

**'An investigation of the health information needs and behaviors of
the Samoan community in Porirua, New Zealand'**

by

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Abstract

This study focuses on identifying the sources and the barriers to health information for the Samoan population in New Zealand. It also looks at solutions to improve access to health information. Survey questionnaires were used to solicit data from the participants. Results found that young Samoan participants prefer to search the internet for health information while older participants prefer to consult the doctor for their health. Challenges that emerged from the findings show a gap between young and older generations and their health information behavior. These challenges may need to be looked into in future studies.

Glossary

Fofu Samoa – Samoan traditional methods of healing involving traditional medicines, and massages

Pasifika – term referring to individuals from any of the Pacific Island nations in the South Pacific

Table of Contents

Introduction	1
Problem Statement	2
Literature Review	2
Barriers to health information	2
Sources of health information	3
Research Questions	4
Objections	4
Research Population	4
Research Method	4
Validation of research method	5
Analysis	5
Results	5
Gender and age	7
Level of education	6
Country of birth	6
Language use in daily conversations.....	7
Searching for health information	8
Sources of health information	9
Sources of information for own health	9
Sources of information for family's health.....	9
Sources of information for sensitive health issues	10
Sources of information for cures and treatments	10
Sources of information for medication and its side effects	11
Sources that respondents do not use	12
Level of satisfaction with sources of health information	14
Access to health information	15
Health information in plain English	15
Health information with illustrations	16
Health information through online group participation.....	16
Health information through Samoan community groups	17
Health information in Samoan language at the doctor	17
Health information in Samoan language on the internet.....	18
Health information in Samoan language at hospitals	18
Barriers to health information	19
Suggestions from respondents	20

No need for change.....	20
Language – Samoan and medical terms	21
Online and media services.....	22
Pamphlets and brochures	22
Health education and workshops.....	23
Discussion	24
Barriers	25
Accessibility	25
Conclusion.....	27
Recommendations.....	28
References.....	29
Appendix A	31
Appendix B	41
Appendix C	43
Appendix D	61

Introduction

The role of health information in today's society is to inform and to educate people about health and health-related issues. Gann (1986) stated that information is what enables people to act. An individual will likely play a role in managing their own health and that of their loved ones if they are informed of the risks involved. In spite of the vast amount of health information that is available today, health disparities continues to widen with Pasifika people experiencing poorer health outcomes compared to other population groups in New Zealand (Hefford et al, 2005).

Pasifika people feature prominently in the New Zealand health statistics, particularly in cardiovascular diseases, diabetes, and cancer (Ministry of Health, 2005). Sixty five percent of the Pasifika population are overweight and more than a quarter of Pasifika people in New Zealand participate in health risk behaviours such as smoking and excessive alcohol consumption (Ministry of Social Development, 2010). Samoans make up 49% of the Pasifika population in New Zealand (Statistics New Zealand, 2007). While there is a lack of ethnic specific information within these health statistics, it is not hard to speculate that a fair number of Pasifika people experiencing poor health are Samoan.

Like other Pasifika and immigrant communities in New Zealand, Samoan health views are different from western health views which in turn affect their needs for health services and health information (Vaai-Wells, 2004). So information that health professionals and information specialists perceive as vital health information in the Western world, may not be perceived as vital by those in the Samoan community.

Studies published in the last ten years involving Samoan participants and participants from other Pasifika communities were dedicated on identifying their health standing (Juarez et al, 2010) and attitudes (Vaai-Wells et al, 2004; Wu et al, 2010; Takahashi et al, 2011). Only a selected few identified and recommended health information as an important aspect to improving the health standing of these communities. Cullen (2005) reaffirms that individuals take more care of their health when they are given relevant information, the risks to their health.

Problem Statement

The lack of existing studies dedicated on identifying the health information needs of the Pasifika populations has led to this research. There is also a need for health studies that focuses on solutions to improve the health standing of Pasifika populations in New Zealand and other developed countries. This study looks into the health information needs and behaviours of the Samoan community in Porirua, New Zealand.

Literature Review

This literature review focuses on the topic of health information needs involving Pacific Island immigrants and other minority populations. Individuals from these populations are likely to experience the same issues especially in a country whose language and culture is foreign to their own.

Barriers to health information

Health information needs have been identified in previous studies that investigated the health care needs of participants. Reitmanova et al (2007) and Vaai-Wells (2004) found that female participants in their studies required information relating to their health issues. However, participants also identified language as the main barrier in their search for health information.

Language also created a barrier in another study that explored the maternity information concerns of Somali women in the UK (Davies et al, 2001). The Somali participants expressed concerns about their privacy and having their needs met because of poor communication between the participants, interpreters, and health professionals. In New Zealand, a study on Pasifika women's access to cervical cancer screening information found that many viewed the screening process as a sensitive matter that required confidentiality from health professionals (Sligo et al, 1998). While both studies affirm that access to health information is not always straight forward, for minority and migrant populations, their perception of certain health issues certainly makes health information inaccessible.

On the other hand, attitudes of health professionals can also be a barrier for migrant populations. The Somali participants in the study by Davies et al (2001) felt that they were being prejudiced against because they have large families. They stated that they were denied certain information because of the prejudices held by health professionals on having more children. Pasifika parents experienced similar attitudes with health professionals in a study of parents hospital experience (Aldridge et al, 2009). The parents stated that there was a lack of sensitivity shown by health professionals when relaying certain information to parents and families.

Some studies have looked at how these populations deal with barriers when accessing health services and resources. Sligo and Jameson (2000) investigated the barriers to cervical information and screening faced by Pasifika women in New Zealand. They discovered that Pasifika women would seek information from Pasifika health workers but would opt for a non-Pasifika professional to conduct the screening process. A study on acculturation and its influence on the use of health information amongst Spanish women in Canada (Thomson et al, 2010) found that Spanish participants with English as their second language also favoured information to be administered within their own community.

Sources of health information

Two studies were conducted independently to identify the use of specific sources by minority elderly populations. Eriksson-Backa (2010) tested the role of the libraries while Goodall et al (2010) investigated the use of ICT (Information and Communication Technologies) for health information. Both studies identified that participants do not use the internet or ICT to search for health information, elderly participants however would consult a health professional.

Interpersonal communication is not just a common trait amongst the older population. Pasifika communities also have a tendency to seek health information through interpersonal interaction. Studies by Sligo and Jameson (2000), Kakai et al (2003) and Takahashi et al (2011) found that Pasifika participants prefer interpersonal interaction with health professionals, their family and their friends. While these studies identified the health information behaviour of Pasifika populations, it did not identify the link between behaviour and the culture of oral traditions in Pasifika populations.

Within these interpersonal sources, some studies found a preference of one over the other. A study involving Hispanic participants found that the majority would seek information from their family and friends before consulting the doctor (Larson et al, 2009). This was not the case with Pasifika participants who indicated that doctors are preferred source of health information (Takahashi et al, 2011).

Issues identified in this review have led the researcher to look at the health information needs of the Samoan community in New Zealand. The Samoan community in Porirua has specifically been chosen for this research where the following research questions were developed.

Research Questions

- What sources do Samoans use for information relating to their health as well as their family's health? What factors influence the use of these sources?
- How satisfied are they with health information from these sources of information?
- How important is it to access health information in the Samoan language through several mediums such as the internet, community sources and the doctor?
- What barriers have they experienced when looking for health information?
- What should be done to improve accessibility to health information for the participants, their family, and the Samoan community?

Objectives

The purpose of this study is to identify the:

- Sources of health information of the research population
- Respondent's level of satisfaction with the information that they received through these sources
- The barriers that prevented respondents from searching for health information

Furthermore, it also investigates the relationship between the respondents' age, gender, language use, level of education, and country of birth to the respondent's use of health information sources.

Research Population

The 2006 census revealed that 49% of the Pasifika population in New Zealand is Samoan. More than a quarter of Samoans were living in the Wellington urban regions of Porirua, Lower Hutt, and Wellington city (Statistics New Zealand, 2007). For this study, only Samoan individuals living in Porirua were invited to participate. Participants were required to be at least 20 years of age. This was decided on because individuals take more responsibility of their personal well-being and information searching at this stage of their lives.

Research method

To produce a fair representative of the total Samoan population in New Zealand, a cross-section sample of one hundred people were invited to participate by using the snowballing method. Survey questionnaires were given out to the researcher's family and friends who distributed them to their network of friends.

Survey questionnaires were printed in both English and Samoan (see Appendix A) to address any language problems accordingly. An information sheet (see Appendix B) was attached to each questionnaire to inform the participants of the researcher's intention. To ensure anonymity of participants, unmarked envelopes were provided for participants to seal their completed surveys. Sealed boxes were also given to those responsible with its distribution to collect the questionnaires. These boxes were given back to the researcher who was solely responsible of unsealing and assembling the questionnaires.

Validation of research method

Studies involving Pasifika participants employed the method of interviewing because it was fitting with the participants oral traditions (Sligo & Jameson, 2000; Kakai, 2003). However, the researcher felt that the survey method was the best instrument to solicit data from a large number of individuals in the Samoan community. While the method is impersonal, the distribution itself was personable as each questionnaire was hand delivered to the participants by the researcher's family and friends. Furthermore, the information sheet and questionnaire was translated into Samoan to appeal to those who are not confident with the English language.

Analysis

All completed questionnaires were entered onto Excel spreadsheets for its analysis. Each survey question was analyzed individually. These were then compared against each other to identify any significant variables between them. Key results were then put in tables and charts. Numerical data are presented as percentages in the results below.

Results

Out of the 100 survey questionnaires that were distributed, a total of 79 were returned. Seventy three questionnaires had been fully completed and five were partially completed. Surveys that were partially completed were counted in the total sum as the respondents had answered a fair amount of questions. One questionnaire was completed by a respondent of Tongan nationality – it was excluded as it did not fit the demographic required for this study. The total amount of validated survey questionnaires to produce the following key results is 78.

Gender and age

Participants were asked to indicate their gender and their age group: 20-29, 30-39, 40-49, 50-59, and 60 years and over.

- Female participants make up 67% and male participants 33%
- Participants aged 20-29 years make up 31% of the research population, the largest number of survey participants – they also make up 35% of the total female population.
- Out of all the male participants, those aged 60 years and over make up 38% of the total male population, while those aged 40-49 years make up the least number of male participants.

Overall, there were more female than male participants in each age group with the exception of those aged 60 years and over (see Appendix C, Table 1).

Level of education

Participants were asked to indicate their highest level of education by indicating Primary, Secondary, Trades, or Tertiary level. This question puts an emphasis on the type of education that respondents have gone through. It does not relate to the level of education that they have completed, but the level of education and learning that they have experienced.

- 36% of all participants spent their last years of formal education at Secondary level and 28% at Tertiary level – the majority of them are female
- Male participants are more likely to spend their last years of formal education at Primary or Secondary level (See Appendix B: Table 2).
- Participants aged 60 years and over are likely to have received only Primary or Secondary level education – only one participant in this age group received Tertiary level education.

Out of all the age groups, those aged 20-29 years did not leave school at Primary level, in other words, they all completed Primary level education and progressed on to Secondary level education. Overall, participants with Primary or Trades level education were older while younger participants had Secondary or Tertiary level education (See Appendix C: Table 3).

Country of birth

Participants were asked to indicate if they were born in Samoa, New Zealand or other.

- 61% of all participants indicated that they were born in Samoa – most are aged 40 years and over
- All New Zealand born participants are less than 50 years of age – most of them are aged 20-29 years
- Only 6 of all male participants were born in New Zealand.

One participant was born elsewhere (specifically Tonga) and is female (See Appendix C: Table 4). Most New Zealand born participants indicated their highest level of education as Secondary or Tertiary level. There is an even distribution of Samoan born participants in all education levels – most spent their last years of formal education at Secondary level (See Appendix C: Table 5).

Language use in daily conversations

Participants were asked to indicate if they mostly use Samoan, English or both languages in their daily conversations.

- 61% of all participants indicated that they converse daily in both Samoan and English and 73% of them are female. One female participant indicated that she converse daily in both Samoan and English as well as other (See Appendix C: Table 6)
- All participants that communicate daily in Samoan are aged 30 years or more while those who converse daily in English are aged 40 years or less. None of the participants aged 50 years and over use English in their daily conversations.
- Meanwhile, participants aged 20-29 indicated that they do not converse in Samoan as they would use both (Samoan and English) or only in English (See Appendix C: Table 7)
- 9 out of the 11 participants who communicate daily in English indicated their highest level of education as Tertiary level (See Appendix C: Table 8)

All New Zealand born participants converse daily in English or in Samoan and English. On the other hand, most Samoan born participants indicated that they converse daily in Samoan or both Samoan and English; only 3 indicated that they converse daily in English (See Appendix C: Table 9).

Searching for health information

Survey participants were asked to indicate if they usually search for information concerning their health; their partner/husband's health, their child's health, their parent's health and other. Out of 78 participants, 76 responded.

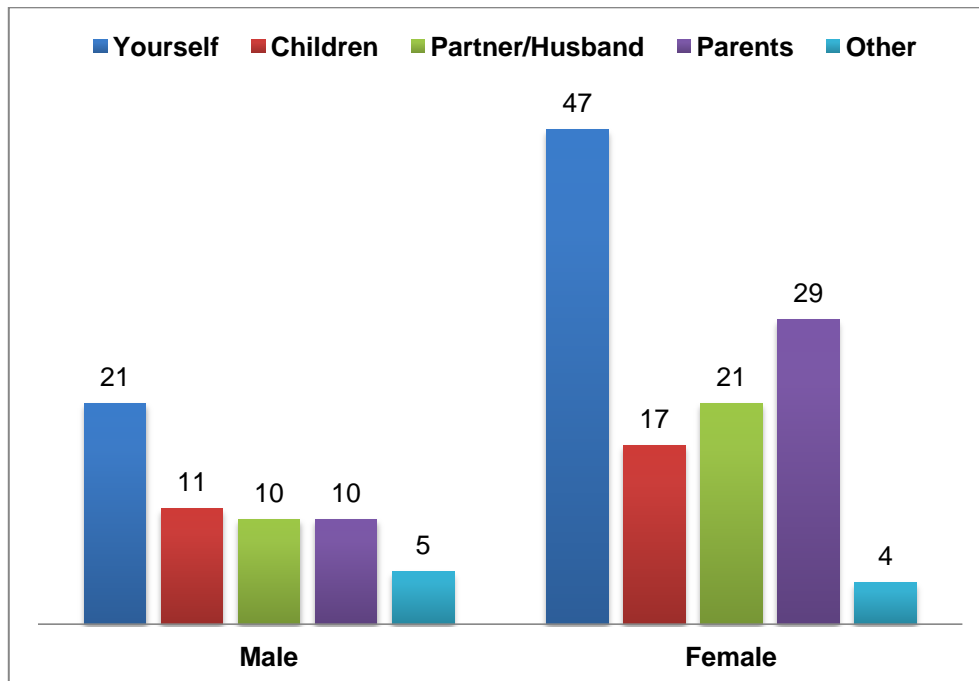


Figure 1 - Gender of respondents searching for health information

89% of all respondents searched for information concerning their own health and only 12% had searched for information regarding the health of others. The 11% who did not look for information on their health belong are aged 20-29, 50-59 and 60 years and over.

53% of all respondents who searched for information on their parents health are likely to be female, aged 50 years or less, and born in New Zealand. Furthermore, 42% of all respondents who searched for information on their partner/husband's health and 37% of those who searched for information on their child's health are likely to be older and born in Samoa (See Appendix C: Tables 10 and 11). One respondent had communicated verbally that she would look for information regarding the health of her siblings. The researcher speculates that others in this respect are likely to be siblings and relatives of the survey participants.

Sources of health information

Participants were asked to indicate the sources that they consulted for information on their health, their family's health, for sensitive health issues, cures and treatment, and medication and its side effects.

Sources of information for own health

Out of the 78 participants, 76 provided responses on the sources of health information for their own health (See Appendix C: Table 12). 81% of all respondents indicated that they consult the doctor for their own health.

Respondents aged 20-29 years predominantly used the internet to search for information or paid a visit to the doctor; they also make up the largest group of respondents who consulted family for information on their own health, an indication of dependence on family members (i.e. mothers) for information concerning their health

Other than the doctor, respondents who were born in Samoa had sought information from family members and fofo Samoa while New Zealand born respondents consulted the internet regarding their health (See Appendix C: Table 13).

Respondents who converse daily in Samoan also consulted written resources other than the doctor, while those who converse daily in English searched the internet for information regarding their health (See Appendix C: Table 14).

Respondents who spent their last years of education in Primary level consulted family members than the doctor while those who have been through tertiary level education would search the internet for information other than visiting the doctor for their health (See Appendix C: Table 15). Respondents who did not visit the doctor for their own health would consult family members and the internet instead (See Appendix C: Table 16).

Sources of information for family's health

Out of the 78 participants, 76 provided responses on the sources of health information for their family's health (See Appendix C: Table 17). 85% of all respondents indicated that they consult the doctor for their family's health or wellbeing – family in this case includes respondents' children, parents, siblings and other relatives under their care. Only 6 indicated that they used Plunket services, and are all female (see Appendix C: Table 18)

Apart from consulting the doctor, New Zealand born respondents searched the internet while Samoan born respondents would consult other relatives for information on their family's health (see Appendix C: Table 19)

Respondents who did not visit the doctor would consult the internet and other family members for information concerning their family's health (see Appendix C: Table 20)

The internet is used mostly by respondents who converse daily in English and those with Tertiary level education (see Appendix C: Tables 21 and 22)

Sources of information for sensitive health issues

Out of the 78 participants, 76 provided responses on sources of health information for sensitive health issues. 81% of all respondents indicated that they consult the doctor for sensitive health issues – in the survey questionnaire, S.T.I.s (sexually transmitted infections) was the given for sensitive health issues (see Appendix C: Table 23).

Respondents who converse daily in English indicated that the internet was their main source of information for sensitive health issues (see Appendix C: Table 24)

Other than the doctor, the internet was also used by respondents who were born in New Zealand; aged 20-29; and those who have had Secondary or Tertiary level education (see Appendix C: Tables 25 and 26). More female respondents consulted the nurse for sensitive health issues compared to male respondents (see Appendix C: Table 27)

Respondents who did not visit the doctor would consult family members or the internet (see Appendix C: Table 28)

Sources of information for cures and treatments

All 78 participants provided responses on sources of health information for cures and treatments. 86% of all respondents indicated that they consult the doctor for information on cures and treatments (see Appendix C: Table 29).

Other than visiting the doctor, respondents who were born in Samoa and those who communicate daily in Samoan would consult fofo Samoa. Meanwhile, respondents who were born in New Zealand and those who converse daily in English indicated that they searched the internet for information on cures and treatments (see Appendix C: Tables 30 and 31)

Respondents who have had Primary; Secondary; or Trades level education consulted family members other than the doctor, while those with Tertiary level education consulted the internet other than the doctor (see Appendix C: Table 32).

Respondents who did not visit the doctor would consult family members, internet or fofo Samoa for cures and treatments instead (see Appendix C: Table 33).

Sources of information for medication and its side effects

All 78 participants provided responses on sources of health information on medication and its side effects. 87% of all respondents indicated that they consult the doctor for medication and information on its side effects (see Appendix C: Table 34)

Respondents who did not visit the doctor for information would consult the internet or the Chemist instead (see Appendix C: Table 35). Those who converse daily in English mainly searched the internet for information on cures and treatments (see Appendix C: Table 36)

Other than the doctor, respondents who have had Primary; Secondary; or Trades level education consulted the nurse for medication and its side effects (see Appendix C: Table 37)

Respondents with Tertiary level education and those who were born in New Zealand consulted the internet other than the doctor for information on medication and its side effects (see Appendix C: Tables 38 and 39)

Sources that respondents do not use

Respondents were asked to indicate the sources that they have never used for health information. From the 78 participants, 77 responded.

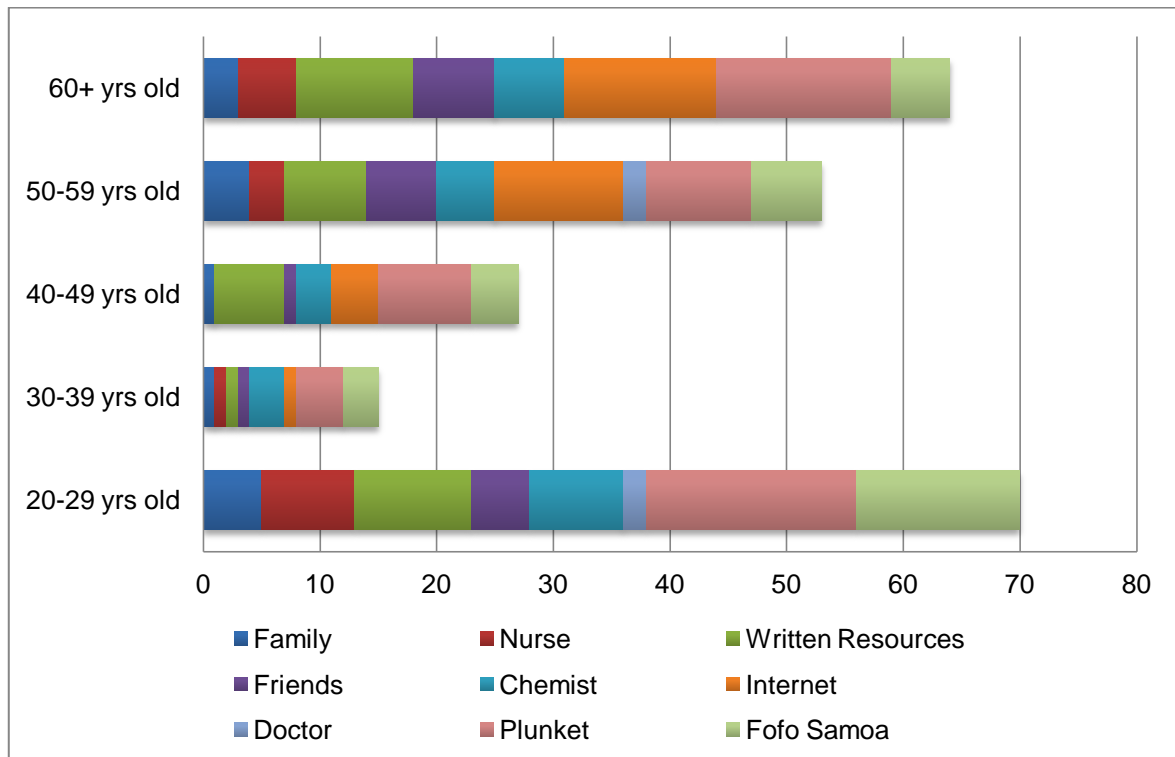


Figure 2 - Age group of respondents and sources they do not use

- 70% of all respondents do not use Plunket services
- 44% of all respondents do not use written resources
- 42% of all respondents do not use Fofo Samoa
- 38% of all respondents do not use the internet
- 32% of all respondents do not use the Chemist
- 26% of all respondents do not use friends for health information
- 22% of all respondents do not use the nurse
- 18% of all respondents do not consult family members
- Only 5% of all respondents do not use doctors

From the number of respondents who do not use Plunket, 75% are aged 20-29 and 79% are aged 60 years and over. There are two reasons to explain the low use of Plunket services by

these two age groups; young respondents may not have a family to be taken care of, and older respondents do not need Plunket services as they specialize in the health needs of young children.

From the number of respondents who do not use written resources, 53% are aged 60 years and over; 57% spent their last years of formal education in Primary level; and 59% converse daily in Samoan (see Appendix C: Tables 41 and 42).

From the number of respondents who do not use fofo Samoa, 55% of them were born in New Zealand; 58% are aged 20-29 years; 59% have Tertiary level education; and 54% converse daily in English (see Appendix C: 40, 41 and 42).

From the number of respondents who do not use the internet, 58% were born in Samoa; 73% are aged 50 years or more; 78% spent their last years of education in Primary level; and 68% converse daily in Samoan (see Appendix C: Tables 40, 41 and 42).

Level of satisfaction with sources of health information

Respondents were asked to indicate their level of satisfaction with the information they had received from these sources by indicating that they are *always*, *sometimes* or *never* satisfied. From the 78 participants, 77 responded.

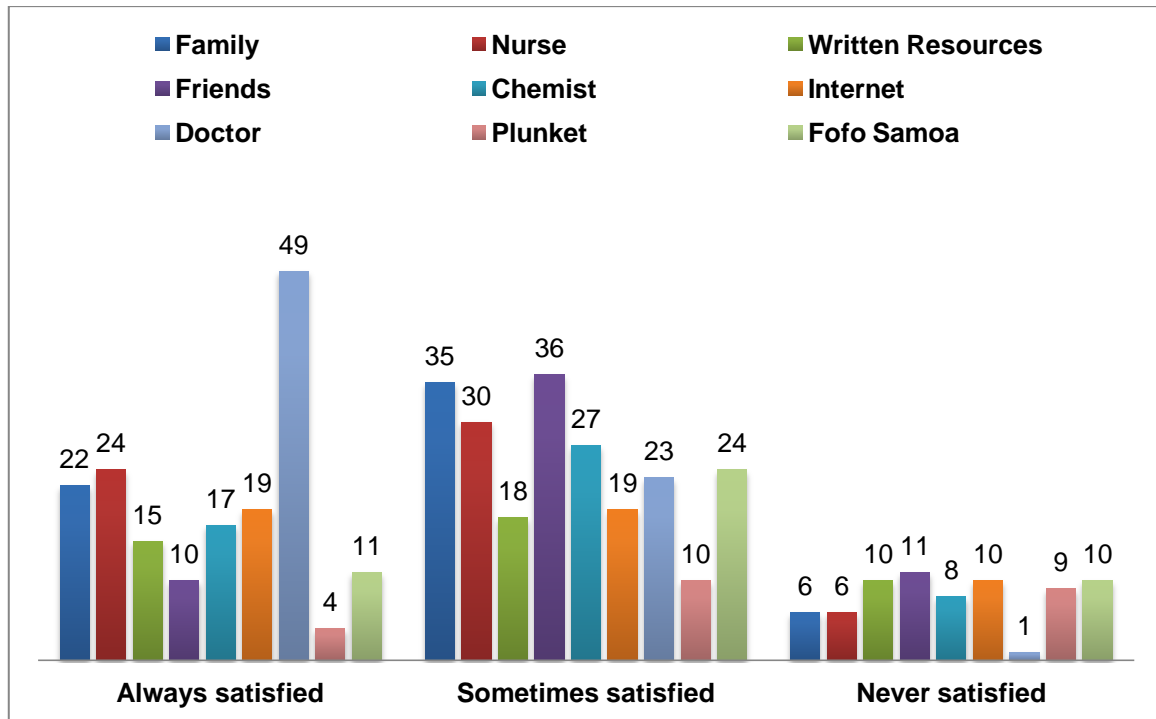


Figure 3 - Level of satisfaction with the sources of health information

- 63% of all respondents indicated that they were always satisfied with information from the Doctor (Figure 3)
- Other than the doctor, the nurse always provided satisfactory information for respondents with Secondary or Trades level education; are female; born in Samoa; and aged 50-59 years (see Appendix C: Tables 43,44,45, and 46)
- Other than the doctor, family members always provided satisfactory information for respondents with Primary level education; born in Samoa; male; and aged 30-39, 40-49 and 60 years and over (see Appendix C: Tables 43,44,45, and 46)
- Respondents who were born in New Zealand; have had Tertiary level education and aged 20-29 years are always happy with information from the internet other than the doctor (see Appendix C: Tables 43,44, and 45)

- There are more female respondents who were not satisfied with information from fofo Samoa, Plunket, friends and family members compared to male respondents (see Appendix C: Table 47)
- As well as written resources, Samoan born respondents were never satisfied with information from fofo Samoa (see Appendix C: Table 48) even though 48% of them consulted fofo Samoa for their own health (see Appendix C: Table 12)
- New Zealand born respondents were never satisfied with information from the internet (see Appendix C: Table 48) even though 76% of them searched the internet for information on their own health (see Appendix C: Table 12)
- Respondents aged 20-29 and those with Secondary level education were never satisfied with information from their friends (see Appendix C: Tables 49 and 50)

Access to health information

Suggestions were made on ways to present and deliver health information so that it is more accessible for respondents and the Samoan community. Participants were asked to rank the importance of each suggestion by indicating if they are *very important*, *fairly important*, or *not important*.

Health information in plain English

Participants were asked to rank if having health information in plain English is *very important*, *fairly important*, or *not important* when accessing health information. From the 78 participants, 74 responded. 80% of all respondents indicated that it is very important to access health information in plain English and 17% indicated that it is fairly important (see Appendix D: Chart 1)

The same respondents also indicated that it is very important to access health information with illustrations (74%); health information in Samoan language from the doctor (63%); and health information in Samoan at hospitals (63%) (See Appendix C: Table 51)

81% of respondents who have had Tertiary level education and all the respondents converse daily in English indicated that it is very important to access health information in plain English language (see Appendix B: Tables 52 and 53)

Health information with illustrations

Participants were asked if having health information with illustrations is *very important*, *fairly important*, or *not important* when accessing health information. From the 78 participants, 74 responded. 69% of all respondents indicated that it is very important to access health information with illustrations, 22% indicated that it is fairly important and 9% indicated it is not important (see Appendix D: Chart 2).

The same respondents also indicated that it is very important to access: health information in plain English (86%); and health information in Samoan language at hospitals (78%) (See Appendix C: Table 54)

81% of respondents over 50 years and over indicated that it is very important to access health information with illustrations, while those aged 20-29 years dominated those who indicated that it is fairly important or not important to access health information with illustrations

Health information through online group participation

Participants were asked if it is *very important*, *fairly important* or *not important* to access health information through online group participation. The example given in the survey questionnaire was Samoan online group. From the 78 participants, 74 responded. 50% of all respondents indicated that it is very important to access health information through online participation, 23% indicated that it is fairly important and 22% indicated that it is not important (see Appendix D: Chart 3).

The same respondents also indicated that it is very important to access health information with illustrations (94%) and health information in Samoan language from the doctor (92%) (See Appendix C: Table 55)

67% of respondents aged 50 years and over indicated that it is very important to access health information via online groups while respondents aged 20-29 years dominated those who indicated that it is fairly important or not important to access health information via online groups

62% of respondents who indicated that it is very important to access health information via online groups were born in Samoa while New Zealand born respondents dominated those who indicated that it is only fairly important or not important to access health information via online group participation (see Appendix C: Table 56)

Health information through Samoan community groups

Participants were asked if it is *very important*, *fairly important*, or *not important* to access health information through Samoan community groups. From the 78 participants, 74 responded. 53% of all respondents indicated that it is very important to access health information through community group participation, 34% indicated that it is fairly important and 13% indicated that it is not important (see Appendix D: Chart 4).

The same respondents also indicated that it is very important to access health information with illustrations (97%) and health information in Samoan language from hospitals (90%) (See Appendix C: Table 57)

67% of all respondents aged 50 years and over indicated that it is very important to access health information through Samoan online groups while 79% of respondents aged 20-29 years indicated that it is fairly important and not important to access health information through Samoan online groups

Health information in Samoan language at the doctor

Participants were asked if it is *very important*, *fairly important*, or *not important* to access health information in Samoan language at the doctor. From the 78 participants, 75 responded. 57% of all respondents indicated that it is very important to access health information in Samoan at the doctor, 24% indicated that it is fairly important and 19% indicated that it is not important (see Appendix D: Chart 5).

The same respondents also indicated that it is very important to access: health information in plain English (88%); health information with illustrations (88%); and Samoan health information at hospitals (88%) (See Appendix C: Table 58)

Respondents who indicated that it is not important to access health information in Samoan at the doctor are more likely to have been born in New Zealand, have Tertiary level education, and communicate daily in English (see Appendix C: Tables 59, 60 and 61)

Respondents who indicated that it is very important to access health information in Samoan at the doctor are likely to communicate daily in Samoan or in both languages; were born in Samoa; and have had Primary, Secondary or Trades level education (see Appendix C: Tables 59, 60 and 61)

Health information in Samoan language on the internet

Participants were asked if it is *very important*, *fairly important*, or *not important* to access health information in Samoan language on the internet. From the 78 participants, 75 responded. 48% of all respondents indicated that it is very important to access health information in Samoan on the internet; 31% indicated that that it is fairly important and 21% indicated that it is not important (see Appendix D: Chart 6).

The same respondents also indicated that it is very important to access health information in Samoan language at hospitals (97%) and health information in Samoan at the doctor (92%) (see Appendix C: Table 62)

63% of respondents aged 60 years and over indicated that it is very important to access health information in Samoan on the internet while 46% of 20-29 year olds indicated that it is not important

Health information in Samoan language at hospitals

Participants were asked if it is *very important*, *fairly important*, or *not important* to access health information in Samoan language at hospitals. From the 78 participants, 74 responded. 59% of all respondents indicated that it is very important to access health information in Samoan at hospitals; 32% indicated that it is fairly important and 8% indicated that it not important (see Appendix D: Chart 7).

The same respondents also indicated that it is very important to access: health information with illustrations (91%); health information in plain English (84%), and health information in Samoan at the doctor (84%) (see Appendix C: Table 63)

74% of respondents aged 60 years and over indicated that it is very important to access health information in Samoan at hospitals while 50% of 20-29 year olds indicated that it is fairly important

Barriers to health information

Respondents were asked to indicate whether they have experienced these barriers when looking for health information. Respondents were also asked to comment on other problems that they may have experienced. From the 78 participants, 69 responded and 6 commented.

Figure 4 - Total number of respondents who experienced barriers to health information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
30 (43%)	18 (26%)	27 (39%)	26 (38%)	28 (40%)	12 (17%)

From the number of respondents who did not understand the information given to them, 46% are male; 47% are 60 years of age and over; and 57% spent their last years of formal education at Primary level (see Appendix C: Tables 64, 65, and 66).

Furthermore, the same respondents also experienced problems finding health information in Samoan (50%); finding the right health information (47%); and felt uncomfortable talking to others (47%) about their health (see Appendix C: Table 67)

From the number of respondents who did not feel comfortable discussing their health with others, 47% are 60 years and over; 50% spent their last years of formal education at Secondary level; and 42% communicate daily in Samoan (see Appendix H: Tables 62 and 63).

Furthermore, respondents who were born in Samoa indicated this as their main barrier to health information. The same respondents also experienced difficulty understanding health information given to them (50%); finding health information in Samoan (46%); and finding health information that they need (46%) (see Appendix C: Table 68)

From the number of respondents who could not find the information that they were looking for, 48% were born in New Zealand; 46% are aged 20-29 years; 41% have had Tertiary level education; and 54% of them communicate daily in English. Furthermore, female respondents indicated this as the main barrier to health information. The same respondents also experienced difficulty understanding health information given to them (52%) (Appendix C: Table 69)

From the number of respondents who could not find health information in Samoan, 45% of them are aged 50 years and over and 42% spent their last year of formal education at Primary level. Furthermore, the same respondents experienced difficulty understanding health information given to them (58%); and felt uncomfortable talking to others (50%) about their health (see Appendix C: Table 70)

From the number of respondents who find it hard to read health information, 72% also experienced difficulty understanding information given to them; 55% could not find the right information; 44% felt uncomfortable talking about health; and 44% could not find health information in Samoan (see Appendix C: Table 71)

From the number of respondents who did not want to know any more information, 25% also experienced problems understanding information given to them as well as finding the information they were looking for (see Appendix C: Table 72)

2 out of the 6 respondents who commented did not indicate any barriers in the questionnaire when looking for health information because they found that health information is easy to understand as long as it does not employ technical terms or that they would consult other sources (i.e. other health professionals, internet) opinions for reassurance. The remaining 4 comments addressed the issue of accessibility to vital health information, lack of information in Samoan, and difficulty understanding health information.

Suggestions from respondents

Participants were asked to suggest ways to improve access to health information for themselves, their family, and their community. From the 78 participants, 43 wrote various suggestions. Some respondents provided a single solution while others provided multiple solutions to improve access to health information. Feedback was analyzed to understand the true sentiment behind each suggestion and categorized accordingly to the following key groups.

No need for change

18 respondents wrote 'no' or 'nothing' to indicate that there is no need for change. One respondent expressed that they have no issues communicating with their doctor. Another commented that they always ask the doctor to clarify everything. However, an analysis of the barriers that these respondents experienced found that 39% of them were not comfortable talking to others about their health and have also had difficulty understanding health information given to them (see Table 73).

Figure 5 - Barriers to health information as indicated by respondents who commented that there is no need for change

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
7 (39%)	2 (11%)	2 (11%)	6 (33%)	7 (39%)	3 (17%)

The researcher can only speculate that some respondents provided a reply simply because they felt that it was mandatory while others may have written 'no' because they simply did not have any suggestions in mind, at the time of the survey.

Language – Samoan and medical terms

11 respondents specified the importance of having health information in Samoan language or to have translators available to aid the provision of health information in medical practices or hospitals. One respondent indicated that common everyday language should be used in consultations and to limit the use of technical terms (medical language). Two other respondents expressed their concerns for their parents, who are likely to experience difficulty understanding English and technical medical terms. One respondent expressed the lack of health information in Samoan on the internet thus indicating a need to make them more accessible on this format (as suggested by other respondents). The same respondents had indicated the following barriers when looking for health information.

Figure 6 - Barriers to health information as indicated by those who commented that attention to language used in health information will improve access to health information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
5 (45%)	4 (36%)	4 (36%)	3 (27%)	3 (27%)	1 (9%)

There seems to be a correlation between the suggestions made, and the barriers faced by these respondents. 45% of respondents indicated that they experienced difficulty understanding health information given to them. They recommended that the language used in health information should be adapted or translated in Samoan to suit its target audience.

Online and media services

6 respondents suggested the use of the internet and the media to relay health information to the community. One respondent suggested a website containing specific information such as population specific health research, outbreak and preventative information, while another respondent expressed that health information online is too broad and would like them to be more specific. Another respondent recommended that information should be relayed on the radio and television in the mornings and evenings, while another recommended some form of advertisement to inform people of where they can access health information. One respondent suggested an online chat service where people can chat to a health professional 24/7. The same respondents had indicated the following barriers when looking for health information.

Figure 7 - Barriers to health information as indicated by respondents who recommended online and media services to improve access to health information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
2 (33%)	1 (17%)	4 (67%)	2 (33%)	0	0

67% of respondents indicated that they experienced problems finding the information that they were looking for. They recommended to have health information in some order to make it easier to find, and to also make it available on a website that they can visit. They also recommended that the media should be used as a source to publicize the location of such information.

Pamphlets and brochures

4 people recommended brochures and pamphlets to be made available for people to take home. One respondent wanted brochures with information about health issues and risks while another wanted more specific information on common illnesses amongst Pacific Island communities. 50% of respondents suggested that health brochures should be mailed to members of the community or have them available in public places such as the mall. The same respondents had indicated the following barriers when looking for health information.

Figure 8 - Barriers to health information as indicated by respondents who recommended health information in the form of brochures and pamphlets to improve access to health information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
2 (50%)	2 (50%)	2 (50%)	2 (50%)	3 (75%)	0

75% of respondents indicated that they are not comfortable discussing their health situation with others. Therefore, they would like to see more information in the form of brochures and pamphlets in public locations that they can access without having to discuss matters of health with others.

Health education and workshops

A total of 6 respondents suggested health education and workshops. 33% suggested that people need to be educated to increase their awareness of their own health when they are sick, and what to do when they are sick. Furthermore people should be directed to where or who they can go for the right health information.

67% of respondents had specified workshops and community meetings that the community can attend to gain a better understanding of health issues pertinent within the Pacific Island community (in New Zealand). One respondent suggested gender specific workshops rather than a mixed workshop on a monthly basis. The same respondents had indicated the following barriers when looking for health information.

Figure 9 - Barriers to health information as indicated by respondents who recommended health education and workshops to improve access to health information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
4 (67%)	2 (33%)	3 (50%)	3 (50%)	5 (83%)	0

83% of respondents indicated that they are not comfortable discussing information and 67% indicated that they also experienced problems understanding health information given to them. The same respondents recommended community workshops to learn about health, especially issues affecting the community. Even though they are not comfortable discussing

health issues, the respondents would attend health workshops with families in a community setting.

Some respondents indicated that health information should be made more accessible for the Samoan community. They did not provide a specific way of accessing them, but one thing for sure is that they show concerns for these issues.

Only one respondent clarified that they would rather consult the doctor than written resources and the internet.

Discussion

Findings from this study found that preference for sources of health information amongst the survey participants is influenced by these factors: gender, age group, country of birth, language use, and education level. The majority of health information searching by participants is made because of concerns for their health. More than half of the female participants also searched for information regarding their parent's health. While the doctor is the preferred source of health information for the participants, other sources were favoured by some participants more than others.

However, for participants aged 20-29 and 30-39, the internet is their main source of information when searching for information on their own health. It is also their second most consulted source for information regarding the health of their family, for sensitive health issues, and for health cures and medication. This behaviour reflects the information seeking behaviour of participants in a study by Gray et al (2005) who found that the English-speaking adolescent participants favoured the internet for their health information than consulting the doctor. This suggests that young Samoan participants' health information behaviours assimilate to mainstream behaviours of searching health information.

Furthermore, participants aged 40 years and over trust the doctor as the main source of information. Erickson-Backa (2010) and Goodall et al (2010) both identified that elderly participants in their studies prefer the doctor over other sources. It stresses the need by elderly populations to have a face to face interaction with a health professional to gain trustworthy health information.

Findings also found that fofu Samoa is used by all age groups – the number of respondents who used this source increases by age. While this number is not significant, it is still important to address this source of traditional healing. There is limited information on fofu

Samoa, and access is only limited to those who believe in this traditional illness and healing, as well as those who are related. The few respondents that indicated their dissatisfaction with fofo Samoa are aged 20-49 and most have had Secondary level of Tertiary level education.

Barriers

This study confirms that most respondents find it hard to understand health information as well as reading it. There was a high number of respondents who experienced difficulty finding health information in the Samoan language. Most of these respondents are older (aged 50 years and over) and converse daily in Samoan. Gany et al (2006) identified that minorities who lacked English language proficiencies would avoid attending medical appointments if a relative or interpreter is not available relay their needs in the own language. Finding from the study reveals that elders with limited English skills are disadvantaged further because of the lack of health information available in their own language.

Younger respondents (aged 20-29) have issues finding the information that they were looking for. Furthermore, respondents who were born in New Zealand were not satisfied with information from the internet even though it is their main source of health information. Some have specified that information online is too broad, especially when they need specific information. While the internet is a source of endless information for its users, the issues addressed by the study participants may have something to do with their searching skills, specifically their cognitive skills. These issues may need future investigation.

Respondents also indicated that they are not comfortable discussing their health with others. This confirms what Pasifika participants felt in a study by Sligo and Jameson (2000). They expressed that a person from outside of their community would not understand their culture and health views. This is especially important when Pasifika women are facing health issues that are taboo or too controversial to be discussed in their own community.

Accessibility

Accessing health information varies depending on the age group of participants. Younger respondents indicated that accessing health information in plain English and illustrations is very important. Stableford and Mettger (2007) suggested that health information should be written in plain language to increase its utilisation amongst the general population. While younger respondents are independently searching for health information, they still would like

them in a language that they can understand. On the other hand, younger participants do not agree with group participation online and having health information in Samoan available online. This is perhaps an indication that young Samoan participants do not see the value of having health information in Samoan.

Older respondents however indicated that it is very important to access health information in plain English, health information with illustration, through group participation online and through the community. Furthermore, they want to access health information in Samoan online, at the doctors, and at hospitals. Some younger respondents commented that having information in Samoan would make information accessible for their parents. Some respondents commented that there is no need to change anything, which indicates that health is accessible for this portion of the Samoan population. A further analysis of the barriers discovered that most of these respondents had problems understanding health information as well as feeling uncomfortable to discuss their health with others.

Others commented on the need to inform people of where they can locate health information, some specifically recommended the media to convey this information. However, Pasifika women in Sligo and Jameson's study (2000) viewed media sources as belonging to western world. Referring back to the findings, views amongst the Pasifika population may have changed over the years to favour western channels of relaying health information to the community

Some challenges that emerged from the findings may need further investigation. It is apparent that two distinct lines of preferences have surfaced. New Zealand born participants are showing characteristics of mainstream searching for health information. On the other hand, older Samoan participants prefer to seek the doctor, fofu Samoa and the use of Samoa language to access health information. These should be further researched into ways to bridge the gap.

Conclusion

Young Samoan participants in this study searched the internet for health information while older participants would consult the doctor for their health. The findings found that all participants were always satisfied with information from by the doctor. The main barriers for the participants were, not comfortable to discuss their health with others, and understanding health information given to them. In order to improve access to health information, participants indicated that it is very important access them in plain English and using illustrations. Furthermore, older participants prefer information in the Samoan language.

Recommendations

- Further studies may be required to clearly identify the gap between younger and older populations when searching for health information. Should
- Further investigation is also needed to clarify online searching behaviours of young Pasifika population

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Appendix A

Questionnaire in English language

Health Information Needs Questionnaire

Section 1: Demographic Information

1. **What is your gender?**

Female Male

2. **What is your current age?**

<input type="checkbox"/>	20 - 24	<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	50 - 54
<input type="checkbox"/>	25 - 29	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>	55 - 59
<input type="checkbox"/>	30 - 34	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>	60 and over

3. **Where were you born?**

New Zealand
 Samoa
 Other _____

4. **What language do you use most in your daily conversations?**

English language
 Samoan language
 Both English and Samoan
 Other _____

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

Primary level
 High School level
 Trades qualification
 Tertiary level

Section 2: Health Information Needs

6. **When you search for information on health, who is it usually for? Please tick all those that apply**

<input type="checkbox"/>	Yourself	<input type="checkbox"/>	Your children
<input type="checkbox"/>	Your husband/partner	<input type="checkbox"/>	Your parents
<input type="checkbox"/>	Other		

7. **What sources do you usually consult for information on your health? Please tick all those that apply**

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Fofo Samo	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Chemist
<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Written resources e.g. books
<input type="checkbox"/>	Other	_____			

8. **What sources do you usually consult for information on your family's health? Please tick all those that apply**

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Fofo Samo	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Chemist
<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Written resources e.g. books
<input type="checkbox"/>	Other	_____			

9. **What sources do you usually consult for information on sensitive health issues e.g. sexually transmitted infection? Please tick all those that apply**

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Fofo Samo	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Chemist
<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Written resources e.g. books
<input type="checkbox"/>	Other	_____			

10. What sources do you usually consult for information on health cures and/or treatments?

Please tick all those that apply

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Chemist
<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Written resources e.g. books
<input type="checkbox"/>	Other _____				

11. What sources do you usually consult for information on medication and/or its side effects?

Please tick all those that apply

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Chemist
<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Written resources e.g. books
<input type="checkbox"/>	Other _____				

12. How satisfied are you with information that you receive from these sources? Please select an answer for each source

	I am <i>always</i> satisfied	I am <i>sometimes</i> satisfied	I am <i>never</i> satisfied	I do not use this source
Internet				
Fofo Samoa				
Family				
Friend				
Plunket				
Doctor				
Nurse				
Chemist				
Written resources e.g. books				

13. **What problems have you experienced when looking for health information? Please tick all those that apply**

- I did not understand the information I was given
- I found it hard to read health information
- I could not find the information I needed
- I could not find much information in Samoan
- I felt uncomfortable talking about my health situation with others
- I did not want to know any more information

Other/Comments _____

14. **How important is it for you to access health information in plain English?**

- Very important Fairly important Not important

15. **How important is it for you to access culturally appropriate health resources with illustrations?**

- Very important Fairly important Not important

16. **How important is it for you to access information through group participation e.g. Samoan online group?**

- Very important Fairly important Not important

17. **How important is it for you to access information through Samoan community groups e.g. church?**

- Very important Fairly important Not important

18. *How important is it for you to access health information in Samoan from your doctor?*

Very important Fairly important Not important

19. *How important is it for you to access health information in Samoan online?*

Very important Fairly important Not important

20. *How important is it for you to access health information in Samoan at hospitals?*

Very important Fairly important Not important

21. *Is there anything that you wish to change in order to improve access to health information for yourself, your family and your community?*

Thank you for participating in this survey.

Please deposit questionnaires in the sealed boxes or envelopes when completed.

Questionnaires in Samoan language

Fesili mo Fa'amatalaga tau le Soifua Maloloina Mo'omia

Vaega 1: Fa'amatalaga mo soifuaga lautele

1. *O oe o se?*
 Tama'ita'i Ali'i
2. *O le a le matua o lou soifuaga?*

<input type="checkbox"/>	20 - 24	<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	50 - 54
<input type="checkbox"/>	25 - 29	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>	55 - 59
<input type="checkbox"/>	30 - 34	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>	60 ma sili atu

3. *O fea na e fanau ai?*
 New Zealand
 Samoa
 Isi _____
4. *O le a le gagana o lo'o e fa'aogaina i au feso'ota'iga i aso ta'itasi?*
 Gagana fa'a-Peretania
 Gagana fa'a-Samoa
 Gagana fa'a-Peretania ma le fa'a-Samoa
 Isi _____
5. *O le a le maualuga o lou a'oa'oina?*
 Tulagalua
 Aoga maualuga
 Matata-'ese'ese
 Inivesete ma isi

Vaega 2: Fa'amatalaga soifua maloloina mana'omia

22. *Pe a e sailia fa'amatalaga tau le soifua maloloina, e mo ai? Fa'amolemole fa'asao uma mai pusa talafeagai*

<input type="checkbox"/>	Mo oe	<input type="checkbox"/>	Mo lau fanau
<input type="checkbox"/>	Mo lau pa'aga	<input type="checkbox"/>	Mo ou matua
<input type="checkbox"/>	Isi		

23. *O a auala e masani ona e saili iai fa'amatalaga i lou soifua maloloina? Fa'amolemole fa'asao uma mai pusa talafeagai*

<input type="checkbox"/>	Aiga	<input type="checkbox"/>	Tausima'i	<input type="checkbox"/>	Fomai talavai
<input type="checkbox"/>	Uo	<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Upega o feso'ota'iga
<input type="checkbox"/>	Foma'i	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Fa'amatalaga tusitusia e.g. tusi
<input type="checkbox"/>	Isi	_____			

24. *O a auala e masani ona e saili iai fa'amatalaga mo le soifua maloloina o lou aiga? Fa'amolemole fa'asao uma mai pusa talafeagai*

<input type="checkbox"/>	Aiga	<input type="checkbox"/>	Tausima'i	<input type="checkbox"/>	Fomai talavai
<input type="checkbox"/>	Uo	<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Upega o feso'ota'iga
<input type="checkbox"/>	Foma'i	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Fa'amatalaga tusitusia e.g. tusi
<input type="checkbox"/>	Isi	_____			

25. *O a auala e masani ona e saili iai fa'amatalaga mo fa'ama'i pipisi e.g. fa'amai pipisi mai feusua'iga? Fa'amolemole fa'asao uma mai pusa talafeagai*

<input type="checkbox"/>	Aiga	<input type="checkbox"/>	Tausima'i	<input type="checkbox"/>	Fomai talavai
<input type="checkbox"/>	Uo	<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Upega o feso'ota'iga
<input type="checkbox"/>	Foma'i	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Fa'amatalaga tusitusia e.g. tusi
<input type="checkbox"/>	Isi	_____			

26. *O a auala e masani ona e saili iai fa'amatalaga tau le togafitia o fa'ama'i? Fa'amolemole fa'asa'o uma mai pusa talafeagai*

<input type="checkbox"/>	Aiga	<input type="checkbox"/>	Tausima'i	<input type="checkbox"/>	Fomai talavai
<input type="checkbox"/>	Uo	<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Upega o feso'ota'iga
<input type="checkbox"/>	Foma'i	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Fa'amatalaga tusitusia e.g. tusi
<input type="checkbox"/>	Isi _____				

27. O a auala e masani ona e saili iai fa'amatalaga tau i vaila'au ma ona a'afiaga?

Fa'amolemole fa'asa'o uma mai pusa talafeagai

<input type="checkbox"/>	Aiga	<input type="checkbox"/>	Tausima'i	<input type="checkbox"/>	Fomai talavai
<input type="checkbox"/>	Uo	<input type="checkbox"/>	Fofo Samoa	<input type="checkbox"/>	Upega o feso'ota'iga
<input type="checkbox"/>	Foma'i	<input type="checkbox"/>	Plunket	<input type="checkbox"/>	Fa'amatalaga tusitusia e.g. tusi
<input type="checkbox"/>	Isi _____				

28. O fa'amalieina ea oe i fa'amatalaga o e maua mai i nei auala? Fa'amolemole filifili mau sau tali mo auala taitasi

	E fa'amalieina pea a'u i taimi uma	O nisi lava taimi e fa'amalieina ai a'u	E le fa'amalieina ai a'u	Oute le fa'aogaina ia auala
Aiga				
Uo				
Foma'i				
Tausima'i				
Fofo Samoa				
Plunket				
Fomai talavai				
Upega o feso'ota'iga				
Fa'amatalaga tusitusia e.g. tusi				

29. ***O a ni fa'afitauli o lo'o e feagai a o e saili fa'amatalaga tau soifua maloloina?***
Fa'amolemole fa'asao uma mai pusa talafeagai

- Oute le'i malamalama i fa'amatalaga na tu'uina mai
- E faigata ona ou faitauina fa'amatalaga tau soifua maloloina
- Oute le'i mauaina fa'amatalaga tau le soifua maloloina na ou sailia
- Oute le'i maua ni fa'amatalaga tau le soifua maloloina fa'a-Samoa
- E faigata ona ou talanoa atu i isi i ou a'afiaga fa'a-soifua maloloina
- Oute le toe fia iloaina nisi fa'amatalaga

Isi/Fa'amatala

30. ***Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina ile gagana fa'a-Peretania ua faa-faigofieina (simple/plain English)?***

- Taua tele Taua Le taua

31. ***Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina atoa ai ma ata e talafeagai ma le aganu'u Samoa?***

- Taua tele Taua Le taua

32. ***Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina e ala i lou auai i ni fa'alapotopotoga e.g. Samoa i upega o feso'ota'iga?***

- Taua tele Taua Le taua

33. *Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina e ala mai i fa'alapotopotoga a tagata Samoa? e.g. lotu?*

Taua tele

Taua

Le taua

34. *Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina mai lau foma'i?*

Taua tele

Taua

Le taua

35. *Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina ile gagana Samoa mai le upega o feso'ota'iga?*

Taua tele

Taua

Le taua

36. *Ole a le taua ia te oe o lou mauaina o fa'amatalaga tau soifua maloloina ile gagana Samoa mai ile falema'i?*

Taua tele

Taua

Le taua

37. *E iai se isi mea e te suiina ina ia fa'alelei ina atili ai le mauaina o fa'amatalaga tau soifua maloloina mo oe, lou aiga, ma ou tagata-nuu?*

Fa'afetai tele mo lou auai i lenei su'esu'ega.

Fa'amolemole tu'u lau pepa ile teutusi ua saunia pe a ma'ea ona fa'atumuina ona tu'u lea i totonu ole atigi pusa.

Appendix B

Health Information Needs of the Samoan Community in Wellington, New Zealand.

Researcher: Fiona Sasagi: School of Information Management, Victoria University of Wellington.

I am studying my Master of Information Studies at Victoria University of Wellington. A major component of my degree requires me to undertake a research project. I have chosen to investigate the 'health information needs of the Samoan community in Wellington' for this purpose. The University requires that this project follows all ethics procedures for research involving human participants, and this project has been approved by the School Human Ethics Committee.

I am inviting you and others from the Samoan community all over Wellington to partake in this study. You will need to be 20 years of age and above in order to complete this questionnaire. Ticking the appropriate answers and writing comments in this survey should take no more than 10 minutes to complete. *Completing this survey is taken to mean that you consent to participate in this research.*

Please deposit completed questionnaires in sealed boxes or envelopes provided, which will be returned to me sealed. Your personal information such as your name will not be required. You will not be identified personally. I have sole responsibility of sealing and unsealing the boxes containing the questionnaires.

All survey questionnaires that are properly completed will be put into a written report on an anonymous basis. Your responses are analysed as a group in the final report. No other persons will see these questionnaires except for me and my supervisor, Professor Rowena Cullen. This research will be submitted for marking to the School of Information Management and deposited in the University Library. All questionnaires will be destroyed at the completion of this project.

If you have any questions or want feedback from this survey, please contact me at sasagifion@myvuw.ac.nz or my supervisor, Professor Rowena Cullen, at rowena.cullen@vuw.ac.nz, or phone 04 463 6436. *Please keep this information sheet for future reference.*

Fiona Sasagi

(Information sheet in Samoan)

Faamatalaga tau Soifua Maloloina e Manaomia e Tagata Samoa o Ioo Alala i Ueligitone Niu Sila

Tagata Sailiili: Fiona Sasagi: School of Information Management, Victoria University of Wellington.

O loo ou aoga i le Lunivesite o Vitoria, Ueligitone ma o loo su'eina lou faailoga o le Master of Information Studies. O se vaega tele o lenei faailoga e aofia ai le faia o se poloheki sailiili. Ua ou filifilia e su'esu'eina le tulaga o iai faamatalaga tau soifua maloloina e manaomia e tagata Samoa o lo'o alala i Ueligitone mo lenei faamoemoe. O sailiiliga faapenei, e manaomia e le lunivesite le usitaia o faiga ma ala faataatia (ethics procedures). Ua faatagaina foi lenei sailiiliga e le Ethics Committee.

E talosaga atu ai ma le faaaloalo tele i le paia ma le mamalu o Samoa i Ueligitone ina ia auai i lenei sailiiliga. Faamolemole ua na o i latou e 20 tausaga poo le sili atu foi e mafai ona auai i le sailiiliga. O le faatumuina o lenei pepa e talitonu pe na o se 10 minute o lou taimi e manaomia. O lou faatumuina o lenei pepa e faaalai ai foi lou lagolagoina ma le ioeina o lou auai i lenei sailiiliga. Faafetai lava lagolago mai.

Faamolemole a uma ona faatumu lau pepa, ona toe tu'u lea i totonu o le pusa poo teutusi ua saunia. E le manaomia lou suafa po o faamatalaga auiliili o e faatumuina lenei sailiiliga. O a'u lava (Fiona Sasagi) o le a feagai ma le tatalaina o faamaumauga ma pepa uma o lenei sailiiliga.

O pepa ma fesili e maeaea lelei ona tali, o le a tuua i se ripoti e le faailoa ina (anonymous basis). O tali uma o fesili o lenei pepa, o le a va'ili'ili ina faatasi uma i le ripoti mulimuli. Ua nao a'u ma le tamaitai supavaisa o Professor Rowena Cullen o le a taga'i i pepa ma tali. O lenei sailiiliga o le a tuu ina atu i le School of Information Management mo le togiina (marking) ona teuina lea i le Fale tusi a le Lunivesite o Vitoria, Ueligitone. O le a faaleaogaina pepa ma tali pe a mae'a lenei sailiiliga.

Afai e i ai ni fesili pe manaomia sina faamatalaga e uiga i lenei su'esu'ega, faamolemole faafesoota'i a'u i le numera 04 2379445 pe imeli foi i le sasagifion@myvuw.ac.nz. E mafia foi ona faafesoota'i le tamaitai supavaisa o Professor Rowena Cullen i le imeli rowena.cullen@vuw.ac.nz po o le telefoni 04 463 6463. *Faamolemole teu lenei pepa mo le toe faafesili mai.*

Fiona Sasagi

Appendix C

Table 1 - Gender and age of respondents

	Male	Female	Total
20-29	6	18	24
30-39	3	5	8
40-49	2	11	13
50-59	5	9	14
60+	10	9	19
Total	26	52	78

Table 2 - Education level and gender of respondents

	Male	Female	Total
Primary	8	6	14
Secondary	9	19	28
Trades	5	9	14
Tertiary	4	18	22
Total	26	52	78

Table 3 - Level of education and age group of respondents

	Primary	Secondary	Trades	Tertiary
20-29	0	11	3	10
30-39	1	2	2	3
40-49	3	4	1	5
50-59	3	4	4	3
60+	7	7	4	1

Table 4 - Language use and age of respondents

	Samoa	English	Both
20-29	0	9	15
30-39	3	1	4
40-49	4	1	8
50-59	5	0	9
60+	7	0	12
Total	19	11	48

Table 5 - Country of birth and education level of respondents

	Samoa	New Zealand	Other
Primary	12	1	1
Secondary	15	13	0
Trades	10	4	0
Tertiary	10	11	0

Table 6 - Country of birth and age of respondents

	Samoa	New Zealand	Other	Total
20-29	3	21	0	24
30-39	3	5	0	8
40-49	10	3	0	13
50-59	13	0	1	14
60+	19	0	0	19
Total	48	29	1	78

Table 7 - Language use and Education level

	Samoa	English	Both
Primary	6	0	8
Secondary	7	1	20
Trades	2	1	11
Tertiary	4	9	9
Total	19	11	48

Table 8 - Country of birth and gender

	Samoa	New Zealand	Other	Total
Male	20	6	0	26
Female	28	23	1	52

Table 9 - Language use and Country of birth

	Samoa	English	Both	Other
New Zealand born	0	8	21	0
Samoa born	19	3	26	0
Other	0	0	1	1

Table 10 - Age group of respondents searching for health information

	Yourself	Children	Partner/Husband	Parents	Other
20-29	22	1	5	12	4
30-39	8	4	4	5	0

40-49	13	7	7	10	1
50-59	11	7	8	8	2
60+	14	9	7	4	2

Table 11 - Country of birth of respondents searching for health information

	Yourself	Children	Partner/Husband	Parents	Other
New Zealand born	27	2	6	16	3
Samoa born	40	26	24	23	6
Other	1	0	1	0	0

Table 12 - Age group of respondents and their sources of information for own health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
20-29	13	6	4	9	3	20	18	1	4	0
30-39	3	2	2	2	1	5	6	1	3	1
40-49	6	6	3	5	4	6	9	2	6	0
50-59	8	8	4	1	5	5	13	0	5	0
60+	8	7	4	3	7	3	16	2	9	0

Table 13 - Country of birth of respondents and sources of health information

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
New Zealand	14	9	5	10	5	22	21	3	4	1
Samoa	23	20	12	10	15	16	41	3	23	0

Table 14 - Language used by respondents and sources of information on their own health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
English	5	2	3	5	1	11	10	1	1	1
Samoa	8	6	3	2	2	3	16	0	11	0
Both	25	21	11	13	17	25	36	5	15	0

Table 15 - Level of education and sources of information for own health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Primary level	8	3	3	2	4	4	7	2	7	0
Secondary level	13	8	2	7	7	12	24	0	9	0
Trades level	6	10	3	3	3	7	11	2	7	0
Tertiary level	11	8	9	8	6	16	20	2	4	1

Table 16 - Gender of respondents who did not visit the doctor for their own health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	3	3	2	1	1	6	0	2	1	0
Male	5	0	0	4	0	3	0	0	3	0

Table 17 - Age group of respondents and their sources of information for family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
20-29	12	8	2	5	5	16	17	1	3	0
30-39	5	2	1	2	1	5	7	1	3	0
40-49	5	5	2	5	5	5	11	1	4	0
50-59	8	8	3	2	6	3	13	1	6	0
60+	10	7	6	5	7	4	17	2	7	1

Table 18 - Gender of respondents and sources of information for family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	28	24	9	15	20	25	43	6	13	0
Male	12	6	5	4	4	8	22	0	10	1

Table 19 - Country of birth and sources of information for family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
New Zealand	15	11	2	6	8	18	23	2	3	0
Samoa	24	19	12	13	16	14	42	4	19	1

Table 20 - Gender of respondents who did not visit the doctor for their family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	5	2	1	3	2	5	0	1	3	0
Male	2	0	0	0	0	2	0	0	0	0

Table 21 - Language use and sources of information for family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
English	3	3	2	2	1	10	9	1	2	0
Samoaan	8	7	0	4	3	2	17	0	9	0
Both	29	20	12	13	20	21	39	5	12	1

Table 22 - Level of education and sources of information for family's health

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Primary level	7	3	3	5	5	5	10	1	5	1
Secondary level	15	9	1	6	7	8	22	2	7	0
Trades level	8	9	4	3	5	5	13	2	7	0
Tertiary level	10	9	6	5	7	15	20	1	4	0

Table 23 - Age group of respondents and their sources of information for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
20-29	4	7	1	7	2	17	19	1	0	0
30-39	2	3	2	1	1	4	5	1	0	0
40-49	4	6	0	2	4	4	9	1	3	0
50-59	6	7	3	1	2	1	13	1	3	0
60+	7	8	4	4	4	3	16	1	5	1

Table 24 - Language use and sources for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
English	1	3	1	4	1	10	7	1	0	0
Samoaan	6	10	0	1	1	1	17	0	4	0
Both	16	18	9	10	11	18	38	4	7	1

Table 25 - Level of education and sources for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Primary level	7	4	2	3	3	2	9	0	2	1
Secondary level	8	7	1	4	4	10	24	2	5	0
Trades level	3	10	4	4	2	5	12	1	3	0
Tertiary level	5	10	3	4	4	12	17	2	1	0

Table 26 - Country of birth of respondents and sources for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
New Zealand	6	9	3	7	5	19	22	2	1	0
Samoa	16	22	6	7	8	10	40	3	10	0

Table 27 - Gender of respondents and sources for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	14	25	6	12	12	21	42	4	7	0
Male	9	6	4	3	1	8	19	1	4	0

Table 28 - Gender of respondents who did not consult the doctor for sensitive health issues

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	4	2	1	3	4	4	0	1	1	0
Male	3	0	1	1	0	3	0	1	1	0

Table 29 - Age group of respondents and sources of information for cures and treatments

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
20-29	14	6	3	8	2	15	21	1	3	0
30-39	6	2	4	2	1	5	5	1	5	0
40-49	4	4	2	2	7	4	9	2	4	0
50-59	5	7	2	4	3	1	14	1	8	1
60+	10	11	5	8	7	3	18	2	8	1

Table 30 - Language use and sources of information for cures and treatments

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
English	4	2	2	3	2	10	10	1	1	0
Samoaan	7	7	1	0	2	2	16	1	11	0
Both	28	21	13	21	16	16	41	5	16	2

Table 31 - Country of birth and sources of information for cures and treatments

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
New Zealand	18	8	5	9	4	17	24	3	5	0
Samoa	21	22	11	14	16	11	42	4	23	2

Table 32 - Level of education and sources of information for cures and treatments

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Primary level	10	6	3	6	4	3	10	3	5	1
Secondary level	13	6	2	8	8	7	24	1	10	0
Trades level	10	10	4	8	4	5	13	1	8	1
Tertiary level	6	8	7	2	4	13	20	2	5	0

Table 33 - Gender of respondents who did not consult the doctor for cures and treatment

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	5	1	2	2	2	4	0	3	2	0
Male	3	0	0	1	1	1	0	0	3	0

Table 34 - Age group of respondents and sources of information for medication and its side effects

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
20-29	5	7	3	3	6	15	19	1	1	0
30-39	1	5	2	2	2	5	7	0	2	0
40-49	3	7	2	1	6	5	10	0	2	0
50-59	4	8	1	1	5	1	14	1	5	0
60+	7	12	6	4	9	5	18	2	8	2

Table 35 - Gender of respondents who did not visit the doctor for information on medication and its side effects

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Female	2	3	0	1	4	5	0	0	0	0
Male	1	1	0	1	0	3	0	0	1	0

Table 36 - Language use and sources of information for medication and its side effects

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
English	0	3	2	0	4	10	7	1	0	0
Samoaan	4	8	1	0	4	2	17	0	9	0
Both	16	21	13	21	16	16	41	5	16	2

Table 37 - Level of education and sources of information for medication and its side effects

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
Primary level	8	9	2	3	6	2	12	2	4	2
Secondary level	5	11	1	4	9	9	23	1	7	0
Trades level	5	10	5	3	7	6	14	0	4	0
Tertiary level	2	9	6	1	6	14	19	1	3	0

Table 38 - Country of birth and sources of information on medication and its side effects

	Family	Nurse	Written	Friend	Chemist	Internet	Doctor	Plunket	Fofo Samoa	Other
New Zealand	8	13	3	5	8	17	24	1	1	0
Samoa	12	26	11	6	19	14	43	3	17	2

Table 39 - Country of birth of respondents who do not use sources for health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
New Zealand	4	7	12	7	8	0	0	18	16
Samoa	10	10	21	13	17	28	3	35	15

Table 40 - Level of education and sources that respondents do not use for health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
Primary level	1	2	8	3	3	11	1	10	3
Secondary level	6	7	13	7	8	11	2	17	12
Trades level	1	1	6	1	6	3	0	10	4
Tertiary level	6	7	7	9	8	4	1	17	13
Total	14	17	34	20	25	29	4	54	32

Table 41 – Language use by respondents who do not use sources for health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
English	3	4	3	3	5	0	1	8	6
Samoaan	4	4	11	6	8	13	1	14	6
Both	7	9	20	11	12	16	2	32	20
Other	0	0	1	0	1	0	0	1	0
Total	14	17	35	20	26	29	4	55	32

Table 42 - Country of birth of respondents who are always satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
New Zealand	6	8	7	2	3	14	20	0	0
Samoa	16	16	8	8	14	5	29	4	11

Table 43 - Age group of respondents who are always satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
20-29	2	6	7	0	2	11	14	0	0
30-29	4	2	1	1	1	2	4	0	1
40-49	4	3	2	3	1	4	10	1	2
50-59	4	7	3	1	6	1	9	1	2
60+	8	6	2	5	7	1	12	2	6

Table 44 - Level of education of respondents who are always satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
Primary	8	5	2	5	4	2	9	1	6
Secondary	7	10	5	4	6	6	22	2	5
Trades	6	6	4	1	4	4	9	1	0
Tertiary	1	3	4	0	3	7	9	0	0

Table 45 - Gender of respondents who are always happy with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
Female	13	18	11	7	12	15	35	3	4
Male	9	6	4	3	5	4	14	1	7

Table 46 - Gender of respondents who were never satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
Female	6	4	7	9	7	8	0	9	10
Male	0	2	3	2	1	2	1	0	0

Table 47 - Country of birth of respondents who were never satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
New Zealand	3	2	5	6	6	8	0	8	5
Samoa	3	4	5	4	2	2	1	1	5

Table 48 - Age group of respondents who were never satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
20-29	2	2	3	6	3	5	0	4	3
30-29	0	0	2	0	1	2	0	3	2
40-49	2	2	3	2	4	2	0	2	3
50-59	0	0	0	1	0	0	0	0	0
60+	2	2	2	2	0	1	1	0	2

Table 49 - Level of education of respondents who were never satisfied with sources of health information

	Family	Nurse	Written Resources	Friends	Chemist	Internet	Doctor	Plunket	Fofo Samoa
Primary	2	1	1	1	1	0	1	1	2
Secondary	1	2	5	7	4	5	0	4	4
Trades	0	1	1	1	1	2	0	1	1
Tertiary	3	2	3	2	2	3	0	3	3

Table 50 - Importance of access by respondents who also indicated that it is very important to access health information in plain English

	Very important	Important	Not important
Illustrations	44	10	5
Online groups	32	16	11
Samoa groups	33	18	8
Samoa info from doctor	37	12	10
Samoa info online	31	16	12
Samoa info at hospitals	37	17	5

Table 51 - Level of education and access to health information in plain English

	Very important	Fairly important	Not important
Primary	9	3	0
Secondary	21	5	2
Trades	11	2	0
Tertiary	18	3	0

Table 52 - Language use and access to health information in plain English

	Very important	Fairly important	Not important
English	11	0	0
Samoan	13	4	0
Both	35	9	2

Table 53 - Importance of access by respondents who also indicated that it is very important to access health information with illustrations

	Very important	Important	Not important
Plain English	44	6	1
Online groups	35	13	3
Samoan groups	38	11	2
Samoan info from doctor	37	10	4
Samoan info online	32	12	7
Samoan info at hospitals	40	10	1

Table 54 - Importance of access by respondents who also indicated that it is very important to access health information via online groups

	Very important	Important	Not important
Plain English	32	4	1
With illustrations	35	2	0
Samoan groups	32	5	0
Samoan info from doctor	34	3	0
Samoan info online	32	4	1
Samoan info at hospitals	33	4	0

Table 55 - Country of birth of respondents who indicated that it is very important to access health information via online group participation

	Very important	Fairly important	Not important
New Zealand	6	11	11
Samoa	30	10	5
Other	1	0	0

Table 56 - Importance of access by respondents who also indicated that it is very important to access health information via Samoan community groups

	Very important	Important	Not important
Plain English	33	5	1
With illustrations	38	1	0
Online groups	32	6	1
Samoan info from doctor	33	5	1
Samoan info online	31	6	2
Samoan info at hospitals	35	4	0

Table 57 - Importance of access by respondents who also indicated that it is very important to access health information in Samoan at the doctor

	Very important	Important	Not important
Plain English	37	5	0
With illustrations	37	4	1
Online group	34	4	4
Samoan group	33	8	1
Samoan info online	33	9	1
Samoan info at hospitals	37	5	0

Table 58 - Level of education and importance of access to health information in Samoan at the doctor

	Very important	Fairly important	Not important
Primary	13	0	0
Secondary	16	9	3
Trades	9	2	2
Tertiary	5	7	9

Table 59 - Language use and the importance of access to health information in Samoan at the doctor

	Very important	Fairly important	Not important
English	3	2	6
Samoan	14	3	0
Both	26	13	8

Table 60 - Country of birth and importance of access to health information in Samoan at the doctor

	Very important	Fairly important	Not important
New Zealand	9	7	12
Samoa	33	11	2
Other	1	0	0

Table 61 - Importance of access by respondents who also indicated that it is very important to access health information in Samoan on the internet

	Very important	Important	Not important
Plain English	31	3	1
With illustrations	32	2	1
Online group	32	2	1
Samoan group	31	3	1
Samoan info from doctor	33	3	0
Samoan info at hospitals	34	1	0

Table 62 - Importance of access by respondents who also indicated that it is very important to access health information in Samoan at hospitals

	Very important	Important	Not important
Plain English	37	6	1
With illustrations	40	3	1
Online group	33	8	3
Samoan group	35	8	1
Samoan info from doctor	37	6	1
Samoan info online	34	7	3

Table 63 - Gender of respondents and barriers to health information

	Female	Male
Understanding health information	18	12
Reading health language	10	8
Finding health information	19	8
Finding Samoan health information	17	9
Not comfortable discussing	18	10
No more information	7	5

Table 64 - Age of respondents and barriers to health information

	Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
20-29	10	5	11	5	7	5
30-39	2	2	2	3	3	3
40-49	6	2	4	3	4	3
50-59	3	3	4	7	5	0
60+	9	6	6	8	9	1

Table 65 - Education level of respondents and barriers to health information

	Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
Primary	8	3	3	6	5	3
Secondary	11	3	11	8	14	6
Trades	5	7	4	6	5	1
Tertiary	6	5	9	6	4	2

Table 66 - Other barriers faced by all respondents who indicated that they have difficulty reading health language

Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
13	14	15	14	3

Table 67 - Country of birth and barriers to health information

	New Zealand	Samoa
Understanding health information	11	18
Reading health language	7	11
Finding health information	14	12
Finding Samoan health information	7	18
Not comfortable discussing	9	19
No more information	7	5

Table 68 - Language use and barriers to health information

	English	Samoa	Both
Understanding health information	5	6	19
Reading health language	4	2	12
Finding health information	6	3	18
Finding Samoan health information	1	7	18
Not comfortable discussing	0	8	20
No more information	2	3	7

Table 69 - Other barriers faced by all respondents who indicated that they are not comfortable talking to others about their health

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	No more information
14	8	13	13	1

Table 70 - Other barriers faced by all respondents who indicated that they cannot find the information that they are looking for

Understanding health information	Reading health language	Finding Samoan health information	Not comfortable discussing	No more information
14	10	10	7	3

Table 71 - Other barriers faced by all respondents who indicated that they could not find health information in Samoan

Understanding health information	Reading health language	Finding health information	Not comfortable discussing	No more information
15	8	10	13	2

Table 72 - Other barriers faced by all respondents who indicated that they have difficulty reading health information

Understanding health information	Finding health information	Finding Samoan health information	Not comfortable discussing	No more information
13	10	8	8	1

Table 73 - Other barriers faced by all respondents who indicated that they do not want any more information

Understanding health information	Reading health language	Finding health information	Finding Samoan health information	Not comfortable discussing
3	1	3	2	1

Appendix D

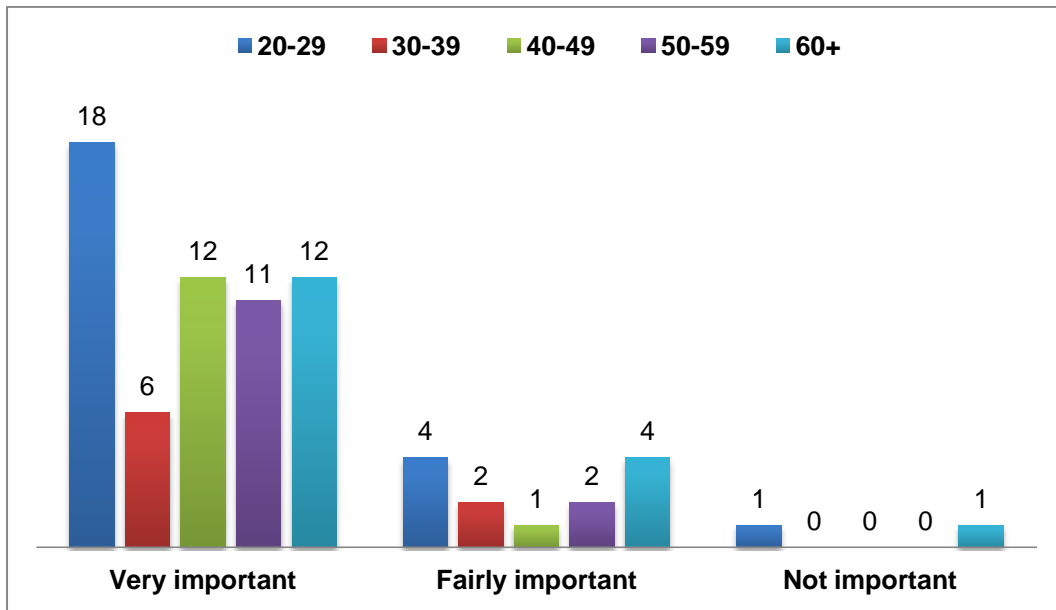


Chart 1 - Age group of respondents who indicated the importance of health information in plain English

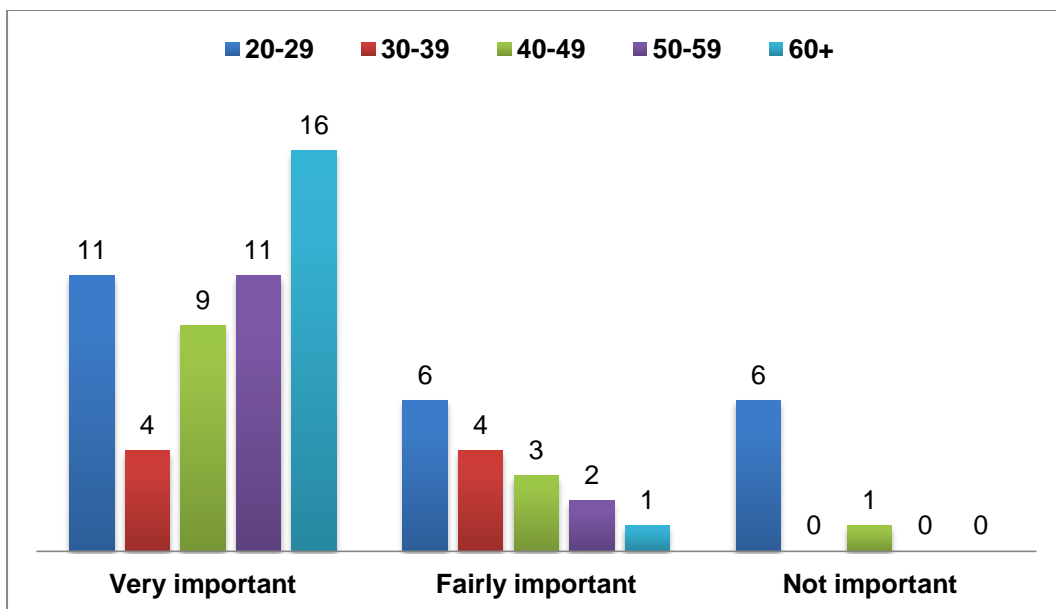


Chart 2 - Age group of respondents who indicated importance of health information with illustrations

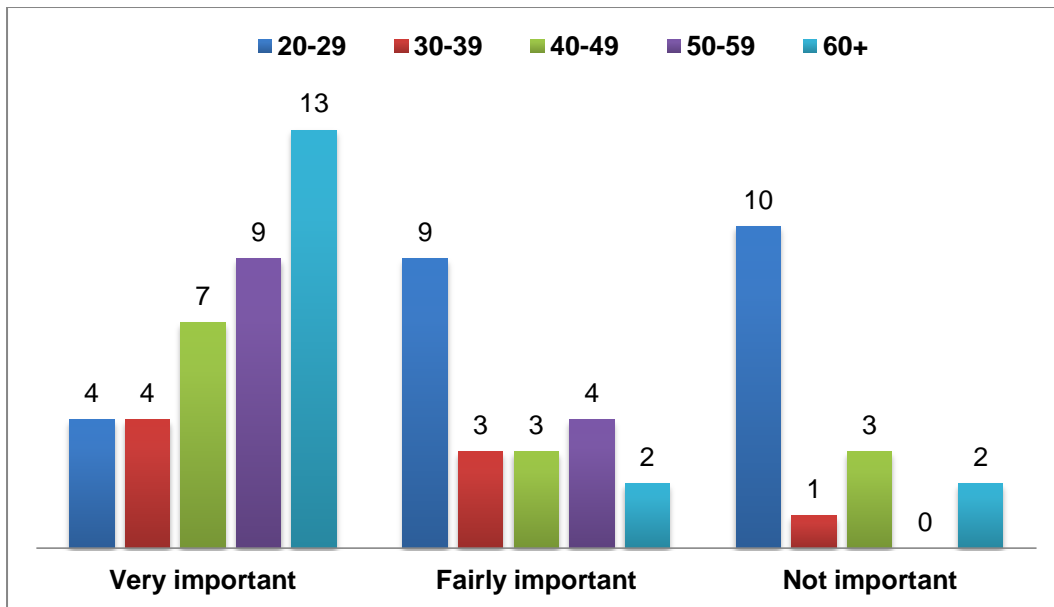


Chart 3 - Age group of respondents and the importance of health information through online group participation

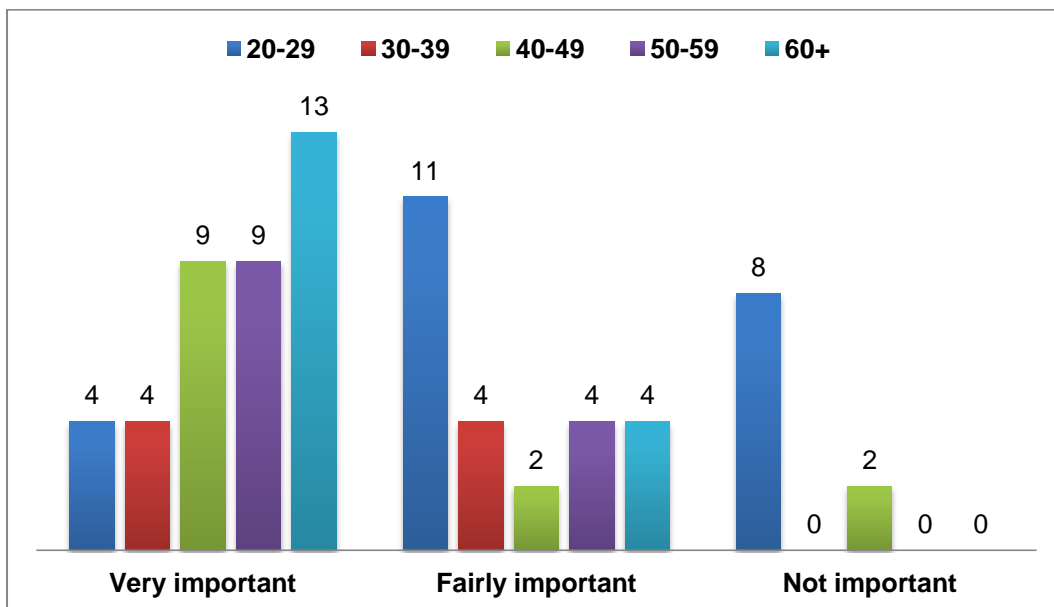


Chart 4 - Age group of respondents and the importance of health information through community group participation

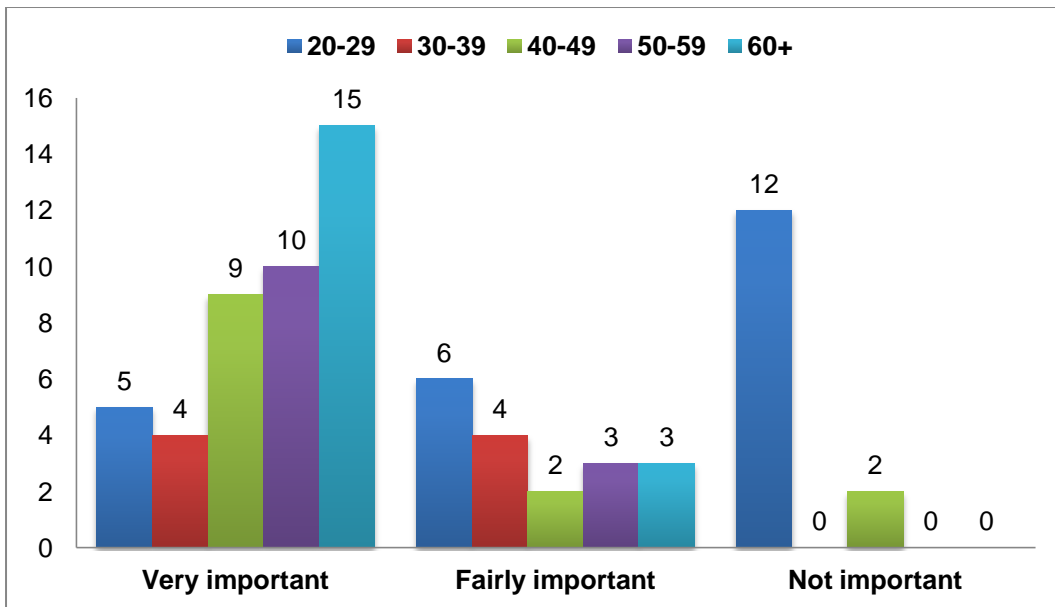


Chart 5 - Age group of respondents who indicated the importance of health information in Samoan at the doctor

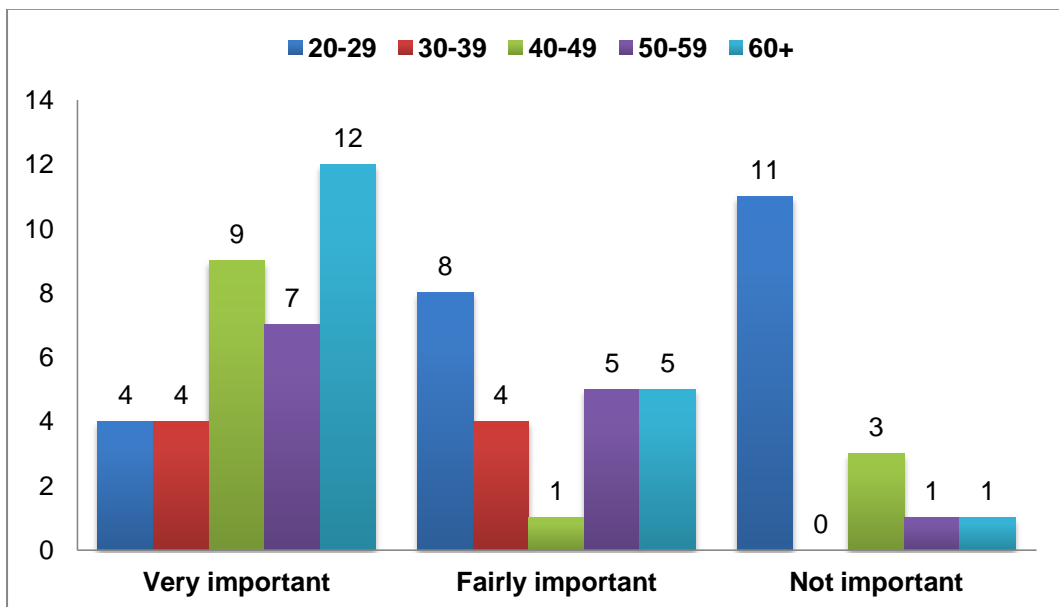


Chart 6 - Age group of respondents who indicated the importance of health information in Samoan online

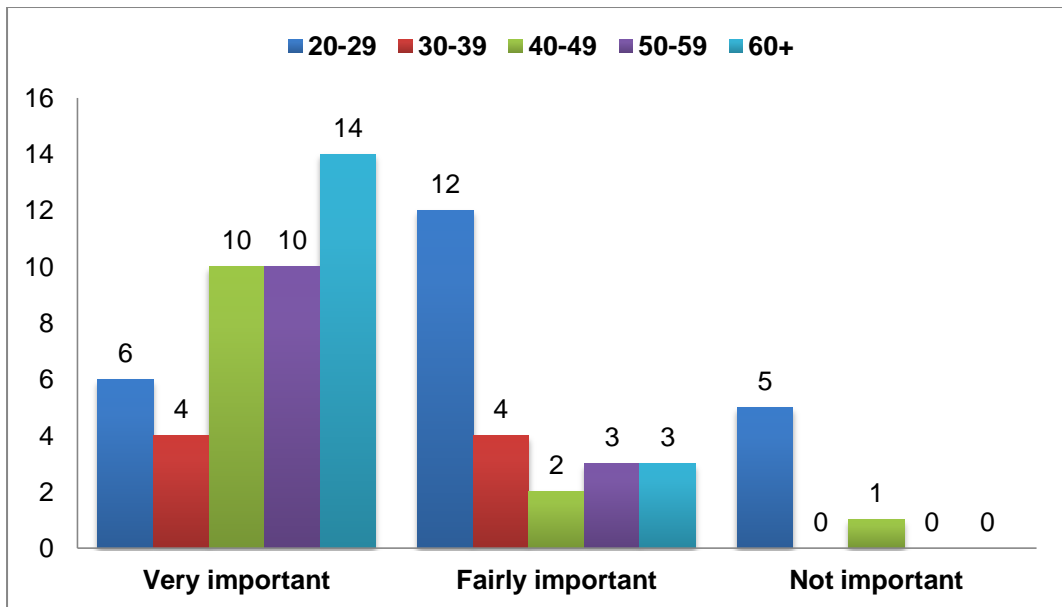


Chart 7 - Age group of respondents who indicated the importance of health information in Samoan at hospitals