

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

**Women from former Yugoslavia**

## Acknowledgments

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The *Recruitment of women from former Yugoslavia for Cervical Screening* project was undertaken on behalf of the NSW Cervical Screening Program by the South Western Sydney Area Health Service and the Western Sydney Area Health Service. It was funded by the NSW Cervical Screening Program.

The Program wishes to thank the Advisory Committee members who provided such valuable assistance with the project. Also acknowledged is the important contribution of the bilingual educators who facilitated the focus groups.

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

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

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## Introduction

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A Cervical Screening Recruitment Project targeting women from the former Yugoslavia was conducted in Western and South Western Sydney Area Health Services from December 1999 to September 2000 and was funded by the NSW Cervical Screening Program. The goal of the project was to increase cervical screening rates among women from the former Yugoslavia in South West Sydney and Western Sydney Area Health Services.

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.

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.

## Rationale

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There were 285 new cases of cervical cancer in NSW in 1997. This represented 2% of all cancers in females. Cervical cancer ranked eleventh for incidence and fourteenth for cancer mortality in females. For cervical cancer, the crude incidence rate per 100,000 women was 9.0, and the corresponding age-standardised incidence rate was 8.3. The crude mortality rate was 3.2 and the age-standardised mortality rate was 2.7 (NSW Cancer Council, 2000).

Unlike most cancers, incidence rates for cervical cancer increase rapidly between 20 – 39 years of age, and remain relatively constant thereafter. Mortality rates showed a more consistent increase with age. In 1997, the median age at diagnosis of cervical cancer was 48 years (NSW Cancer Council, 2000).

In the period 1991-1995, SWSAHS had an age-standardised cervical cancer incidence rate of 10.8 per 100,000 women, compared to 9.2 per 100,000 women for NSW. Further, SWSAHS has the highest standardised incidence ratio of cervical cancer (SIR=115) compared to other NSW Area Health Services (NSW Cancer Council, 1995). In the period 1994 – 1998 WSAHS had marginally lower standardised mortality ratios from cervical cancer. However, NSW residents born in Croatia had a significantly higher standardised mortality ratio (295, 95%, CI 183 – 524) than the NSW average (100) (Chan & Close, 2000).

For the 24-month period ending June 2000, 55.8% of women aged 20-69 years in SWSAHS had been screened, compared with 59.9% in NSW (NSWCSP, 2000). The WSAHS biennial screening rate for the 24-month period ending June 2000 was 56% compared to 59.9% in NSW (NSWSCP, 2000).

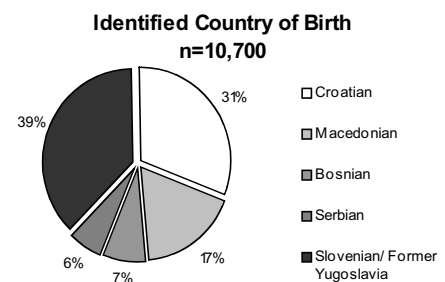
Australia has resettled over 33,000 people from the former Yugoslavia since the civil conflict there began in the 1991. Of all visa grants under the offshore component of the Humanitarian Program in 1998 – 99, the largest source area was the former Yugoslavia, with 4,643 people (48.7%). Under the Humanitarian Program, 32.2% of those who settled in NSW were from the former Yugoslavia with 4,643 people (Australian Department of Immigration and Multicultural Affairs, 2000).

### The Target Population

The identified target group for this project was women from the former Yugoslavia aged between 18 -70 years of age who reside in SWSAHS and WSAHS. The combined SWSAHS and WSAHS, population of women from the former Yugoslavia aged between 20 and 69 years was 10,700, which represents 4.9% of the female population aged 20 – 69 years living in SWSAHS and WSAHS (ABS, 1996).

Of these 10,700 women from the former Yugoslavia, 6,614 identified as being Bosnian, Serbian, Macedonian or Croatian, with the remainder identifying themselves as being from Slovenia or from the former Yugoslavia (ABS, 1996), see Figure 1.

**Figure 1.** Proportion of country of birth in women from former Yugoslavia, SWSAHS and WSAHS.



### Background

Barriers to screening by women from culturally and linguistically diverse backgrounds are similar to those experienced by English-speaking Australian women. These can be linked to a woman’s knowledge about cervical cancer and may include emotional barriers such as fear, embarrassment, discomfort, pain and fear of the outcome (Hennig & Knowles, 1990, Cockburn, 1992). Additional barriers identified for women from culturally and linguistically diverse backgrounds can differ from group to group. Some identifiable barriers common to many groups include language, beliefs and cultural practices (NSW Cervical Screening Program, 2000).

A study by Kelaher, et.al (1997) examined the level of support required by different language groups before improvement in participation in cervical screening occurred. Subjects were women who had arrived in Australia within the last five years and attended established health and community groups with subsequent access to health services and information. Former Yugoslav-born women and eight other groups from culturally and linguistically diverse backgrounds were assessed within the process of behaviour change. The study concluded that educated urban women from the former Yugoslavia demonstrated a high level of awareness of screening, which they stated was intensively promoted in the Former Yugoslavia prior to the civil war, while rural women from the former Yugoslavia and uneducated women were less knowledgeable.

## Objectives & Strategies

OBJECTIVE	STRATEGY
1. Increase knowledge of cervical screening among women from former Yugoslavia in SWSAHS and WSAHS.	Develop, implement and evaluate an educational package on cervical cancer and screening for women from former Yugoslavia in SWSAHS and WSAHS using bi-lingual community educators.
2. Increase awareness of cervical screening among women from former Yugoslavia in SWSAHS and WSAHS.	Design and implement a print and radio mass media campaign for women from the former Yugoslavia in SWSAHS and WSAHS.
3. Increase General Practitioner awareness of cervical screening in women from former Yugoslavia in SWSAHS and WSAHS.	Implement and evaluate educational outreach sessions to targeted language-specific general practitioners in SWSAHS and WSAHS by providing information and resources.
4. Increase access to language specific screening services in SWSAHS and WSAHS.	Organise and evaluate language specific screening clinics in SWSAHS and WSAHS.

**Table 1.** Objectives & Strategies of campaign to increase cervical screening in women from the former Yugoslavia, WSAHS and SWSAHS.

## Methods

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### 1.1 Community education

Eight language-specific (Serbian, Macedonian and Croatian) community education sessions were conducted by bi-lingual community educators in a variety of settings. The sessions gave the participants an overview of the female reproductive system, explored the myths surrounding Pap tests, identified barriers to screening, and provided information about where to access Pap tests in their local area. Additionally, two community education sessions were completed at an English Language School where women from the former Yugoslavia participated in English language proficiency courses.

### 1.2 Media campaign

Three focus groups were conducted in the four major language groups (Serbian, Macedonian, Bosnian and Croatian). The focus groups explored women's feelings, attitudes and knowledge about Pap tests to establish the most appropriate media messages. Focus group participants were recruited through a number of sources, including existing groups who had not received recent exposure to women's health information. The focus groups were designed to reflect the

demographics of each particular community, with both recent arrivals and longer-term residents participating.

A range of suggestions were made by each of the communities as to the content of messages that should be included in the media campaign, summarised in Table 2.

Language	Message
Bosnian	Simple and takes a few minutes Early discovery means it can be treated Its for our benefit Important to go on time
Croatian	All women to go, with or without problems Better prevention than cure For all women, young and old
Macedonian	Saves lives Takes five minutes Have regularly Needs to be explained
Serbian	Why it is important What it is about Not painful Useful message for all women

**Table 2.** Message content developed by focus groups for media campaign

Working groups were established for each of the four communities to review the findings of the focus groups and to oversee the production and development of media messages. The working groups also recommended the medium in which the screening messages were to be placed.

The radio campaign ran for four weeks from July to August 2000 during which scripts were rotated across the different programs. Eighty spots were used on SBS and five community radio programs. Articles and advertisements were placed in five community newspapers.

### 1.3 Educational Outreach

Twenty-eight general practitioners in SWSAHS and WSAHS were identified via the AMCo database as speaking the four relevant languages. Sixteen general practitioners were contacted (14 practice visits and 2 phone interviews). Incorporated in the educational outreach for general practitioners was information about the project, and resources (pamphlets, posters and professional guidelines) in the targeted languages were offered. Additionally, general practitioners were asked about their current screening practice and, where appropriate, were advised on alternative service providers in their area if the need should arise.

### 1.4 Clinical Services

A total of thirteen language-specific Pap test-screening clinics were conducted for women from the former Yugoslavia. Women attended clinics from the community educational sessions, English language schools and other sources such as community health workers.

## Results

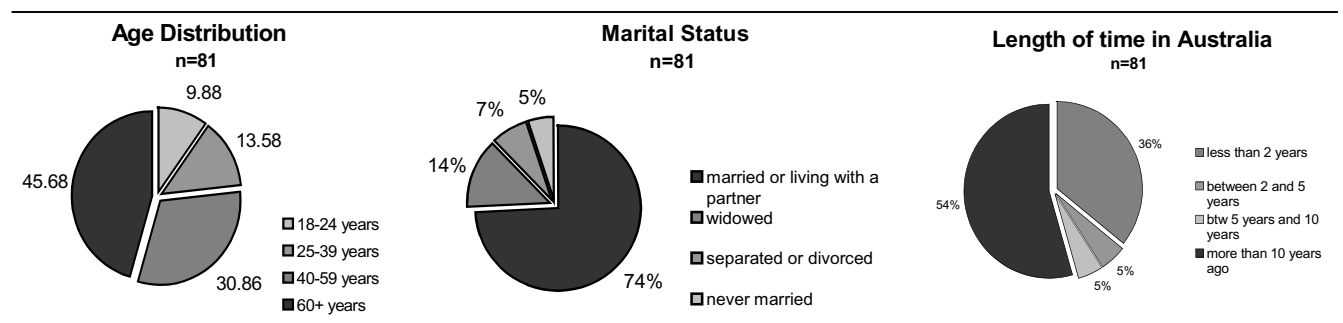
### Community Educational Sessions

#### Reach

Ten education sessions were held for three groups of women (Macedonian, Croatian and Serbian). A total of 104 women participated in these sessions representing 0.96% of the target population of 10,625 women from the former Yugoslavia residing in South West and Western Sydney Area Health Services.

#### Demographic profile of participants in educational sessions (n=81)

Of the 104 women who participated in the education sessions, 81 women completed a brief evaluation questionnaire (response rate of 77.8%). A demographic profile of these women is shown in figure 1 below.



**Figure 1 .** Age distribution, marital status and length of stay of education participants

Overall, women attending the education sessions belonged to the older target age groups, with 76.6% aged 40 - 60+ years. The majority of women who participated were married (74.1%) or in a defacto relationship. Fourteen percent of women were widowed, 7% separated or divorced, and 5% never married. Most of the women who participated in the education sessions had been resident in Australia for more than 10 years (54.3%), although a large proportion (35.8%) were new arrivals who had spent less than 2 years in Australia.

#### GP visits and screening history

Of those who attended the education sessions, 31% of participants reported last seeing their GP over 12 months ago, 44 women (35.7%) reported being under or unscreened, with 6 women reporting that they had never had a Pap test. Just under half of the women who attended, (59 women, 48.1%) were adequately screened (see figure 2 below).

### Knowledge gained

Women were asked at the end of the education session how often should a woman have a Pap test. A majority (64.2%) of women answered correctly that a woman should have a Pap test every two years. As there was no pre-session survey it is not possible to determine the extent of this knowledge being attributable to the education session. (see figure 2 below).

Overall, the education session was reported as very informative by 63.0% and informative by 24.7% of participants. Ten women (12.4%) did not complete this part of the questionnaire.

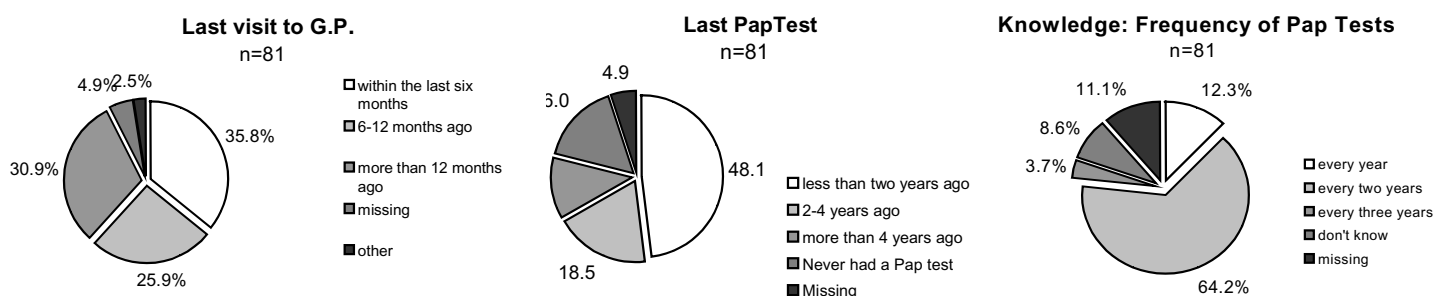


Figure 2. GP visits and Pap testing, women from former Yugoslavia, WSAHS and SWAHS.

### Women from English language classes

Twenty-four of the 81 women who completed the education session questionnaire were recruited from English language classes. This subset of women was younger, with 70% aged between 19-39 years, and all but one had been resident for two years or less. These women were also more under-screened. A significantly higher proportion of those from the English language classes reported never having had a Pap test compared to those not recruited from the language classes (31.8% vs 10.9%;  $X^2 = 4.9$ ,  $p=0.03$ ).

### General Practitioner Educational Outreach

A total of 16 language-specific general practitioners were contacted during the educational outreach. Thirteen (81.3%) GPs were visited personally and 2 (18.7%) were contacted and interviewed by phone. 81.3% of these GPs reported that they performed Pap tests, 2 GPs reported that they did not, and data was incomplete for one GP.

Of the GPs who reported performing Pap tests, most GPs reported performing 6-10 (29%) or 11-15 (36%) Pap tests monthly.

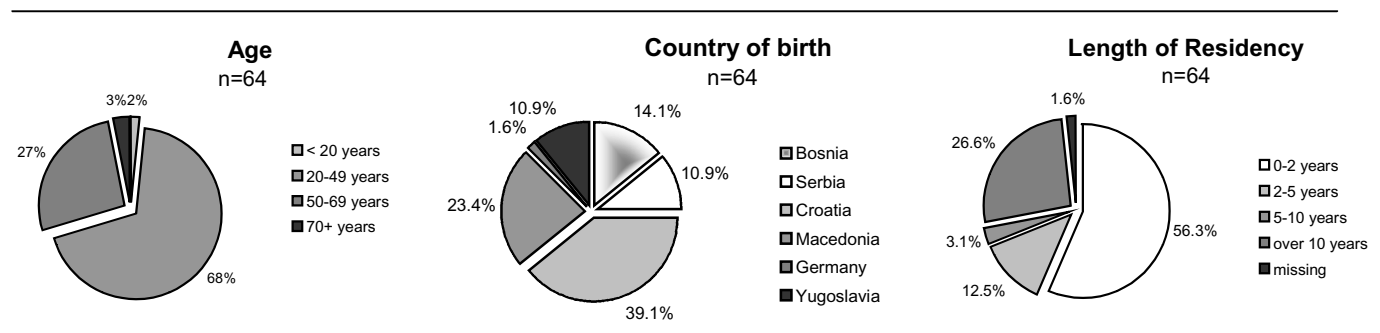
Nine GPs (56%) reported having a referral network in place for women who may prefer an alternative service provider. Some GPs reported referring to more than one alternative provider. In general, the most frequently referred-to service provider was a female GP outside the practice. However, 27% of GPs referred women to a specialist.

## Screening Clinics

Thirteen clinics were held to screen women who attended the education sessions. A total of 129 women attended. Of these women, 64 patient encounter sheets were completed. It should be noted that patient encounter sheets were completed for every woman who attended the clinic regardless of whether they attended an education session. Information presented below refers to all women who attended the clinic and are not necessarily the same women who attended the education sessions. A subset of these women did come from the education sessions; while others were motivated to come to the clinic by other educational activities, being encouraged by a friend, relative, spouse, or migrant worker and from hearing or reading advertisements.

### **Demographic profile of women attending cervical screening clinics (n=64)**

Demographic details of the women who attended the screening clinics are summarised in Figure 3 below.



**Figure 3.** Age, country of birth and length of residency of women from former Yugoslavia attending Pap screening clinics, SWAHS and WSAHS.

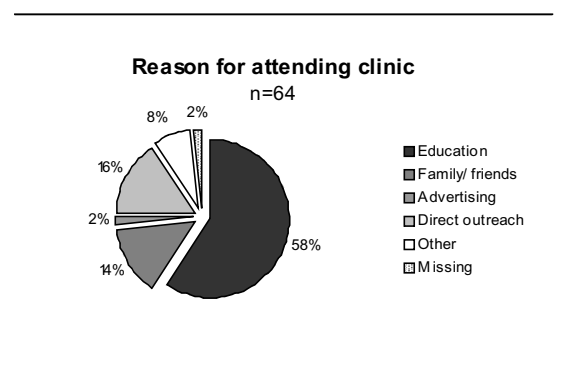
The majority of women who attended the screening clinics were aged 20-49 years (68.8%) while 17 women (26.6%) were aged between 50-69 years.

The two largest groups of women who attended the clinics were from Croatia (39.1%) and Macedonia (23.4%). Smaller numbers of women came from Bosnia (14.1%) and Serbia (10.9%), while a further 7 women (10.9%) identified only as having been born in Yugoslavia.

More than half of the 64 women who attended the clinics (56.3%) were new arrivals who reported being resident in Australia for less than two years.

### **Stated reasons for attending the clinic**

Of the women who attended the clinic, 58% reported that their reason for attending was a previous education session. 14% reported that a family member or friend encouraged them to attend the clinic, while a further 16% reported various outreach workers such as humanitarian

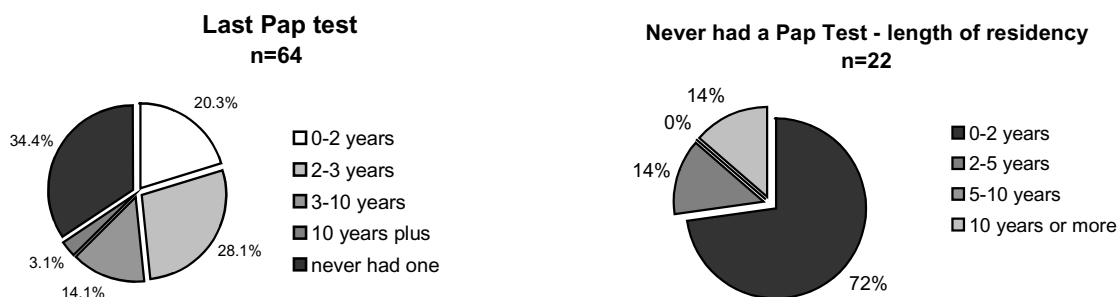


**Figure 4.** Reason for attending clinic, women from former Yugoslavia, SWSAHS and WSAHS.

and refugee workers as encouraging them to attend.

### Screening history

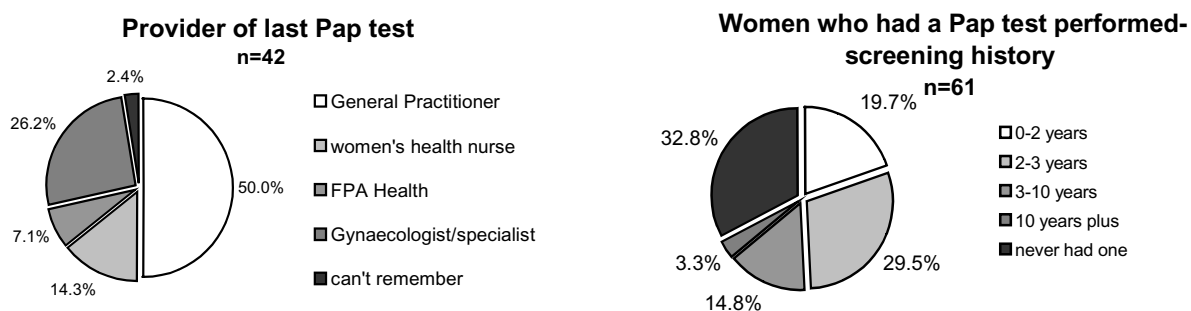
The screening history of women who attended the clinic is summarised below in Figure 4. The majority of women who attended the clinics were under-screened (79.7%), 21 (34.4%) of whom reported that they had never had a Pap test before. A small proportion of women (20.3%) who attended the clinics were found to be adequately screened, reporting that their last Pap test was less than 2 years ago.



**Figure 5.** Screening history of women from former Yugoslavia attending Pap screening clinics, SWSAHS and WSAHS.

Of the 51 unscreened women who attended a screening clinic, 34 (66.6%) reported being resident in Australia for less than two years. Further, of those reporting never having had a Pap test (n=21), 16 (72.7%) reported being resident for less than two years (see Figure 4).

Forty-two women who attended the clinics reported that that they had had a Pap test sometime previously. Of these women, half reported having their last Pap test with a general practitioner. Seventeen women (26.2%) reported that a specialist or gynaecologist (figure 5) performed their last Pap test.



**Figure 6.** Women from former Yugoslavia attending Pap test clinics – screening history and source of last Pap test, SWSAHS and WSAHS.

Of the 64 women who attended the clinic, 61 (95.3%) had a Pap test performed, of these 47.6% were due for a Pap test and 20 women (32.8%) reported that they had never had a Pap test before this time.

## Conclusion

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This project aimed to target unscreened and under-screened women from former Yugoslavia in an attempt to reduce the risk of cervical cancer. A number of education sessions were held for these women and which attracted women from the Macedonian, Croatian and Serbian language groups. The aim of the sessions was to educate women on the importance of regular screening for cervical cancer. Overall, women attending these sessions found them to be very informative and following the session and 64% could identify the correct screening interval. Demographics indicate that these educational sessions attracted women who were in the older age group (76.6% were aged 40-60+), and who had been resident in Australia for over ten years (54.3% of the participants). It appears that these women were fairly well screened with just under half reporting that their last Pap test was less than two years previously. However, closer examination of the women shows that a subset of these women were more poorly screened. These were the women who were recruited at their place of access to English literacy classes. Of these women (n=24), 58.3% reported being un- or under-screened and a significantly larger proportion of these women reported that they had never had a Pap test. In addition, all but one of these women had been resident in Australia for less than two years.

Sixty-four women attended the clinics that were run concurrently with the education sessions and 61 Pap tests were completed. 58% of women who attended the clinics reported that their reason for attending was an education session. However, it is known that other education sessions involving women's health topics had previously been targeted at these women so it is difficult to attribute this response to a particular session associated with this project. Over half (56.3%) had been resident in Australia for under two years, and a further 12.5% resident for 2-5 years. Of those resident in Australia for less than two years (n=36), 44.4% reported never having had a Pap test. This accounted for 72.7% of women attending the clinic who reported never having a Pap test.

It may be concluded from this that under-screened women can be reached and screened if given the appropriate opportunity. That a proportion of the clinic attendees reported coming as a response to an education session is encouraging, as action in response to educational campaigns is usually less pronounced than consequent changes in knowledge. It is also encouraging that that a high proportion of clinic attendees were unscreened and under-screened women.

New arrivals from former Yugoslavia (those resident in Australia for less than two years) appear to be more poorly screened than longer term residents, and it is this group who should be targeted in future strategies, since a high proportion of clinic attendees were newer arrivals. Recruitment of new residents at the place of access to English literacy classes would appear to be a successful method of targeting these women given the evidence of this project.

Although the clinics were successful in screening 61 women, it is worth noting that information collected from women who attended the education sessions indicated that 61.7% had visited their General Practitioner in the previous 12 months and thus have had contact with a service provider. This suggests that a greater effort should be directed towards working with general practitioners to encourage opportunistic screening of un- and under-screened women.

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## Appendix 1

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### Contributors to this project

#### Advisory Group members

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## Appendix 2

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### Evaluation form for cervical screening training

Could you please fill in the following by ticking (✓) the right box? Thank you.

1. How useful was this training?

- very useful
- useful
- average
- not useful
- not at all useful

2. Would you know how to explain the following in an education session?

What a Pap test is.

- Yes
- No

Who should have a Pap test

- Yes
- No

How often a woman should have a Pap test

- Yes
- No

How to do a Pap test

- Yes
- No

What the results of a Pap test could mean

- Yes
- No

The sexual reproductive system

- Yes
- No

3. How comfortable would you be facilitating an education session on cervical screening?

- comfortable
- not comfortable

4. Do you know how to book a woman into a clinic at the end of an education session and which women you should book?

- Yes
- No

5. Do you know what information you need to collect about the women in your group?

- Yes
- No

6. Any other comments?

## Appendix 3

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### Evaluation/community education

Could you please fill in the following details about yourself, so that we can be sure we are reaching a wide range of women? Please tick (✓) the right box.

1. What is your age?
  - 18 – 24 years
  - 25 – 39 years
  - 40 – 59 years
  - 60+ years
  
2. What is your marital status?
  - married or living with a partner
  - widowed
  - separated or divorced
  - never married
  
3. What is your ethnic background?
  - Serbian
  - Croatian
  - Macedonian
  - Bosnian
  - other
  
4. How long have you been living in Australia?
  - less than 2 years
  - between 2 and 5 years
  - between 5 years and 10 years
  - more than 10 year ago
  - more than 10 year ago
  
5. When did you last have a Pap test?
  - less than two years ago
  - 2-4 years ago
  - more than 4 years ago
  - I have never had a Pap test
  
6. Have you ever had a hysterectomy?
  - yes
  - no
  - unsure
  
7. When did you last visit a doctor?
  - within the last six months
  - 6-12 months ago
  - more than 12 months ago
  
8. Health professionals recommend women should have a Pap test regularly. How often is this? Is it
  - every year
  - every two years
  - every three years
  - don't know
  
9. How informative was today's session?
  - very informative
  - informative
  - not very informative

## Appendix 4

### Patient encounter sheet

Clinic Location \_\_\_\_\_

#### Name of Service Provider:

#### What is the women's age range?

- < 20 years       20-49 years       50-69 years       70+ years

#### What is her language spoken at home?

- Bosnian       Macedonian  
 Serbian       English  
 Croatian       Other \_\_\_\_\_ (please identify)

#### What is her country of birth?

- Bosnia       Macedonia  
 Serbia       Other \_\_\_\_\_ (please identify)  
 Croatia

#### What is her length of residency?

- 0-2 years       2-5 years       between 5-10 years       10 years plus  
 was born here

#### When was her last Pap test?

- 0-2 years       2-3 years       3-10 years       10 years plus  
 never had one

#### Who provided her last Pap test

- General Practitioner       women's health nurse       FPA Health  
 gynaecologist/specialist       can't remember       never had one

#### Did you perform a Pap test today?

- Yes       No

#### Was a referral to another health service provider today?

- Yes       No

#### If yes, where did you refer this woman?

- General Practitioner       Other \_\_\_\_\_  
(please identify)

#### What influenced the woman to have a Pap test?

- educational sessions       friend       spouse  
 another family member  
 radio advertisements \_\_\_\_\_ (please identify station)  
 newspaper \_\_\_\_\_ (please identify which paper/s)  
 other \_\_\_\_\_ (please specify)

## Appendix 5

### General Practitioner Visit Summary Sheet

GPs Name \_\_\_\_\_ Visitor's Name \_\_\_\_\_

Address \_\_\_\_\_

1. **Interview type**       Phone       Practice visit
2. **Does she/he perform Pap tests?**  
 YES       NO (please go to Question 8)
3. **If yes, how many Pap tests does she/he perform per month?**  
 1 – 5       6 – 10       11 – 15       16 – 20       21 – 25       26 – 30       >31
4. **Does she/he have a patient reminder system for Pap tests?**  
 YES       NO (please go to Question 6)
5. **If yes, what system does she/he use?**  
 patient registry system (log book)  
 file tagging system  
 computerised reminder system  
 other (please specify) \_\_\_\_\_
6. **If no, does she/he use any other recall method/strategy?**  
 YES       NO (please go to Question 8)
7. **If yes, please identify**  
 Pathology     PTR       Other \_\_\_\_\_
8. **Does she/he have a referral network for Pap screening?**  
 YES       NO (please go to Question 10)
9. **If yes, who does she/he refer for Pap tests?**  
 female GP in your practice       sexual health clinic  
 female GP outside your practice       FPA Health Service  
 non-English speaking GP       women's health nurse  
 Other (please specify) \_\_\_\_\_
10. **Did you make an appointment to see the doctor for this consultation?**  
 YES       NO
11. **If yes, what time was your appointment?** am/pm
12. **What time did you see the doctor?** am/pm
13. **For what length of time did you make the appointment?**  
 0-5 mins     6-10 mins     11-15 mins     >15 mins
14. **How long was your consultation?**  
 0-5 mins     6-10 mins     11-15 mins     >15 mins

## Appendix 6

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### Objectives/focus group training

- Participants will know what a focus group is
- Participants will understand the objectives of the project and will understand the purpose of focus groups within the project's context.
- Participants will know how to effectively facilitate a focus group
- Participants will know how to effectively scribe a focus group
- Participants will understand the different components of the mechanics of running a focus group eg. roles, write up, debriefing
- Participants will understand the organisational aspects of running these focus groups

## Appendix 7

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### Focus group questions

#### Section one:

What do you know about Pap tests? I would like to hear from each of you what you know about pap tests. Remember, there are no right or wrong answers here: *(prompt questions)*

- What is a Pap test?
- Where is the cervix located in the body?
- Which women should be having pap tests?
- How often should you have a pap test?
- Early detection – what do you know about early detection and why is it important?

#### Section two:

What stops you from getting a Pap test (barriers)? *(prompt questions)*

- Is it true that most women in your community would have gone to see a specialist in their former country for a Pap test?
- If you had a choice who would you prefer to take your pap test/e.g. specialist, doctor, specialist nurse?
- How important is it that you see a female practitioner?
- Would you go to a woman's health centre, a family planning clinic, or a specialist clinic for women in your community?
- Would it be helpful if your doctor mentioned pap tests to you and asked if you would have one?
- For women who have recently arrived in Australia, how important do you think it is to have a pap test?

#### Section three:

- What messages do you think would be useful when talking about pap tests in the media? *(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, why not?
- What are the main or most important messages about pap tests that we should be giving to women in your community?
- What is the best way to talk about this issue which won't be embarrassing, but will explain clearly about pap tests?
- What is the *best* way to get the message across in the media (choose only one or two)
  - Radio ads on community radio
  - Interview on community radio with a medical person
  - Interview on community radio with a woman discussing her experience
  - Community newspaper article
  - Community newspaper advertisement
- Which community radio program do most women in your community listen to?
- Which community newspaper do most women in your community read?

## Appendix 8

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### Demographic form/focus groups

Could you please fill in the following details about yourself, so that we can be sure we are reaching a wide range of women?

Please circle the right answer or the answer that best describes you.

**1. What is your age?**

- (a) 18 – 24 years
- (b) 25 – 39 years
- (c) 40 – 59 years
- (d) 60 years and over

**2. What is your marital status?**

- (a) Married or living with a partner
- (b) Widowed
- (c) Separated or divorced
- (d) Never married

**3. What is your highest level of education?**

- (a) Never attended school
- (b) Completed primary school
- (c) Some high school
- (d) Completed high school
- (e) TAFE Certificate or Diploma or University Degree

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

- (a) I speak English very well
- (b) I speak English well
- (c) I do not speak English well
- (d) I do not speak English at all

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

- (a) I read English very well
- (b) I read English well
- (c) I do not read English well
- (d) I do not read English at all

**6. What is your ethnic background?**

- (a) Serbian
- (b) Croatian
- (c) Macedonian
- (d) Bosnian
- (e) Other

**7. How long have you been living in Australia?**

- (a) Less than 2 years
- (b) Between 2 and 5 years
- (c) Between 5 years and 10 years
- (d) More than 10 years
- (e) I was born here

Thank you very much for your time and participation.

## Appendix 9

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### Main messages for radio

- Basic information about Pap tests
- Feeling well and having no symptoms do not offer guarantees
- If a woman has ever been sexually active she needs to have regular Pap tests. This includes widows.
- Services such as women's health centres, offer women only practitioners and can book interpreters if necessary.
- The test is simple and quick.
- Look after yourself.

#### **Macedonian/Croatian – Additional messages**

- Don't feel embarrassed – it's more important to look after yourself
- If a woman has had a hysterectomy, she needs to check with her doctor as to whether she needs a Pap test.

#### **Serbian/Bosnian – additional messages**

- It isn't necessary to see a specialist
- The war in the former Yugoslavia makes it even more important to look after yourself now, and have a Pap test.

#### **Bosnian – Additional messages**

- Women from the former Yugoslavia have a high incidence of cervical cancer.

## Appendix 10

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### Scripts

#### **Bosian – first script**

*Scene 1 – Two women talking who have only recently arrived in Australia.*

Dijana - I have just heard on the radio that the government is running a campaign to encourage Bosnian women to have a Pap test.

Senada - The war at home means that I haven't had a test for 5 years, but I can't afford to see a gynaecologist. Anyhow, at the moment I'm too busy.

Dijana - Your GP can take the test. It isn't necessary to see a specialist. Also, it is important, especially since you couldn't look after your health in the past, to really look after yourself now.

Senada - Yes, I guess I should. When I have time I might get around to it.

Dijana - It is important that you do it now. It is a preventative test, so that abnormal cells don't become cancerous.

Senada - You're right, I'll talk to my GP.

Voiceover - Organise your Pap test today by contacting your GP or local Community Health Centre to find women's health services in your area.

#### **Bosnian second script**

*Scene 2 - Two women talking. One a widow.*

Jasmina - Look here, it says in the newspaper that all women aged between 18 and 70 should have a Pap test every two years.

Emma - Since my husband passed away, I don't have to worry about all that. Also, I feel very well.

Jasmina - No, it says that all women who ever had sex need to have this test. It also says that feeling well and having no symptoms, doesn't mean that there is nothing wrong.

Emma - My family doctor, who I really like, is a man and I wouldn't be comfortable with him doing the test. Also, my English is not very good, so where could I go?

Jasmina - A number of places provide a female doctor or nurse and they also will organise a female interpreter for you.

Voiceover - A Pap test is simple and quick and a test every two years can save lives. Look after your health, organise your Pap test today. Ask your local Community Health Centre for information on women's health services near you.

### **Bosnian third script**

The NSW Cervical Screening Program is promoting a program to encourage women now living in NSW, who were born in the former Yugoslavian countries, to have a Pap test.

Research has shown that these women have a high rate of cervical cancer.

All women from 18 to 70 years old, no matter whether they are widowed, divorced, have or don't have children, once they have become sexually active, are advised to have a Pap test every two years.

A Pap test is a simple, quick and effective method to prevent cervical cancer. Cells are taken from the cervix to test for any abnormalities before cancer has a chance to develop. The test only takes a few minutes.

Your GP can do the test or there are clinics and services that are for women only and where the practitioner is a woman. It is not necessary to see a specialist.

*For more information, please contact your family doctor or local Community Health Centre.*

### **Croatian script 1**

All women between the ages of 18 – 70 who have ever had sex need to have a Pap test every two years. This includes women who no longer have sex. Those women who have had a hysterectomy should check with their doctor as to whether they still need this test.

A Pap test is designed to detect cell changes before they develop into cancer. Cervical cancer usually develops very slowly and most symptoms only appear when the problem is well advanced. A Pap test is the best way to prevent cervical cancer. It is quick, simple and could save your life.

*Voiceover:* Ask your doctor for more information including where to have a Pap test.

### **Croatian script 2**

*Mother and daughter talking:*

Daughter: Mum, I heard on the radio that all women between the ages of 18 and 70 need to have a Pap test every two years. Are you having Pap tests?

Mother: I don't need to bother with that since your father passed away.

Daughter: All women who ever had sex, need to have this test.

Mother: Look, I feel well and besides I have no symptoms. What I don't know doesn't hurt me.

Daughter: If you have any symptoms, it may be too late. Women need to have a Pap test so that anything that may be wrong, can be treated before it develops into cervical cancer.

Mother: OK. I'll go and see my GP.

Voiceover: Three out of four women who develop cervical cancer each year have never had a Pap test or not had one at two yearly intervals as recommended. Can you afford to wait? Ask your GP for more information.

### **Croatian script 3**

*Two friends talking:*

Anita: I read in the newspaper that women now living in NSW who were born in the former Yugoslavian countries, have a high incidence of cervical cancer. It worried me so much that I've booked into my local Women's Health Centre to have a Pap test. Have you had a Pap test?

Ana: I'm not really sure what a Pap test is.

Anita: It is when the practitioner takes some cells from the cervix and sends them to the laboratory to be tested. You do it, so any cells that are abnormal, can be treated before cervical cancer can develop.

Ana: It sounds very complicated and painful.

Anita: No it is very quick and simple and most women don't find it painful.

Ana: Anyway, I think I've already had one.

Anita: The whole point is to have a Pap test regularly. You should have them every two years.

Ana: Did you say you were going to a Women's Health Centre?

Anita: Yes, I feel more comfortable with a woman and at the Centre, they are all female doctors and nurses.

Ana: Well, I feel comfortable with my doctor. I'll ask him to do the test.

Voiceover: Don't feel embarrassed, it is more important to look after yourself. All women young and old, once they have ever had sex, should have a Pap test every two years. Ask your GP for information about women's health services close to you.

### **Macedonian script 1**

All women from 18 to 70 years old, no matter whether they are widowed, divorced, have or have not children, once they have become sexually active, are advised to have a Pap test every two years. This includes women who may not have had sex for a very long time. Women who have had a hysterectomy need to check with their doctor as to whether or not they need this test.

A Pap test is designed to detect cervical cell changes before they develop into cancer. Cervical cancer usually develops very slowly and most symptoms only appear when the problem is well advanced. A regular Pap test is the best way to prevent cervical cancer. It is quick, simple and could save your life.

Voiceover: Ask your doctor for more information, including where to have a Pap test.

## **Macedonian script 2**

*Mother and daughter talking:*

Daughter: Mum, I heard that all women between the aged 18 to 70 should have a Pap test every two years. Are you having Pap tests?

Mother: I don't bother with that since your father passed away.

Daughter: All women who ever had sex, need to have this test.

Mother: Look, I feel well and besides I have no symptoms. What I don't know doesn't hurt me.

Daughter: If you have any symptoms, it may be too late. Women need to have a Pap test so that anything that may be wrong, can be treated before it develops into cervical cancer.

Mother: Ok. I'll go and see my GP.

Voiceover: Three out of four women who develop cervical cancer each year have never had a Pap test or not had one at two yearly intervals as recommended. Can you afford to wait? Ask your GP for more information.

## **Macedonian script 3**

*Two friends talking:*

Gorjana: I read in the newspaper that the NSW Cervical Program is running a campaign to encourage Macedonian women to have a Pap test. So I've booked into my local Women's Health Centre to have a Pap test. Have you had a Pap test?

Milica: I think I may have had one, but I'm not really sure what a Pap test is.

Gorjana: It is when the doctor or nurse takes some cells from the cervix and sends them away to the laboratory to be tested. You do it, so any cells that are abnormal, can be treated before cervical cancer can develop.

Milica: It sounds very complicated and painful.

Gorjana: No it is very quick and simple and most women don't find it painful.

Milica: Anyhow, I think I've already had one.

Gorjana: The whole point is to have a Pap test regularly. Once is not enough. You should have them every two years.

Milica: Did you say you were going to a Women's Health Centre?

Gorjana: Yes, I feel more comfortable with a woman and at the Centre, they are all female doctors and nurses. They will also book a female interpreter if you need one.

Milica: Well, I feel comfortable with my doctor. I'll ask him to do the test.

Voiceover: Don't feel embarrassed, it is more important to look after yourself. All women young and old, once they have ever had sex, should have a Pap test every two years.

## **Serbian first script**

*Scene 1 – Two women talking who have only recently arrived in Australia.*

Gordana have just heard on the radio that the government is running a campaign to encourage Serbian women to have a Pap test.

Vera -The war at home means that I haven't had a test for 5 years, but I can't afford to see a gynaecologist. Anyhow, at the moment I'm just too busy.

Gordana -Your GP can take the test. It isn't necessary to see a specialist. Also, it is important, especially since you couldn't look after your health in the past, to really look after yourself now.

Vera -Yes, I guess I should. I'll do it soon.

Gordana -It is important that you do it now. It is a preventative test, so that abnormal cells don't become cancerous.

Vera -You're right, I'll talk to my GP.

Voiceover It is time to look after yourself. Having a Pap test every two years can save lives.

## **Serbian second script**

*Scene 2 - Two women talking. One a widow.*

Milena -Look here, it says in the newspaper that all women aged between 18 and 70 should have a Pap test every two years.

Svetlana -Since my husband died, I don't have to worry about all that. Also, I feel very well.

Milena -No, it says that all women who ever had sex need to have this test. It also says that feeling well and having no symptoms, doesn't mean that there is nothing wrong.

Svetlana -I wouldn't even know where to go. I'd like to see a woman practitioner. Also my English is not very good.

Milena -A number of places provide a female doctor or nurse and they also will organise a female interpreter for you

Voiceover -When was the last time you had a Pap test? Having a Pap test every two years can save lives. . Ask you local Community Health Centre for information on women's health services near you.

## **Serbian third script**

All women from 18 to 70 years old, no matter whether they are widowed, divorced or have no children, once they have become sexually active, are advised to have a Pap test every two years.

A Pap test is a simple and effective method to prevent cervical cancer. Cells are taken from the cervix to test for any abnormalities before cancer has a chance to develop. The test only takes a few minutes.

A Pap test is a quick and simple test that could save your life. Your GP can do the test or there are clinics and services that are for women only and where the practitioner is a woman. It is not necessary to see a specialist.

*For more information, please contact your family doctor or local Community Health Centre*

## Appendix 11

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### Radio programs used

- **SBS**

Stations SAM, SFM.

SAM – Serbian (12 spots)

SAM – Macedonian (8 spots)

SFM – Bosnian (10 spots)

SAM – Croatian (8 spots)

- **Bosnian Radio**

MCRA – 2000 FM (8 spots)

- **Croatian Radio**

Croatian Radio Australia (16 spots)

2SER – “wishing well” (4 spots)

- **Macedonian Radio**

Bankstown Community Radio – “Macedonian Breakfast Show” (6 spots)

2NBC FM 90.1 – “Room Doom Doom” (8 spots)

## Appendix 12

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### Newspapers used

#### **Macedonian –**

“Denes”

#### **Serbian –**

“Novosti”

#### **Bosnian -**

“Magazin Bosna”

“Zena 21”

#### **Croatian –**

“Spremnost”

#### CROATIAN GROUPS

3 groups                      Berala – 12 women – middle aged  
  Liverpool MRC – 9 women – older  
  Blacktown MRC – 8 women – refugees

#### Section 1:

##### What do you know about Pap tests?

###### What is a Pap test?

- examination down there/examination of women
- investigation of cervix to see if they have any cancerous cells
- comments relating to hysterectomy/"cleaning up" (6)
- scared
- test to find out if you are ill
- relates to vagina/uterus
- we have to do it
- don't know/don't know the process (2)
- I won't go (2)
- I do it regularly
- I have no problem, therefore I don't go

###### Where is the cervix located in the body?

- lower part of the body
- in the stomach
- beginning of uterus/door/entrance (4)
- don't know (3)
- between legs
- in the middle (20)

###### Which women should be having Pap tests?

All groups mentioned all women and then gave categories eg. over 40, younger women, older group also said women who are sexually active.

- women who have had children
- "women who did not give birth to children ... their blood is not cleansed"
- all women under 60

###### How often should you have a Pap test?

- every 2 years
- once a year
- every 6 months
- depends on general health
- when a woman feels she needs it/feels something is wrong (2)

###### What do you know about early detection and why is it important?

- easier treated, the earlier the detection (4)
- problems such as infection/having periods frequently can contribute to cancer of the cervix
- ozone layer contributes to cancer of the cervix
- Australian women walk barefoot in winter and don't dress for the cold/ change in climate can contribute to cervical cancer
- important for health
- background of the women an issue

- some women have good and strong blood so not a problem
- can be prevented
- comments relating to hysterectomy (4)

## **Section 2:**

### **What stops you from getting a Pap test (barriers?)**

Is it true that most women in your community would have gone to see a specialist in their former country for a Pap test?

- they had all the facilities, but they wouldn't go
- they were all very lazy and uninterested
- the only ones who went were very sick and had to go
- most women did not have Pap tests back home
- maybe women in the city, but not in the villages
- too much hassle to make appointment, to wait, to worry about

### **If you had a choice, who would you prefer to take your Pap test?**

- nurse
- whoever is trained to do it
- GP can refer you to specialist
- I don't care (3)
- specialist (4)
- GP/female
- not nurse – they can't help if something goes wrong
- to a nurse if no choice
- I would not go for examination

### **How important is it that you see a female practitioner?**

- prefer to see a female (4)
- doesn't matter (5)
- feel uncomfortable with men (1)

### **Would you go to a women's health centre, a family planning clinic or a specialist clinic for women in your community?**

- we do not plan family any more
- Family Planning is to give birth to a child
- if person speaks Croatian (2)
- can we be sure only women work in women's clinics
- can't afford a specialist
- if you are sick you go to the nearest
- I am ashamed

### **Would it be helpful if your doctor mentioned Pap tests to you and asked if you would have one?**

- yes (most)
- maybe
- not sick, so not need

### **For women who have recently arrived in Australia, how important do you think it is to have a Pap test?**

- important
- not advertised back home as much as here, only promoted in cities, not villages (back home)
- they know more than we do here and more up to date
- we were more busy with work and family and there was nobody to tell us
- important because new country, new climate and because we went through the war and trauma and torture

### Section 3:

**What messages do you think would be useful when talking about Pap tests in the media?**

**Can you remember seeing or hearing about Pap tests in the media before today?**

**What did you think of these advertisements?**

- all refugee group remembered messages
- didn't hear/or see (2)
- didn't pay attention/can't remember (2)
- need to have Pap tests regularly (3)
- look after health
- forget embarrassment, save life

**Did you understand what the message was saying from those previous advertisements?**

**If not, why not?**

- message clear – refugee group
- I understood )
- I didn't understand ) answers from the other two groups
- I forget )

**What are the main or most important messages about Pap tests that we should be giving to women in your community?**

- go if you are sick (3)
- all women to go, with or without problems (4)
- it is important to do regular tests
- better prevention than cure
- it is a serious matter
- to prevent cancer
- you don't have to feel embarrassment or shame
- for all women, young and old

**What is the best way to talk about this issue which won't be embarrassing, but will explain clearly about Pap tests?**

- groups of women/other women/groups of women of similar age (3)
- we have to move with the times (5)
- it is better to be healthy than embarrassed
- men need to know, we need to talk to husbands (2)

**Which is the best way to get the message across in the media?**

Various responses that covered the gamut

**Which community radio program do most women in your community listen to?**

SBS Croatian hour on Saturday morning

Barbara's program

**Which community newspaper do most women in your community read?**

Spremnost )middle aged and older groups, read both

Croatian weekly)

Spremnost – refugee group

## MACEDONIAN GROUPS

### Section 1:

Cabramatta 12 women – older  
- 8 women – younger

Bankstown -12 women – mixed group

#### What do you know about Pap tests?

- please explain to us – number of responses
- relates to testing of uterus – (4)
- response in terms of how often you have it – (4)
- find illness early
- I've had a test – (3)
- only one response – testing for cancer of cervix

#### Where is the cervix located in the body?

- only one right response
- don't know – (4)
- inside the uterus – (2)
- other responses – either very wrong eg. in bottom, off the topic
- number of responses – “down there”

#### Which women should be having Pap tests?

- all women – (7)
- other responses varied eg. after pregnancy, from 50, from 60, women on pill, young women.

How often should you have a Pap test?

- only younger group said every 2 years
- most other responses related to more frequently

#### What do you know about early detection and why it is important?

- most aware, it can save lives and can be cured on time
- one related that there were two types of cancer; male cancer that can be cured and female that cannot

### Section 2:

#### Is it true that most women in your community would have gone to see a specialist in their former country for a Pap test?

This doesn't seem to be true for this group.

#### If you had a choice who would you prefer to take your Pap test?

Variety of responses –none conclusive eg. specialist, more relaxed with a female, makes no difference. Someone suggested a women's health nurse (younger women's group).

#### How important is it that you see a female practitioner?

Whilst there were a variety of responses here, interestingly the older group at Cabramatta definitely had a preference for a female practitioner (not as embarrassed/more relaxed with a woman), the younger group, were just as pro a male as a female practitioner.

#### Would you go to a women's health centre, family planning clinic or a specialist clinic for women in your community?

With the exception of some of the younger women's group the answers suggested that they didn't really understand the question.

**Would it be helpful if your doctor mentioned Pap tests to you and asked if you would have one?**

Yes. Two women mentioned that the doctor will refer you anyhow.

**For women who have recently arrived in Australia, how important do you think it is to have a Pap test?**

Whilst some women didn't actually respond to this question, those that did said it was important.

**Section 3:**

**What messages do you think would be useful when talking about Pap tests in the media?**

**Can you remember seeing or hearing about Pap tests in the media before today? What did you think of these advertisements?**

There were some women in all the groups that had come across messages – this included radio (including Macedonian radio at 4.00 pm – Zaga) pamphlets and doctor's surgery.

**Did you understand what the message was saying from these previous advertisements? If not, why not?**

A variety of responses. Whilst it seemed that there were some women who understood in each group, equally women did not understand (the radio was too short or we are not educated) and in the case of the Bankstown and younger women's group – we don't pay attention.

**What are the main or most important messages about Pap tests that we should be giving to women in your community?**

- must go
  - save lives
  - takes 5 minutes
  - have regularly
  - we don't know what can happen with our own health
  - needs to be explained (3) – Bankstown group
- young women's group

**What is the best way to talk about this issue which won't be embarrassing but will explain clearly about Pap tests?**

All groups said "meetings like this" or group discussion. The younger women also said pictures, radio, internet, pamphlets, newspaper, talk with a friend.

**What is the best way to get the message across in the media?**

Whilst all groups mentioned newspapers, more people indicated radio (with a doctor, prefer female, with a woman). One woman made the comment that women don't read newspapers. Note: three women in older group at Cabramatta mentioned Dr Kuzmanoveski on Wednesdays on radio)

**Which community radio program do most women in your community listen to?**

SBS – (note every Thursday medical issue) – all groups

Room Doom Doom – young women and Bankstown group mentioned. Comment made about 9.30 – 1.00 on Wednesday.

Makedonski porucek – mentioned by older group and younger group at Cabramatta.

**Which community newspaper do most women in your community read?**

Today – Denes – all groups

Australian Macedonian Weekly – regular health issues in it (Bankstown group)

Novosti – Serbian paper)

Novo Dobo – Croatian ) young women's group

The younger group and the Bankstown group also said none (Literacy with older women and for at least one of the younger women – she didn't read Macedonian).

## **SERBIAN GROUPS**

Liverpool MRC – 14 women – older – Australian resident for a longer time

Liverpool MRC – 8 women – middle aged

STARTTS Fairfield – 14 women – newly arrived refugees

### **Section 1**

#### **What do you know about Pap tests?**

##### **What is a Pap test?**

- cervical smear/test for cervical cancer (8)
- don't know (9)
- examination done by a specialist with an instrument
- gynaecologist takes cell from uterus/gynaecological check up (2)
- test for cancer/result of some test (2)
- test for all female ailments
- note - 7 of the answers that are almost right (ie. first point) are from the newly arrived refugees. However, 3 of the same group said they didn't know.

#### **Where is the cervix located in the body?**

Most women located it at exit or entrance. Hard to tell whether this was an issue around terminology.

Two women said they didn't know and one said it was pear shaped.

#### **Which women should be having Pap tests?**

- very woman (7)
- 18+ (3)
- all women who have sex and are not too old (2)
- after finishing with births
- younger women
- women 35 – 40
- women 40 – 45
- women 50 – 60
- women 45 and above
- important for middle aged and older women
- as soon as one gets married
- I have never had a Pap test (2)

#### **How often should you have a Pap test?**

Most women here indicated more often than necessary ie. once or twice a year. A couple indicated as often as you need. Note: - the above could reflect practice in Serbia. Also the older group who had been here longer, didn't indicate this frequency.

#### **Early detection, what do you know about early detection and why is it important?**

- strong sense that early detection can save lives.
- a couple of women indicated that the woman herself would detect any change.

### **Section 2:**

#### **What stops you from getting a Pap test (barriers)?**

##### **Is it true that most women in your community would have gone to see a specialist in their former country for a Pap test?**

Most indicated yes, however, one woman said it depended on how well organised it was. There was also a sense that if women went, they saw a specialist, but they might not go in the first place.

##### **If you had a choice, who would you prefer to take your Pap test eg. specialist, doctor, specialist nurse?**

Whist group one weren't all that outspoken on this (specialist/no preference/whoever is trained), there was a very strong feeling in the other groups, that this should be a specialist.

**How important is it that you see a female practitioner?**

male – (12)  
female – (8)  
doesn't matter (16)

Note, it was more important with the older group they saw a female, whereas in the refugee group, 9 women indicated they preferred a male.

**Would you go to a woman's health centre, a family planning clinic or a specialist clinic for women in your community?**

Women not sure of these services, so couldn't really answer.

**Would it be helpful if your doctor mentioned Pap tests to you and asked if you would have one?**

Whilst the overwhelming response was "yes", a couple of women in the refugee group mentioned their dissatisfaction with GP's ("superficial", "unkind and don't care"). There was also a comment about wishing the GP referred them as soon as they arrive in the country.

**For women who have recently arrived in Australia, how important do you think it is to have a Pap test?**

Most mentioned that it was important. Additional comments were:

- important due to stress of women (3)
- don't know where to go, who to ask
- should be organised differently
- didn't do before, because no chance

**Section 3:**

**What messages do you think would be useful when talking about Pap tests in the media?**

**Can you remember seeing or hearing about Pap tests in the media before today? What did you think of these advertisements?**

The response varied:

- the MRC Liverpool middle aged group – all answered they heard something on Croatian or Serbian radio.
- Bosnian radio (3) – refugee group
- health flyer (not good explanation)
- FPA pamphlet
- SBS radio (2)
- SBS Serbian program (5)
- heard nothing (13)
- Wollongong AMES

**Did you understand what the message was saying from those previous advertisements? If not, why not?**

Yes.

**What are the main or most important messages about Pap tests that we should be giving to women in your community?**

- why it is important (4)
- what it is about
- not painful, easy (3)
- encourage women
- useful message for all women
- must eliminate fear
- must know if unpleasant or OK.

**What is the best way to talk about this issue which won't be embarrassing, but will explain clearly about Pap tests?**

- group like this (½ the women in each of the middle aged group and refugee group)
- woman who has had it, interviewed on radio
- specialist nurse on radio
- Serbian nurse employed to do it
- every GP to suggest it
- women to talk to women
- educate Serbian sponsors

*Note: refugee group was keen on women talking to women either through groups, specialist nurses or one to one, but this was the group who had a preference for a male taking Pap test. Difference between talking about it and taking it?*

**What is the best way to get the message across in the media?**

Main options canvassed were medical person and woman discussing her experiences on radio, newspaper articles and advertisements were also discussed.

**Which community radio program do most women in your community listen to?**

SBS – Serbian radio

SBS – Serbian, Bosnian and Croatian

**Which community newspaper do most women in your community read?**

Serbian Voice

The News (Novosti)

Our woman (Older group only)