 2-yearly screening rate for the general population is around 61%. The self-reported 2-yearly screening rate of Spanish-speaking women is 67% which suggests the actual rate for Spanish-speaking women is likely to be close to that of the general population. On the other hand the Chinese women have self-reported two-yearly screening rate of 58% which suggests that their actual rate is likely to be significantly lower than that of the general population, if we assume self-reported rates are 10% higher than the actual rate, and probably not significantly different to 50%.

Exposure

The evaluation shows that this small targeted campaign was effective in generating greater exposure to Pap test related message.

The evaluation confirms that ethnic radio and the ethnic press are the most important sources of Pap test related messages. But in addition to the media sources this evaluation shows that both bilingual doctors and hospitals are also providing information on cervical screening to a substantial proportion of respondents. The importance of bilingual doctors as a source of health information is consistent with previous findings of surveys with NESB communities in NSW^{30,31}, and should be taken into account when planning future initiatives for women from NESB.

Increased awareness

There was an apparent increase in awareness of the central theme that Pap tests can help prevent cervical cancer in both Chinese and Spanish-speaking women. But only in the Spanish community was an additional campaign message recalled at higher levels post campaign. At post intervention the Spanish-speaking women had a higher rate of recall for the message that women over 18 need to have regular Pap tests than before the campaign. Though the understanding of the need for regular tests among the Spanish women is similar to general community levels, this is still an important achievement for the communication

strategies. However, the message was not taken up by the equivalent proportion of Chinese women.

Attitude change

Despite the levels of exposure achieved the media campaign appeared to have little or no effect on attitudes (Table 18).

Behaviour change

Only respondents in the Spanish community reported taking action as a result of hearing the campaign messages. The reported action taken was to speak to family and friends as a result of hearing the campaign. No evidence of reported behaviour change was detected with the Chinese women and no evidence of reported screening behaviour change was detected in either group. However, it is possible that the post-intervention survey, conducted in the two weeks following the media campaign, may not have allowed sufficient time to detect an effect.

Campaign Development

One of the components of the campaign was the “Call to Action” “ring this number for more information, including a list of bilingual service providers”. The Arabic and Spanish lines received very few calls, while the Korean and Chinese lines recorded a modest number of calls. Whilst the reasons for this variation cannot be determined from the data, it is clear that the “Call to Action” was not effective in moving people to ring, and accordingly appears not to represent value for money in terms of the cost per response.

The process of message development adopted for the campaign was to consult with women from each community through focus groups and then work with community representatives to come up with the messages. While focus groups are invaluable in gaining insight into health issues, it would appear from this study also that focus group development of media campaigns needed to inform not only issues of impact and barriers to screening behaviours but need to place more emphasis on developing strategies to overcoming barriers to action. That is, the media campaign addressed the issue of the need for screening but did not address adequately the issues of overcoming barriers to having a screen specific to these migrant women.

The “Call to Action” and urgings to visit the doctor and have a Pap test every 2 years were insufficient for changing behaviours because neither of these addressed the very real barriers expressed by the focus group participants (see pp 14-15) in such a way that would change their screening behaviours. The lack of difference in attitudes pre and post-campaign also indicate that the campaign failed to change these very substantial determinants of behaviour.

Conclusion

The results of this evaluation illustrate that communities differ in the cultural framework they apply to the issues of women's health and cervical screening and their level of understanding and knowledge of the issues.

The survey data suggests that the rates of screening among Spanish-speaking community are not significantly different from the general community, while rates appear to be lower in the Chinese community.

The results of this media campaign showed that no significant differences in attitudes or reported screening behaviours resulted from the campaign. The latter may have been partly artefactual, since the post-campaign survey was conducted 2-3 weeks following the media campaign, but attitudes remained similar. The strong level of exposure achieved by the campaign indicates that the communication strategies employed should be used again, but to be effective would need to be supported by complementary activities at the community level.

Appendix 1

Contributors to this project

Project Management Team

Ms Wendy Harris	Project officer NSW Multicultural Health Communication Service
Ms Alicia Lai	Project officer NSW Multicultural Health Communication Service
Ms Michelle Young	NSW Multicultural Health Communication Service

Report Compilation

Ms Michelle Young	NSW Multicultural Health Communication Service
Mr Stephen Morrell	NSW Cervical Screening Program

Appendix 2

Radio Advertisements

Arabic, Cantonese, Korean, Mandarin, Spanish -30 seconds

Female (Announcer/ Voice Over –VO)

VO : An important question for all women.: When did you have your last Pap test?

A Pap test is a simple test to pick up early warning signs in the neck of the womb or cervix that can be treated before cervical cancer can develop. It is the best protection against cervical cancer.

A Pap test is recommended every two years.

Women who are or have been sexually active, and between the ages of 18-70 years, should have a pap test every two years.

Your life is precious, make an appointment today!

For more information and to receive a free information pack ring the Korean Information line **1800 501 954** That's **1800 501 954**

This message is brought to you by the [NSW Cervical Screening Program](#) and the [NSW Multicultural Health Communication Service](#).

Arabic - 60 seconds

Voice : 2 Female voices

Sound Effects (SFX) – At home, in the kitchen

SFX : AT HOME

WOMAN 1: Hello my Aunty, where have you been? I have called you twice.

WOMAN 2: I went to the doctor.

WOMAN 1: I hope you are not sick.

WOMAN 2: Oh No! I am not sick, I went to the doctor to have a Pap test. This test they call "smear of the neck of the womb"

WOMAN 1: Aunty, I thought that this test is for younger women only.

WOMAN 2: No, all women need to have a Pap test every two years, even after they stop getting their periods. Would you believe that women who have had a hysterectomy should have one too.

WOMAN 1: Oh, you have reminded me that I have to have a Pap smear test. It has been two years since I have had one.

VO For more information and to receive a free information pack ring **1800 501 953**, That's **1800 501 953**

This message is brought to you by the [NSW Cervical Screening Program](#) and the [NSW Multicultural Health Communication Service](#).

Mandarin -60 seconds

Voice : Female (Announcer/ Voice Over –VO)

Male

Sound Effects (SFX) – At home, in the kitchen

SFX : AT HOME IN THE KITCHEN

HUSBAND So Fan, have you seen the advertisement in the newspaper?

WIFE What is that?

SFX (NEWSPAPER FOLDING)

HUSBAND It's mentioned here that the majority of the women who develop cervical cancer had not been regularly screened or did not have a Pap test in the past five years. Three out of four women who develop cervical cancer have not had a Pap test every two years.

WIFE Is that what its telling you?

HUSBAND It also says Pap tests every two years are the best protection against Cervical cancer. Anyway, have you had one?

WIFE No actually, I haven't had one in Australia. And in fact I feel really embarrassed when I have it in China.

HUSBAND How long ago?

WIFE More than three years already

HUSBAND Then you need to have one now.

WIFE No, I don't really want to. And I don't know where to go in Australia, and I have to face an Australian worker, I don't know what to say . Oh, I don't feel comfortable to do the test.

HUSBAND Fan, please relax and come and look at this newspaper. It says there will be a service available in our own language and there are trained Medical professionals doing the test. Here is the phone number for us to make an enquiry. Why don't we ring up to find out.

WIFE Oh! I am not sure but will ring out and find out.

HUSBAND So Fan, it is very important that you are healthy and that is good for the whole family. Why not go with my sister? I think she needs that too.

VO For more information and to receive a free information pack ring the Mandarin information line **1800 501 952**
That's **1800 501 952**

This message is brought to you by the NSW Cervical Screening Program and the NSW Multicultural Health Communication Service.

Spanish - 60 seconds

Sound Effects: At home, in the kitchen.

WIFE: Darling, could you please pick up Alicia from her Spanish lesson today? I have an appointment to have a pap smear.

HUSBAND: A pap smear? I didn't know you had pap smears done?

WIFE: Oh yes, I have been going every two years. It is very important for all women who have been sexually active and between 18-70 years to have this test done every two years.

HUSBAND: Why do you need to have this done if you do not have any problems?

WIFE: Pap smears can find changes before they become a problem. It's the best protection against cervical cancer. Most women who develop cervical cancer have not had a pap test every two years.

HUSBAND: Isn't it painful? Do you need to rest for awhile after the test?

WIFE: Oh no! It is a simple test that only takes 10 minutes and I feel only a little discomfort. I walk out of the clinic feeling fine and return to my normal daily activities.

HUSBAND: The test sounds very important. I'll pick up Alicia whilst you are at your appointment.

Call the message line for Spanish speaking women, phone number: 1800 501 956 for further details.

This message is brought to you by the NSW Cervical Screening Program and Multicultural Health Communications Service.

Appendix 3

Print Advertisement

Newspaper Ad #1 (Spanish)

*FOR WOMEN
18 – 70 YEARS OLD*

DON'T FORGET TO HAVE YOUR PAP TEST

- It is the best protection against cervical cancer.
- It is recommended every 2 years.
- An appointment can be made through your family doctor, female health nurse, family planning clinic, sexual health clinic, women's and community health centres.

Call the message line for Spanish-speaking women 1800 501 956

Newspaper Ad #2 (Chinese)

Pap smears help prevent Cervical Cancer.

**They are recommended every 2 Years.
Have you thought of having the test?**

All women between the ages of 18 and 70 years who have ever had sex are advised to have Pap Smear every two years.

Cervical cancer is the sixth most common cancer among Australian women. About 360 women die each year in Australia from cervical cancer.

Cut this advertisement out and check with your doctor.

Women can also ring this number for more information:
Mandarin-speaking -1800 501 952
Cantonese-speaking -1800 501 957

Newspaper Ad #3 (Spanish)

WOMEN' HEALTH

- Cancer of the cervix is the most preventable form of all cancers.
 - A pap test is the best protection against cervical cancer
-

PART 1

Husband: **Did you hear the advertisement on the radio in regards to cervical cancer and the Pap tests?**

Wife: Oh, no.

Husband: It said that the majority of women who develop cervical cancer had not been regularly screened or screened in the previous five years. When did you have your last Pap test?

Wife: I don't remember.

Husband: **It also said that a Pap test every two years is the best protection against cervical cancer. You should make an appointment, It is important.**

Wife: Yes.

(continued next Thursday...)

**Call the message line for Spanish speaking women
1800 501 956**

Newspaper Ad #4 (Chinese)

WOMEN' HEALTH

- Cancer of the cervix is the most preventable form of all cancers.
 - A pap test is the best protection against cervical cancer
-

PART 1

Wife: **I had my Pap test today**

Husband: **How was it?**

Wife: **I was nervous but I had a female health worker/doctor or nurse. She explained the test to me and I felt more relaxed.**

Husband: **Was it painful?**

Wife: **It was just a little uncomfortable but the test took less than 10 minutes. I was able to go to my computer classes straight after.**

Husband: **Great! It is good to see you taking control of your health and your life.**

Wife: **Yes, I do feel good.**

Call the message line for
Mandarin-speaking women-1800 501 952
Cantonese-speaking – 1800 501 957

Newspaper Ad #5 (Spanish)

AN IMPORTANT QUESTION FOR ALL WOMEN

When did you have your last pap test?

QUIZ

1. What is a pap test?
2. Who should have a pap test?
3. How often should a woman have a pap test?
4. Where can an appointment be made to have a pap test?
5. Who can perform a pap test?

Call the message line for Spanish-speaking women

ANSWERS

1. A test that picks up early warning signs that can be treated before cervical cancer can develop.
2. Women between the age of 18-70 and have had sexual intercourse.
3. Every two years.
4. Women's and community health centres, family planning clinics, sexual health clinics.
5. Family doctor, women's health nurse or specialists.

Send your entries to at by 1999. The first ten correct entries win a prize.
Don't forget your details on the back of the envelope.

Appendix 4

Interview Schedule for Focus Group Discussions

Section 1

1. What do you know about pap tests?
2. Could each of you tell me what you know about pap tests and please remember all your thoughts are important.

prompt questions

- What is a Pap test used for?
- Early detection – what do you know about early detection and why is it important?
- Could you tell me where the cervix is located in the body?
- How often should a woman have a Pap test?
- Do you know of any women who have had to seek treatment after having a Pap test? – would you be able to tell me about the treatment?
- Are there any other points of view?

Section 2

What stops you from getting or having a Pap test? (barriers)

prompt questions

- Do you think it would be beneficial if your family doctor advised you to have a Pap test? Would you explain further?
- Would you prefer to go to a female doctor for women's health business?
- If there were special clinics just for women with interpreters or Chinese nurses would women use them?
- Would you say more?
- Are you able to discuss this woman's health business with your husband?
- Would it be helpful if your husband was more informed about the importance of pap tests? (please describe what you mean?)
- Do you need to know more about the female body and how it works?
- Is there anything else?

Section 3

1. What sort of messages would inform women about the importance of pap tests in the media? (radio and paper/special publications ie variety magazine)
2. What sort of messages would encourage women to have pap tests every two years?

prompt questions

- Can you remember seeing or hearing about pap tests in the media before today? What did you think of these advertisements?
- Did you understand what the message was saying from those previous advertisements? If not, please describe what you mean?
- What are the main or most important messages about pap tests that we should be giving to women?
- What is the best way to talk about this issue which won't be embarrassing, but will explain clearly about pap tests?
- If we use radio and papers which ones would best to get the message across to women?

Appendix 5

Result Code Sheet

Outcome of call	Result code	Procedure
No answer	1	Make another time to call back. Refer to Call back advice sheet
Engaged	2	Call-back in 30 minutes
Answering machine	3	Make another time to call back. Refer to Call back advice sheet
Language difficulty / not Chinese speaking	4	Unable to continue give reasons in comments section
Disconnected number	5	Record code on call response sheet
No one aged 18+ at home	6	Call back - refer to call back advice sheet
Bad telephone line	7	Call-back immediately
Made appointment to call selected respondent later	8	Note call back time
Incomplete interview - respondent wishes to continue at a later time	9	Make further appointment, note call back time on
Household refusal	10	Give reasons in comments section
Selected respondent refused	11	Give reasons in comments section
Selected respondent unavailable for duration of survey	12	Give reasons in comments section
Interview terminated	13	Give reasons in comments section
Completed interview	14	
Business number	15	Give reasons in comments section
Return to sender	16	Give reasons in comments section
Name removed because not Chinese	17	Give reasons in comments section
Mobile phone or Fax	18	Give reasons in comments section
Person is disabled	19	Give reasons in comments section

Appendix 6

Pre- and post-intervention questionnaire

Q1. Have you heard or seen any health messages since January 1999?

Code:

1. Yes
2. No → **Go to Q2**

Q1b. If 'Yes', what were they?

Code:

1. Pap test related → **Go to Q3 and circle relevant messages**
2. Other → **Go to Q2**
3. Both 1 & 2 > **Go to Q2**
4. Can't remember > **Go to Q2**

Q2. Can you recall hearing or seeing messages related to Pap tests or Pap smears?

Code:

1. Yes
2. No → **Go to Q6**
3. Unsure → **Go to Q6**

Q3. What were the messages?

Don't read out but circle relevant responses

Code:

1. Women over 18 need to have regular pap tests
2. Young women are at risk of cervical cancer
3. Pap tests every 2 years could save your life
4. Pap tests are embarrassing/uncomfortable
5. Make an appointment now/today to have a Pap test
6. Pap tests can help prevent cervical cancer
7. Pap test can help identify anything unusual so it can be treated
8. Can't recall message
9. Other (please specify)...

Q3a. Any other messages?

Don't read out but circle relevant responses

Code:

1. Women over 18 need to have regular pap tests
2. Young women are at risk of cervical cancer
3. Pap tests every 2 years could save your life
4. Pap tests are embarrassing/uncomfortable
5. Make an appointment now/today to have a Pap test
6. Pap tests can help prevent cervical cancer
7. Pap test can help identify anything unusual so it can be treated
8. Can't recall message

Q4. Where did you hear or see the messages?

Code:

- 1) Channel 31
- 2) English radio
- 3) English TV
- 4) English newspaper
- 5) English speaking doctor
- 6) Mandarin/Cantonese speaking doctor
- 7) Family member
- 8) Hospital or other public health department
- 9) Migrant Resource Centre
- 10) Community Health Centre
- 11) Women's Health Centre
- 12) Mandarin/Cantonese radio (please specify)
 - a)
 - b)
 - c) Other:

_____ Translation: _____

13) Mandarin/Cantonese newspapers (please specify):

- a)
- b)
- c)
- d)
- e)
- f)
- g) Other:

_____ Translation: _____

14) Other (please specify):

— _____ Translation: _____

— _____ Translation: _____

— _____ Translation: _____

99. Don't know/Can't say

Q5. Have you done anything as a result of hearing the message?

Code:

1. Yes
2. No

If 'Yes', what have you done?

Don't read out but circle relevant messages

Code:

1. Talk to family or friends
2. Look for information on pap tests
3. Look for information on where to go for a Pap test
4. Had a Pap Test
5. Done nothing

Q6. Do you know what a Pap test is for?

Code:

1. Yes → **Go to question 7**
2. **No** → If No read the following.
3. **Not sure** → If not sure read the following..

Read the following if respondent says no or is not sure:

A Pap test is a test to detect early changes which may lead to cancer of the cervix. It is also called a Pap Smear.

Q7 Can you elaborate on the purpose of this test?

Don't read out but circle relevant responses

Code:

1. To detect cancer of the cervix
2. To detect changes in the tissues of the cervix which could later lead to cancer
3. To detect cancer of a woman's reproductive parts
4. To prevent cancer of the cervix
5. To prevent cancer of a women's reproductive parts
6. Don't know (please read information from Q6 about a Pap Test)
7. Other(please specify).....:

_____ Translation: _____

Q8. Have you ever had a Pap test?

Code:

1. Yes → **Go to Q 9**
2. No → Go to Q10
3. Unsure → Go to Q10

Q9. Was your last Pap test ...

Read options 1,2,3 in random order

Code:

1. Less than two years ago
2. Two to five years ago
3. Five or more years ago

Do not read

4. Don't know
5. Refused
6. Other (please specify)

Q10 Health professionals recommend that women who have ever had sex should have Pap tests regularly. Do you know how often this is? Is it...

Read options 1,2,3 in random order

Code:

1. Every year
2. Every two years
3. Every three years

Do not read

4. Don't know
5. Refused
6. Other (please specify)

Q11. I'm going to read some statements which some women have made about Pap tests. I'd like you to tell me if you agree or disagree with them. There are no right or wrong answers, we are just interested in your opinion.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
It is embarrassing to have a Pap Test	1.	2.	3.	4.	5.	6.
A husband should encourage a wife to have regular Pap tests	1.	2.	3.	4.	5.	6.
Pap Tests show up all woman's diseases	1.	2.	3.	4.	5.	6.
If a woman is widowed and divorced she still has to have regular Pap tests	1.	2.	3.	4.	5.	6.
Pap Tests are not painful	1.	2.	3.	4.	5.	6.
You only go to a doctor when you have something wrong	1.	2.	3.	4.	5.	6.

DEMOGRAPHIC QUESTIONS

I would now like to ask you some details about yourself so we can be sure we are reaching a wide range of women.

Q12. What is your age?

Code:

1. **18—25 years**
2. **26—40 years**
3. **41—55 years**
4. **56—70 years**
5. Refused

Q13. What is your marital status? Are you
Single response

Code:

1. Married or living with a partner
2. Widowed
3. Separated but not divorced
4. Divorced
5. Never married
6. Not stated
7. Don't know

Q14. What is your highest level of education?
Do not read options

Code:

1. Never attended school
 2. Completed primary school
 3. Some high school
 4. Completed School Certificate/Intermediate/Year 10/4th. Form
 5. Completed HSC/Leaving/Year 12/6th. Form
 6. TAFE Certificate or Diploma
 7. University, CAE or some other tertiary institute degree or higher
 8. Don't know
- ___ Other (please specify): _____

Translation: _____

Q15. What is your employment status?

Code:

1. Employed full-time
2. Employed part-time
3. Unemployed
4. Home duties
5. Student

- 6. Retired
- 7. Unable to work due to health problems

— *Other (please specify):*

_____ Translation: _____

Q16. Which of the following best describes your ability to speak English?

Read options, single response

Code:

- 1. I speak English very well
- 2. I speak English well
- 3. I do not speak English well
- 4. I do not speak English at all

Q17. Which of the following best describes your ability to read English?

Read options, single response

Code:

- 1. I read English very well
- 2. I read English well
- 3. I do not read English well
- 4. I do not read English at all

Q18. In which country were you born?

Do not read out options, single response

Code:

Australia → Go to Q19

Other (please specify):

_____ Translation: _____

Q19. (If not Australia), How long have you been living in Australia?

Code:

- 1. Less than 2 years ago
- 2. Between 2 and 5 years
- 3. Between 5 and 10 years
- 4. More than 10 years ago

Q20. Do you have any other comments you would like to add?

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