

# **Recruitment of Women from a Culturally and Linguistically Diverse Background**

**Vietnamese speaking women**

## Acknowledgments

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

Members of the Steering Committee, the project management and report writing teams are listed at Appendix 1.

## **Executive Summary**

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The Vietnamese women's cervical screening recruitment strategy was conducted in South Western Sydney Area Health Service from June to December 1998. The objective of this strategy was to increase awareness of, and access points to cervical screening for Vietnamese women.

Three strategies employing a number of activities were identified to increase cervical screening participation rates in Vietnamese women residing in South Western Sydney Area Health Service. The strategies were: implement an education package for Vietnamese women; design and implement an education package for Vietnamese speaking General Practitioners; design and implement a media campaign directed to Vietnamese women; and evaluate the effectiveness and reach of these interventions.

The aim of the education session was to raise awareness of cervical screening issues and facilitate referral of unscreened and under-screened participants to service providers.

Information sessions were provided by the Project staff to a range of community-based social and support groups for Vietnamese women, as well as to Vietnamese clients accessing services within the Area Health Service. A total of 37 education sessions were provided by the Project Officers and these were attended by over 500 women. An Audit of 14 of the education sessions attended by a total of 230 women showed that 99 women initially identified that they were unscreened or overdue for screening. Following discussion with the project workers, a total of 67 of these women were confirmed to be in need of screening and referred either to their GP or to a Women's Health Nurse clinic. Follow-up of these women confirmed that 53 women subsequently had a Pap test.

The aim of the General Practitioner seminar was to facilitate their understanding of the aims and approach of the NSW Cervical Screening Program and the five steps of the cervical screening pathway. It was also aimed at increasing General Practitioner awareness of screening rates in their area and what improvements in screening rates could be made through opportunistic and organised recruitment methods. The seminar also identified best practice in the management of abnormal Pap test results as well as how to deal with any barriers and concerns a woman may have to a Pap test.

Fifteen Vietnamese General Practitioners participated in this seminar. Of those who participated, 8 completed a self-administered questionnaire on knowledge. The results of the questionnaire demonstrated that all respondents reported an overall improvement in understanding cervical screening rates, the steps involved in the cervical screening pathway and an improvement in knowledge of the aims of the Cervical Screening Program. Responses to the post-seminar questionnaire also indicated an increase in awareness of ways to improve screening rates in practice by opportunistic and organised recruitment methods.

A mass media campaign was conducted in South Western Sydney Area Health Service (SWAHS) to increase cervical screening in Vietnamese women. The media campaign was evaluated by pre- and post-telephone surveys. Differences in proportions of women recalling the purpose of a Pap test and actions taken in response pre- and post- the media campaign were tested for statistical significance using the chi-square statistic.

Three hundred and three Vietnamese women participated in the pre-telephone survey and 308 participated in the post-telephone survey. Participant's ages were 18 – 70 years. Of the 303 pre-campaign survey participants, 219 (72%) knew what a Pap test was for. In the post campaign sample, 251 (81%) reported they knew what a Pap test was for. This difference was statistically significant ( $p < 0.01$ ). Of the 180 women from the pre survey who reported hearing or seeing a health message sometime in the past as relating to Pap testing, 133 (73.9%) reported that they had done something as a result of hearing or seeing the message. In the follow up post survey, of the 133 women who reported hearing a Pap related message 108 (81%) reported doing something as a result of the message. This pre/post difference was not statistically significant. These results suggest that this media campaign increased knowledge and awareness of cervical screening in Vietnamese women but was not associated with increased reported uptake of screening.

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## **Introduction**

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### **Rationale**

Vietnamese women have a higher incidence of cervical cancer than the general population of NSW, and there is evidence of lower screening rates in this group. Accordingly, the Vietnamese women's cervical screening recruitment strategy was conducted in South Western Sydney Area Health Service where the highest concentration of Vietnamese women reside, and was conducted from June to December 1998. The objective of this strategy was to increase awareness of and access points for cervical screening for Vietnamese women.

### **Cervical Screening**

The NSW Cervical Screening Program is a joint Commonwealth /State initiative managed by Western Sydney Area Health Service. The NSW Cervical Screening Program began in 1996 and recommends two-yearly screening of women aged 18-70 years who are or have ever been sexually active. The mission of the NSW Cervical Screening Program is to achieve optimal reductions in the incidence of, and mortality and morbidity attributed to, cervical cancer at an acceptable cost to the community. Incorporating the principles of the Organised Approach to the Prevention of Cancer of the Cervix (1991). The Program aims to reduce avoidable deaths from cervical cancer by such approaches as encouraging at-risk women to have a Pap test every two years, and by improving monitoring and evaluation of all aspects of the cervical screening pathway. The Program also aims to increase the overall percentage of at-risk women screened at least once during a two-year period to 65% by the year 2001.

### **The Problem of Cervical Cancer**

In 1995, cervical cancer was the tenth most common site for new cases of invasive cancer in women in NSW, and the fourteenth most common cause of death from cancer in women (Jelfs, 1995). Between 1973-77 and 1995, the age-standardised incidence rate for cervical cancer fell by 36%. The decline in mortality from cervical cancer is partly attributed to widespread cervical screening using Pap tests which can detect pre-cancerous cervical abnormalities (Jelfs, 1995).

Whilst the incidence of cervical cancer in Australia is close to that experienced by countries of similar demographic characteristics, and while there have been rapid decreases in mortality since the introduction of opportunistic screening using the Pap test, it is evident that certain sections of the Australian population continue to experience higher incidence rates of cervical cancer than others. These include Aboriginal women as well as a number of migrant groups. In particular, Vietnamese women have been identified as having significantly higher risks of cervical cancer incidence than Australian-born women (Jelfs, 1995). It may be inferred from this that screening patterns in this particular population is less than optimal.

Evidence to support this also comes from the 1989-90 National Health Survey in Victoria where 34% of women from a non-English speaking background reported previously never having a Pap test, compared to 15 per cent of women born in Australia, New Zealand or the United Kingdom. It was also found that the duration of residence in Australia was inversely related to the proportion who reported never having had a Pap smear (ABS, 1992). A health promotion survey conducted in South Western Sydney in 1995 also showed that the proportion of ESB women reporting attending for a Pap test was significantly higher than NESB women, and that more NESB (23%) women than ESB women (6%) reported never previously having a Pap test. (HP Survey Report, 1998).

### **South Western Sydney Area Health Service**

In the period 1991-1995, South Western Area Health Service had an age-standardised cervical cancer incidence rate of 10.8 per 100,000, compared to 9.2 per 100,000 women for NSW. Further, South Western Sydney has the highest standardised incidence ratio of cervical cancer (SIR=115) compared to other NSW Area Health Services (NSW Cancer Council, 1995). Furthermore, examination of the South Western Sydney Area Health Service data by Local Government Area shows that Fairfield had a standardised incidence ratio of 126 for cervical cancer when compared to other Local Government Areas in the Area Health Service (NSW Cancer Council, 1995).

Biennial screening rates in South Western Sydney Area Health Service are also lower than those for NSW. For the 24-month period ending December 1998, 54.3% of women aged 20-69 years in South Western Sydney Area Health had been screened, compared with 59.5% in NSW (NSWCSP, 1999). The number and proportion of women screened by Local Government Area for South Western Sydney Area Health Service identifies Fairfield and Liverpool Local Government Areas having the lowest biennial screening rates (51.8%) in the Area Health Service. When compared to the NSW age-adjusted biennial screening rate for NSW, rates in South Western Sydney Area Health Service and particularly Fairfield and Liverpool are statistically significantly lower.

Vietnamese women are one group of women who have been identified with a higher risk of cervical cancer incidence. In South Western Sydney Area Health Service, the proportion of population born in Vietnam accounted for 5.2% of the total population (ABS 1997), compared with 1% in NSW as a whole. Indeed, South Western Sydney has the highest Vietnamese population of any NSW Area Health Service. Further, the proportion of the total population who spoke a language at home other than English was much larger at 37.7% than NSW (21.4%)(ABS 1997). Of languages other than English spoken at home in South Western Sydney Area Health Service, Vietnamese was spoken at home by 5.4% of the population (ABS 1997), making it the single highest identifiable non-English language spoken at home in the Area.

Studies have indicated that some Vietnamese women are less likely to access Pap test services because they are not familiar with the idea of screening or preventive health measures (Duong, 1993). As well as this lack of familiarity with preventive health measures, studies have also shown that Vietnamese women in general also hold fatalistic views about cancer. Despite this they do not reject the outright need for testing or the public health concept supporting the screening program (Jones, 1997).

Higher rates of cervical cancer in South Western Sydney Area Health Service then may partly be attributed to the higher proportion of Vietnamese-born women living in the area who may not be screening at the same rate as the remaining population.

## The Target Population

The identified target group for this project was Vietnamese women 18-70 years of age resident in South Western Sydney Area Health Service. Vietnamese women were identified as an appropriate target group for cervical cancer intervention due to higher incidence rates in Vietnamese women (Giles, et al. 1995) and low screening rates in the Area.

## Strategies

Three strategies employing a number of activities were identified to increase cervical screening participation rates in Vietnamese women residing in South Western Sydney Area Health Service.

### STRATEGY

### ACTIVITIES

#### I. Education

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|---|---|
| <ul style="list-style-type: none"><li>• Implement an education package for Vietnamese women</li><br/><br/><br/><br/><br/><br/><br/><br/><br/><br/><li>• Design and implement an education package for Vietnamese-speaking General Practitioners</li></ul> | <ul style="list-style-type: none"><li>• Provision of educational sessions on cervical screening for Vietnamese women within South Western Sydney Area Health Service, using Vietnamese bilingual educators.</li><br/><br/><li>• Recruit Vietnamese women to cervical screening using a previously evaluated peer education model</li><br/><br/><li>• Referral of women attending education sessions who identified as unscreened and under screened.</li><br/><br/><br/><br/><br/><br/><br/><br/><br/><br/><li>• Provide an educational seminar on cervical screening to members of the Australian Vietnamese Health Professionals Association.</li></ul> |
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#### II. Communication

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|--|---|
| <ul style="list-style-type: none"><li>• Design and implement a media campaign directed to Vietnamese women</li></ul> | <ul style="list-style-type: none"><li>• Conduct a mass media campaign targeting Vietnamese women via Vietnamese print and radio</li></ul> |
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#### III. Evaluation

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| <ul style="list-style-type: none"><li>• Evaluate effectiveness and reach of media campaign and education strategy</li></ul> | <ul style="list-style-type: none"><li>• Conduct pre-and post-media campaign telephone surveys on knowledge and participation in cervical screening.</li><br/><br/><li>• Conduct pre-and post-surveys of participating GPs.</li></ul> |
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## **Community educational sessions for Vietnamese women**

The aim of the education session was to raise awareness of cervical screening issues and facilitate referral of unscreened and under-screened participants to service providers.

Information sessions were provided by the Project staff to a range of community-based social and support groups for Vietnamese women, as well as to Vietnamese clients accessing services within the Area Health Service.

### **Components of the educational sessions**

The format of the sessions was based on the "Healthy Women" Bilingual Community Education Program. The program covers a range of Women's Health topics in 2 hour sessions run over 8 weeks and includes a session on cervical screening. The package was evaluated by Mitchell et al (1994).

The education sessions varied in nature and length depending on the size of the group, the needs of the women attending, and the time allocated by the participating organisation. Sessions therefore ranged from short presentations to large groups as part of broader health information days, to longer sessions of up to one hour for smaller groups of women.

All sessions included:

- information on cervical cancer incidence, mortality and screening rates
- discussion on barriers to screening
- discussion on why Pap tests are important
- screening frequency
- information on local service providers including Women's Health Clinics if participants did not wish to attend a GP for a Pap test.

Where time allowed, the session also included the Vietnamese language specific educational video "Do I really need a Pap Test" produced by the NSW Cervical Screening Program. Pamphlets on Pap tests and the Pap Test Register in both Vietnamese and English were also made available to participants.

### **Evaluation Methods**

The advice of the Advisory Committee and Vietnamese health workers was that women would be reluctant to fill in process evaluation forms because of low literacy and privacy issues for refugee women. The emphasis was therefore placed on collecting information only on those women who identified as being unscreened or under-screened in order to facilitate referral and follow up.

However, information was collected by a convenience sampling method of women who attended the educational seminars. For ease of collection, facilitators sampled 14 groups.

Information collected included name, address and contact number, age, date of last Pap test and where the women were referred to if they were confirmed to be in need of screening following discussion with the Project worker. As expected, it proved difficult to collect all the data and the results should be interpreted with caution.

## **Results**

A total of 37 education sessions were provided by Project officers and these were attended by over 500 women.

### *Last Pap test*

An audit of 14 of the education sessions attended by a total of 230 women showed that 99 women initially identified that they were unscreened or overdue for screening. On further investigation not all of these women were actually in need of a Pap test (seventeen of these women had been screened within 2 years, 9 were single, and 1 woman had had a hysterectomy). Of the 99 women, 23 reported that it was over 2 years since their last Pap test. Although time of last Pap test was not recorded for the remaining 49 women, 44 of these women were referred for a Pap test by the Project workers using the criteria that only women never screened or overdue for screening should be referred.

It was only possible to obtain the date of birth for 55 of the women. Forty-six of these were aged between 18-49 years and 9 were aged over 50. The age of the other 44 women was not recorded.

### *Referral for Pap tests and follow-up*

Following discussion with the project workers a total of 67 of the women attending the 14 groups were confirmed to be in need of screening and referred either to their GP or to a Women's Health Nurse clinic conducted in the majority of cases by a Vietnamese speaking Women's Health Nurse. Follow-up of these women confirmed that 53 women subsequently had a Pap test either with their GP, (22 self report attendance) or with the Women's Health Nurse (31 self report and confirmed by clinic records).

## **Conclusions**

Due to difficulties in collecting the data the results should be treated with caution. The numbers of referrals show that 67 (29%) of the audited 230 women attending the education sessions had never been screened or were overdue for screening. Clinic records and follow-up of the women referred for a Pap test showed that 53 (79%) did follow through and attend for screening.

## **Educational Seminar for General Practitioners**

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### **Introduction**

General Practitioners are a key stakeholder in the NSW Cervical Screening Program. To improve General Practitioners' awareness of the key issues associated with the Organised Approach to Cervical Screening, the General Practitioners Task Force developed an educational seminar for General Practitioners. With support from the Fairfield Division of General Practice, the NSW Cervical Screening Program's *Preventing Cancer of the Cervix: An educational package for General Practitioners* was delivered to members of the Australian Vietnamese Health Professional's Association.

The aim of the seminar was to facilitate General Practitioner understanding of the aims and approach of the NSW Cervical Screening Program, and of the five steps of the cervical screening pathway. It was also aimed at increasing General Practitioner awareness of screening rates in their area and what improvements in screening rates could be made through opportunistic and organised recruitment methods. The seminar also identified best practice in the management of abnormal Pap smear results as well as how to deal with any barriers and concerns a woman may have to a Pap smear.

### **Method**

The seminar was presented by Dr Gerry Wain, Director of the NSW Cervical Screening Program. The seminar ran for two hours and consisted of the following:

- An introductory session providing an opportunity for the general practitioners to increase their knowledge of the NSW Cervical Screening Program, incidence and mortality from cervical cancer, the latest screening rate data at both State and Division level.
- Presentation of a video *Preventing Cancer of the Cervix: An Overview for General Practitioners*. This video reinforces the general practitioners role in recruitment of women, examines how to deal with the possible barriers women may have preventing them from having a Pap smear, examines laboratory operations, looks at automated cytology, false negatives, and 'fail safe' management of women with abnormal smears.
- Three case studies in the form of trigger videos used as prompts for discussion to enlarge on particular issues canvassed in the first video. Time was also allowed for general practitioners to discuss questions and share their own "tricks of the trade".

Participants were also provided with a workbook containing take-home information, important journal articles and space for note taking during the seminar.

## **Evaluation methodology**

The seminar was evaluated using a self report post-test of knowledge and practice change as a result of the seminar (Appendix 2). This questionnaire aimed to measure changes in knowledge about the NSW Cervical Screening Program's approach to Pap tests and legal obligations, and to assess levels of the general practitioner's confidence in the notification of results, opportunistic screening and minimising the risk of litigation.

## **Results**

Fifteen Vietnamese general practitioners participated in this seminar. Of those who participated, 8 completed a self-administered questionnaire on knowledge.

The results of the questionnaire demonstrated that all respondents reported an overall improvement in understanding cervical screening rates, the steps involved in the cervical screening pathway and an improvement in knowledge of the aims of the Cervical Screening Program. Responses to the post-seminar questionnaire also indicated an increase in awareness of ways to improve screening rates in practice by opportunistic and organised recruitment methods.

Overall, the seminar was successful in meeting its aims, with the majority of participants indicating an improved confidence in addressing the concerns of women and in minimising the risk of litigation. Those general practitioner's participating in the post survey expressed a general satisfaction with the seminar materials and format.

## **Conclusion**

Despite the low numbers of attendees to the Vietnamese-speaking GP education seminars, it appears that a GP educational approach targeting practitioners in this language group is an effective mode for raising awareness of cervical screening. This is because all respondents reported on improvement in knowledge on all the relevant screening items. However, this result should be treated with caution because the respondents to the evaluation survey were only just half of the participants and may have self selected because of the seminar's positive benefit to them. Whether the impact of this education seminar translates into higher screening in Vietnamese women was not addressed in this study.

## **Media Campaign**

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### **Introduction**

A Media Working Party was established to develop an appropriate media campaign with messages based on the findings from focus groups conducted with Vietnamese women. Membership of the Media Working Party was drawn from the Project Steering Committee together with workers with experience in other Vietnamese media campaigns. The group's activities were coordinated by one of the Project Officers. The Media working party adopted the following terms of reference:

- Review the findings of the focus group
- Develop appropriate media advertisements based on those findings
- Oversee the production of the advertisements to ensure the integrity of the messages was maintained
- Recommend to the Project Steering Committee relevant media outlets for placement of those advertisements

### **Methods**

#### **Focus Groups**

Five focus groups were conducted to explore Vietnamese women's knowledge and attitudes towards Pap tests. Vietnamese women were divided into five groups: North Vietnamese women, working women, new mothers, newly arrived women and elderly women. These groupings were selected as being representative of major groups of Vietnamese women within South Western Sydney, ensuring diversity in terms of age, employment status and length of residency in Australia. A total of 40 women participated in the focus groups.

The women who participated in the focus groups were either part of an existing social or support group, such as the elderly women's group and the new mother's groups, who agreed to participate together in the focus, group or women who attended in response to advertisements placed in the Vietnamese press, for example, working women. The women were paid for attending the focus groups.

Focus groups were conducted by the Vietnamese Project staff who had undertaken training on conducting focus groups. One worker facilitated the group discussion while the other transcribed. In addition, for accuracy, each group was tape recorded. At the completion of each focus group the facilitator and scribe met with the project coordinator to draw out the major themes reflected in comments from the participants.

Three questions were asked in each group (see Appendix 3). These questions were designed to elicit women's knowledge about Pap tests, barriers to screening and appropriate messages in the media regarding Pap tests. The facilitator also used a series of questions with prompts to encourage further discussion around each question as necessary.

## **Development of campaign**

The working party identified the most appropriate format for conveying the Pap test message on radio as in the form of short vignettes that addressed a specific message for different target groups, eg older women, younger women, husbands.

To assist in developing characters for the scripts a list of prompted questions were provided and one person from each group was nominated as scriptwriter. Draft scripts were then circulated for comment. Three separate vignettes were developed together with a statement about Pap test issues. (Appendix 4). The Project Officer was present in the SBS studios when the radio advertisements were produced.

Three different quarter-page advertisements were also developed for placement in Vietnamese newspapers (Appendix 5). Each featured a key message such as "Health is Gold" and a picture of a rose, which had been chosen by the Working Party as the symbol for the campaign.

## **Placement of Advertisements**

The radio advertisements ran over 5 weeks during Oct - Nov 1998. In addition to the paid advertisements, SBS agreed to interview a Vietnamese GP from South Western Sydney to discuss cervical screening issues and this interview was aired after the advertisements were run. The newspaper advertisements also ran during October - November and were complemented by an article (Appendix 6) about the Project written by project staff and carried free of charge. A schedule of advertisements is provided in Appendix 7.

## **Enquiry Line**

The advertisements also provided a telephone number for receiving further information about Pap tests. A recorded message in Vietnamese allowed women to leave a message and have their call returned by a bilingual project officer. Twenty-seven calls were received. Seventeen of these women requested information on booking a Pap test and 10 callers requested information only. Of the 17 women requesting information on booking a Pap test, 11 women were subsequently booked directly into a clinic and the remaining 6 given information on their screening options. Of these 17 women, 11 had never had a Pap test, 4 had had their last Pap test over two years ago and the screening status of 2 was not recorded.

## **Evaluation methods**

In order to evaluate the communication strategy a post-campaign survey was conducted on randomly selected households by Vietnamese-speaking women trained as interviewers specifically for this project.

Sampling for the pre-and post surveys began with compiling a list of common Vietnamese family names from a computer-generated series of random numbers extracted from Telstra's Electronic White Pages. An explanatory letter and information was sent out to potential interviewees a week or more before telephone contact. Each interviewer was given 150 of the selected households to systematically contact (every third) until 50

interviews were completed. If a household was contacted and was not Vietnamese-speaking then another household was selected from the sample list.

A respondent was selected from each Vietnamese-speaking household by asking the number of women aged between 18 and 70 years in the household. Each interviewer was supplied with a randomisation sheet designed according to a Kish grid.

The questionnaire was adapted from a questionnaire previously used by Central Sydney Area Health Service to survey women from the Chinese community. The questionnaire was

translated and identified as culturally appropriate for Vietnamese women. Back translation was also carried out to ensure language equivalence. The translated questionnaire was subject to pilot testing with 12 randomly selected Vietnamese households. An English language copy of this questionnaire is provided in Appendix 8.

## **Results**

### **Focus groups**

In general there was considerable similarity across the groups in relation to their knowledge of Pap tests and barriers to them screening (see Appendix 3 for details of each focus group). There was a strong preference for having female service providers, particularly Vietnamese speaking and support for the role of both husbands and GPs in encouraging women to have Pap tests. There was also support for the concept of annual rather than biennial screening and this, together with concerns about hygiene being a possible cause of cervical cancer, are issues that should be addressed in any future education sessions. Issues of hygiene in the actual taking of Pap tests and shyness about the procedure were also raised and need to be taken into account by service providers when preparing women for a test.

A range of suggestions were made by the focus group members as to issues and themes of the message that they felt were needed in a media campaign on cervical screening. These included :

- (i) the need for husbands to encourage their wives to have Pap tests
- (ii) the need for messages to be directed at all age groups of women and to include information on women's bodies
- (iii) women should be encouraged to have a Pap test because it is in the whole family's interest to do so
- (iv) the need for Vietnamese women to be informed of higher incidence rates among their community

## Pre and Post Campaign Survey

### General

303 Vietnamese women participated in the pre-campaign survey, compared to 308 Vietnamese women in the post survey. Demographic data were not collected, hence the samples in two surveys could not be compared for similarity. There was no statistically significant difference in response rates between the pre- and post-survey ( $\chi^2 = 1.01$ ,  $p$ -value = 0.49). One woman in the pre-survey declined to complete the survey. The number of women in each household did not differ significantly between the surveys. In both surveys more than half the households approached had less than 2 women in each. In the pre-survey the oldest woman of the household was interviewed in 48% of cases compared to 52% in the post survey ( $p$ -value = 0.17).

Consent	Pre survey (%)	Post survey (%)
Yes	303 (99.7)	308 (100)
No	1 (0.3)	0 (0.0)
<b>Total</b>	<b>304</b>	<b>308</b>

**Table 2:** Response rates for the surveys

### Health Messages

Participants were asked whether they have heard or seen any health messages since June 1998. In the pre-campaign survey 152 (50%) women answered 'yes' to this question compared to 182 (59%) women in the post-campaign survey ( $\chi^2 = 5.77$ ,  $p$ -value = 0.02). Of these 334 women, 85 (25%) women in the pre-campaign survey saw any Pap test related message compared to 155 (46%) in the post-campaign survey ( $\chi^2 = 26.72$ ,  $p$ -value < 0.0003).

In the pre-campaign survey 81% women could recall that they heard or seen messages related to Pap tests, compared to 91% in the post-campaign period. Differences in recalling Pap test messages are shown in Table 3. Only two messages recalled were significantly different between surveys. These were: 'women over 18 need to have regular Pap tests' and 'Pap test every two years could save your life'.

When asked whether they recall hearing or seeing any other health messages, women responded with similar messages and the difference between pre- and post- surveys are shown in Table 4.

Messages	Pre-campaign survey (%)	Post-campaign survey (%)	Significance of difference
Women over 18 need to have regular Pap tests	17	28	$\chi^2 = 8.30$ $p$ -value = 0.005
Pap test every two years could save your life	45	65	$\chi^2 = 18.67$ $p$ -value < 0.0001
Pap test could help prevent cervical cancer	36	44	$\chi^2 = 3.35$ $p$ -value = 0.08
Pap test can help identify anything unusual so it can be treated	10	9	$\chi^2 = 0.02$ $p$ -value = 0.88
Make an appointment now/today to have a Pap test	3	5	$\chi^2 = 1.15$ $p$ -value = 0.34

**Table 3:** Campaign messages heard or seen most by survey respondents, pre- and post- media

Messages	Pre-campaign survey (%)	Post-campaign survey (%)	Significance of difference
Women over 18 need to have regular Pap tests	96	91	$\chi^2 = 5.63$ $p$ -value = 0.02
Pap test every two years could save your life	92	82	$\chi^2 = 10.28$ $p$ -value < 0.001
Pap test could help prevent cervical cancer	94	78	$\chi^2 = 22.39$ $p$ -value < 0.0001

**Table 4:** Other health messages heard or seen by survey participants

### Source of health messages

English language radio and television, hospitals and Vietnamese radio were the main reported sources of hearing or seeing health messages. Between the pre- and post-survey, there were statistically significant differences observed in receiving Pap test-related health messages from English language radio and television, and also from Vietnamese radio. Among Vietnamese radio stations, Vietnamese Radio Station in Australia (VNRA) was the one most reported by participants. Although Vietnamese news papers as a whole did not show any significant effect of as a source for health message.

### Health Actions

Respondents in both surveys were asked whether they did anything following hearing or seeing the health messages. In the pre-survey, 76% said they did take some actions, compared to 75% in the post survey ( $\chi^2 = 0.24$ ,  $p$ -value < 0.67). For those who took action as result of hearing or seeing messages, in the pre survey, 17% said they talked to family member, 10% looked for more information on Pap tests, and 81% reported to have had a Pap test. In the post survey, 21% said they talked to family member, 8% looked for more information and 67% reported to have had a Pap test. As a result of hearing or seeing health messages, only 2% women did not do anything in both survey.

## Knowledge

When women were asked about what they know about Pap testing, respondents predominantly answered with the three responses shown in Table 5. There were no significant differences in response rates between the pre- and post-survey. (Table 5)

Messages	Pre-campaign survey (%)	Post-campaign survey (%)	Significance of difference
Detect cancer of cervix	73	82	$\chi^2 = 2.27$ $p\text{-value} = 0.16$
Detect changes in the tissues of the cervix which could later lead to cancer	18	24	$\chi^2 = 2.43$ $p\text{-value} = 0.14$
Detect cancer of a woman's reproductive parts	12	8	$\chi^2 = 1.78$ $p\text{-value} = 0.21$

**Table 5:** Proportions of responses to the question "What is a Pap test?" pre- and post - media campaign.

The evaluation of the Vietnamese media campaign suggested that the intervention had a small but significant positive impact on knowledge of screening, where the percentage of women who recalled a Pap test health message was significantly higher at post campaign (from 46% to 55%,  $X^2=5.77$ ,  $p\text{-value} < 0.02$ ). This was also demonstrated in a higher recall rate of the message "A Pap test every two years could save your life" (45% at pre-test, and 65% at post-test,  $X^2=18.67$ ,  $p\text{-value} < 0.0001$ ).

In terms of action taken as a result of hearing the Pap test messages, there was no significant difference in the proportion of women who said they took some action pre and post the media campaign. Similarly there were no significant differences between the pre- and post- surveys in women's knowledge of Pap tests.

## Conclusion

The benefits of increasing knowledge of cervical screening as a precursor to eliciting screening behavioural changes could not be demonstrated by the intervention overall. This could partially be attributed to the incomplete nature of the data obtained from the women and the small numbers of GPs attending the educational session. The results of the media campaign indicated that the communication strategy was successful in reaching its target audience. However, there were no significant differences in reported screening behaviours as a result of the media campaign.

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## Appendix 1

## Contributors to this project

### Project Steering Committee Representatives

Ms Ruth Ferrington	Cervical Screening Coordinator South Western Sydney Area Health Service
Ms Margo Moore	Women's Health Coordinator South Western Sydney Area Health Service
Ms Cham Chau	Project Officer South Western Sydney Area Health Service
Ms Kim Hong Huynh	Project Officer South Western Sydney Area Health Service
Ms Ilona Lee	Manager Multicultural Communications Service
Ms Jenny Fisher	Project Manager Multicultural Communications Service
Ms Wendy Harris	Project Manager Multicultural Communications Service
Ms Anjali Boronowskis	Deputy Manager NSW Cervical Screening Program
Ms Vanessa Long	Recruitment Officer NSW Cervical Screening Program

### Project Management team

Ms Cham Chau	Project Officer South Western Sydney Area Health Service
Ms Kim Hong Huynh	Project Officer South Western Sydney Area Health Service
Ms Ruth Ferrington	Cervical Screening Coordinator South Western Sydney Area Health Service
Ms Amanda Niciak	Manager, Health Promotion and Communication NSW Cervical Screening program
Ms Dina Retter	Project Officer NSW Cervical Screening Program

### Report Compilation

Ms Ruth Ferrington	Cervical Screening Coordinator South Western Sydney Area Health Service
Ms Amanda Niciak	Manager, Health Promotion and Communication NSW Cervical Screening program
Ms Dina Retter	Project Officer NSW Cervical Screening Program
Mr Stephen Morrell	Epidemiologist NSW Cervical Screening Program

## Appendix 2

### General Practitioner Questionnaire

#### PRE-TEST

Before the session, please answer the following questions about cervical screening. The evaluation is important for the Royal Australian College of General Practitioners to allocate Continuing Medical Education points. The anonymous answers are used to estimate the seminars success in meeting its goals.

Please rate YOUR CONFIDENCE in managing different aspects of cervical screening which may impact on your practice. Please rate each aspect on a scale of one to five where one (1) is the lowest score and five (5) is the highest score for each aspect. A score of three (3) is neutral.

#### How confident are you in ...

1. *Appropriately notifying women of their test results ?*  
Not at all confident 1      2      3      4      5      Confident
  
2. *Addressing the concerns expressed by women reluctant to have a Pap test?*  
Not at all confident 1      2      3      4      5      Confident
  
3. *Minimising effectively the risk of litigation?*  
Not at all confident 1      2      3      4      5      Confident

4. **Identify two ways to improve screening rates in your practice.**

.....  
.....

5. **Identify two methods of minimising the risk of litigation in regard to cervical screening.**

.....  
.....

6. **Identify your legal obligations in regard to cervical screening from the following:**

- Inform the woman of the role of the Pap test register
- Note the woman's refusal on the pathology form
- Record the woman's decision in regard to participation in the register
- Inform the woman of the costs and benefits of automated cytology

7. **Prioritise what you see are the best ways of notifying women of abnormal Pap test results in order from one (1) to five (5).**

- ... Women asked to ring and doctor gives results
- ... Women asked to ring and receptionist/ nurse gives results
- ... Letter sent asking women with abnormal result to make appointment
- ... Doctor rings patient if there is any abnormality
- ... Copy of results sent to client with letter of explanation

8. **What local initiatives in cervical screening are you aware of in your area?**

.....  
.....

**POST-TEST**

**Please rate YOUR CONFIDENCE in managing different aspects of cervical screening which may impact on your practice.** Please rate each aspect on a scale of one to five where one (1) is the lowest score and five (5) is the highest score for each aspect. A score of three (3) is neutral.

**How confident are you in ...**

- 1. *Appropriately notifying women of their test results ?*  
Not at all confident 1      2      3      4      5      Confident
  
- 2. *Addressing the concerns expressed by women reluctant to have a Pap test?*  
Not at all confident 1      2      3      4      5      Confident
  
- 3. *Minimising effectively the risk of litigation?*  
Not at all confident 1      2      3      4      5      Confident

4. **Identify two ways to improve screening rates in your practice.**

.....  
.....

5. **Identify two methods of minimising the risk of litigation in regard to cervical screening.**

.....  
.....

6. **Identify your legal obligations in regard to cervical screening from the following:**

- Inform the woman of the role of the Pap test register
- Note the woman's refusal on the pathology form
- Record the woman's decision in regard to participation in the register
- Inform the woman of the costs and benefits of automated cytology

7. **Prioritise what you see are the best ways of notifying women of abnormal Pap test results in order from one (1) to five (5).**

- ... Women asked to ring and doctor gives results
- ... Women asked to ring and receptionist/ nurse gives results
- ... Letter sent asking women with abnormal result to make appointment
- ... Doctor rings patient if there is any abnormality
- ... Copy of results sent to client with letter of explanation

8. **What local initiatives in cervical screening are you aware of in your area?**

.....  
.....

9. **Did the session improve your knowledge of cervical screening rates ?**

- no improvement       some improvement       great improvement

10. **Did the session improve your knowledge of the steps in the cervical screening pathway?**

- no improvement       some improvement       great improvement

11. **Did the session improve your knowledge of the aims and approach of the NSW Cervical Screening Program?**  
 no improvement                       some improvement                       great improvement

**Please rate each aspect of the session on a scale of one to five where one (1) is the lowest score and five (5) is the highest score for each aspect.**

12. **Did you think the VENUE for this session was**
- |                 |   |   |   |   |   |             |
|-----------------|---|---|---|---|---|-------------|
| Not comfortable | 1 | 2 | 3 | 4 | 5 | Comfortable |
| Not convenient  | 1 | 2 | 3 | 4 | 5 | Convenient  |
13. **Did you think the TIME for this session was**
- |                |   |   |   |   |   |            |
|----------------|---|---|---|---|---|------------|
| Not convenient | 1 | 2 | 3 | 4 | 5 | Convenient |
|----------------|---|---|---|---|---|------------|
14. **Did you think the WORKBOOK for this session was**
- |                            |   |   |   |   |   |                       |
|----------------------------|---|---|---|---|---|-----------------------|
| Not user friendly          | 1 | 2 | 3 | 4 | 5 | User friendly         |
| Not comprehensive          | 1 | 2 | 3 | 4 | 5 | Comprehensive         |
| Not relevant to your needs | 1 | 2 | 3 | 4 | 5 | Relevant to needs     |
| Insufficiently detailed    | 1 | 2 | 3 | 4 | 5 | Sufficiently detailed |
15. **Did you think the FORMAT for this session was**
- |                |   |   |   |   |   |                 |
|----------------|---|---|---|---|---|-----------------|
| Not coherent   | 1 | 2 | 3 | 4 | 5 | Coherent        |
| Not integrated | 1 | 2 | 3 | 4 | 5 | Well integrated |
16. **Did you think THIS SEMINAR was**
- |                 |   |   |   |   |   |             |
|-----------------|---|---|---|---|---|-------------|
| Not worthwhile  | 1 | 2 | 3 | 4 | 5 | Worthwhile  |
| Not informative | 1 | 2 | 3 | 4 | 5 | Informative |
17. **Was the length of time allowed for discussion of each segment appropriate?**
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Introduction                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Video                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Case studies                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Local initiatives for cervical screening | <input type="checkbox"/> | <input type="checkbox"/> |

**How RELEVANT are the strategies presented in the scenarios for you in YOUR practice?**

- A. *Increasing opportunistic screening - "Do I really have to have one?"*  
 Not relevant                      1                      2                      3                      4                      Relevant

Please comment : .....

.....

- B. *Management of abnormal Pap test results- "It's about your Pap test result"*  
 Not relevant                      1                      2                      3                      4                      Relevant

Please comment : .....

.....

- C. *Minimising risk of medico legal consequences- "Legally speaking"*  
 Not relevant                      1                      2                      3                      4                      Relevant

Please comment: .....

18. For some general practitioners, other issues are more significant in cervical screening. Are there other issues you would have preferred to address?

- no  
 yes Please comment .....

19. Other Comments: .....

The following questions relate to your practice. The answers help us to establish a profile of participants in the session.

20. Do you work:

- Full time  Part time

21. Indicate your primary practice postcode

.....

22. Your Gender:

- Male  Female

23. How many years have you been practicing?

- 0-5  6-10  11-20  21 years or more

24. **During the last week, how many Pap tests have you completed?** That is, how many Pap tests have you performed since this time last week?

- 0-5  6-10  11-20  21 Pap tests or more

25. **During the past twelve months, how many CME activities have you attended?** That is, how many educational seminars hosted by your Division of General Practice have you attended ?

- 0-3  4-6  7-12  12 or more

**Thank you for your participation.  
Please return the questionnaires to the box provided at the entrance.**

### Elderly Women

#### 1. DO YOU KNOW ABOUT PAP TEST?

- 4 of 8 group members have never had/haven't heard about a Pap test
- Go to GP to have a test, but GP didn't tell anything
- Cervix is inside the vagina
- Have Pap test frequently, write down in diary and visit GP if anything different
- Early detection is early treatment
- Vietnamese women living in Vietnam more at risk of cervical cancer risk because of poor hygiene
- Australian Health Care is very good in encouraging women to go for Pap test

#### 2. WHAT STOPS YOU FROM GETTING A PAP TEST?

- Hearing that Pap test made bleeding
- Husband die
- Not worry about Male/Female GP
- GP not explain clearly
- Should explain, inform husband and children about women health, not hidden
- Its necessary to understand about body and health

#### 3. WHAT MESSAGES WOULD YOU LIKE TO HEAR WHEN TALKING ABOUT PAP TESTS IN THE MEDIA?

- SBS radio has to remind to go for Pap test
- Have seen message in GP surgery
- Its good if GP reminds for Pap test
- Never say no to GP
- GP tell to do something means he/she looks after, notice to your health
- Remind testing time
- Encourage not embarrassing
- Talk about happy family
- Radio SBS is best
- Fridge magnets

### North Vietnamese Women

#### 1 DO YOU KNOW ABOUT PAP TEST?

- Pap test prevents all women diseases e.g. discharge, cancer
- Women over 40 should go for Pap test 2 years time
- GP advises married women should go for Pap test 2 years time
- Experience from mother cancer so should visit GP when notice any changing
- Should have Pap test every year not every two years or when feeling different
- Don't know about high cervical cancer rate of Vietnamese women in Australia
- Cancer rate of Vietnamese women living in Australia is lower than in Vietnam

## **2 WHAT STOPS YOU FROM GETTING A PAP TEST?**

- Health women don't need to have a Pap test
- Lack of health education
- Pap test not important
- Lose time, lazy child rearing
- Money first
- No good GP/ not professional
- Can talk to male/female GP
- Talk to female GP easier than male (5/8)
- Our right to say No to GP (1)
- Not hesitate to talk to husband
- Should have the friendly meetings to talk about women body and health

## **3 WHAT MESSAGES WOULD YOU LIKE TO HEAR WHEN TALKING ABOUT PAP TESTS IN THE MEDIA?**

- Have heard messages on SBS radio
- Reading women pages on Vietnamese newspaper
- Asking sisters, relatives first before ask GP
- Passing on orally
- Interviewing patient on TV
- Talk clearly about currently the increasing of cervical cancer rate in Vietnamese community e.g. From 98 to now how many women get cancer, how many died, how many had to remove uterus.
- Scare to death so go to Pap test
- Making video tape with picture, information, statistic
- Talking straight away, not hesitate about embarrassment
- Fridge magnet (Did you go for a Pap test this year?)

### **Working Women**

#### **1. DO YOU KNOW ABOUT PAP TEST?**

- Understand but not a lot
- Test to prevent a complication/side effect lead to cancer
- Living 10 years in Australia, go to Pap test one time then stop
- Heard about Pap test so go biannually
- Everyone knows where the cervix is
- Visiting GP to have gynaecology test but not notice the right time
- Going for a Pap test when I like to go
- Pap test, not to prevent cancer but to early treatment. Bad luck will get the disease
- Two years two late, isn't it?
- Should not wait to two years, it can become serious
- Early detection is important because if late it affect to other parts
- Knowing that Vietnamese women show a higher incidence of cervical cancer because culture, poor, lack of knowledge, not go for test, when arrived to Australia it became serious.
- Don't know that Vietnamese women Australia show a higher rates of cervical cancer (5/6)
- Why is cervical cancer occurred? Is it lack of hygiene bad luck.

#### **2. WHAT STOPS YOU FROM GETTING A PAP TEST?**

- Separated, divorced, shy, lazy
- Feeling uncomfortable

**3. WHAT MESSAGES WOULD YOU LIKE TO HEAR WHEN TALKING ABOUT PAP TESTS IN THE MEDIA?**

- Seeing/hearing on SBS radio Vietnamese newspaper, GP remind, pamphlet
- Remind that speculum/spatula had been clean/ through away after using
- Left the children orphan
- Writing a story/ sorry for ever/ patient suffer painful
- Interview patients
- Its not happened to me/ relation between cause and effect
- Cervical cancer is not transmitted disease, only need early detection
- Talking, friendly, clearly
- Obligation
- Fridge magnet
- SBS radio
- Willing to learn about female body and how it works
- Husband was informed is good because husband take care, remind
- Organising weekend groups, please.

**Young Women**

**1. DO YOU KNOW ABOUT PAP TEST?**

- Did not know about Pap tests until after I had a baby
- Vietnamese or Australian nurse OK
- Vietnamese women live in Vietnam more cervical cancer risk because not hygiene but in Australia the cervical cancer lower they thought

**2. WHAT STOPS YOU FROM GETTING A PAP TEST?**

- Embarrassed, uncomfortable
- Want to see female doctor or female nurse
- No time to read newspaper

**3. WHAT MESSAGES WOULD YOU LIKE TO HEAR WHEN TALKING ABOUT PAP TESTS IN THE MEDIA?**

- Education over long time and repeat, not a short period
- Want to know about women's body and health education
- Very important to remind husband
- Family doctor remind patient
- Information spread to all different groups of ages elderly group - younger people. They will encourage their family
- Parent remind children, husband remind wife
- More groups education (make more friends, enjoy and happy)

**Newly Arrived Women**

**1. DO YOU KNOW ABOUT PAP TEST?**

- Need one year (two years too long)

**2. WHAT STOPS YOU FROM GETTING A PAP TEST?**

- Want to know more about women body

**3. WHAT MESSAGES WOULD YOU LIKE TO HEAR WHEN TALKING ABOUT PAP TESTS IN THE MEDIA?**

- Family doctor reminds patient
- Husband reminds - encouraging to have patient. It is very important
- Want to have Vietnamese female doctor or Vietnamese nurse. It is easy to talk
- They want to know the numbers of the Vietnamese women have a cervical cancer
- Doctor or nurse use small size speculum and very hygienic.

## Appendix 4

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## SBS Radio Scripts

### Script 1

*A 40 year old husband reading a newspaper, a 38 year old wife folding clothes*

**Husband:** Honey! Here's some news for you!

**Wife:** What's that?

**Husband :** Here! It is reported that the rate of Vietnamese women getting cervical cancer is higher than that compared to Australian born women. The government is encouraging Vietnamese women to have a Pap test. Have you had a Pap test yet?

**Wife:** What news! I had the test a few years ago and the result was good.

**Husband:** Few years ago? In the newspaper it says that to prevent cervical cancer, women should have the test every two years.

**Wife:** I think I should have a test. However there are just so many things to do with the housework, children, that make me hesitate to go.

**Husband:** Don't hesitate honey! This is for the sake of you and your loved ones. If something happened to you, it would be devastating for the whole family. I will drive you to the test.

**Health is gold; prevention is better than treatment. For more information about Pap tests, please contact your family doctor or local Community Health Centre**

### Script 2

*A 50 year old woman visits a widow of the same age.*

**A:** Ah How are you Tu? Come in.

**Tu:** Fine. I've come to ask you to have a Pap test with me.

**A:** What kind of test?

**Tu:** A Pap test. It is a test every two years to help prevent cervical cancer.

**A:** As my husband passed away a long time ago I don't think I need to have that test.

**Tu:** People say that it doesn't matter whether you're old or young, a divorcee or a widow or haven't had any children, if you have ever had sex then you should go for a check up.

**A:** But....I am healthy. Its quite embarrassing to have the test.

**Tu:** Don't you know, we have to look after ourselves. If there is a problem, early detection could save our life.

**A:** Would the test cause any pain or infection?

**Tu:** I got a test last time, it didn't hurt at all and all the equipment used is sterilised beforehand so you cant pick up any disease.

**A:** Just wait for me and we will go together.

**Women lets remember A Pap test every two years. If you would like to have more information about Pap tests please contact your family doctor or your local Community Health Centre.**

### Script 3

*A 25 year old daughter is talking to her 50 year old mother.*

**Daughter:** Mother, do you remember when I told you that I was wondering why Lan did not come into work yesterday? Well, now I know.

**Mother:** What is it dear? Is she in trouble?

**Daughter:** It is not that mother! Lan told me she went for a Pap test and the result was not good.

**Mother:** Is it serious?

**Daughter:** Lan said her Doctor is following up her case. It is a good thing that she has been attending the test every two years.

**Mother:** How about you? Have you had yours?

**Daughter:** Yes, I have.

**Mother:** What about me then? I have only been in Australia for a short time. Do I need to have one done?

**Daughter:** Mother, it is very important for all women to have a Pap test regularly because early detection prevents cervical cancer.

**Mother:** OK, can you take me to the Doctor in the near future?

**Daughter:** Of course, I will make an appointment for you now mother.

**Everyone! When you are going about your business, whether near or far away don't forget your Pap test**  
**if you would like more information about Pap tests, please contact your Family doctor or your local**  
**Community Health Centre**

### Script 4

- A Pap test is a simple and effective method to prevent cervical cancer
- Research has shown that Vietnamese women have a higher rate of cervical cancer than Australian born women
- The NSW Cervical Screening Program is promoting a program to encourage Vietnamese women in NSW to have a Pap test
- All women from 18 to 70 years old, no matter whether you are divorced, widowed or have no children, once you have had sex, it is advised that you should have a Pap test every two years.
- A Pap test is a quick and simple test that could save your life. For more information please contact your family doctor or local community Health Centre.

## Appendix 5

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## Newspaper Advertisements

### 1. PAP TEST

The method:

test for prevention of cervical cancer  
Quick and simple

All women from 18 to 70 years old, once you have had sex, it is advised that you contact your family doctor.

If you would like to have more information about Pap tests please contact your doctor, Women's Health Centre, Family Planning, your local Community Health Centre or the special 24 hour line (02) 9382 8123.

A joint project of the South Western Sydney Area Health Service and NSW Multicultural Communication Service, funded by the NSW Cervical Screening Program.

### 2. PAP TEST

The method:

Women let's remember  
Pap test every two years

Pap test is quick and simple method to find out easily the cells of cervical cancer

All women from 18 to 70 years old, no matter if you are divorced, widowed, once you have had sex, it is advised that you should have a Pap test every two years to prevent cervical cancer.

If you would like to have more information about Pap tests please contact your doctor, Women's Health Centre, Family Planning, your local Community Health Centre or the special 24 hour line (02) 9382 8123.

A joint project of the South Western Sydney Area Health Service and NSW Multicultural Communication Service, funded by the NSW Cervical Screening Program.

## **Appendix 6**

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### **English Translation of the Print Article**

NSW Statistics have indicated that Vietnamese women have higher rate of cervical cancer than Australian born women

A special project has been established in South Western Sydney to encourage Vietnamese women from 18 to 70 years old who have ever had a sexual relationship to have two yearly Pap tests.

Two Vietnamese speaking project officers have been employed to run project activities

One of the project officers, Ms Cham Chau advised "A Pap test is a quick and simple method to detect early any change in the cervix that could lead to cervical cancer. 90% of cases of cervical cancer could be prevented by two yearly Pap test screening."

These messages are being promoted through advertisements on Radio SBS and in Vietnamese Newspapers. The Project officers will also be running education sessions to provide Vietnamese women with more information on Pap tests, help with referrals and take women to have Pap tests if needed.

If you would like more information about Pap tests, please contact your family Doctor, Women's Health Centre, Family Planning or your local Community Health Centre.

For more information about Pap tests and the project activities please phone (02) 9382 8123.

## Appendix 7

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### Schedule of Advertisements

#### Vietnamese Radio

- SBS 30 spots of 1 minute each (1 spot every day except Thursday for 5 weeks)
- Vietnamese Radio in Australia: 20 spots of one minute each.
- Two Vietnamese Christian Radio stations also played the advertisement as community announcements.

#### Vietnamese Print media

- Sunrise Daily (Chieu Duong) 1/4 page advert on 27/10, 7/11, 11/11, 17/11.
- Vietnamese Daily (Viet Luan) 1/4 page advert on 30/10, 3/11, 13/11, 17/11.
- Vietnamese Tribune 1/4 page advert on 29/10, 5/11, 12/11, 19/11.

**Evaluation of Vietnamese Campaigns  
NSW Multicultural Health Communication Service and  
the NSW Cervical Screening Program**

August 1998

Date:                                    \_\_\_/\_\_\_/\_\_\_\_\_  
Questionnaire Number:  
Post code:

### INTRODUCTION

Hello my name is..... We are doing a survey for the Multicultural Communication Service which is part of the NSW Health Department. The survey is about a health campaign we are running for Vietnamese speaking women.

#### Is Vietnamese spoken in your household?

**Code:**

1. Yes
2. No ➔ **Terminate**
3. Don't know ➔ **Terminate**

If **'Yes'**, can I ask you how many Vietnamese speaking women live in your house who are between the ages of 18 and 70 years, so I can select someone to speak to?

Write down:  
Number of residents

#### Can I please speak to the \_\_\_\_\_ eldest woman please? Would that be yourself?

(Using Kish grid)

**Code:**

1. Yes ➔ Go to A
2. No
3. Household refusal
4. Language problem
5. Recently surveyed

If **'No'**, could I please speak to that person?

(Wait till certain of actual response before continuing)

**Code:**

1. Yes ➔ Go to A
2. No (not available)
3. No (household refusal)
4. No (Recently surveyed)

If **'No'**, When would be the best time to call back to speak to them?  
(record on log sheet).

## **A: TO THE SELECTED RESPONDENT**

### **Only for respondents that did not answer the phone**

Hello my name is..... We are doing a survey for the Multicultural Health Communication Service which is part of the NSW Health Department. The survey is about a health campaign we are running for Vietnamese speaking women. I would be very grateful if you could spare some time to answer a few questions.

### **For all respondents**

The questions will take about 10 to 15 minutes. Everything you say will be strictly confidential. You do not have to take part in the survey and you can stop the survey at any time or refuse to answer a question if you wish to do so. If you have any queries I would be happy to answer them.

### **Are you willing to help us with this survey?**

(Wait till certain of actual response before continuing)

#### **Code:**

1. Yes
2. No

If 'No', **Thanks for your time**

If 'Yes', **Is now a convenient time to do the survey?**

#### **Code:**

Yes ➔ Go to Q1

No

If 'No', when would be a convenient time?

(Record on log sheet)

## **THE QUESTIONNAIRE**

### **Q1. Have you heard or seen any health messages since June 1998?**

#### **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

### **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 test 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 test can help prevent cervical cancer
7. Pap test can help identify anything unusual so it can be treated
8. Can't recall message

**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 test 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 test 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. Vietnamese 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. Vietnamese radio (please specify)
  - a) SBS radio
  - b) VNRA (Vietnamese Radio in Australia)
  - c) Other: \_\_\_\_\_ Translation: \_\_\_\_\_
- 13. Vietnamese newspapers (please specify):
  - a) Chieu Duong
  - b) Viet Luan
  - c) Dan Viet
  - d) Nhan Quyen
  - e) Tivi Tuan San
  - f) Vietnam Thoi Nay
  - g) Other: \_\_\_\_\_ Translation: \_\_\_\_\_
- 14. Other (please specify):
  - \_\_\_\_\_ Translation: \_\_\_\_\_
  - \_\_\_\_\_ Translation: \_\_\_\_\_
  - \_\_\_\_\_ Translation: \_\_\_\_\_
- 15. 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. Talked to family or friends
- 2. Looked for information on Pap tests
- 3. Looked 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:**

Yes ➔ Go to question 7

No ➔ If No read the following..

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 What is a Pap 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. Other(please specify):

..... Translation: .....

**Q8. Have you ever had a Pap Test?**

**Code:**

Yes ➔ Go to Q 9

No ➔ Go to Q10

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

**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

**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. 18-49 years
2. 50-70 years
3. 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
9. 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
- 8. 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:**

- 1. Australia ( Go to Q19)
- 2. Vietnam
- 3. 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?**

**Code:**

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**Translation:**

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Thank you very much for your time and participation.

