Evaluation of cervical screening health education materials

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31 March 1994
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MINISTRY OF HEALTH
MANATU HAUORA

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This is an interim report not intended for distribution outside the health sector. It has not been reviewed outside the Ministry of Health.
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Executive summary

Cervical cancer was the second leading cause of death by cancer in 1991 for women aged 25-44 years (NZHIS, 1994). Breast cancer was the leading cause. During 1991 there were 270 registrations of cervical cancer and 106 deaths caused by cervical cancer. Cervical screening is important to decrease the incidence of cervical cancer and mortality caused by cervical cancer.

Education strategies have an important role in increasing the participation of women in cervical screening. In conjunction with cervical screening programme managers, and the Ministry of Health, the Public Health Commission (PHC) is responsible for the planning, development, production, and distribution of accurate and appropriate health education information and strategies to meet local needs (Ministry of Health, 1993:7).

Aims and objectives

The aim of this project was to provide the Public Health Commission and the Ministry of Health with information on the effectiveness of health education materials in increasing knowledge and awareness of cervical screening.

The main objective was to examine the existing education materials to determine their effectiveness and appropriateness and to provide advice about the need for new educational materials for the population.

Research methods

Qualitative research methods were used to collect the data for this research. This method involved focus group discussions with seven groups of women. The PHC and Ministry of Health identified specific characteristics of women to be included in the evaluation. These characteristics included:

- screened (within the last three years);
- non-screened (never screened or not screened within the last three years);
- urban;
- rural;
- older (40-70 years); and
- low socio-economic groups.

Nationally and locally developed cervical screening educational materials were presented to focus group participants. Each of the materials presented were concepts which the PHC and the Ministry of Health wanted discussed.
Selection and recruitment of participants
A networking technique was used to recruit women for the focus groups. The researchers contacted the administrator or manager of a number of organisations and explained the evaluation. The contacted person was then asked whether they would be able to assist in arranging a focus group. Written information was then sent to the organisations explaining the research, how and why the research was being undertaken and what the results would be used for.

Difficulties experienced with participant recruitment
Health Research and Analytical Services (HRAS) experienced a number of difficulties with the recruitment of focus group participants. These difficulties primarily related to the short timeframe available to set up the focus groups and to the recruitment of unscreened women. The subject matter of the evaluation (cervical screening) appeared to be the main factors affecting women's willingness to participate in the focus groups.

Evaluation results
The focus groups consisted of women from a wide range of ages and life experiences. The levels of knowledge and interest in cervical screening also differed widely both within and between each of the groups.

Consequently, a wide range of opinions and perceptions were gained from the focus group discussions. Common themes from low socio-economic women, older women, unscreened women and screened women have been developed in the report. Chapter 4, Summary of information gained, develops these themes.

The following summarises the overall themes about the cervical screening material which arose from the discussion groups.

Low key pamphlet
Overall, the low key pamphlet was one of the least preferred options for cervical screening education material. The cover of the pamphlet was perceived as "dull", "boring", and ineffective in telling the prospective audience what the pamphlet was about. The majority of participants stated they would prefer a glossy pamphlet.

All-in-one pamphlet
The concept of the all-in-one pamphlet was liked by the majority of focus group participants. Reasons given were because:
- it was glossy;
- they could relate to someone in the photo;
- the cover provided information;
- there were pictures inside; and
• writing was concise and kept to a minimum.

**Series of pamphlets**

Not all participants liked the concept of a series of pamphlets. Those who preferred the concept of a series of pamphlets to an all-in-one pamphlet were those who wanted specific information, such as the older women who wanted to know about colposcopy and participants who wanted more information on the Register. Participants commented that if there was a series of pamphlets, it was important that all information on the specific topic was provided.

**Package of information**

The package of information was not as popular as the all-in-one or series of pamphlets although many focus group participants stated they liked the concept of a package of material. However, only a limited number said they would actually read the material. Many of the participants who said they liked the concept of a package and the information inside the pack, also said they disliked the plastic bag.

**Information card**

The information card was disliked by the majority of participants. The older women in particular had a negative reaction to the card due to the size of the card and the print. However, participants said if it was given to them by a doctor or their smear taker, they would take it and read it.

**Advertorials**

The most commonly read magazines by the focus groups were:

• Women's Day; and
• NZ Women's Weekly.

The advertorial was not perceived as an effective means of attracting women's attention or influencing them to have a cervical smear test. The majority of focus group participants did not relate to the women in the photo as it appeared "unnatural" and "contrived" and was of an older age group.

Suggestions for improving the advertorial to make it more effective included:

• have a photo with a range of ages and women;
• the women should be 'doing something natural' (i.e., not drinking cups of tea);
• use the first sentence for the heading; and
• have less writing and use bullet points at the end.


Posters
There was a mixture of opinions with respect to the two posters. Some participants liked the poster of the two women (N) as "they looked friendly", "at ease" and cervical screening was written clearly on the top. However, others disliked the two women in the photo as it "appeared contrived" and many participants could not relate to the age group.

The purple poster (N13) was liked by the majority of participants as it was bright, clearly said what the poster was about and it had a range of women and ages in the photo.

Sticker
The majority of participants had not previously seen a cervical screening sticker. The majority of participants thought the sticker to be ineffective in catching their attention or informing them about cervical screening.

Specialist presentation
Only a few of the participants had previously attended a specialist presentation. When shown the presentation material, the majority of participants were interested in the material and said they liked the level of detail.

Participants appeared to be more interested in a specialist presentation if it was held in their workplace and they were given time to attend, or as part of a group they already attended. Very few participants said they would go out specifically to attend a specialist presentation on cervical screening.

Videos
The majority of participants stated that videos were the most effective way to convey messages.

Body and Soul excerpt
The Body and Soul excerpt received mixed reactions from the participants. For some participants who had limited knowledge about cervical screening, the excerpt created more questions than it answered. The use of high profile people as presenters and promoters was recommended.

A number of women reacted negatively to a male doctor explaining cervical screening. Many felt it was inappropriate and gave the wrong impression about possible smear-takers.

Television advertisement
The television advertisement shown at the discussion groups did not have much impact on the participants. The younger focus group participants (under 40 years) stated they did not relate to the women in the advertisement or women "sitting around having cups of tea". Many participants suggested that "scare tactics" should be used, such as those used in the drink-driving and anti-smoking campaigns.
Specialist presentation video
Groups of women with limited knowledge of cervical cancer, screening and the Register thought that the specialist presentation was effective and informative. In particular, the unscreened groups found this video very effective as it showed "what happens when you go for a smear".

The use of case studies in the video was also very effective. Most participants listened to the women who were repeating their experiences, and the participants remembered these case studies from previous television advertisements.

Conclusions
The following educational materials were those most preferred by focus group participants. These materials are likely to be the most effective in communicating messages about cervical screening to a broad range of women. When and how these materials are screened, distributed or displayed will of course also be crucial.

- Video/television segments;
- All in one pamphlets;
- Specialist pamphlets which provide very detailed information on matters such as, what happens if an abnormal smear result is received?;
- Posters which remind people about cervical screening and / or prompt them to ask questions; and
- Specialist presentation material with detailed information.

Other materials (such as the low key pamphlet, advertorials, stickers and the information card) are not likely to be effective for the majority of women.

Why were these materials effective?
The women in the focus groups responded positively to the above material for a number of reasons.

The written pamphlet materials were perceived as effective when:
- the layout was simple, clear and easy to read;
- it incorporated pictures (an exception to this was the depiction of a male smear-taker - this was a deterrent for many women rather than an encouragement);
- it was visually attractive (glossy cover eg with kowhai or photograph of women on the front); and
- a broad range of women were represented in any photograph/drawing so that many women could relate to someone in the photograph/drawing.

The video segments were perceived positively when they included:
• case studies - women told their stories. This had the effect of drawing people into the video;
• factual information on:
  i. why 'I' should have a cervical smear test,
  ii. the risks of cervical cancer,
  iii. how cervical smears are undertaken (ie what happens),
  iv. the places where cervical smear tests are undertaken and who can do the procedure.

Women felt informed about cervical screening by this type of presentation;
• a broad range of women (including age and cultural background) - so that many people could identify with the video presentation; and
• women portrayed in a variety of natural settings.

The video segments were perceived negatively when:
• the smear-taker was a male,
• women were presented in a contrived setting; and
• there was an imbalance in the representation of different cultures and when 'authoritative roles' were solely Pakeha.

Participants stated that specialist pamphlets were useful when they wanted more information about cervical screening and for those who had received an abnormal smear result. This information was not readily available. Specialist pamphlets are likely to be successful when:
• detailed information is provided;
• the pamphlets, although clearly linked with a theme/logo/design, can be clearly differentiated from one another; and
• distribution of the pamphlets is undertaken proactively by smear-takers or those conveying the results of cervical smear tests (whether abnormal or normal).

Posters were useful to remind women they should have a cervical smear test or should ask their doctor when the next test is required. Posters were most successful when:
• they included a message about cervical screening rather than just the words 'cervical screening';
• a range of women were portrayed on the poster; and
• the print was large enough to read easily.

Material shown to women from specialist presentations was received positively. The level of detail and pictures prompted great interest. However, few said they would attend a
presentation. To be successful, specialist presentations would need to be targeted to specific groups that met regularly (for example women's organisations) or to be presented as part of a course.

**Recommendations**

The following outlines the recommendations Health Research and Analytical Services have made to the Public Health Commission and the Ministry of Health.

It is recommended that the PHC and Ministry of Health:

1. retain television/video segments, pamphlets, posters and specialist presentations as part of the educational strategies for cervical screening;
2. modify these materials so they include the most effective characteristics described above;
3. use a common logo / picture / design among all materials to help reinforce cervical screening messages and to help recognition,
4. develop educational material which:
   i. states the risks,
   ii. states that cervical cancer has serious consequences - that women can and do die as a result, and
   iii. addresses women's fears about cervical screening;
5. develop material which incorporates a more pictorial format;
6. explain more concisely or provide alternative meanings/descriptions in cervical screening educational material, for the words such as:
   i. cervical,
   ii. sexually active - what does this mean and does it mean 'at present' or 'ever',
   iii. 'change of life', and
   iv. colposcopy;
7. develop materials with detailed information on specific aspects of cervical screening;
8. make factual information automatically available at the time a cervical smear is taken and when an abnormal smear test result is received;
9. encourage education about cervical screening in secondary schools;
10. **develop** strategies and materials that encourage women to ensure those close to them (e.g., friends, daughters, mothers, partners) know about cervical screening and its importance to them;

11. **ensure** that all educational material developed is consistent. A national set of materials would assist consistency of messages;

12. **ensure** that all smear-takers and others involved in cervical screening are kept informed and provided with the latest sets of information;

13. **develop** strategies and materials that reach specific target groups.

14. **ensure** material is distributed through relevant networks (e.g., schools/courses for young women; lesbian newspapers; magazines).

15. **develop** distinctive magazine advertisements which women can read at a glance and which include brief concise statements on options for action.
Chapter 1   Introduction, aims and objectives

Cervical cancer was the second leading cause of death by cancer in 1991 for women aged 25-44 years (NZHIS, 1994). Breast cancer was the leading cause. During 1991 there were 270 registrations of cervical cancer and 106 deaths caused by cervical cancer. Cervical screening is important to decrease the incidence of cervical cancer and mortality caused by cervical cancer.

Education strategies have an important role in increasing the participation of women in cervical screening. In conjunction with cervical screening programme managers, and the Ministry of Health, the Public Health Commission (PHC) is responsible for the planning, development, production, and distribution of accurate and appropriate health education information and strategies to meet local needs (Ministry of Health, 1993:7).

1.1   The role of the Public Health Commission

One of the six Public Health Commission pilot health goals set for the 1993/94 year is to reduce the expected incidence of invasive cervical cancer and the cervical cancer death rate (PHC booklet, 1993). The main responsibilities of the PHC with respect to cervical screening promotion and education are to:

- purchase comprehensive cervical screening health promotion programmes which are consistent with the National Cervical Screening Policy;
- focus the attention of individuals and communities on the significance of cervical cancer to health and the benefits of enrolling on the National Cervical Screening Register (NCSR) and encourage community participation in these issues;
- ensure appropriate health promotion programmes are provided for the priority groups ie Maori, Pacific Island, and older women; and
- facilitate the development, production and distribution of accurate and appropriate health education materials consistent with agreed national guidelines in consultation with women, Iwi/other Maori groups, appropriate agencies and organisations in the community (Ministry of Health, 1993).

1.2   The role of the Ministry of Health

The main responsibilities of the Ministry of Health are to:

- provide policy advice related to NCSP;
- implement aspects of NCSP policy which have national implications;
- provide advice to the PHC regarding the development of appropriate information and education strategies;
• act on behalf of the Government in negotiating RHA and PHC funding agreement contracts related to cervical screening services;
• provide advice and support to local areas;
• provide advice and support in relation to the operation of the NCSR; and
• co-ordinate monitoring and evaluation of the programme.

1.3 The National Cervical Screening Programme

The National Cervical Screening Programme (NCSP) was established after the recommendation of the Committee of Inquiry into Allegations concerning the Treatment of Cervical Cancer at National Women's Hospital. The programme is nationally planned and population-based.

The main objectives of the NCSP are to increase the cervical screening coverage of women in New Zealand and decrease the incidence of cervical cancer and mortality caused by cervical cancer. The NCSP aims to include all women aged between 20 and 69 years.

The Programme has identified the following as priority groups to be targeted:
• mid-life and older women of all ethnic groups;
• Maori women; and
• Pacific Island women.

1.4 The National Cervical Screening Register

The National Cervical Screening Register (NCSR) is an important tool. The NCSR consists of registers in 14 local sites which use common software and is also nationally co-ordinated and supported.

The principal functions of the Register are to:
• ensure women with abnormalities are identified and adequately treated;
• provide information about past cervical smears to laboratories to assist them in interpreting smears and making recommendations on treatment;
• provide information to GPs and other health providers so they can provide the most efficient and effective service to women;
• ensure all women screened are recalled at appropriate intervals, including women who have moved from one region to another;
• provide women with their own results;
• monitor the quality of smears; and
• measure the population coverage achieved (Ministry of Health, 1993:3).

The next section outlines the aims and objectives of the current evaluation on cervical screening education material.
1.5 **Aims and objectives**

The aim of this project was to provide the Public Health Commission and the Ministry of Health with information on the effectiveness of health education materials in increasing knowledge and awareness of cervical screening.

The research objectives were to gain information about the target groups with respect to:
- awareness of cervical cancer and where/how that knowledge was acquired;
- awareness of the NCSP, NCSR and the source of that information; and
- reaction to the content and impact of existing materials.

In addition, the evaluation covers recommendations on:
- ideas and priorities for the development of future health education strategies; and
- appropriate channels to communicate education and information about cervical screening.

The main objective was to examine the existing education materials to determine their effectiveness and appropriateness and to provide advice about the need for new educational materials for the population.

This report describes the results from the first seven focus groups. Recommendations are made with respect to education material for each group.
Chapter 2  Research methods

2.1  Introduction

Qualitative research methods were used to collect the data for this research. This method involved focus group discussions with groups of women. The PHC and Ministry of Health identified specific characteristics of women to be included in the evaluation. These characteristics included:

- screened (within the last three years);
- non-screened (never screened or not screened within the last three years);
- urban;
- rural;
- older (40-70 years); and
- low socio-economic groups.

2.2  The method

Qualitative research methods were considered most appropriate for this evaluation.

Focus group interviews are frequently used during health and education service and promotion evaluations as they gather indepth information from a range of people with different life experiences. Participants are given a greater freedom to express their opinions and perceptions in comparison with a structured survey.

Focus group interviews vary in the degree to which they are structured. They allow the use of a schedule, although the discussion is not completely structured. They also enable the facilitator to gain contrasting viewpoints when participants react to each other's comments.

In this evaluation an interview schedule was developed to guide the facilitators and ensure the group was presented with all the relevant material. However, the facilitator was free to prompt discussion in whatever way seemed appropriate with each group.

Focus group discussions differ depending on the dynamics within the group. The development of the relationship between the participants, and between the participants and the interviewer, influences how the interview progresses. Good rapport was developed during most of the focus group discussions. However, with a larger group (12 women), not all the participants were able to contribute to the discussion. Several of the group were more forthcoming and articulate. They tended to dominate the discussion and with the large number of participants it was difficult to draw everyone into the discussion.
2.3 The focus groups

There will be a total of nine focus groups during this evaluation. The evaluation was separated into two phases. Phase one involved seven focus group interviews. These seven groups obtained women's reactions to, and opinions of, currently available educational materials. The second phase will involve two focus group interviews. These will be held to obtain impressions and effectiveness of the new resources to be developed by the Public Health Commission.

The first focus group in phase one comprised women who were representative of all characteristics of interest to the PHC. The subsequent six focus groups were restricted to women with a specific combination of characteristics. Table 1 below lists the composition of the first seven focus groups.

Table 1: List of the seven focus groups held during phase one of the evaluation.

| Group 1:      | representative of specified characteristics |
| Group 2:      | urban, unscreened, older                    |
| Group 3:      | urban, screened, older                     |
| Group 4:      | rural, screened, older                     |
| Group 5:      | rural, unscreened, older                   |
| Group 6:      | screened, low socio-economic               |
| Group 7:      | unscreened, low socio-economic             |

It was intended that each focus group consist of six to eight women. However, this did not occur for every group (see page 26 & 35).

The focus groups involving urban women were held in the greater Wellington region. The focus groups with rural women were held in the Hawkes Bay.

2.4 Selection and recruitment of participants

A networking technique was used to recruit women for the focus groups. The researchers contacted the administrator or manager of a number of organisations and explained the evaluation. The contacted person was then asked whether they would be able to assist in arranging a focus group. Written information was then sent to the organisations explaining the research, how and why the research was being undertaken and what the results would be used for.

The organisations contacted included:

- informal networks;
- Training Opportunities' courses (purchased by Education and Training Support Agency);
• Peoples Resource Centre;
• Mothers Alone;
• YWCA;
• Plunket clinics;
• Church groups;
• Sports organisations;
• Women’s Health Centres; and
• Women’s Refuge.

Although all of the above were contacted, not all were able to participate. Nearly all requests to organisations were received positively. However, participation in the research was limited by the short time available to set up the groups.

For some of the groups, a process of decision-making at several levels within the organisation was required before women could be asked whether they would like to participate.

### 2.5 Difficulties experienced with participant recruitment

HRAS experienced a number of difficulties with the recruitment of focus group participants. These difficulties related primarily to the short timeframe available to set up the focus groups and to the recruitment of unscreened women. As indicated above, although a number of the organisations were positive about the research, they either did not have frequent meetings or could not contact women within the time available.

The location and recruitment of unscreened women was particularly difficult. The focus group organisers commented that they believed some women were unwilling to admit they were unscreened. Other unscreened women were unwilling to participate. In addition, a number of organisations such as Training Opportunities had 'women's health and wellbeing' as part of the course. This included educating course members about their body and encouraging them to be proactive with respect to their health. Consequently, the majority of women on these courses were screened.

The researchers encountered the most difficulty with the organisation of the unscreened rural focus group in Hawkes Bay. The researchers were given a contact person in the Central Hawkes Bay area to assist in setting up a group. Although a screened group of women aged 40 -70 years was organised relatively easily, the contact person experienced extreme difficulty with organising a second group of unscreened women. This may have been partly due to the large cervical screening promotion campaign in Hawkes Bay prior to the research. HRAS’s contact person for the rural focus groups reported that all the groups she contacted found only screened women.

The contact person and a health centre nurse also involved in organising the groups both commented that those who were unscreened in the area were "unreachable" and were not willing to participate in a focus group. In addition, due to the 'small community' in rural
areas, whereby "everyone knows everyone", unscreened women may have felt threatened or intimidated about not being screened and were therefore unwilling to come forward.

As described above, a variety of groups were approached around the Hawkes Bay region but the contact person could not find women who were willing to participate. HRAS were advised less than 24 hours before the focus group was scheduled that a group could not be arranged. Consequently, HRAS contacted a Training Opportunities' course who put together a group, although most participants were not in the required age group.

The low socio-economic unscreened group was also difficult to arrange. A range of organisations and courses were contacted but to no avail. To meet the draft deadline HRAS proceeded with a group of four unscreened low socio-economic women.

Feedback from the organisers of the screened groups included the fear by women of men being present at the interview as they did not want to discuss cervical screening in front of men. Other women said they no longer needed a cervical smear test as they had had a hysterectomy. A common reason for non-availability for participation in a focus group was that women had had a hysterectomy. However, the researchers have been told that there is only a small percentage of women who have had full hysterectomies and therefore no longer need to be screened.

One participant who said she would be able to assist us with organising a group was unable to do so. Although she had already attended a discussion and said it was very worthwhile, she could not persuade any women to come along. Fear of the topic appeared to be the main reason for this.

### 2.6 Education material presented to focus group participants

Nationally and locally developed cervical screening education material (gathered by the PHC) were presented to focus group participants. In their brief to HRAS, the PHC wanted a number of different concepts addressed in each of the groups.

Therefore, local and national material were categorised as follows:

- low key pamphlet (o1)
- all-in-one pamphlet (N3)
- series of pamphlets (We1-4)
- package of information (HB)
- information card
- advertorials (N17)
- posters (N13) and (N)

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1 The letter and number in the brackets corresponds to the system created by Jean Cameron.
• stickers
• specialist presentation; and
• videos.

Appendix one has a copy of the front of each of the educational materials.

There were two posters shown to focus group participants. These were a purple poster with a group of women (N13) and a large poster of two women (N). The letter and number have been included in the text to limit confusion.

Three videos were shown to the focus groups. These were an excerpt from the Body and Soul programme which aired on a Sunday night, 1993; a television advertisement; and the video shown as part of the specialist presentation.

2.7 The interview schedule

The focus group discussions were divided into three parts. In the first part the facilitator/s explained the purpose of the evaluation and described the process of the focus group. Participants were then asked about their knowledge of cervical screening; the cervical screening educational materials and the Register.

During the second part of the discussions, participants were asked to view the cervical screening material which was displayed in another part of the room. In the third part participants were asked specific questions about each category of educational material.

The following questions were asked for each of the materials presented to the group:
• what do you think of this? [specific material shown] (likes, dislikes)
• would you pick it up, read it, take it away etc?
• would it prompt you to have a cervical smear test or enrol on the Register?;
• how would you improve it?; and
• what do you think of the idea of an …? (all-in-one pamphlet, series of pamphlets etc).

Participants were asked their preferences for different materials during the focus group discussion.

Each focus group took approximately two hours. The time of the discussion was arranged with the participants. Four of the groups were held in the evening and three during the day. Two facilitators attended four of the seven focus groups. The remaining three groups were taken by one facilitator.

At the end of each interview, participants were offered two pamphlets to take away with them: Understanding Cervical Smear Test Results (developed by the Wellington CSP) and Cervical screening - Have you had a cervical smear in the last 3 years? (a nationally developed pamphlet).
2.8 Analysis of ranking forms

At the end of the discussion, participants were asked to write down, in order of preference, the educational approaches they thought were most effective in informing women about cervical screening (see Appendix 2). This information provides an assessment of preferences independent of the focus group discussion.

It was anticipated that all participants would provide a single list, ranking the material. However, this was not the case. Some participants ranked all the material listed on the sheet, while others only wrote their first three preferences or their three least preferred options. These differences limited the analysis.

The researchers only aggregated the three most preferred options as a result. The least preferred options were also able to be aggregated for some of the focus groups.

Although the ranking analysis was limited in its scope, it did provide support and evidence confirming the preferences expressed during the focus group discussions.

2.9 Informed consent and confidentiality

Organisations were provided with verbal and written explanations of the research prior to the researchers talking with potential participants.

At the beginning of each interview, the facilitator explained the purpose of the interview, set the scene, reiterated that participation was voluntary and that all information would be confidential. Participants were encouraged to ask any questions or discuss any concerns they had, before the interview began.

Informed, written consent was sought from all focus group participants (see Appendix 3). Participants were also asked permission for the discussion to be taped and were informed that the tape could be turned off at any stage. This occurred in two of the groups for particular individuals. Their comments were recorded in writing.

2.10 Reimbursement

Reimbursement ($10) for focus group participants was considered appropriate to cover any expenses such as those associated with travel to the focus-group venue and arranging child care.

In addition, a contribution/koha was given to the organisation who arranged a focus group. The koha differed depending on the number of women recruited for each focus group.
Chapter 3 Results

3.1 Introduction
The following details the information gained from each of the focus group interviews. Firstly, a description is provided of each group’s perception of the education materials. Secondly, a summary of the groups preferences is outlined.

3.2 Representative group (group 1)
This group consisted of eight women who were from a range of backgrounds and age groups. Two women were unable to attend the interview as originally planned. The ages ranged from approximately 24 to 50 years. All women had had a cervical smear test within the previous three years.

All participants appeared to be highly aware of women's health issues. They were all articulate and rapport developed easily. One participant commented that she hadn't realised the impact having a tape recorder going would have on her. However, after a few minutes she had become used to talking.

Two participants had experienced an abnormal smear test. Consequently, they were particularly interested in cervical cancer, cervical screening, the quality of the Programme and the Register. One of these participants was a journalist and had worked on a newspaper which had undertaken a feature on cervical screening. Being involved in the media she had strong opinions about the material.

Knowledge of cervical screening, the Register and cervical cancer
The majority of participants had heard or seen information about cervical cancer, cervical screening and the Register. The sources of this information were:
- TV advertisements;
- magazines (articles on "the National Women's experiment");
- information received after joining the Register; and
- pamphlets from GP's surgery.

However, the level of knowledge about cervical screening, cervical cancer and the Register differed between participants. Some participants were actively interested in matters concerning cervical screening, while others knew only a few facts received from having regular cervical smear tests. Group members knew more about cervical screening than about the Register.
Several participants made positive comments about the Register. The Register was perceived as beneficial both to the participants themselves and generally. Many participants found it difficult to remember when their next cervical smear was due, therefore the reminder was helpful. In addition, the ability to use the information statistically was thought to be beneficial.

Participants expressed concern about the competency of the laboratories and the smear takers. These concerns appeared to have come from their experiences of bureaucratic procedures and reading negative publicity about the cervical screening programme rather than from personal experience.

**Low key pamphlet (o1)**

The participants were not attracted to this pamphlet as it did not state what it was about and as it was a low quality production.

One participant stated that she might pick up the pamphlet out of curiosity as it said "you are invited ... "

**Series of pamphlets (Wel-4)**

All participants stated that these pamphlets were well presented, attractive and they would pick them up. The participants liked the colours of the pamphlets and the kowhai on the front. Participants stated that they would read them as they were well presented.

However, a number of dislikes were mentioned. Comments included that the printing on the front was too small, people would have to know what cervical screening was to pick the pamphlets up, and there was nothing about cancer stated on it. Participants commented that pamphlets should say cancer to tempt women to pick them up.

Opinion on the concept of a series of pamphlets differed. Participants queried the need for three separate pamphlets. They agreed that one pamphlet with all the information in it would be better than a series of pamphlets.

However, one participant stated that it was necessary for all the information to be available. If there was a series of pamphlets it would be the first pamphlet to be picked up and read which would have the most impact. In addition, if there were a series of pamphlets, women would expect each specific pamphlet to have all the necessary facts on that topic.

**All-in-one pamphlet (N3)**

This pamphlet was accidentally missed during this discussion. However, during the discussion participants stated they liked the all-in-one concept.

**Package of information (HB)**

There was a mixed response from participants concerning the package of pamphlets called 'The Fact Pack'. One participant had picked up the pack and had read it during the
"viewing time" and had found it very interesting. Another participant commented that if there was a package, there would have to be a lot of detailed information in it, covering all aspects of cervical screening and the Register.

Negative comments about the package were related to the colour (yellow), presentation (being a "little plastic bag") and easy to tip out by young children. It was also noted that they would not read all the pamphlets at once and they often throw away pamphlets as they receive so many.

However, participants said a package of pamphlets would be useful to give secondary school students.

**Information card**

The most common response when shown the information card was "what would you do with it?". One participant commented that she would probably pick it up and put it in her handbag and then wonder what to do with it later. Another participant commented she would be more likely to keep the information card than any of the pamphlets as it was small, compact, and laminated. Participants also agreed they would be more likely to read the card if it was given to them by their GP.

**Advertorials**

The majority of participants reported they read magazines in a variety of places. These included:

- doctor's waiting rooms;
- bookshops;
- supermarket queues; and
- in their own home.

The most commonly read magazines were:

- Next;
- Women's Day;
- Women's Weekly;
- Cosmopolitan; and
- Broadsheet.

None of the participants remembered seeing the advertorial in a magazine. The participants stated there were too many words and they did not think anyone would read it. The photo on the advertorial was also not to their liking. It was suggested the photo should show young, fit women, rather than older women having cups of tea. The participants did not relate to the women in the photo.
Overall, the participants agreed the concept was good, but it should be an advertisement, rather than an advertorial. A page with just a photo and a phrase was suggested as more effective.

Participants suggested that scare tactics needed to be used to create more of an impact. For example the format of the drink driving advertisements was recommended. Black and white advertisements were also said to have an impact.

**Stickers**

The sticker shown to participants had little impact on them. Participants asked what the sticker was of and perceived it to be obscure.

**Posters**

The focus group was shown three posters. One participant had seen one of the posters at the doctors surgery and this had prompted her to ask when it was time for her next cervical smear test.

The purple poster with a photo of a group of women (N13) was perceived to be the best of these posters. They stated this poster was the most eye-catching of the three and they liked the range of women in it. They commented that everybody should be able to relate to someone in the poster.

The *Cervical screening* poster with two women (N) was not popular with the focus group. They thought it to be false and too "politically correct". In addition, the colours were not perceived as "hard" enough and needed to be more definite. However, they did recognise it as the same two people in the television advertisements.

Overall, the focus group thought a poster should be linked with a pamphlet. For example if the kowhai pamphlet was chosen, then the kowhai should be on the poster. In addition, the women said it was important to have something which they could "take-in" at a glance.

The participants commented that people do not focus on any posters when an area is overcrowded with them.

**Specialist presentation**

None of the focus group participants had previously attended a specialist presentation on cervical screening. The group liked the flip chart and the diagrams. They stated that the chart gave good, clear information. In addition, they stated they liked the colours of the chart. However, as stated previously with respect to the poster, they did not like the photo on the front of the flip chart.

The participants reported they would not take the time to go to a specialist presentation. However, they stated they would be willing to attend a presentation if it was held at work and they were given the time to go. In addition, they thought it more effective to include cervical screening in a presentation on women's health, rather than on its own.
The specialist presentation was thought of as an effective means of gaining detailed information as the participants had experienced difficulties with receiving information from their general practitioner (GP).

**Videos**

**Body and Soul**
The focus group thought the most effective part of the *Body and Soul* excerpt was Penelope Barr saying that she had had a cervical smear test. The participants thought it useful to use high profile women of all age groups so that women would have someone they could relate to. Participants reacted negatively to the long explanation of "wharetangata" as it was too long in comparison to the rest of the video. The participants did not feel that many women would identify with this person.

**Television advertisement**
The focus group said the advertisement was good but could be improved to reach a wider audience. For example, they thought there should be a range of women as the women in the advertisement were too old. A family consisting of a grandmother, mother and daughter was suggested as being more effective.

The writing at the beginning of the advertisement had an impact on the participants. The writing was perceived as an effective way to convey the message. However, the focus group did not think the advertisement would influence them to join the Register. They commented that it had "missed what it was targeting" [informing women about the Register and encouraging them to enrol].

**Specialist presentation video**
Parts of the specialist presentation were perceived as effective, while others were thought to be too long and could be tidied up. They thought the specialist presentation portrayed cervical screening as "too much of a big deal". It was suggested there should be women speaking who were not intimidated by going for a cervical smear test.

In addition, the group did not like the presenter in the specialist presentation video. They perceived her to be too made up and not relaxed. The group recognised the importance of a presenter and acknowledged that it would be difficult to find someone that everyone could relate to.

The case study idea was thought to be effective. The group stated the woman at the beginning of the specialist presentation was the most effective case study and the group empathised with her experience.

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This was a personal description by a Maori woman with respect to the cultural reasons which prevent Maori women from having a cervical smear test.
Radio
The focus group was asked what they thought of radio as a medium for cervical screening educational material. This idea was received positively by the group. They reported that they, and a lot of women they knew, listened to the radio. The National Programme and Morning Report were thought of as effective programmes to be used. Once again, it was suggested that high profile women should be used to convey the message.

Overall comparison
After each category of educational material the focus group was asked their preference. Of the pamphlets, the group chose the kowhai pamphlet. However, they suggested that all the information should be in one pamphlet. Suggestions for pamphlets to be effective were:

- clear and precise information;
- use of bullet points;
- aimed at a range of age groups; and
- the word cancer on the front.

The participants commented that pamphlets should be simple and to the point.

A poster and pamphlet linked together was thought to be most effective from of written material. However, posters needed to be easily visible and not surrounded by other posters. In addition, a package of information for secondary school females was suggested.

A totally co-ordinated approach was perceived as the most effective strategy. This strategy would consist of a pamphlet, poster and television advertisement all linked together in some way, for example the same faces. A "total look" was recommended.

The group recommended that words such as "if you have a cervical smear test, you could save your life" should be in a television advertisement. The group thought this would have the most impact. However, they also stated that advertisements and other initiatives need to be followed up in the doctors surgery. It was thought important for GPs to promote cervical screening.

Ranking
Focus group participants were asked to fill out a ranking sheet of their most preferred form of cervical screening education material. Television advertisements were stated as the most preferred form, followed by a series of pamphlets and then posters. The least preferred options were advertorial, information card, radio, stickers and low key pamphlets.
3.3 *Urban, low-socio economic, unscreened group*

This focus group consisted of four women who attended a training opportunities course. The researchers experienced difficulties forming an unscreened group although a number of different avenues were tried. The training provider organising the group had asked all women on her course (14). All except four women had said they had had a cervical smear during the previous three years.

The women did not appear to have an 'active interest' in cervical screening as it "did not affect them".

The group often stated their opinions but would not expand on them and could not make suggestions to improve the material. Three of the women had a good rapport while the forth did not respond to prompting. However, she did join the discussion when she felt comfortable.

During the discussion, one participant said she would not chose any of the pamphlets as they were not relevant to her as she was a lesbian. Until shown the education material during this focus group she had not seen any material relating to lesbians. She said "I'm gay and there's a common belief that lesbians don't need smears - which is wrong but it's what's thought. There was an article in the lesbian newspaper about cervical screening. I took notice of that because it applied."

The ages of the participants ranged from mid-20s to 40s.

**Knowledge of cervical cancer, cervical screening and the Register**

The focus group had limited knowledge of cervical cancer, cervical screening, or the Register. The four had seen television advertisements and one participant had read the publicity about the "unfortunate experiment at National Women's Hospital".

Two of the participants knew of the Register. This information was gained from their doctors.

**Low key pamphlet (o1)**

The low key pamphlet was perceived as "really boring" by the group. They stated they would not pick it up as it did not "catch the eye" and the writing was not bold enough to read. They suggested that more details on the front and larger printing would improve the pamphlet. Other suggestions were "change the picture" and put "you have to ..." on the front.

The participants also commented there was too much writing in the pamphlet. The set-out of the pamphlet was not persuasive for them to pick it up or read it. One participant commented "I would put it down again when I saw all that writing".
All-in-one pamphlet (N3)
The all-in-one pamphlet was perceived as good as it was colourful and had "real people" on the front. The participants commented that the pamphlet stated exactly what it was about and what it meant without receiving eye strain from small lettering.

The participants stated they would pick the pamphlet up and would read it as there was not too much writing on it. They commented that many people identified better with pictures than with words.

They said the all-in-one pamphlet was a lot better than the low key pamphlet because it was glossy and had people on the front.

Series of pamphlets (Wel-4)
The participants liked the series of pamphlets. They said the yellow "catches the eye". They commented that they would read the pamphlets if they picked them up as they were clear and easy to read.

The group liked the series of pamphlets concept as you could pick up the pamphlet you specifically required rather than having to read a whole lot of pamphlets to find the information.

The group could not suggest any changes to the series of pamphlets as they "like[d] it the way it is".

Package of information (HB)
The participants liked the idea of a package of information and the bag which it was kept in. They said they would pick it up as "it's all together and you can search through and see what you want to read". However, the participants said they would not keep the bag of material.

One participant commented it would depend on the information required, how much of the material you would actually read.

The participants preferred pamphlets to be in the bag rather than the sheets of paper provided.

Information card
The participants said they would not pick up the information card as it was "too small" and they would have to look really closely to be able to see what it was about. One participant commented that she would read the card if it was given to her by her doctor and would keep it as it was small.

Making the headings darker so they were more visible was the only suggestion made by one participant.
Advertorial

All the participants reported they read magazines, although none of them could afford to buy one. Three of them stated they only read *Women's Day* or *Women's Weekly*, while one participant said she read *North and South* and *National Geographic*.

None of the participants had seen a cervical screening advertorial. One participant commented she had seen an advertorial in Reader’s Digest, although it was not on cervical screening.

Another participant said she did not like advertorials as they were "disguised advertisements". Consequently, she would go past it. She commented that if she were to read anything, then it had to be "proper information", such as an article.

All four participants said they would go past the advertorial if they saw it in a magazine. The participants did not relate to the women in the photo as they were all older and having cups of tea. They commented that by seeing older women in the photo they received the impression that cervical screening did not affect them. Therefore, the participants suggested having different pictures, with a range of ages and "doing something natural". Suggestions included: women in a discussion group, playing a sport, or sitting in a pub. It was also suggested that *seeing* cancer would catch people's eye. One participant commented that she always looked at 'gory things' and an advertorial with *Take care - have your smear* with a photo of cervical cancer would catch her attention.

Participants also commented that the advertorial would not prompt them to have a cervical smear test.

Sticker

Two of the participants had seen the sticker in toilets at a pub in Wellington. Although neither of them remembered reading the sticker they recognised the flower. One said she had never bothered to read it as she had automatically thought it was referring to sanitary napkins.

Participants could not make any suggestions to improve the effectiveness of a sticker.

Posters (N, N13)

The participants had previously seen the cervical screening poster (N) with two women on it. They also recognised the women from television advertisements. They liked this poster as it stated exactly what it was about, and would state where they had to go. However, they did not find the women on the poster "appealing". They suggested it would be better with a range of women, or swap one woman for someone younger.

The group liked the purple poster (N13) and said they would read it if they had nothing to do in a waiting room.
Specialist presentation

The group liked the material shown to them and were interested in the level of detailed information. Two of the group discussed the fears of having their first cervical smear, how they had no idea what was happening and this first experience had kept them from having another cervical smear test.

The participants said they would like someone to attend their course and give a presentation on cervical screening to all the women. They stated that they would not go to a specialist presentation at a venue away from their course.

Video

Body and Soul

The group said that some of the excerpt was "okay". They said it was good to have women from all cultures. However, they suggested that younger people were needed so they could relate to them. They said this would make them realise that they could get cervical cancer. The group also suggested there needed to be information about "what you have to go through to have a cervical smear test" and "it should show you what happens rather than just when you should have a smear test".

The group liked both the presenter and the use of Penelope Barr.

The group did not like the male doctor on the video clip due to the way he explained the cervical screening process.

Television advertisement

The group once again stated that younger people were needed in the advertisement as well as older women. They thought the words at the beginning of the advertisement were effective and they liked the woman's voice which was clear and precise. However, as the group of women on the advertisement were older and having cups of tea, they said it would not have prompted them to join the Register or have a cervical smear.

Specialist presentation video

Three of the participants liked the specialist presentation video as it showed "normal people, talking naturally". They liked the case study approach. The woman at the beginning of the video was also recognised from the television advertisements.

The group commented that the presenter was good as she was clear and direct.

The group stated that a video should definitely be included in a presentation.

Radio

All focus group participants listened to the radio. They liked the idea of using radio to convey information about cervical screening. One participant commented that a talkback show "would be really good as you could ring up and ask questions and be completely
anonymous, and you would get all the answers you wanted". Cervical screening advertisements on the radio were also suggested.

Overall preference

Overall, the concept of four pamphlets was preferred by the group as they could pick up what they wanted to know about. However, they preferred a photo of women on the front. One participant liked the series of four pamphlets and the information card.

The participants agreed that posters, pamphlets and videos would be the best avenues for cervical screening education material. The group stated that the specialist presentation video would be the most influential in persuading them to have a cervical smear as it explained "what happens".

Ranking

The written ranking sheet reiterated the group's preference for a series of pamphlets. The information pack and the video were also preferred by the group. The low key pamphlet and the advertorial were the least preferred options.
3.4 *Urban, low socio-economic screened group*

This group consisted of eight women who were attending a training opportunities course. The group was held during course hours and attendance was compulsory. During the discussion, the researcher gathered that two of the group were unscreened, one as she was 16 years old and the other due to her cultural background. This was taken into account during analysis of the information gathered. The age of participants ranged from 16 to early 30s and had experienced a large range of life experiences.

Some of the participants appeared to be 'willing' to take part in the discussion while others appeared to be there because it was part of the course. This created some difficulty in developing a rapport with the group.

**Knowledge of cervical cancer, cervical screening and the Register**

One interview participant previously received an abnormal smear test result. Consequently, she was aware of, and interested in, cervical cancer and cervical screening. The majority of participants only had cervical smear tests as a result of their doctor prompting them and the reminder telephone call that it was time for their next test.

Most of the group were on the National Cervical Screening Register. However, they knew nothing about the Register, or even how they came to be on it. Some participants were also unsure of who had rung them to tell them it was time for their next cervical smear test.

The group had seen information on cervical screening on television and pamphlets at the doctor's surgery. One participant was given pamphlets while walking along a street in Newtown. Another participant commented that she was given information but had not understood the terminology used.

The women commented that they had never asked a doctor for a cervical smear test and the majority said they would not ask their doctor for a cervical smear test. They were always told it was time to have a test or were asked when they had last received a cervical smear test.

**Low key pamphlet (o1)**

There were a variety of responses to the low key pamphlet. A number of participants thought they would pick the pamphlet up out of curiosity, while other participants stated they wouldn't. Overall, the low key pamphlet did not create an impact on the participants.

**All-in-one pamphlet (N3)**

The group liked the cover of the all-in-one pamphlet due to the range of people in the photo. They liked the broad representation of people, rather than having one age group. They stated they would pick the pamphlet up, although there was a difference of opinion as to whether they would read it. Some said they would read the pamphlet, while others stated that they might just read the front and then leave it.
The group stated that if the pamphlet was grouped with a lot of other pamphlets then they probably would not notice it. In addition, they said if they could see the pamphlet they would be unable to read what it said as the writing was at the bottom of the pamphlet.

The pamphlet was perceived as giving women the option to decide for themselves to have a cervical smear test. The group commented the pamphlet should be more direct. For example, one participant suggested the cover of the pamphlet should start with "you should ..." or "you must ..." to grab people's attention.

Series of pamphlets (We1-4)

The focus group participants stated they would pick up at least one of the pamphlets as they were bright and colourful. They were perceived as eye-catching.

Of the four pamphlets, the group stated they would be more likely to read the pamphlet which said "facts". The group commented it was unlikely they would read all four pamphlets. However, it did depend on the purpose of the pamphlet. If there were to be a series of pamphlets, participants commented that all information on the specific topic would need to be stated.

One participant asked whether there were pictures in the pamphlet as some people would be more interested in pictures than reading information.

Overall, the group said they would prefer one pamphlet rather than a series.

Package of information (HB)

The focus group did not like the package of pamphlets concept. They said that cervical smear tests were a personal thing and would not want to pick up the package, or take it if it was given out on the street.

One participant stated that she would not read it at the doctor's, but if it was delivered to the house she may be more likely to read it. However, the majority of participants perceived it as "more junk mail" and would throw it away if they received it in the post.

Other comments concerning a package of pamphlets included: there was too much information and when it was covering the same topics, it became "boring" and they became disinterested. Participants commented that many of the pamphlets they read were repetitive and they became annoyed with the large number of different pamphlets which all had the same information. Consequently, they had been discouraged from picking pamphlets up.

The group suggested that the package would be useful to distribute to females at secondary schools. They commented they had not known about cervical screening at school and it was important to start educating women when they were young.

A suggestion for improving the package was to change the colour, have less writing and perhaps have a photo of women on the side.
Information card

The participants' first impression of the information card was that it appeared to be better than a lot of pamphlets. In addition, it was something that could easily be put in a handbag or in a drawer.

Suggestions for improving the card included changing the colour (they did not like blue) and putting an explanation of cervical screening or cervix on the top. The group commented that many people do not know what either of the terms mean.

In addition, the participants said they would be more likely to read the information card if it was given to them by their doctor. Placing the information card on a chemists counter was also suggested. However, participants commented women would have to understand what cervical screening was before they would pick up the information card.

Advertorial

All focus group participants stated they read some form of magazine. The magazines included Women's Weekly, Women's Day, and New Idea. The source of these magazines were doctor's surgery, supermarket queues and buying their own.

No participants remembered seeing an advertorial on cervical screening in a magazine. However, once shown the advertorial, they recognised the women in the photo as being the same as on the television advertisements.

One participant said she would read the advertorial while the rest stated they would go straight past it. The overall agreement was that the first lines needed to be more direct than "take care - have your smear". The participants commented that the opening sentence of the advertorial would be more effective as a heading "Each year, 100 kiwi women die of cervical cancer". Another suggested improvement was to shorten the article and have bullet points at the end which stated the facts.

Posters (N, N13)

None of the focus group participants had remembered seeing any cervical screening posters, although they stated they did look at posters while sitting in waiting rooms.

The focus group participants liked the poster of the two women standing in the trees (N). They thought it was eye-catching and "the women looked happy". In addition, the poster stated clearly what is was about, cervical screening. However, they commented the colours of the poster could be improved.

The purple poster with the group of women (N13), was thought of as average. This was due to the amount of writing on the poster (too much). They suggested the poster should have been left as a pamphlet. However, to improve the poster, the group suggested the replication of faces behind the photo should be left off as it was unclear, and cluttered the poster. They thought the first poster (N) was easier to read.
RESULTS

Sticker
The sticker was not perceived as being dynamic enough to grab people's attention. Participants said the sticker would be better without a flower on it and should say something serious, eg "do you know you could die ...". In addition, as the sticker said "You need ...." one participant commented that she would expect the GP to mention it if she needed to have a cervical smear test.

Specialist presentation
One participant had been to a specialist presentation at her daughter's school a number of years previously. However, due to the large number of people at the presentation she had sat at the back and had not taken part in the presentation. The presentation had not left a positive impact. Consequently, she suggested that presentations should be for smaller groups of women so they feel more comfortable asking questions.

A number of participants said they would be interested in the level of detail provided at a specialist presentation. However, the distance they would have to travel and the time of the presentation would have an impact on their decision to attend one. In addition, they commented that the presentation should not be too long and they would be more likely to attend a presentation which covered a variety of health issues.

One participant said she would go to a specialist presentation as she wanted to know what was happening to her body.

Videos
The majority of participants had either not seen or did not remember seeing any videos on cervical screening.

Body and Soul
Comments about the Body and Soul excerpt included: it focused on the Maori women too long and that some audiences would still not understand "whare tangata" even though it was explained.

The participants liked the idea of a case study and were 'shocked' that the woman had got cervical cancer within such a short period. Penelope Barr as a presenter was thought of as effective as it showed that having a cervical smear test was a natural experience and women could talk about cervical screening.

The participants also commented that the definition of hysterectomy was different from definitions they had read in pamphlets. Consistency of definitions in all forms of education material was stated as important.

Suggested improvements to the programme included having someone younger speaking as older women were not perceived as having as much impact. Participants commented that with younger women, they would then think "that could be me".
Television advertisement
The television advertisement was thought of as excellent as it involved a variety of women. However, it was suggested that advertisements should include younger people, including children. The depiction of a family in the advertisements was also suggested as beneficial for creating an impact. Some participants thought the advertisement was too "softly done" and not reality. Consequently, the participants in this group did not relate to the women on the advertisement.

After watching the television advertisement, the participants discussed other cervical screening advertisements they remembered seeing. These advertisements were the case studies (taken from the specialist presentation video). Some members of the group also remembered what had been said during those advertisements.

Specialist presentation video
After watching the specialist presentation video half of the participants wanted to know more about cervical cancer and cervical screening. Many commented they had not originally known why women needed to have a cervical smear test.

The multicultural aspect of the specialist presentation video was perceived as effective. However, the group thought that younger women talking about their experiences needed to be included.

Radio
The focus group participants did not like the idea of radio as a media for a cervical screening message as the group only listened to (FM) music stations.

Overall comparison
The most preferred form of written material was an all-in-one pamphlet which was linked to a poster. It was suggested there should be a poster on the wall with a tray of pamphlets underneath them. To prompt them to have a cervical smear the group stated that the material would have to be serious, with the facts stated. A "scare tactic" such as those used in the drink driving advertisements was suggested as an effective 'prompt'.

When asked which form of media they thought most effective, the majority of participants stated television advertisements. The group suggested there should be consistency between the new material developed. For example, the same people on the posters and pamphlets as in the television advertisements. In addition, the group thought it important for a definition of cervical screening to be given, as many people did not know what cervical meant, or even how to spell or say it correctly.

Ranking
The ranking form filled out by each participant reiterated the preference for television advertisements, all-in-one pamphlet and specialist presentation. The advertorial, low key pamphlet, stickers and radio were the least preferred.
3.5 Rural, low socio-economic group

This group consisted of 12 women who were part of a training opportunities course. The group was very mixed with respect to age; levels of articulation, literacy and numeracy; screened and unscreened; and life experiences. Ages ranged from 16 to mid-forties. Several women in the group had children. The older women in the group tended to be more forthcoming and articulate during the discussion compared to the younger members of the group.

The older women in the group mentioned a number of times how they had not been told about sexual matters or cervical screening when they were younger and they stated it was important that young people are provided with the information. One member of the focus group felt uncomfortable about the tape recorder. Consequently, the tape recorder was turned off at times to enable her to express her opinions.

Four of the group were unscreened. Two of the four were 16 years old and not sexually active.

Knowledge of cervical cancer, cervical screening and the Register

The majority of the group had seen some cervical screening material in the doctor's office or waiting room. One participant commented that she did not take much notice of the material as she knew very little about it.

One participant was on a course two years previously and was told about cervical screening. She said this course had been beneficial and she had had a cervical smear test as a result. Another woman said she had recently been screened after being encouraged to do so by her 18 year old daughter. Previously she had not known about cervical cancer or screening.

The majority of participants commented they had seen television advertisements on cervical screening.

The majority of the participants had not heard about the Register. One participant stated she was on the Register and had been sent a card with her results and additional information. Another participant who was screened said she was not informed of her results for a year and had had an abnormal test result. She had since changed her doctor.

Low key pamphlet (ol)

No focus group participants had noticed or picked up the low key pamphlet which was displayed on the table. In addition, they commented they would not pick it up unless there was nothing else around for them to look at. Reasons for this included the high number of glossy pamphlets which compete with low key pamphlets. Participants commented they would always pick up a glossy pamphlet first.
The pamphlet was not perceived as "lively enough", it was "dull" and placed on a shelf with a lot of other pamphlets, it would be very difficult to see.

**All-in-one pamphlet (N3)**
Overall, the participants said they would pick up this pamphlet. They liked the cover of the pamphlet and the amount of information on the front. In addition, they liked the people in the photo as it covered a range of ages and cultures. The participants also liked the pamphlet as it had pictures inside.

**Series of pamphlets (Wel-4)**
The focus group liked the cover of the series of pamphlets due to the colours and the flower.

The concept of a series of pamphlets was liked by some of the participants due to the availability of a greater amount of information. Some participants said they would take the pamphlets home to read.

However, others commented that if they were going to read anything on cervical screening they would prefer it to be in one pamphlet.

**Package of information (HB)**
Some participants had seen the package of pamphlets previously as it was a Hawkes Bay initiative.

The majority of participants thought the package was an effective concept as it was an easy way of picking up a variety of information. They liked the colour of the bag and said they would pick it up to have a look inside and read the material. One person thought that if she received the package in the letter box she would throw it away as being "more junk mail".

**Information card**
There was a negative reaction by the group towards the information card. The majority of participants said they wouldn't pick it up or read it and would throw it away if they received it in the mail.

**Advertorial**
The focus group participants stated that a magazine advertorial was a good idea as everyone looks at some form of magazine at some time. The most commonly read magazines by the group were *Women's Day*, *SHE* and *Cosmopolitan*. Participants often read magazines in waiting rooms.

The colours and top line of the advertorial were thought of as effective in catching women's attention. Several participants stated they might read the advertorial if the first few lines
were absorbing. One participant commented she would not read the advertorial at first, but if she had bought the magazine, she would eventually go back and read it after reading everything else.

Posters (N, N13)
One person had seen one of the two posters shown. The purple poster (N13) was liked as it caught their attention. The participants liked the group of women in the poster as it represented a broad range of women and everyone felt they could relate to someone in it. They also suggested a child should be included in the poster.

Participants stated this poster informed the reader about cervical screening. One participant commented that it gave women the opportunity to ask their doctor about cervical screening after reading the poster.

The poster with two women was not perceived to be very effective. Participants commented that "didn't tell you anything". Participants commented that if women did not know what cervical screening was, the poster would have no impact.

Sticker
The sticker did not make a strong impact on the group of women. They stated that they would read the sticker but it did not say a lot. However, they would if it was on a car bumper as they said they tried to read any stickers seen on car bumpers.

Specialist presentation
As mentioned previously, one participant had attended a course and had found it helpful. No others had been to a specialist presentation.

When shown the material on the flip charts the group found it interesting. Particularly with respect to finding out more detail about cervical screening, cervical cancer and about themselves. Some participants commented the use of pictures and diagrams was very good, particularly the older women who had not been provided with much information when they were young.

When asked whether they would attend a specialist presentation the majority commented they probably would. However, they would only go with someone they knew. Two of the participants with daughters said they would like to attend a presentation with their daughter.

However, when asked what would prompt them to attend a specialist presentation, the reply was "if they had to".

Videos

Body and Soul
Although some of the participants had seen parts of the Body and Soul programme, none had seen the cervical screening excerpt. Participants commented that it would depend on
who was around at the time whether they would watch a programme on cervical screening. For example, one participant commented she probably wouldn't if her brother was in the room.

The presenter of the Body and Soul programme was perceived as effective. She was said to be clear, interesting and appeared to know what she was talking about. One participant commented that the excerpt did not tell her enough information and it left her with a lot of questions.

**Television advertisement**
The majority of participants had seen the television advertisement. They commented that it had had no real impact, that is, it had not prompted them to have a cervical smear. One participant commented she had been watching the women rather than listening to what had been said. Therefore, the advertisement would have to be seen a few times before it was all taken in.

**Specialist presentation video**
The focus group thought it was effective to have case studies in the specialist presentation. They had remembered seeing advertisements on television from the case studies in this video. Participants stated they felt more informed by this video compared to the Body and Soul excerpt.

However, it was apparent from the non-verbal reactions, such as grimaces, that the male doctor on the video was perceived negatively.

**Overall comparison**
When asked which form of pamphlets they would prefer, the majority chose the yellow package of pamphlets. Another participant chose the purple pamphlet due to the colour and one chose the pamphlet with kowhai on the front. They also commented they would be more likely to look at, or read, a poster.

As with several other groups they thought a poster with corresponding pamphlets with a similar design and logo would be most effective. The group suggested these pamphlets should be placed below the poster so they could take one away.

Improvements for the cervical screening material included having a common theme so people would know as soon as they saw it what the material was about.

It was apparent during informal discussion after the group discussion that several in the group were not "readers" and would prefer pictorial information. The use of pictures in material was important for some members of the group and this was most attractive to them.

**Ranking**
The participants were not asked to fill out a ranking form due to the different levels of literacy and articulation within the group.
3.6 Rural, older screened group

This group consisted of eight women aged from 40 to 70 years. All the women lived in the Central Hawkes Bay region and knew each other. They were all open about their experiences as well as their opinions on the cervical screening material.

Knowledge of cervical cancer, cervical screening and the Register

All the women had seen or heard some form of educational material about cervical cancer and cervical screening. The advertisements on television were particularly well remembered due to the women speaking of real life experiences and they did not appear to be actors.

Education material had been seen in:
- newspapers;
- magazine articles;
- doctors surgery; and at the
- health centre.

The women were very positive about the health centre in their region. They liked the reassurance received from the nurses, the reminder telephone calls for their next cervical smear test and the explanation of procedures. Several had taken the initiative of encouraging their daughters and daughters-in-laws to have cervical smear tests.

The more the focus group participants talked about cervical screening, the more they wanted to know. For example, what happens if they have a hysterectomy?; and what is the cut-off age for cervical screening? One woman with an abnormal smear test wanted more information than provided by her doctor.

The women had received discrepant information from different doctors on the frequency and circumstances under which cervical smears were needed. They commented that this needed to be clarified. In addition, the women's experiences with doctors were variable. Some women were screened regularly at their doctor's instigation, while others had found their doctors did not want to talk about cervical screening at all.

Some of the participants did not want to go to their doctor for a cervical smear test but were willing to go to other smear takers (for example, family planning or a women's health centre). One woman said "it's been 30 years since I've been to my doctor to be examined in that area and I don't want him touching me down there".

The women stated that once women reach 60 or 65, or have had a hysterectomy, they believed they did not need to have a cervical smear anymore. They stated that some older women in their area went to older doctors, some of whom did not provide cervical screening and were against the Register.

One participant knew nothing about the Register. The other participants were all on the Register and had been sent further information about the Register and cervical screening.
They were positive about the Register as they were sent their test results whether they were normal or abnormal.

Many of the women in this group also stated they had not been told about cervical screening when younger. They stated it was important that information should be more freely available and discussed with young people.

**Low key pamphlet (01)**

The majority of participants said they would pick up the low key pamphlet. The reasons for this included:

- they pick up everything;
- the message was simple;
- there were too many glossy pamphlets around; and
- it looked simple and cheap to produce.

The women commented they felt easier about taking a low key pamphlet as there were normally a large pile of them and they knew they were cheaper to produce. One participant commented she would be more likely to pick up the pamphlet in a doctors surgery than a glossy pamphlet as it was more discreet.

**All-in-one pamphlet (N3)**

The focus group gave positive comments with respect to the all-in-one pamphlet (N3). It was popular because of the clear information on the front. The participants commented that they would be able to read it without having to put their glasses on and could decide from the front whether they needed to pick it up. In addition, they liked the range of women on the front.

Both the all-in-one and the low key pamphlet were perceived as necessary as they both had an impact in different ways and were suited to different people.

**Series of pamphlets (We1-4)**

The women liked the pamphlets due to the kowhai on the cover and the colour of the pamphlet. However, the concept of a series of pamphlets was not perceived as effective. The participants said that they would either think that they were all the same, or would only pick up one of the pamphlets. This was perceived as a problem as they would not look at the pamphlet until they got home and by this stage it would have been too late if they had chosen the wrong one. It was queried whether there was a need for all four pamphlets, as the information appeared to be available in other pamphlets.

The group were very interested in the pamphlet on colposcopy. One woman had had abnormal smear results and others had experienced gynaecological difficulties. Therefore, they wanted more detailed information but had found it was not readily available. They stated this information should be provided by doctors.
RESULTS

Overall, the women liked the cover of the pamphlet but preferred information to be in one pamphlet (except for detailed information on colposcopy).

Package of pamphlets (HB)

The package of pamphlets was an initiative developed in the Hawkes Bay region. Six of the eight women had previously seen and read the information pack. They liked it as all the information was in one place and easy to carry.

The Hawkes Bay region had a 'daisy' as a symbol for all their cervical screening education material and promotions. Consequently a number of women in the group commented they recognised the pack as cervical screening due to the daisy on the side.

One of the participants in the group owned a bookshop and had placed the package of pamphlets on the counter. She commented that these pamphlets had rapidly been taken by women in the shop.

Information card

The information card was not popular with the group of women due to it's size and colour. They commented that they would not be able to read it without their glasses on. Therefore, they would not pick it up. Participants commented they would probably read it if it was given to them.

Advertorials

All the participants commented that they would read some form of magazine. The most common magazines were Women's Day and Family Circle. No participants remembered seeing an advertorial on cervical screening in any magazines.

The focus group liked the concept of an advertorial but would make changes to the one shown to them. The majority of women stated they would not read all of the advertorial and would probably stop after the first paragraph if they already knew the information. Paraphrasing the article was suggested to enhance the impact an advertorial could have.

Posters (N, N13)

No participants remembered seeing any cervical screening posters. They commented that there are often so many posters on a wall, they did not end up noticing any of the posters.

The poster of the two women (N) was the more popular of the two shown. They liked the words cervical screening across the top and the gap at the bottom for a venue and date to be written in. The purple poster (N13) was also popular due to the range of women on it. However, the women could not read the bottom line. Both posters were perceived to have their own place as educational material.
Sticker
No participants had previously noticed a cervical screening sticker. The concept of a sticker was perceived to be good depending on where it was placed. Toilets such as in secondary schools and health clinics were suggested as appropriate places for a sticker.

Specialist presentation
Many of the focus group participants had attended a presentation given by the Cancer Society in the community hall.

The women were very interested in the specialist presentation material shown them at the focus group discussion. They commented that they were very uninformed and would not normally see such material. They commented that it was beneficial to see how a cervical smear was carried out, as it was often scary for someone who had never had a smear test before. The women agreed they would like to receive that level of detail.

The focus group participants stated that the distance to travel to the presentation would have an impact on whether they would attend one. Another comment was that it would probably only be those who were already 'converted' who would attend a presentation.

Videos

Body and Soul
The women liked the *Body and Soul* excerpt. They agreed they would watch a programme on cervical screening. They commented that they could identify with the women on the video and with the presenter (Cherry Raymond). One suggestion made was for cervical smear results to be discussed on the video.

Television advertisement
The majority of participants had previously seen the television advertisement. One woman commented that her husband had asked her whether she had had a cervical smear test lately after watching the advertisement. Having words at the beginning of the advertisement was popular with the women.

Specialist presentation video
Some participants had seen the video while they were waiting for their cervical smear test in the health clinic.

The participants remembered the women from the specialist presentation as being the women on the television advertisements. In addition, they liked the presenter as they felt they could relate to her. The focus group participants liked the idea of case study scenarios as a medium to convey the cervical screening message.

Overall preference
Of the written educational material the participants preferred the package of material. The low key pamphlet was also popular.
The women suggested that one poster with a matching pamphlet placed next to it would have the most impact. The advertorial was stated as the least popular option.

Overall, the women commented that a television advertisement would be most effective as it would reach the majority of women.

The group stated that some people would need pictures rather than writing to convey the message as "some people just don't read".

Ranking

The information pack was the most preferred option for cervical screening educational material. This was followed by television advertisements and low key pamphlets. Advertorials and the information card were the least preferred options.

Three participants also wrote that a comic strip was their preferred option for women who do not read.
3.7 Urban, older, screened group (group 1)

Only three of the seven women who had agreed to attend, arrived for the focus group discussion. One of the group was sick and the remaining three did not turn up. The facilitators agreed to spend some time waiting for the others while one of the group tried to phone to see what had happened. As a result, the group began and finished later than anticipated and the energy levels dropped towards the end of the session.

Two of the participants knew each other prior to the discussion. Despite the small size of the group a large amount of information was gained from the discussion.

One woman had previously been a nurse. She had had an unpleasant experience about five years previously when she had had an abnormal smear test result at the same time she was in hospital for a broken ankle. The hospital doctors were nonchalant about giving her a follow-up cervical smear test. Consequently, she had to fight to have one before she left the hospital.

One woman had been having cervical smear tests for forty years. She regarded herself as very fortunate with the quality of professional care she had received. The group agreed that not all women received such care.

The women commented that the focus group process itself was educational and had made them question how much they knew about cervical cancer. They realised that they relied too much on their GPs to inform them. It prompted them to ask how much responsibility they should be taking for themselves.

Knowledge of cervical cancer, cervical screening and the Register

All participants had some knowledge of cervical cancer, cervical screening and the National Cervical Screening Register. The group had gained their knowledge of cervical screening from the following places:

- doctor's surgeries (pamphlets),
- dentist's waiting rooms (pamphlets),
- TV advertisements,
- professional training, and
- publicity from 'the experiment' at National Women's hospital.

They said they had had cervical smear tests because they had been told about the importance of doing so by their GPs.

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3 A second focus group discussion was held to gain further information from this 'category' of women. See pages 42-47.
Two of the women were on the Register because their GP had suggested it. The Register had not been mentioned to the third participant. Consequently, she was not enrolled on the Register.

One woman said she had not become aware of the importance of cervical screening until she had children. She commented that she had only become aware of why women should have cervical smear tests during the previous two years.

As with another group, participants were told different information by doctors with respect to when and how often they should have cervical smear tests. This was quite irritating for one woman. She stated it created a feeling of insecurity, not knowing if you should have a cervical smear test every one, two or three years.

One woman pointed out that her mother had not discussed the importance of cervical smear tests with her, but she would discuss them with her daughter.

**Low key pamphlet (o1)**

The cover of the green, low key pamphlet was disliked as it did not give sufficient indication of the subject matter. One woman stated she would not pick it up as it was too unattractive. She said promoters would have to do better, especially if they wanted people to read the information inside.

One participant liked the ‘fun face’ on the cover. It was suggested that the wording on the front should be changed.

**All-in-one pamphlet (N3)**

The participants liked the glossier all-in-one pamphlet. They stated they would pick it up in preference to the low key pamphlet as the colours were more attractive. It was more ‘eye-catching’ and had ‘ordinary everyday people’ on the cover. ‘It relates to me’ was the way one woman described it. It was perceived as neat and tidy with all the necessary information. It was also clear and easy to read. The participants commented that some pamphlets were too wordy. One woman said she would not pick up heavier reading material in a waiting room as “you know you are only going to be there five minutes”.

**Series of pamphlets (Wel-4)**

Two of the three participants said they were attracted to the kowhai flowers on the cover. They said the print was bold, obvious and could be read at a glance. One woman said she preferred people on the front cover.

Two of the women liked the concept of a series of pamphlets, while one woman preferred the all-in-one pamphlet as long as it was not too wordy. The all-in-one pamphlet was perceived as more convenient for slipping into a bag, especially if in a doctor’s surgery with children. A series of pamphlets was not perceived as easy to carry. The group also
commented they would be concerned, with a series of pamphlets, about whether they had to take all of them to receive all the necessary information.

The series was seen as a good resource if you were looking for specific information about cervical screening.

**Package of information (HB)**

One woman commented that the "fact pack" would be especially useful if you had to go for further investigations. However, she thought the pack itself was 'messy'. Another woman disliked the package of information due to the plastic bag.

The participants commented that the value of the package was that you could be sure you had all the necessary pamphlets and information. They agreed they would not pick up the pack and read it if they were sitting in a waiting room but would take it away with them. Only one woman in the group was sure she would read the contents of the package. The other participants commented they might throw it away if they did not read it immediately.

The group suggested the information pack could be useful to younger women having their first cervical smear test especially if they was embarrassed by the process.

**Information card**

The focus group did not like the information card. They said the writing was too small for those with failing sight, which can be quite a significant problem for older women. "If I have to put my glasses on I might not bother" and "I'd never pick it up" were comments made.

The word 'checklist' on the title of the card was appealing to some participants due to the promise of information the card should contain.

**Advertorial**

The group read a variety of magazines. These included:

- NZ Gardener;
- North and South;
- Next;
- More;
- Fashion Quarterly;
- Woman's Day, Women's Weekly;
- House and Garden;
- the health magazine at the chemist; and
- Australian Women's Weekly.
RESULTS

One woman in the group had seen the advertorial and had read it when she saw it. When questioned more closely she said if she not been waiting she may not have read it as the print was very small. The pamphlet was better for print size. She also commented that if she had bought the magazine, it is more likely she would read it from cover to cover.

They agreed the advertorial's headline could remind some women to have a cervical smear test.

Sticker

The sticker did not create an impact on the women. Their only comment was that "it would be good to display in public toilets".

Posters (N, N13)

No participants recalled seeing the posters previously.

They preferred the poster with the group of women (N13) as they instantly recognised that it referred to them. They said the larger poster (N) with two women might be eye-catching, but it did not tell them anything.

One woman (with young children) said she had never read a poster on the wall in her medical centre. She did not remember noticing any posters and that television advertising made far more impact on her.

The group agreed they might read one of these posters as long as it was not "part of a wall of posters" as often found in waiting rooms. One woman said the poster with the group of women (N13) might prompt her to read the pamphlet with the same picture on it.

The group did not like the replication of the photo in the background of the purple poster (N13). It was perceived to detract from the impact of the poster.

Specialist presentation

No participants had been to a specialist presentation.

They suggested the specialist material would be suitable for seventh form, polytechnic or training college students. They did not recognise it as something to educate themselves.

The group stated they would be unlikely to go to a specialist presentation. One woman suggested she might if she had had an abnormal smear result and wanted more information. However, overall, the group was not looking for this level of detail and it would take quite special circumstances to make them go to a specialist presentation.

They commented that a video might make a specialist presentation more attractive, but would not be the key feature to draw their attendance.
Video

**Body and Soul**
There was a positive response to this video. Some participants had seen it on TV and thought it was beneficial to see it again.

There was some debate in the group about who should present video material. It was apparent that they all had their personal preferences of well known presenters. Some participants said they were more likely to listen to a presenter from "the news" rather than to a presenter from "the weather". The presenter's diction was also considered important especially for the hard of hearing. The group proposed a range of presenters was necessary to attract all types of people.

**Television advertisement**
One woman preferred other cervical screening advertisements she had seen on the television (case studies). However, she liked the message on the advertisement and the "steady serious voice over". They stated it might have prompted them to join the Register.

The group liked the words at the beginning of the advertisement. They commented that they stood out and made you take notice of the message. In addition, the relationships between the women and the feelings generated were perceived as warm.

**Specialist presentation video**
The group preferred the women talking directly about their personal experiences compared to the presenter. The case study scenarios made the most impact on them. The group commented that speaking directly to the camera was preferable to a voice-over. They said they took the personal story to heart much more. For them, there was a perceptible difference between the women who were deliberately asking and answering staged questions and the ones telling their story.

They also stated this programme would appeal to a wide group of women and was well put together.

**Radio**
One participant stated the radio was not an appropriate medium for a cervical screening message. However, she did suggest a talk-back or discussion programme could be appropriate. The other participants commented there was a place for some exposure on radio. One participant only listened to the concert programme, and the others to National radio music stations.

**Overall preference**
The group preferred an all-in-one pamphlet with an attractive cover which stated what was inside. The colour of the cover was vital to catch the viewer's attention. The group said they would be likely to pick up such a pamphlet and read it. The pamphlet with the kowhai (We1-4) and the range of people (N3) were the most preferable of the written materials as the writing was bold and the colour attractive.
The poster with the group of women (N13) and the pamphlet that went with it (N3) was favoured by one woman. Another preferred the low-key pamphlet (o1) 'with the cheeky face'.

The TV was felt to be the most powerful way of conveying the message. The participants stated the video was the most effective means of communicating the message about cervical cancer.

**Ranking**

As mentioned earlier, the women were quite tired by the end of the discussion. This may have affected the completion of this form. Two participants only noted their first five preferences and another her first four. With the range of opinions, this made the ranking of material harder to analyse. However, overall, the all-in-one pamphlet was the most preferred option. This was followed by television advertisements and the specialist presentation.
3.8 **Urban, older, screened group (group 2)**

The women's centre which set up an unscreened older group also assisted us with another focus group with older screened women. As the women were from quite different backgrounds and ideologies from the first older, screened group, the information has been detailed separately. Three women aged between forty and sixty were at this discussion.

The women were definite in their opinions and perceptions of the material and the structures of society. This came across during the discussion of the material, particularly with respect to the videos and the photos of women on the pamphlets and posters.

The three women were from different backgrounds and experiences but had come together due to their support of the women's centre. The women all knew each other and rapport developed easily.

**Knowledge of cervical cancer, cervical screening and the Register**

One of the participants had been a nurse. Consequently, she was knowledgable about cervical cancer and cervical screening. She knew that a Register existed and she was enrolled on it, but she knew very little about it.

One of the participants had experienced an abnormal cervical smear result. Consequently she was very aware of cervical cancer and the need for cervical screening. She commented that she had daughters and ensured that they too had regular cervical smear tests.

Another participant also knew the Register existed but was unsure whether she was on it. She had received reminder phone calls for cervical smear tests, however, she did not know whether that was a result of being on the Register or her doctor's own recall system. She was also very aware of cervical cancer and the need for screening as she was the only one in her family who still had her womb.

The only educational material the women had seen were the posters and stickers in the bathroom at the women's centre. One participant stated she had never noticed the poster (N), even though it was in a prominent place (by the toilet and wash basin). However, she had noticed the sticker in the bathroom.

The Register was perceived as effective and beneficial in reminding women to have a cervical smear test. They said this reminder prompted them to go for a cervical smear test.

**Low key pamphlet (01)**

There was a mixed reaction to this pamphlet. Two of the women liked the pamphlet as it was not glossy. One participant commented that the pamphlet appealed to her as it was "non-threatening" and the picture of the woman was low key. The question and answer format of the pamphlet was also said to be effective. However, the women said there were too many words in the pamphlet and it was not well set out.
One woman said she would read it if she had nothing better to do. The participants agreed that it could be a prompt to go for a cervical smear test.

**All-in-one pamphlet (N3)**

One woman expressed strong dislike to this pamphlet. She said she did not 'trust' the women in the photo as she perceived it to be phoney. However, she did say the inside of the pamphlet was attractive. Another participant said she liked this pamphlet, the photo of the women, and the inside of the pamphlet. The pamphlet was "easy to read and look at". However, she commented that the picture inside the pamphlet, showing a male performing a cervical smear test ruined the pamphlet. She could not relate to this portrayal of smear taking. Another participant commented that the pamphlet was attractive but the photo did not look real.

A suggestion to improve the pamphlet was to have a photo of women "*doing something real, for example, women in the supermarket, pushing a pram up the street, or leaning on a bar in the pub.*"

Overall, the women said they would read the pamphlet and it might prompt them to go for a cervical smear test.

**Series of pamphlets (Wel-4)**

The participants commented that they liked the colours of the pamphlets, the kowhai symbol, and the setting out of the information. One women commented that it was the symbol for women's refuge and therefore she would be attracted to the pamphlet.

The participant who had received an abnormal smear result said she would be interested in the pamphlet on colposcopy "*because it is relevant to me*".

One woman (who was wearing glasses) commented she was concerned about the small print on the pamphlets and that she would not be able to see what it was about.

Overall, the women commented there "*was room for both an all-in-one pamphlet and a series of pamphlets. It depended on how long you were in a waiting room how much you would read.*" They said if they had time they would pick up the one most relevant to them.

**Package of information (HB)**

The participants liked the information pack. One woman said "*it appeals, it's quite exciting, looking inside and seeing if something is free*". It was also liked as the pamphlets could be put away again. The participants commented they had so many 'bits of paper' that the bag was good to keep everything tidy.

One participant said she would not take the package home with her. The other two said they would and they would pass it on to other women.
The group suggested there should be some pictures with the material in the pack. A sticker should also be enclosed (one woman had looked for a sticker when she opened the bag).

They said the package of information would prompt them to go for a cervical smear test.

**Information card**

The participant who had previously been a nurse liked the information card as it was succinct. "*It appeals professionally*." She said she would take the card home with her. Another participant liked the card as it was shiny and compact. She said the card would prompt her to go for a test. Another participant said she would not pick the pamphlet up as it was "*boring, dull and had no big headings.*"

A suggestion to improve the information card was to put a picture or 'symbol' on it (common to cervical screening).

**Advertorial**

One participant occasionally bought a magazine (either *Women's Day*, or *NZ Women's Weekly*). The other participants stated they only read magazines while waiting in doctors surgeries.

One participant took a strong dislike to the advertorial due to the photo of the women. She said it was good to have the cultural and age differences in the photo, "*but the women were all sitting in a Pakeha way*". She commented the photo was "*too posed*" and she did not trust it. Consequently, she said she would not trust what was written in the advertorial. She also commented that the photo was portraying "*nice women*" and that only "*nice women have smears, bad don't.""

Another participant commented she would look at the photo first and then to the top of the page to find out what the advertorial was about. She said the picture gave her no indication that the advertorial was about cervical screening.

The word 'advertisement' was a deterrent to the women reading the advertorial. One woman commented she would not read any further after seeing advertisement written on the page.

When the women read some of the advertorial they said it was badly written, with "*mixed paragraphs*" and it was "*not relevant*." The women stated that the advertorial would not be a prompt to have a cervical smear test or join the Register.

The group suggested the photo could be improved by the women looking more natural, sitting in different ways, and drinking out of coffee mugs rather than china teacups.

One participant also suggested a photo of a speculum with "*do you know what this is?*" as a caption would catch people's attention. She commented that until she had attended a 'menstruation course' she had never seen a speculum. At this course the women had been
able to 'handle' the speculum and she now felt "closer to the experience" [of having a cervical smear test].

**Sticker**

The women liked the sticker and said it would prompt them to have a cervical smear test. They said it worked as a 'reminder' to go for a cervical smear.

One participant said she liked the fuchsia on the sticker as it was 'subliminal' and looked like a cervix.

**Posters (N, N13)**

Little comment was made about the poster with a group of women in it (N13). The poster was liked as it gave information, but not too much information. The same comments about the photo of the women were made as with the all-in-one pamphlet.

The woman who had not noticed the poster of the two women (N) in the bathroom perceived the poster to be "meaningless." She said it did not tell her anything. Another participant said it made her think of "correct and proper" and she felt "patronised" by the two women. She liked the poster (W2 - see Appendix 1) as one of the women could have been a lesbian and another was in a wheelchair. She liked this poster as the women were 'different.'

One woman liked both posters and said she could relate to the photos in both of them. She said they would act as another reminder to her to have a cervical smear test.

**Specialist presentation**

None of the participants had attended a specialist presentation. One woman said she might go to a specialist presentation and take her daughters. The other two said it was unlikely they would go to one.

The participants said the specialist presentation material shown to them was good as it was big, colourful and gave good clear information. The participants said they would like to have that level of detail and the presentation would be enhanced by seeing a video. One participant commented women should be shown a speculum to "humanise cervical screening and take it away from the medical profession." She said it was important for women to feel comfortable with talking about cervical screening.

**Video**

**Body and Soul**

One participant liked the Maori woman who discussed "wharetangata" on the excerpt. She liked the way she talked about her body from "the inside out, rather than the outside in,
which seems to occur so much in a Pakeha society." She also said she felt quite moved when the woman talked about "losing her all."

One participant commented that it was not until the end of the excerpt that death from cervical cancer was mentioned. She said it was important that it was clear to women that women can die from cervical cancer.

Cherry Raymond was disliked as a presenter. The participants were disappointed that she had "come in like the expert" after Maori women had just been talking about their experiences. The male doctor on the video was also perceived negatively. The women felt it was inappropriate and said a female doctor should have been discussing cervical screening. They also commented that it reinforced the ideology of male doctors being the only people who can carry out cervical smear tests.

One participant commented that the "voices of authority" in the excerpt were Pakeha which she felt was wrong. She said that either more Pakeha women should have been in the excerpt or more Maori women taking authoritative roles.

Another participant liked the excerpt as it acknowledged that cervical screening is an embarrassing experience.

**Television advertisement**

The group recognised the women in the advertisement as the women from the advertorial. One participant commented that she had seen the advertisement before and she had wondered why that group of women would have been together drinking cups of tea. The other participants agreed. They said they liked the variety of women, but could not understand why they would have been together.

The words at the beginning of the advertisement were seen positively. The group said they were catchy and they caught their attention.

However, one participant commented she would have liked to see what the women were doing to save their own lives. Drinking cups of tea did not portray this. The Lion Brown advertisement which is currently on was given as an example of a good 'catchy' advertisement. Although this participant did not drink alcohol, she liked the advertisement as the people in it were "everyday people doing natural things." She said the "nice image should be broken away from." As she could not relate to the women in the advertisement, she stated she could not relate to the issue being discussed.

**Specialist presentation video**

Overall, the women liked the specialist presentation video. They said it gave "good basic information" and it showed that "other women felt the same way" (about going for a cervical smear test).

The women liked the way the video began, with a woman talking about her experience. They said they preferred case studies. One woman again commented that it was 'insulting' to have Pakeha in the authoritative role.

One participant said the video was good with respect to dealing with the fears and problems linked with having cervical smear tests. However, she thought it would be beneficial for
someone who was not afraid of going for a cervical smear test to talk about her experiences.

The participants said the specialist presentation video had the most impact of the three forms of videos and it would prompt them to have a cervical smear test and to enrol on the Register.

The women suggested the specialist presentation video should be on television as a whole programme with a lot of advertisements and promotions leading up to the airing of the programme.

Radio

All three women listened to the radio and said it could be an avenue for cervical screening information. Education programmes, talkback shows and the national programme were suggestions. Advertisements on commercial radio was also suggested.

Overall preference

Of the pamphlets, the participants all preferred different concepts. One participant preferred the series of pamphlets, another the glossy all-in-one pamphlet and the third the package of information.

Overall, pamphlets were the most preferred form of written material. The nurse preferred the sticker as she already knew the information and one participant said a poster would also be effective in serving as a reminder.

The participants suggested a symbol on or in each of the materials would be beneficial. They commented that it had to be something which was well known to women.

After seeing all the material, the group said they preferred the specialist presentation video. They also thought that television advertisements were important and had an important role to play. The "expressing of personal experiences" was said to be most effective.

One participant said it was important that "you must..." was not put on the material. She suggested that women needed to know the benefits of having a cervical smear test and to choose for themselves whether they had one or not. She commented that she thought "you must..." would put people off, as people like to make their own decisions.

Ranking

From the written sheet of preferred education material, stickers, specialist presentation and a series of pamphlets were stated as the most preferred options. Advertorials and television advertisements were noted as the least preferred options. (The group may have been referring specifically to the television advertisement they saw during the focus group, as previously they had said television advertisements were beneficial and effective).
3.9 **Unscreened, older, urban group**

This focus group consisted of six women aged 40 to 70 years and who had either never had a cervical smear test or had not had one during the previous three years. Some of the group were lesbians. Some of the women already knew one another and rapport was quickly established. Apart from one woman who was hard of hearing, all participants contributed freely to the discussion.

The women were contacted through a women's centre in the greater Wellington area. The discussion was held at the centre.

**Knowledge of cervical cancer, cervical screening and the Register**

The level of awareness of cervical cancer in the group was high.

There was a range of experiences and reasons for not having a cervical smear test. One woman had been at the launch of the cervical screening education and promotion materials. She said she had not bothered to have a cervical smear despite her knowledge and exposure to the education materials as there was no history of cancer in her family. She said she was sure, on this basis, that she was not at risk. Another woman in the group had a mother who had almost died of cervical cancer in her thirties and yet she, (her daughter) still did not want to have a cervical smear test.

Several women in the group expressed fear of having a cervical smear test. They said they had enough information but something else was needed to persuade them to have a smear test. They described it as a fear of "having your body invaded", even though women could chose their own smear taker.

One woman described a previous experience of having a smear. The smear taker, a woman doctor, rang afterwards to say that she had not managed to get any cells. After a repeat smear which caused bleeding, the smear taker was still unsuccessful in getting any cells. Due to the experience, which she still found upsetting, she had not returned for another test.

One women commented after looking at the materials, she found the whole campaign "an insult to women who feel that they are taking really good care of their health". She said the material was "not trusting people".

Several people in the group had seen all the material displayed. One participant had not seen the pamphlets but had seen the posters. The material had been seen:

- in toilets;
- on TV; and
- at the launch of promotional materials for the national campaign.

All except two women had heard about the Register. One participant commented "that it was national" and "it would keep statistics, for example, about the relationship of smear tests to the development of cervical cancer; it would provide an automatic call-up when you
need your next smear test; and that women could chose to opt-off it if they did not want their personal information stored in this way". Other women in the group knew about the automatic reminder. One woman had been involved in the consultation process with women’s groups and remembered recommending the 'opt off' option because the 'opt-on' procedure had not worked very well. The group knew that it was the doctor's responsibility to tell the patient they would automatically go on the Register unless they stated otherwise.

One woman also commented that not being contacted if your smear test results were normal was very off-putting, "it leaves you uncertain".

**Low key pamphlet (o1)**

Some women liked the low-key pamphlet, partly as it looked like it contained a lot of information. Others stated that information does not persuade you to have a smear test and also that it does not help you to overcome the fear of having a cervical smear.

Several women in this group were afraid of the test simply because they did not want to be touched. "It's a yucky thing to have done" was said by one participant. They pointed out something more was needed to help or persuade those who knew about the importance of cervical screening but still did not want to have a test.

One participant commented that the pamphlet was not 'flashy' and that it looked like a community group pamphlet. Others said it was "cheap and boring". They mostly agreed that despite their preferences it would not persuade them to have a cervical smear test, especially as the reference to its contents was in very small print. There needed to be something up front which would either attract them, or let them know why they were at risk (these comments apply to the whole range of pamphlet material). The attractive quality of the low-key pamphlet was that it was non-threatening.

Overall, the group said it was unlikely they would pick up the pamphlet or read it in a doctor’s surgery.

**All-in-one pamphlet (N3)**

This pamphlet was not specifically discussed during the focus group discussion as it was inadvertently omitted from the envelope. However, the discussion indicated that an all-in-one pamphlet was preferred.

One woman commented that the pamphlet had a man doing a cervical smear test. She said this was unhelpful for women who were shy or modest. In addition, it gave a false impression that this was something a male doctor had to do rather than a nurse or some other smear-taker.

**Series of pamphlets (We1-4)**

The group stated these pamphlets were glossy and attractive. They stated the attractive quality would prompt them to pick them up and read them but not to have a cervical smear
test or to go on the Register. Some of the women again commented that those who have not had cervical smear tests needed to be "scared into it" and the kind of information which might do that, was not there.

One woman pointed out that when she read that "all women between 20 and 70 who are having sexual intercourse should have a smear", she thought she did not need one as she was no longer having sexual intercourse. Others questioned whether you needed a cervical smear test if you had never had sexual intercourse. Some participants thought there was a higher risk for smokers than non-smokers. This put a different complexion on the possible risk factors for the lesbian women in the group.

Some participants thought the attractiveness of these pamphlets would persuade other women to pick the pamphlet up, read it and then have a cervical smear test. Generally, there was a consensus that the information was good: it was clear, well laid out and interesting enough to hold your attention. However, typing errors irritated one woman and she would not read any further after having found one. Overall, the group thought a series of pamphlets was too much if you did not need all the specific information.

Overall, the group agreed the series of pamphlets was good but really only helpful after you had had a smear.

**Package of information (HB)**

The participants who liked information thought the information package was good. They thought people generally liked getting 'packs', the advantage being that information was all kept together. They liked the concept of a package although some did not like the plastic bag.

The group said they would be unlikely to pick up the pack for themselves, that they would have to be given it. At least one person in the group stated she would not bother to read such information. The material was not seen as relevant until after a smear test.

The participants did not like the euphemism of 'change of life' for menopause which was used in the material. This was perceived as very ambiguous. Several women also questioned why 'colposcopy' figured so prominently in these and other pamphlets.

After reading some of the information, the women afraid of having a cervical smear test said that whoever wrote the pamphlets did not recognise that fear, as they had not addressed it.

**Information card**

Some participants liked the all-in-one handy aspect of the information card. It was perceived as "a good quick check". One woman pointed out that the card starts by allaying fears about confidentiality etc. However, no-one responded to this being a strong point of the card. Although several of the group liked the card, they thought it appropriate for only some people.

Some participants had a strong aversion to the colour of the card and the small print.
RESULTS

Advertorial

The focus group read a variety of magazines. These included:

- MS,
- Woman's Day,
- Women's Weekly, and
- TV Guide.

No participants had seen an advertorial for cervical screening. Only one person said she would read an advertorial. Another woman commented there was too much text.

The group agreed that the advertorial would neither persuade them to have a smear test or join the Register.

Posters (N, N13)

The Women's Centre had several cervical screening posters and the sticker prominently displayed in the bathroom. The participants stated the Women's Centre was the only place they had seen the posters and the sticker. Seeing the material displayed had not influenced any of the women to have a smear or join the Register.

One woman said the poster of the two women (N) gave her a real sense of warmth. One woman commented that the warmth, and the image of caring in the poster most influenced her to have a cervical smear test. Several women agreed the image was 'supportive', that it conveyed feelings of 'not alone'. This appeared to be the preferred poster. The poster was the closest to reassuring the women who were 'freaked out' by the idea of a smear test.

Specialist presentation

Only one participant had been to a specialist presentation (the launch of the materials). She thought it had been done very well. She said "I'm not resistant to having a smear test, I just haven't got round to it". She said the only place she had been asked about her last smear test was at the Women's Centre.

The group stated it was unlikely that they would go to a specialist presentation but if they did, a videotape would be an important ingredient in conveying the message.

Videos

Body and Soul

The group commented that the list of people at the beginning of the video who might be hesitant about having a cervical smear, did not include some of them. They felt 'missed out'. Some liked the Maori woman's approach and her whole concept of life as compared to the more clinical approach of the medical practitioners. They liked women talking about themselves because women's experiences were valuable to them.
They were divided about the presenter, some liked her and some did not. Those who disliked her felt her manner was patronising. The group commented that no one on this video articulated the fear that several of the women in the group expressed of having a cervical smear test.

The group also did not like Penelope Barr on the video. The focus group stated that her image was too much of "a glamorous celebrity".

**TV advertisements**
The advertisement was not perceived as convincing. The woman who had been at the launch was asked for her opinion by other group members. She said that at the time she thought the advertisements were quite good, but she said they now seemed 'contrived'.

The feeling of the group was that women talking about their own experience was more convincing than a voice over.

As their awareness of cervical screening was quite high the group felt that any promotional materials needed to address their level of knowledge, and go beyond it. They stated that this advertisement would neither prompt them to have a smear test or enrol on the Register.

"You've got this body and you haven't had your smear yet?" was one suggestion an advertisement encouraging women to have a cervical smear test.

**Specialist presentation video**
The first comment made about this video was the presence of a male doctor. One woman said she felt insulted that a man was given the task of looking after women's bodies. She said: "he might be a nice bloke but, shit that's the last thing I want to do [have a smear test done by a man]". Another said: "I switched off when he came on - how could that bloke know what it's like to have a smear?".

The case study/personal experience material on the video was received well by all the participants.

Focus group participants commented that the cervical cancer death statistics should be made more personal so women would be prompted to go for cervical smear tests. One woman said she did not quite know what was needed, but the information needed to relate to her personally somehow. "There needs to be some reason to get all of us here, to have a smear test".

The women as they looked at the various kinds of materials kept coming back to "why should I go along for a smear test? How much at risk am I? What are the consequences if I don't have a test and I get cervical cancer?" When they looked at the information they asked "what has all this got to do with me?"

The group made a comparison with the hideous images used in the anti-smoking campaign and the AIDs campaign. The group commented that none of the information about cervical cancer was shocking enough. They said shocking images were more likely to 'hurry' them along for a cervical smear test.
RESULTS

Some participants did not like the medical information contained in the video, while others said both case study and medical information was needed.

Of some concern to the lesbian women in the group were the kind of sexual activity that increases the risk of cervical cancer. This was not clear from the material shown. The information was perceived as "too vague" in places.

Radio

The participants stated that a lot of women listened to the radio and that the same women (as in the television advertisements) talking about their experiences could be used equally effectively on the radio. Some participants commented that a talk-back show may not be appropriate as some of the sincerity is communicated by the women having time to speak.

Overall comparison

Of the written material, several participants preferred the package of information. The series of pamphlets were regarded as the most attractive information, due to the colours, spacing and design of the cover. The pamphlets and information packs were said to be great after someone had had a smear, but the women said that only a medium like television would influence women to go for a cervical smear test.

The women thought that the information in all the various pamphlets was good but none of them actually addressed women who were 'freaked out about' cervical smear tests. One of the women, a survivor of both sexual abuse and rape said the invasive nature of a smear test needs to be taken into account to reach those women. She said smear tests were traumatic for survivors and none of the material addressed the needs of those survivors.

The key piece of information the participants wanted to know was "who is at risk and am I included?"

Of the video material, the participants preferred the Maori woman's presentation and the women talking about their personal experiences. The group commented that if they were presented with the right kind of women talking about their personal experience and the reasons why they should have a smear test, they might be more motivated to have a cervical smear test. However, one woman said they still had to come into contact with this video material. They suggested prime-time advertisements as the most appropriate method. They suggested that the advertisements needed sincerity, for example, people who did not look like they were being paid to appear on television. A younger woman who had lost the chance to have children as a result of cervical cancer was also suggested.

Ranking

The concept of a video was the most preferred option for education material.

The information card and low key pamphlet were the least preferred options.
Chapter 4  Summary of information gained from focus group discussions

4.1  Summary of responses about education material

The following summarises the information gained with respect to each of the categories of material and focus groups.

4.1.1. Low key pamphlet

The majority of groups disliked the low key pamphlet. The cover of the pamphlet was perceived as "dull", "boring", and ineffective in telling the prospective audience what the pamphlet was about. A small number of participants commented they would pick the pamphlet up "out of curiosity". However, the majority stated they would prefer a glossy pamphlet.

The older women from a rural setting were the only group who liked the pamphlet. This was because they felt more comfortable taking a "cheaper" pamphlet away with them, compared to a glossy pamphlet. In addition, they stated, these were often more available than the glossy pamphlets.

Many participants also commented that even if they had picked up the pamphlet they would not read it or take it away as the format of the information inside the pamphlet was unattractive.

Overall, the low key pamphlet was one of the least preferred options for cervical screening education material.

4.1.2. All-in-one pamphlet

The concept of the all-in-one pamphlet was liked by the majority of focus group participants. The main reason given for liking an all-in-one pamphlet was due to the large number of pamphlets available. Participants stated they became "sick" of reading pamphlets. Therefore, one pamphlet containing all the relevant information was preferable.

The majority of participants said they would pick up the all-in-one pamphlet (N3). Reasons given were because:

- it was glossy;
- they could relate to someone in the photo;
- the cover provided information;
- there were pictures inside; and
- writing was concise and kept to a minimum.
One change suggested by a variety of participants, was to have the photo of the women without the replication of the faces in the background. The participants said the replication of faces detracted from the impact of the cover. Some participants also said it was important the photo did not appear 'too posed' or 'culturally appropriate'.

The low socio-economic unscreened group was the only group which preferred a series of pamphlets over one pamphlet. This was due to their need for specific information with respect to the Register and what happens when a women has a cervical smear test.

**4.1.3 Series of pamphlets**

Not all participants liked the concept of a series of pamphlets. Those who preferred the concept of a series of pamphlets to an all-in-one pamphlet were those who wanted specific information, such as the older women who wanted to know about colposcopy and participants who wanted more information on the Register. Participants commented that if there was a series of pamphlets, it was important that all information on the specific topic was provided.

Concern was raised about how women would know whether they had all the pamphlets in a series. For example, a doctors clinic may have only three of the pamphlets or it may have all of them. The women commented that they would not know whether there were any more pamphlets in the series and whether they had all the necessary information. Pamphlets could state how many in the series to ensure women knew they had all the pamphlets, or what other pamphlets were available.

The presentation of the pamphlets was well received. The majority of participants liked the kowhai on the cover of the series of pamphlets (We1-4) and stated they would pick up at least one of the pamphlets. They stated that the inside of the pamphlets looked clear and easy to read.

**4.1.4 Package of information**

The package of information was not as popular as the all-in-one or series of pamphlets although many focus group participants stated they liked the concept of a package of material. However, only a limited number said they would actually read the material. Many of the participants who said they liked the concept of a package and the information inside the pack, also said they disliked the plastic bag.

Participants commented that if there was a package of information, detailed information on all aspects of cervical screening would have to be included. The package would have to cater for all information requirements and all ages of women. A sticker inside the package was recommended by one group.

A number of the groups suggested the packs should be given to secondary school students.

The package of information was the most preferred by participants in the Hawkes Bay region.
4.1.5. Information card

The information card was disliked by the majority of participants. They said they would not pick it up or read it. The older women in particular had a negative reaction to the card due to the size of the card and the print. However, participants said if it was given to them by a doctor or their smear taker, they would take it and read it.

Suggestions for changing the information card included:
- changing the colour;
- enlarging the top line; and
- placing it below a cervical screening poster.

The small number of women who did like the information card had a limited knowledge of cervical screening and were interested as it succinctly stated the facts.

4.1.6. Advertorials

The most commonly read magazines by the focus groups were:
- Women's Day; and
- NZ Women's Weekly.

Only a small number of women bought magazines. Instead, they browsed through magazines in supermarket queues or in waiting rooms.

None of the participants had seen the advertorial in a magazine. The advertorial was not perceived as an effective means of attracting women's attention or influencing them to have a cervical smear test. The focus group participants who were younger than 40 years, commented that they did not relate to the women in the photo and it gave them the impression cervical screening was not relevant to them. Some older women also did not relate to the photo as it appeared "unnatural" and "contrived".

Suggestions for improving the advertorial to make it more effective included:
- have a photo with a range of ages and women;
- the women should be 'doing something natural' (ie not drinking cups of tea);
- use the first sentence for the heading; and
- have less writing and use bullet points at the end.

Advertisements, such as the type used in the drink-driving and anti-smoking campaigns, would be more effective in catching women's attention. The majority of participants said they stopped and thought when they saw something which could kill them. The current cervical smear material does not do this. Therefore, it is important that the advertisements are distinctive and stand out so women can read them at a glance, or makes them stop and read why cervical screening is important.
4.1.7. Posters
There was a mixture of opinions with respect to the two posters. Some participants liked the poster of the two women (N) as “they looked friendly”, “at ease” and cervical screening was written clearly on the top. However, others disliked the two women in the photo as it "appeared contrived" and many participants could not relate to the age group.

Suggestions to improve this poster included making the picture look sharper and changing one of the women for someone younger.

The purple poster (N13) was liked by the majority of participants as it was bright, clearly said what the poster was about and it had a range of women and ages in the photo. As with the pamphlet, a number of participants suggested deleting the replication of faces in the background, to make the poster clearer. Ensuring the photo was not too culturally appropriate or posed was also suggested.

Many participants mentioned that they were often confronted with a "wall of posters" which meant that no particular poster was noticed or read.

4.1.8. Sticker
The majority of participants had not previously seen a cervical screening sticker. The small number who had seen it commented they had not taken much notice of it. They recognised the flower, but did not know what it was referring to.

The second older screened group remembered and liked the sticker. They thought the sticker was a good reminder to have a cervical smear test.

In general, the participants could not think of any suggestions to improve the sticker.

4.1.9. Specialist presentation
Few participants had previously attended a specialist presentation. Apart from one woman, these few described the presentation positively. When shown the presentation material, the majority of participants were interested in the material and said they liked the level of detail. The displays of the cells and what occurs both at the cellular level and during cervical screening procedures appeared to be of particular interest. All participants agreed that a video should be part of a specialist presentation.

Participants who said they would attend a specialist presentation said they would do so with a friend or relative. Two said they would like to take their daughters along with them. Participants appeared to be more interested in a specialist presentation if it was held in their workplace and they were given time to attend, or as part of a group they already attended. Very few participants said they would go out specifically to attend a specialist presentation on cervical screening.
4.1.10 Videos

The majority of participants stated that videos were the most effective way to convey messages.

**Body and Soul**

The *Body and Soul* excerpt received mixed reactions from the participants. For some who had limited knowledge about cervical screening, the excerpt created more questions than it answered. During each of the focus groups there was a discussion about the presenter and Penelope Barr. The use of high profile people as presenters and promoters was recommended. However, different groups of people preferred and 'related to' different types of people.

A number of women reacted negatively to a male doctor explaining cervical screening and saying "we try to be understanding.....". Their comments and facial expressions showed that they were not interested or did not feel comfortable with a male doctor discussing cervical screening. Many felt it was inappropriate and gave the wrong impression about possible smear-takers.

**Television advertisement**

The television advertisement did not have much impact on the participants. The younger focus group participants (under 40 years) stated they did not relate to the women in the advertisement or women "sitting around having cups of tea". Participants stated the material needed to be more serious "as cancer is a serious thing." Participants preferred the television advertisements which showed women from the specialist presentation video (the case study approach).

The words at the beginning of the advertisement and the voice-over were said to be effective. Many participants suggested that "scare tactics" should be used, such as those used in the drink-driving and anti-smoking campaigns.

**Specialist presentation video**

Groups of women with limited knowledge of cervical cancer, screening and the Register thought that the specialist presentation was effective and informative. In particular, the unscreened groups found this video very effective as it showed "what happens when you go for a smear".

The use of case studies in the video was also very effective. Most participants listened to the women who were repeating their experiences, and the participants remembered these case studies from previous television advertisements.

A television programme produced in a similar way to the specialist presentation video would be an effective mechanism for conveying the importance of cervical screening and the Register. This video created the most interest and gave women the most information from all the material.
4.2. **Common themes**

Themes that were common to women in low socio-economic circumstances, older women, screened women, and unscreened women are described below.

4.2.1. **Common themes for low socio-economic women**

The majority of women from a low socio-economic background had a limited knowledge of cervical cancer, cervical screening and the Register. This included both screened and unscreened women. The only exception, as with other groups, were the women who had experienced abnormal smear results.

The majority of women in these groups stated they would *not* ask their doctor for a cervical smear test. The main reason they had a test was due to a reminder phone call (because they were on the Register), or due to a prompt from their doctor.

Due to their limited knowledge, the women wanted *facts* about cervical screening, cervical cancer and the Register. They said they would want to know *how many* women get or die from cervical cancer per year and what was the likelihood of them contracting cancer.

The television advertisements were remembered by the majority of women. This was seen as the most effective way to convey cervical screening messages. All the participants watched television and the majority preferred watching and listening to information rather than reading it.

Pamphlets were the most preferred form of written material. The groups stated they wanted the information to be clear and precise. They did not want to read too much and said the use of pictorials would be beneficial. The low socio-economic groups perceived the materials which involved pictures and photos to be more attractive than the material with just writing.

It is important that the word cervical is explained. Participants said many women do not know what it is, how to spell it, or even how to say it. They said this was an important factor in determining whether they would pick up, read, or listen to something.

The majority of women in the low socio-economic groups were younger than forty years old. Many could not relate to the age of the women in the photos, or on the videos. They stated that younger women were needed in posters, pamphlets, and video clips so they could relate to the material and make them realise that they could get cervical cancer.

4.2.2. **Common themes for older women**

The older women frequently mentioned how cervical screening and sexuality had not been discussed with them when they were younger. They stated that this needed to change and cervical screening education should start while women were at secondary school. They stated it was important that women were not scared or embarrassed to talk about cervical screening. The women with daughters and daughters-in-laws said they would discuss cervical screening with them and encourage them to have regular cervical smears.
The groups of older women had greater knowledge of cervical screening than the low socio-economic groups. A large number of the older women had experienced abnormal smear results. Therefore they took more of an active interest in cervical cancer and cervical screening. In addition, a number of the women were interested in the pamphlets on colposcopy. Whether they needed cervical smears after having a hysterectomy was also queried.

An important requirement with written material was for the writing to be large enough for older women to see without putting on their glasses. The women said they would not look at the material which had small writing as they did not want to have to find their glasses in their bags.

4.2.3. Common themes for unscreened women

A variety of 'fears' prevented the women from having a cervical smear test. These fears included:

- fear of the results;
- fear of being touched; and
- fear of what happened during a cervical smear test.

Cultural factors also resulted in some women not having a cervical smear test. A number of women said that much of the material did not address these fears and was therefore ineffective in persuading them to have a cervical smear test.

All the unscreened women said the specialist presentation video was the most valuable as it explained what occurs during a cervical smear test and it had women discussing their fears and talking about their personal experiences.

Unscreened women stated they needed to know:

- why they should have a cervical smear test;
- how many women get or die from cervical cancer; and
- what happens when they go for a cervical smear test.

The lesbian women in the unscreened groups were unscreened as they did not think cervical screening affected them. They stated that material needed to specifically relate to them, as lesbian women, to influence them to read the material. Targeting gay newspapers was suggested as an avenue to educate lesbian women and to ensure they realised it could be beneficial for them.

Unscreened women in the focus groups who had been sexually abused had a fear of being touched. They stated that none of the education material they had seen addressed their experiences and fears. They stated this was necessary to encourage women with similar experiences to have a cervical smear test.
The importance of female smear-takers was emphasised by this group. Education material needs to clearly state that female smear-takers are available. The depiction of male doctors in the pamphlets and on the video was perceived very negatively.

4.2.4. Common themes for screened women

The majority of screened women had regular cervical smear tests as their doctors or other smear takers were proactive in telling them it was time for a cervical smear test. A number of screened women did not really know why cervical screening was necessary but had a cervical smear test because their doctor told them it was time for one. There were only a small number of women who were proactive in asking for a cervical smear test.

The women who were on the Register said it was beneficial as it reminded women that their next cervical smear test was due. They said the reminder was important as they often forgot how long it had been since their last cervical smear test. Many participants had a limited knowledge of the Register and some had limited faith in its abilities.

As stated earlier, women who had received abnormal test results were more aware of the need for cervical screening and took more of an active interest in finding out about cervical screening. However, some had difficulty obtaining this information. Several women said more detailed information should be provided automatically when an abnormal result was received.

4.3. Recurring issues and themes

A number of themes recurred during the discussion in the seven focus group interviews. As these were described in previous sections only the basic issues are detailed below. Themes included:

- the level of interest in the material depended on 'where the person was in life'. This was influenced by age, life experience, culture and previous cervical smear results;
- the education process should begin with young women under 20, eg in secondary school;
- doctors/smear-takers were important in prompting women to have a cervical smear test and in giving women necessary information;
- focus group participants were more likely to read information given to them by their doctor or smear-taker;
- informal networks were useful and effective for informing women about cervical screening and for persuading them to have a cervical smear test;
- cervical screening was becoming more openly discussed but only in certain situations; and
- women received inconsistent information from their doctors about how often they should have cervical smear tests.
The following are common themes for the effective presentation of cervical screening messages:

- the case study approach was said to be most effective in video material;
- women with a range of ages and cultures in photos and in advertisements appealed to a broad range of women;
- the use of common themes throughout the material, such as an emblem, flower, or group of women was helpful in identifying the subject matter and in reminding people;
- pamphlets should be clear, precise, with bullet points;
- the materials did not emphasise the seriousness of cervical screening. Stating cancer or death on the pamphlets, posters or videos would be more effective;
- the drink driving campaign was described as an effective form of advertising as it had a strong impact on participants;
- the presenter on the video is important, someone with whom a wide range of women can relate is needed;
- the Body and Soul excerpt created interest in cervical screening however, more information and detail was wanted, than was given;
- the age of the women portrayed is important. If a broad range of women are represented then more women would consider the message relevant to them;
- the specialist presentation gained and kept the interest of the focus group participants;
- the specialist presentation was most effective in conveying information about cervical screening to the participants; and
- pictorial information was preferred by many groups, particularly the low socio-economic women.
4.4 Information queries/clarification

During the focus group discussions the women came up with a variety of questions they wanted answered. Material such as the *Body and Soul* video clip created more questions than it answered.

The following were common questions asked by focus group participants:

- do you need a cervical smear test when you have had a hysterectomy?
- do you only need a cervical smear test if you are sexually active? (rather than, if ever been sexually active)
- what does it mean to be "sexually active"?
- why do you only need a cervical smear once you've become sexually active?
- what is the likelihood of 'me' getting cervical cancer?
- how does this information affect me?

In addition, women wanted more information about colposcopy and (for unscreened women) what happened during a cervical smear test.
Chapter 5  Conclusions and recommendations

There were common themes throughout the focus groups but it was apparent that women with different life experiences, different levels of cervical screening knowledge and at different ages, required different forms and levels of information.

Focus group interviews highlighted the fact that more cervical screening information was required by women. Few women knew a great deal about cervical screening. The more women discussed cervical screening, the more they realised the limits of their knowledge and the more they wanted to know.

5.1  What were the most preferred educational materials?

The following educational materials were those most preferred by focus group participants. These materials are likely to be the most effective in communicating messages about cervical screening to a broad range of women. When and how these materials are screened, distributed or displayed will of course also be crucial.

- Video/television segments;
- All in one pamphlets;
- Specialist pamphlets which provide very detailed information on matters such as, what happens if an abnormal smear result is received?;
- Posters which remind people about cervical screening and / or prompt them to ask questions; and
- Specialist presentation material with detailed information.

Other materials (such as the low key pamphlet, advertorials, stickers and the information card) are not likely to be effective for the majority of women.

5.2  Why were these materials effective?

The women in the focus groups responded positively to the above material for a number of reasons. These are detailed below.

The written pamphlet material worked well when:

- the layout was simple, clear and easy to read;
- it incorporated pictures (an exception to this was the depiction of a male smear-taker - this was a deterrent for many women rather than an encouragement);
- it was visually attractive (glossy cover eg with kowhai or photograph of women on the front); and
a broad range of women were represented in any photograph/drawing so that many women could relate to someone in the photograph/drawing.

**Video segments worked well** when they included:
- case studies - where women told their stories. This had the effect of drawing people into the video;
- factual information on:
  i. why 'I' should have a cervical smear test,
  ii. the risks of cervical cancer,
  iii. how cervical smears are undertaken (ie what happens),
  iv. the places where cervical smear tests are undertaken and who can do the procedure.

Women felt informed about cervical screening by this type of presentation;
- a broad range of women (including age and cultural background) - so that many people could identify with the video presentation; and
- women portrayed in a variety of natural settings.

**Video segments were perceived negatively** when:
- the smear-taker was a male,
- women were presented in a contrived setting; and
- there was an imbalance in the representation of different cultures and when 'authoritative roles' were solely Pakeha.

**Specialist pamphlets were useful** for women who wanted to find out more about cervical screening and who had received an abnormal smear result. This information was not readily available. Specialist pamphlets are likely to be successful when:
- detailed information is provided;
- the pamphlets, although clearly linked with a theme/logo/design, can be clearly differentiated from one another; and
- distribution of the pamphlets is undertaken proactively by smear-takers or those conveying the results of cervical smear tests (whether abnormal or normal).

**Posters** were useful to remind women they should have a cervical smear test or should ask their doctor when the next test is required. Posters were most successful when:
- they included a message about cervical screening rather than just the words 'cervical screening';
- a range of women were portrayed on the poster; and
the print was large enough to read easily.

Material shown to women from specialist presentations was received positively. The level of detail and pictures prompted great interest. However, few said they would attend a presentation. To be successful, specialist presentations would need to be targeted to specific groups that met regularly (for example women's organisations) or to be presented as part of a course.

Recommendations 1 - 3
It is recommended that the PHC and Ministry of Health:

1. retain television/video segments, pamphlets, posters and specialist presentations as part of the educational strategies for cervical screening;
2. modify these materials so they include the most effective characteristics described above;
3. use a common logo / picture / design among all materials to help reinforce cervical screening messages and to help recognition.

5.3 What improvements or additions could be made to make the material more effective?

More than information is required to persuade some women to have a cervical smear test. Persuasive information might include a stronger emphasis on the seriousness of cervical cancer; clear statements on who is at risk and the level of their risk, or statements which address women's fears about cervical screening.

Recommendation 4
It is recommended that the PHC and Ministry of Health:

4. develop educational material which:
   i. states the risks;
   ii. states that cervical cancer has serious consequences - that women can and do die as a result; and
   iii. addresses women's fears about cervical screening.
Much of the educational material was in written form. Many women found pictures more attractive, easier to understand and a more accessible form of information.

**Recommendation 5**

It is recommended that the PHC and Ministry of Health:

5. develop material which incorporates a more pictorial format.

Some words were unclear, ambiguous or confusing such as:
- cervical;
- sexually active - what does this mean and does it mean 'at present' or 'ever';
- 'change of life'; and
- colposcopy.

**Recommendation 6**

It is recommended that the PHC and Ministry of Health:

6. explain more concisely or provide alternative meanings/descriptions in cervical screening educational material, for the above words.

Little detailed factual information was readily available or provided to women who wanted to know more about cervical screening and cervical cancer. This was particularly apparent for women who received abnormal results.

**Recommendations 7 and 8**

It is recommended that the PHC and Ministry of Health:

7. develop materials with detailed information on specific aspects of cervical screening; and

8. make this information automatically available at the time a cervical smear is taken and when an abnormal smear test result is received.
Many participants considered that younger women needed to be informed about cervical screening, cervical cancer, and their options for having a cervical smear test. This may also result in young women feeling comfortable about discussing cervical screening.

**Recommendation 9**

**It is recommended that the PHC and Ministry of Health:**

9. **encourage** education about cervical screening in secondary schools.

The use of established relationships (for example within families - mothers, daughters, daughters-in-law and sisters) for informing people about cervical screening was described by participants and stated as effective for some people.

**Recommendation 10**

**It is recommended that the PHC and Ministry of Health:**

10. **Develop** strategies and materials that encourage women to ensure those close to them (eg friends, daughters, mothers, partners) know about cervical screening and its importance to them.

Women had received inconsistent information about the need for cervical screening.

**Recommendations 11 and 12**

**It is recommended that the PHC and Ministry of Health:**

11. **Ensure** that all educational material developed is consistent. A national set of materials would assist consistency of messages.

12. **Ensure** that all smear-takers and others involved in cervical screening are kept informed and provided with the latest sets of information.
Some groups of women believed that cervical screening was not necessary for them. This included younger women, lesbian women and women who had had a hysterectomy. Specific strategies may need to be developed to ensure these women receive information which they feel relates to their circumstances.

Recommendations 13 and 14

It is recommended that the PHC and Ministry of Health:

13. develop strategies and materials that reach specific target groups.

14. ensure material is distributed through relevant networks (eg. schools/courses for young women; lesbian newspapers; magazines).

The majority of participants browsed through magazines in supermarket queues and in waiting rooms. Participants said the anti-smoking and drink driving advertisements were effective. A high impact, distinctive advertisement which women can read at a glance may be effective in bringing cervical screening to their attention and highlight its importance. An advertisement would need to be supported by some concise information about options for action.

Recommendation 15

It is recommended that the PHC and Ministry of Health:

15. develop distinctive magazine advertisements which women can read at a glance and which include brief concise statements on options for action.
References


Appendix 1  Focus group educational material
You're Invited...

For a cervical smear test
Have you had a cervical smear in the last 3 years?

Women between 20 and 70 should have a regular cervical smear.
The Cervical Screening Register

Wellington Area Health Board
Cervical Screening Programme

Colposcopy and Follow-up Treatment of Cervical Abnormalities
Cervical Screening Programme

Fact Pact

Community Health
Hawke's Bay Area Health Board
A CHECKLIST FOR INFORMING WOMEN
THE NATIONAL CERVICAL SCREENING PROGRAMME

THE REGISTER

◆ Is a confidential record of cervical smear results
  Results are kept private and separate from all other records.

◆ Receives all smear results from smear takers -
  unless at any time a women requests that her results not be
  forwarded.

◆ Requires ethnic data
  Please ask women to identify whether they are Maori/non-
  Maori/Pacific Islander.

BENEFITS OF THE REGISTER

◆ Backs up the practice-based recall system to ensure
  women have regular cervical smears
  Women are sent a reminder if a smear test is overdue. Smear
  takers are sent lists of women due to be recalled and those
  overdue for tests.

◆ Is a safety net for women with abnormal
  smear results to ensure follow-up
  Women with abnormal results are sent a letter and advised to
  discuss results with smear takers. Smear takers are notified
  if abnormal results have not been followed up.

◆ Provides continuity of smear records
  The register links current and past results - even if a woman
  changes smear taker.

◆ Provides quality assurance on smear taking and
  laboratory assessment

◆ Measures screening coverage
  Non-personal statistics help to identify groups of women not
  being screened.

Ministry of Health, Manatu Hauora, Public Health Commission, Rangapu Hauora Tumatanui
New Zealand, December 1993. Code 4387
SUMMARY OF CERVICAL SCREENING RECOMMENDATIONS*

♦ Age to start cervical screening
Age 20 years, for women who have had sexual intercourse. Smear should be repeated after one year.

♦ Frequency of screening
Three yearly for women with normal smears. A second smear in one year if this is the first smear or if more than five years since the last smear, because of the possibility of a false negative result.

♦ Age to stop routine screening
Age 70 years for women with normal smears.

♦ Hysterectomy
Women who have had a hysterectomy with complete removal of the cervical epithelium and consistently normal smears need not be screened.

♦ Sexual behaviour / smoking / hormonal contraceptive use
More frequent screening is not recommended for women possibly at higher risk of cervical cancer, as there is no evidence that such women have a shorter duration of the preinvasive stage.

♦ Symptoms and signs of possible invasive cancer
The cervical smear will be part of the investigation of women with symptoms and signs but may be unreliable as a diagnostic test where symptoms are present. Therefore such women should be referred for gynaecological assessment irrespective of the smear result.

♦ Results
The smear taker is responsible for informing the women of the results of the smear and arranging treatment of any abnormality detected.

Each year, 100 Kiwi women die of cervical cancer. The tragedy is that up to 90 percent of these deaths could be prevented if women had cervical smear tests every three years, and follow-up treatment if required.

The number of women having smear tests has increased dramatically in recent years, but it's easy to forget how long it is since you had a smear test or simply skip that vital regular check altogether. However, there is an important safety net, called the National Cervical Screening Register, which offers a back-up to the recall systems of doctors and other smear-takers.

From July 1, enrolment onto the National Cervical Screening Register changes. Every woman who has a smear test will benefit from this reminder and recall system, unless she requests otherwise. This change is to increase the number of women on the register, improve the effectiveness of the overall screening programme and ensure more women are helped by the National Cervical Screening Register. The records are absolutely confidential and strictly guarded by privacy laws. Because of cultural concerns about Maori women's statistics, additional protection is given to their data through a Kaitiaki, or guardianship group. From the age of 20, a woman should have a cervical smear. The second smear should be taken one year later to guard against a false negative result the first time. After that, screening should be repeated every three years for those with normal smears and yearly for women who have had an abnormal result.

Even if your own doctor has a good recall system to remind you that your smear is due, the National Cervical Screening Register acts as a backup. It will let you know if you are overdue for your routine smear and will advise if results are abnormal. In short, it gives women added protection.

The register links past and current test results, so if you move to another part of this country, you remain on the register without having to ask for a copy of previous results.

Individual information from the National Cervical Screening Register will not be released. Personal information from the Register is only used to assist with women's personal health management, such as recalls and reminders.

Quality control of smear-taking and laboratory analysis is another important benefit of the register and, because the results are coded, absolute confidentiality is assured.

Your doctor or other smear-taker will tell you the results of your smear and arrange follow-up treatment if any abnormality is detected.

As women, we tend to put aside our own health needs - let's change that by having regular smear tests, and going onto the National Cervical Screening Register.

Far too many New Zealand women die, or suffer unnecessarily from cervical cancer. That's why all women need to have regular smear tests. A simple two minute check is all it takes to keep your cervix healthy, and being on the National Cervical Screening Register means you are kept fully informed, and get any follow-up help or treatment you may need. Talk to your doctor or smear-taker about the benefits of the Register next time you go for your cervical smear test.
You need a cervical smear at least every 3 years.

Enrol on the National Cervical Screening Register

Do something positive for yourself and the women of New Zealand.
Appendix 2  Focus group interview schedule

The interview schedule was used as a guideline only to ensure that all information with respect to explaining the research was covered and all areas with respect to the education material were asked about.

Introduction

- Introduce ourselves as people arrive, offer them a cup of tea or coffee. Introduce people to each other.

- At this stage tell people about the informed consent form, ask them whether they would like to sign it.

'Warm-up'

Thank you for coming tonight. For those of you who don't know, I am ...................... and ......................... We are from Health Research and Analytical which is part of the Ministry of Health and we are undertaking this evaluation for the Public Health Commission.

The aim of this evaluation is to ascertain the effectiveness of existing cervical screening health education materials and to provide information for the development of new material.

Seven of these focus groups are being held in Wellington and two in the Hawke's Bay.

We would like to emphasise that all information you give us is confidential. No names will be used during the analysis or in the final report. We would like to tape the discussion. This is for analysis of the information only, so that we do not miss any important information. Only the two of us will listen to the tapes and after the report is completed, the tapes will be destroyed. Is it okay with everyone to tape the interview?

During the discussion, we will be asking you general questions about cervical cancer, cervical screening and the Register. There are no right or wrong answers, we are interested in your experiences and perceptions. We would then like you to have a look at the educational material which is currently available around New Zealand and ask your opinions of it. We are aiming to finish around (1.5 - 2 hours later).
FOCUS GROUP INTERVIEW SCHEDULE

Questions

General knowledge:

- Has anyone seen or heard any educational material?
- If the reply is yes ask: what have you seen, heard or read?
  
  If there is no reply - prompt: this may include pamphlets, posters, TV advertisements, or magazine advertorials.

- Where did you see this material? 
  prompt: media, doctor, plunket, women's group.

- What do you know, if anything, about cervical screening?

- Where did you gain this information? 
  - prompt if necessary: friends, family, media, pamphlets, doctor, women's groups 
  include: NCSP and cervical cancer

- If you have had a cervical smear what or who prompted you to do so?

- What do you know, if anything, about the Register?

- Where did you gain this information?

- prompt if necessary: friends, family, media, pamphlets, doctor, women's groups

- If you are on the Register - who or what prompted you to join?

We would now like you to have a look at the educational material which is available. It consists of material from different Programmes around New Zealand and the National Cervical Screening Programme. We would like you to look at it to get an idea of what is available (maybe 5 minutes) and then we'll ask you some further questions.

Specific questions

We will now go through each of the different forms of educational material and the different avenues of providing information and ask your opinion of it.

Low key pamphlet; all in one pamphlet: ask the questions for each concept

- What do you think of this pamphlet?

- What do you like about it?

- What don't you like about it?
- Would you pick it up?
- Do you think that you would read it?

Repeat questions for all in one pamphlet

**Series of pamphlets:**
- What do you think of these pamphlets?
  *prompt for why (what liked, disliked)*
- Would you pick them up?
- Do you think that you would read them?
  *Prompt for why*
- What do you think of the concept of a series of pamphlets
  *Prompt for why*

**Package of pamphlets:**
- What do you think of the concept of a package of pamphlets like this?
  *prompt for why (likes/dislikes)*
- Do you think that you would pick one up and take it away?
- Would you read it?

**Information card:**
- What do you think of a concept of an information card like this?
  *prompt for why*
- Would you pick it up?
- Would you read it?

**Comparison**
- Out of these four avenues of written material, which would you prefer?
  *-prompt for why*

(BUT)
- Would you pick it up, take it away and read it?
- Would it influence you to have a cervical smear test?
- What are your ideas for improving the material?
FOCUS GROUP INTERVIEW SCHEDULE

• What do you think would be the best format for written cervical screening educational material?

Magazines - advertorials

We will now move onto advertorials, which are placed in magazines and journals. (Explanation of advertorials).

• How many of you would read some form of women's magazines?
  prompt if necessary: this could include Australian women's weekly, New Idea, North & South, Metro etc

• (For those of who do) which ones do you read most often?

• Have any of you ever seen an advertorial for cervical screening or the Register?
  make a note of which they had seen and where.

• What do you think of this advertorial?
  prompt for why

• Would you read it?

• Would it influence you to have a cervical smear test or join the Register?

• Overall, what do you think of the concept of an advertorial?

Posters and stickers

We will now move on to cervical screening posters and stickers.

• Have you seen any cervical screening posters anywhere?

• If yes, where have you seen them?

• If yes, What impact, if any, did the poster have on you (eg did it influence you to have a smear?)

• Do these posters have any impact on you?
  Prompt for why

• Would you stop and read a poster?

• Would a poster influence you to have a cervical smear or go on the Register?

• What suggestions do you have to improve the posters?

• Which of the posters do you prefer? prompt for why
same questions for the sticker

Comparison:

We have now shown you written material, posters and stickers.

• Which of the concepts do you prefer? Why?

Specialist presentation:

We will now move on to specialist presentation of cervical screening education material. Specialist presentations can include a doctor, lay smear taker or health educator attending a group to explain/discuss cervical screening and the Register.

• Has anyone attended a specialist presentation on cervical screening, cervical cancer and/or the Register?

• If yes, what did you think of it?

Show the material available during a specialist presentation.

• What do you think of the material?

  Prompt for reasons

• Would you or your friends go to a specialist presentation?

  Prompt for reasons

• Would you want to know that level of detail?

• Would it be the specialist knowledge which would interest you or the format of the presentation?

Video

We have three short videos to show you. This includes material from a TV programme, TV advertisements and the video from the specialist presentation. Stop after each video and ask questions.

• What did you think of that video?

  Case study: what do you think of the case study approach ie having women talking about their experiences.

  prompt: what sort of impact did it have on you?

    - would it make you have a cervical smear or join the Register?

• How would you improve it? -what changes would you make?
- After specialist video ask - If you were going to a specialist presentation, would you prefer a presentation with or without a video?

- Out of the three video concepts which do you think would be most beneficial for women who need a cervical smear?

**Overall comparison:**

- Overall, which of the concepts do you think would be most useful in persuading women to have a cervical smear?
  
  prompt: pamphlets, advertorials, posters, video?
  
  prompt for reasons

- Which of these forms of education would most influence you to have a cervical smear or join the Register?

**Radio:**

- Radio could also be an avenue for cervical screening education. We don't have a copy of any radio material, but what do you think about using the radio for educating women about cervical screening?

  *If there is a positive response:* When would be the best time for a radio talkback, or radio advertisements?

- What radio stations do you listen to?

- What time of the day do you listen to the radio?

Before you go we would really appreciate it if you could each write down your preferences for education material on the form provided.

Would you like to receive an executive summary of the report? How would you like to receive this summary?
Appendix 2  Ranking form for cervical screening education material

As part of the evaluation, could you please write down, in order of preference, which educational approaches you think are most effective in informing women about cervical screening.

The forms of educational material consist of: all in one pamphlet; low key pamphlet; series of pamphlets; information pack; information card; advertorials; posters; stickers; specialist presentation; TV advertisement; video; radio; other (please state).

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<tr>
<th>Preference</th>
<th>Form of educational material</th>
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<td>Most preferred = 1</td>
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<td>Least preferred = 11</td>
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Appendix 3 Consent form

Participant consent form for focus group interviews on cervical screening education material

Researchers: Health Research and Analytical Services, Ministry of Health

Senior Researcher: Clare Dominick  ph (04) 496 2198
Researcher: Justine McFarlane  ph (04) 496 2222
Researcher: Theresa Sawicka  ph (04) 496 2372

Venue:

Aim: To examine existing education materials so that effective and appropriate education materials and mechanisms can be developed.

Anonymity: All information given during the focus group discussions will be anonymous and confidential. Only the key researchers will listen to the interview tapes. No names of participants or organisations will be written in the report.

Statement by participant (to be signed in the presence of one of the researchers)

"I have read the consent form and have had the opportunity for discussion with the researchers stated above."

Participant's signature: ........................................ Date: ............... 

Researcher's signature: ........................................ Date: ............... 

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Issue card removed
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Information Centre
Ministry of Health
Wellington