

Barriers to cervical screening amongst Pacific Women in New Zealand

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Half of cervical cancer cases amongst Pacific women in New Zealand are found among clients who have not attended cervical screening. Recent research by [Sunia Foliaki](#) and [Anna Matheson](#), from Massey University's [Centre for Public Health Research](#), explores the barriers that prevent Pacific women in New Zealand from accessing cervical screening services.

Barriers to cervical screening

Cervical screening rates are low amongst Pacific women (56% compared to 85% of Pakeha women) resulting in the failure to detect cervical abnormalities early, before they become cancerous. Research findings identified several barriers to accessing cervical screening services. Issues included: a lack of appropriately skilled and Pacific practitioners; inflexible clinic hours for shift workers; putting family ahead of one's own health needs; costs associated with screening services; the appropriateness of information; concerns about confidentiality; cultural views and attitudes about the importance of screening.

Rationale for research

The incidence of cervical cancer is higher for Pacific women than for women in other ethnic groups in New Zealand, with mortality rates of 14 per 100,000 compared to the national average rate of 8 per 100,000. Cervical screening programmes have been proven to reduce the incidence of and mortality from cervical cancer, yet the uptake of cervical screening is not equal across population groups. Raising rates of cervical screening amongst Pacific women in New Zealand will feed into the long-term outcomes of the Government's Pacific Health and Wellbeing plan.

Recommendations to improve the programme

This research suggests some of the solutions to adapting screening services to the needs of Pacific women including: offering outreach services, home and church visits; alternate clinic times; temporary care for dependents; culturally appropriate practitioners; the ability to take up opportunities for health checks and foster long-term relationships; as well as appropriate monitoring and evaluation of approaches used.

"For services to be responsive and effective, however, their funding and reporting relationships also need to be compatible with the goal of improving outcomes for Pacific women." (Sunia Foliaki and Anna Matheson)

For more information go to the [PRPC website](#) or contact [Litea Meo-Sewabu](#).

Key Points:

- Cervical cancer is common amongst Pacific women in New Zealand, yet uptake in cervical screening is low compared to women of other ethnic groups
- Barriers to cervical screening include a lack of skilled Pacific practitioners; inflexible clinic hours; prioritising family members' health needs; cost; lack of appropriate information; confidentiality concerns; and cultural views on women's health
- Research suggests cervical screening services need to be adapted to the requirements of Pacific women