PUHIMOANA ARIKI COLLECTIVE

National Bowel Screening Programme

Qualitative Research | Insights Report

31 March 2022

Acknowledgements

Tuia i runga, tuia i raro
Tuia i roto, tuia i waho
Tuia te pūrangiahotanga o ngā ahurea
E puta atu ai tātou ki te wheiao
Ki te ao mārama!

Mokori anō ka mihia te kaupapa e here nei
i a tātou, me tōna mana, tōna ihi, tōna tapu, tōna whakahirahira e kimi ai i te huarahi hai whakahaumanu i te tangata i te mate whēkau, tēnei ka mihi!
Ka rere te au o mihi ki ngā reo, ki ngā pātaka kōrero i whai wāhi mai ki tēnei rangahau e rangatira ake ai ngā hua ō roto, e whakamana hoki ai ngā rautaki me ngā huarahi hai takahitanga kia eke ai te kaupapa, kia eke ai ngā wawata e ora rangatira ai te tangata! Mei kore ake ngā kōrero rētō, ngā whakaaro nui me ngā wheakoranga kua kore te kaupapa me tōna kounga e eke e mārama kehokeho ai tātou ki tōna hirahiratanga ki te hauora o te tangata, nō reira kai ngā iwi, kai ngā ahurea Māori mai, Pasifika mai, tēnei te kupu whakamānawa e koromiomio nei, tēnei te tuku o te kauanuanu e pūkairongo atu nei,
Kai aku rangatira, tēnā koutou, tēna koutou, tēna koutou katoa.

E felelei manu ae ma'au i o latou ofaga
Birds migrate to environments where they survive and thrive.

This Samoan proverb refers to the migration of birds to habitats that allow them to survive and thrive. Their migrations require them to adapt to new surroundings. In the same way, our forefathers from Pacific nations journeyed in search of knowledge, prosperity, and growth. We acknowledge that while we have come to Aotearoa in the search of better outcomes, there continues to be challenges. We are hopeful that this work contributes to improved health outcomes for Pacific people. We hold on to both the privilege and responsibility that comes with serving our anau, fanau, aiga and communities.

We wish to extend our deep and sincere thanks and gratitude to everyone who has warmly and openly shared their knowledge, experiences, and stories with us. We acknowledge and sincerely thank you.

Contents

Background

With more than 1200 deaths a year, New Zealand has one of the highest rates of colorectal cancer in the world. Bowel screening is a proven intervention that detects cancer early and leads to better health outcomes and immeasurable social and economic benefits. The National Bowel Screening Programme (NBSP) is New Zealand's first cancer screening programme for both men and women. The NBSP is expected to be fully implemented nationwide during 2022. This means the programme will be offered across New Zealand and accessible to around 835,00 eligible New Zealanders aged 60 to 74.

In the first few years of the bowel screening programme, it is predicted that 500-700 cancers will be detected each year and thousands of pre-cancerous polyps removed. As the programme has been progressively implemented, DHBs have run their own local promotional campaigns.

The Ministry of Health wants to run a national multimedia campaign to raise awareness about bowel cancer and encourage participation in New Zealand's newest screening programme. The national campaign will complement and enhance the comprehensive work already underway locally and regionally and tap into the insights and learnings from kaimahi.

Campaign objective

Raise awareness of bowel screening, specifically to encourage eligible Māori and Pacific audiences including people with disabilities to participate in the NBSP and take part in bowel screening every two years.

Long term/Behaviour change goals

- Contribute to an increase in participation rates in the bowel screening programme for Māori and Pacific populations.
- Longer-term, contribute to a reduction in disease and deaths from bowel cancer.

Purpose of primary research

- The purpose of this research was to engage a sample of our audience directly to provide a deeper understanding of how they think, feel, and behave in relation to the campaign objective.
- By doing so, we will combine this knowledge with other information gathered to develop insights that can then be used to develop strategy.

Research methodology

This research/engagement is underpinned by Kaupapa Māori theory. This ensures:

- A theoretical space that provides a platform to validate Māori knowledge which also informs how to engage with Māori appropriately.
- Is a power sharing model where both researcher and participant are a part of the research process and development.
- A space for whānau, hapū and iwi ways of knowing and being.
- A space for other indigenous forms of knowledge and being.

(Bishop & Glynn, 1999; Smith, 1999; Smith, 2012; Walker, Eketone, & Gibbs, 2006)

Method

Our usual and preferred method of undertaking this type of qualitative research is face-to-face and in small groups of 6-8 people (with 1 or 2 facilitators). However, due to the current nationwide Omicron red light setting, individual interviews were conducted for this mahi using digital channels only (e.g., Zoom/Teams/Facetime/telephone etc).

We used a narrative inquiry approach through the methods of wānanga and talanoa (interviews).

- **Wānanga** - Indigenous notion of knowledge sharing through Māori narrative and story-telling which helps us to better understand the experiences of our lives as Māori *(Smith, Pihama, Cameron, Mataki, Morgan, & Te Nana, 2019)*.

- **Talanoa** - An exchange of ideas or thinking which allows people to engage in social conversation which may lead to critical discussions or knowledge creation that allows rich contextual and interrelated co constructed stories *(Vaioleti, 2006)*.

Interviews were held between a facilitator and one key participant. Given the demographic, they were invited to attend with a support person or two, who either supported them with technical advice or providing a whānau perspective. Interviews were between 30mins to 60mins in length and were undertaken in a three week period in February 2022.

Principles of engagement

Given Māori and Pacific are priority audiences for this work, it is important to acknowledge that kōrero shared by participants is embedded with the tapu of that person. This needs to be respected when their words are combined with the words from others.

Puhimoana Ariki Collective is a Māori and Pacific rōpū and when we conducted our research/ engagement we applied our values and ways of working:

- Kōtua – Respect
- Aroha atu, aroha mai – Reciprocity
- Whakapono – Trust
- Manaakitanga – Care
- Aroha – Compassion
- Whanaungatanga – Unity
- Haumaru – Safety

Common cultural Pacific values that we also acknowledge are:

- Family
- Collectivism and communitarianism
- Spirituality
- Reciprocity
- Respect

These values will not only guide the way we engage, but also how we treat their information and share it beyond our wānanga and talanoa.

Participants

Priority populations for the screening programme have been identified as Māori, Pacific and disabled people aged 50 years and older. We have looked at this group and have given priority to those people who can provide perspectives from:

- Those who have participated in screening.
- Those who have not participated in screening.
- Urban and rural based communities.
- Māori who are actively connected and engaged to their iwi/hapū.
- Māori who are not actively involved or connected to their iwi/hapū.
- Samoan people, typically traditionalists who are strong in their language and cultural identity.
- Tongan people, typically traditionalists who are strong in their language and cultural identity.
- Māori and Pacific people who identify as having a disability (sensory and physical).

Interview numbers

We interviewed a total of 51 participants: 20 who identified as **Māori** and 31 who identified as Pacific.

	Screened	Unscreened
Māori	8	12
Tongan	6	6
Samoan	7	9
Cook Islands	1	2
	22	**29**

Māori

- 11 females, 9 males
- Age range between 50-74 years
- 3 who identified as having a disability: hearing impaired (from birth), dementia, arthritis and obesity
- Participant locations included: Tamaki Makaurau, Waikato, Waiariki, Mataatua, Tairawhiti, Heretaunga, Te Whanganui-a-Tara, Te Waipounamu.

Tongan

- 4 females, 8 males
- 2 participants aged 50-60 years, remaining were over 60 years
- 2 who identified as having a disability: vision impairment, physical disability (used crutches).

Samoan

- 5 females, 11 males
- 3 participants aged 50-60 years, remaining were over 60 years
- 2 who identified as having a disability: epilepsy, physical disability (amputation).

Cook Islands

- 2 females, 1 males
- All participants over 60 years.
- 1 who identified as having a disability

Participant recruitment

All recruitment was led by Puhimoana Ariki Collective who activated their networks and connected communities. Auckland and Counties Manukau DHB were engaged to support with recruitment of Tongan participants that had completed screening.

Analysis of insights

We took a thematic approach to analyse the insights, looking for key themes and patterns and noting differences. Quotes have been included to illustrate key themes. The following are the discoveries and findings from the insights wānanga and talanoa held in February 2022.

DISCOVERIES
DISCUSSION: MĀORI

PERCEPTIONS OF HEALTH/ HAUORA

The perceptions and experiences of the participants around health and wellbeing is important in the context of bowel screening as it gives an insight into their values and motivations.

Findings

Strong emphasis on holistic health and wellbeing including importance of both western and alternative medicine. Also discussed the importance of Te Ao Māori to ensuring wellbeing:

Hauora to me is holistic wellbeing in all the areas of Te Whare Tapa Wha – having a balance of food, exercise etc not to say everything is perfect but ensuring my family are well physically, mentally, spiritually we are in tune with one another as a whanau too.

Hauora comprises of many parts' mental, physical, and spiritual – holistic wellbeing means we need to be well balanced to keep ourselves healthy we do this by keeping connected to the forces of nature and Māori spirituality – connectedness to the world and connectedness to others try to eat healthy and drink less – it's about balance – being conscious.

We get on with living and doing our thing – don't go to the doctors much only, when necessary, prefer more alternative approaches.

Understand the importance of preventative health measures:

Health is important and more so when you get older – I have become more cautious I am more about moderation when I look at stats for me as a Māori man it doesn't look good – therefore I make sure I attend all my doctor's appointments

I go to the clinic every 6 months as my prostate was a concern – I keep all up to date with everything I need to stay healthy.

I have a pre-existing medical condition so I keep on top of my health by regular visits to the doctors and the hospital.

Role models for their tamariki/mokopuna and whānau – They know to be able to be there for their whānau, they must first look after themselves:

Keep myself healthy for the mokopuna – keep up to date with my appointments

We all want to be healthy and be here for future generations for our mokos – we exercise and have healthy eating habits – so they know what they need to be able to participate fully and it is a part of their lifestyle.

Experience of inconsistent standards of care within the health system:

- Positive at GP level due to being at a Māori provider or having a consistent doctor that they have known for many years
- Varying experience at hospital or specialist level with issues raised around access, availability of appointments and not understanding tikanga and Te Ao Māori
- Are strong advocates for what they need and want and are demanding of the health system

I've had positive experiences with my GP we have a good relationship she's been my GP for 20 years. I go to a Māori hauora, we know each other's whānau, she is always running late because she spends quality time with each patient.

Access sometimes has been an issue especially with counselling – not able to see someone, then they just read the file, stereotyped, and didn't really find out about me.

No issues with health system just trying to get appointments can be an issue can't get appointments in the same week.

I had a sick niece in hospital the wnanaau and community came to the hospital to support – The doctor was being brash and intolerant but as a Māori community they were simply doing what they would usually do to support the whānau.

Never had a problem for advocating for myself of my mum because of my confidence I ask a lot of questions but know this can be an issue for wnanau who are not as confident.

Summary

The participants knew the importance of health and wellbeing for them as individuals and for their whānau. They expressed that being a good role model for their whānau was important which meant looking after themselves so they could be there for the future generations. Wellbeing included total wellness physical, emotional, mental, and spiritual and was embedded in living and being Māori, which included connectedness to people, places, and things.

Experiences of the health system in general were positive due to their confidence and ability to express and advocate what is needed for themselves. They were also very proactive in finding out more information about their health and would ask questions to their health professionals or would have discussions with trusted experts or knowledgeable whānau.

DISCOVERIES
DISCUSSION: MĀORI

PERCEPTIONS OF CANCER AND IN PARTICULAR BOWEL CANCER

Knowing and understanding the perceptions of cancer and in particular bowel cancer was vital to identifying discussion points for the conversations with the participants and to give background context for their insights.

Findings

All participants understood the seriousness of cancer including bowel cancer:

I've had many whānau members die of cancer and I am hugely aware of needing to look after oneself.

It can happen to anyone, anytime, prevention is best – find out early then we are more likely to live.

Had whānau die of cancer father, sister, and stepbrother, you start to think that it's inevitable that I'm next.

All participants knew someone who was a survivor of or who had died from cancer and the impacts this had on the individual and whānau this included many having whānau members or people they knew who were diagnosed with bowel cancer:

I have had breast cancer and a friend of mine was diagnosed at same time I also knew a mate at 31 who got bowel cancer was whakamā didn't talk about it.

My father and aunty died of bowel cancer, but it was never talked about until I asked.

I know it's a common cancer – know a couple of people who died from it these are young people too, but they were too embarrassed to go to the doctor.

My grandfather died of bowel cancer when I was a child it was traumatic to see what it does to someone and his life – more recently a relation a young woman relatively healthy – got stage 3 bowel cancer, has a colostomy bag – spoke of extreme pain.

Limited knowledge about the bowel screening process until the pack came in the mail or for those who were not of bowel screening age until it was discussed in the interviews:

Became a real thing after I became a participant in the screening process – didn't think about it before – didn't hear about it until I got the screening kit in the mail with the random letter about bowel cancer.

Didn't know much about it until the brochure arrived in the mail. I heard a little from tv and know it's quite prevalent in N.Z – think it's more serious than people know or think. I also know that it does not just affect old people.

Don't know much about bowel cancer I've heard of people that had it and they have bags know its prevalent so I will be screened when it's my time.

I don't recall seeing any media – know it's serious but no one really talks about it.

Don't know about screening process.

Summary

All the participants understood the seriousness of cancer and for many this included bowel cancer. All participants knew someone who had been diagnosed with cancer or who had died from cancer so were aware of its impact. Many of the participants had whānau members die of bowel cancer but it was not really talked about. This meant that there was some fear expressed about having cancer which was believed to be fatalistic in nature through their experiences.

Participants did not really discuss symptoms but were aware that many people who are diagnosed with bowel cancer may have some of their bowel removed and may have to have a colostomy bag.

Those that had been screened had a good understanding of the screening process but only after they had received the pack in the mail. Those who had not yet received the pack in the mail only knew about what was involved in the screening process after discussions during the interview. Many did not realise that this was an at home testing kit.

DISCOVERIES
DISCUSSION: MĀORI

THE BOWEL SCREENING EXPERIENCE

Understanding what participants know about bowel screening helps us to identify how this might affect their intention to get screened.

Findings

Most didn't know the process or what to expect until the pack arrived:

I didn't know much about it until the brochure arrived in the mail.

I didn't hear about it until I got the screening kit in the mail – random letter about bowel cancer.

Process and instructions were clear and easy to follow:

Simple screening process – comes in the mail/ straight forward instructions –can see how some people may need some help with it and may want someone to talk to about it.

Take home test simple and non-intrusive – quick with results.

Screening info clear but pictures would be better – the process can be quite difficult with at home kits need to be culturally and age appropriate and easy to understand / need support with the process.

Yeah, I thought the explanation was pretty good my biggest issue with it was the size of the sample tube I didn't have any comprehension issues. Less than a week the results came back but it wasn't a big deal.

The information that I received was clear for me to understand. However, most people don't read words they would rather have pictures or diagrams.

Was straightforward but maybe for some people they will need some help and need some prompting to help understand.

Cultural implications. Although the screening process includes a tapu area of the body and excrement all participants were comfortable with the home kit screening process and for health reasons was something that just needed to be done even if uncomfortable. They did however mention that it could be a challenge for some:

Because you do it at your own house you don't have to feel whakamā it's something that could save your life.

I think it's preferable and less intrusive doing it in the privacy of your own home. Rather than going down to the doctor's surgery where they must hand you the bottle.

Doing it myself is way easier, and you know you feel whakamā about that stuff. When there is someone that does it. I go and get my cervical screening I still hate it.

Summary

Many were unaware of the screening process until the pack arrived or until the process was discussed further in the interview. For those that were unscreened after being explained the process they identified that they would take the test when it was their turn.

All found the instructions and process easy to follow but gave some feedback on how it could be made easier for others using diagrams or pictures. Those who had been screened could easily recall the steps involved in the screening process. They also thought that some additional help and support may be needed from a health care worker to talk through the process and/or instructions and to respond to any questions or fears.

DISCOVERIES
DISCUSSION: MĀORI

BARRIERS

Identifying barriers or potential barriers to bowel screening with participants is important as to be able to find out what stops them or could potentially stop them from being screened and why.

Findings

Lack of information/knowledge around bowel cancer and screening including low exposure to health media/bowel cancer media messages:

Don't know much about bowel cancer specifically – I think there are no symptoms

Feels like it's a male thing prevalent in Māori and pacific communities but not talked about

Don't know much about bowel cancer do know there is a way to detect it before it gets serious – and that it is free after a certain age I know friends and whānau who have had it

Not much campaigning around bowel screening I get my information from my doctor

I heard about bowel screening a lot in Australia as there was a big push there for screening doesn't seem to be the same here

Have heard about it through other outlets on tv but can't specify

Fear of the unknown and fear of getting cancer:

Fear of not getting to it early enough – a lot of us have seen the pain that goes with cancer

Fear of the unknown some don't want to talk about it like my husband

Limited awareness and knowledge around the bowel screening process prior to the arrival of the home kit:

There is a lack of experience/knowledge about the process. More information needed around the home kits.

Not much known except big issue for Māori – became a real thing after I became a participant in the screening process – didn't think about it before – didn't hear about it until I got the screening kit in the mail – random letter about bowel cancer.

Summary

Lack of education and knowledge about bowel cancer, bowel cancer screening or the programme was the biggest barrier identified. Although many knew people who were diagnosed or died of bowel cancer, many did not know much about bowel cancer or the screening process until they were sent the pack in the mail. Those who had not been screened were curious and interested in the screening process. All agreed it was serious, however it was not something that was talked about freely. Some participants could identify hearing or reading something about bowel cancer but were unable to recall which channel this was from or how effective it was.

DISCOVERIES
DISCUSSION: MĀORI

MOTIVATIONS AND SOLUTIONS

The motivators and solutions identified by the participants give us important insights into their how participants believe we will be able to support more Māori in the bowel screening programme:

Findings

Testimonies needed from Real people sharing the real stories to raise awareness and to get people to start talking about it:

Use people from iwi hapū and sports people, people Māori can relate to People that we can look at and say, oh, well, that person is prepared to go and do it and there should be no reason why I can't do it.

Using champions who have authentic take on health messages – iwi leaders/ people who have the voice and ears of the people.

Need people to talk about their experiences about the self-administered tests – cup of tea moments at kaumatua fitness happen on the marae – we are all responsible the message of responsibility – having someone to share a message, a passion contributing positively to whānau, hapū and iwi – we need more champions.

Raising awareness through a whānau, marae, hapū iwi, community education approach:

Hui/wānanga with koeke at the marae, Māori community advocates/ holistic wellbeing around the whole body as a taonga/ clinical care wrapped up with wellbeing care or holistic care/ talk to whānau and support whānau who are not courageous.

Events around awareness at a regional and national level on a range of holistic health kaupapa and could have their tests done there also.

Take people from unwellness to wellbeing campaigns need to be centred around those connected communities of practice

Māori by Māori approach might respond better to Māori health professionals – Māori social influencers connecting people to the message and important who delivers it/ need appropriate Māori messaging and generational appropriate messaging

Summary

All participants agreed that more education, awareness, and information was needed. For Māori, by Māori whānau, marae, hapū, iwi and community approach was identified as what would be the most effective. Face to face dialogue and kōrero was the preferred channel with a positive emphasis on whānau and wellbeing. The participants want to hear the voices of those who have real stories and experiences to share. Needing champions who are knowledgeable, reputable, trusted, and credible to champion the campaign such as Māori health providers, iwi and whānau leaders.

MEDIA CHANNELS

To understand what channels are best suited for this demographic, participants were asked about how they find information and keep up to date with events in the community.

Findings

The following channels were discussed:

- Word of mouth or contact a trusted expert including health professionals who are whānau or a GP.
- Majority of participants watch TV particularly the news – they usually watch it on demand and skip the ads.
- Facebook is the most preferred social media platform with many participants using it to connect with whānau or stay up to date with community events or discussions on community or iwi/whānau pages.
- Newspapers and newsletters are used by a few of the participants.
- Radio is used but only when driving.
- Internet to find out more information regarding health matters.

DISCOVERIES
DISCUSSION: PACIFIC

PERCEPTIONS OF HEALTH/ HAUORA

The perceptions and experiences of the participants around health and wellbeing is important in the context of bowel screening as it gives an insight into their values and motivations.

Findings

Family and faith were recognised by many as an important part of health for themselves and their aiga/fanau/family:

Ko e mo'ui lelei ko me'a 'oku faka'otua – (Living well (or being healthy) is a Godly matter).

Talking to my wife and children. Good health starts from discussion. I feed them through discussion, and I also work to nurture them in ways other than physical. It's down to me what I have and know how to look after my body. I do the same to shape my family's health.

Ko e mo'ui lelei ko e mo'ui fiefia he lava e ngaahi fatongia ki he famili mo e siasi. 'A ia ko e mo'ui lelei e sino kae lava e ngaahi fatongia. (Good health is being happy when you accomplish your roles within the family and the church).

The importance of staying healthy to me, first to be happy. Second, being able to look after my family like a church community because there are more people there, and you will find a lot of open-minded people there.

While faith and spirituality were important, many also made comments in relation to physical health, specifically nutrition and physical activity:

Ko e mo'ui lelei ko e 'ikai ha to mahaki tauhi. Ko 'ete 'ataa mei he ngaahi mahaki kehekehe ke mo'ui lelei e sino – (Being healthy is free from having any chronic illness. When you're free from other illnesses you have a healthy body).

It's the food if we have less oil and fat in our food, we will have healthy lives, and to make sure we have a lot of vegetables in our meals.

O le tausiga ole soifua maloloina ole aiga, ole tausami i meai e tatau na tausami ai. Ma ia tatau na fai le faamalosi tino. (I keep my family safe by healthy eating. It's important because we know what foods are good for us, exercise is another way to keep a family healthy).

'Oua 'e puke, kai e me'akai lelei mo fakatupu mo'ui lelei. (Not getting sick, eating good and healthy food).

Participants indicated a high level of trust in both the health system and the medical professionals they engage with:

'Oku ou toketa ki he toketaa Tonga pea 'oku fakafiemalie 'ene ngaue kotoa 'oku fakahoko he ko e me'a 'oku ou fiema'u meiate ia 'oku ne fakamatala faka'auliliki mai kiate au. (My doctor is a Tongan doctor, and I am happy with everything that he does for me and of my health needs and explains things thoroughly to me).

A faalogo atu e mai, e tatau na o e vaai le fomai. (When I don't feel well, I visit the doctor).

If you're sick you go so that you get medicine. So, you need to go to the doctor so that they can prescribe you medicine

'Oku 'ikai ha taimi ia teu loto mamahi ai ki he ngaue 'a e kau toketaa. Ko e fuoloa pe tatali 'oku fa'a palopalema. (There's never been a time that I am not happy with the doctor's service, it's the waiting time that is the problem).

E taua lava le soifua maloloina ia te au, ma ia faalogo i faatonuga a fomai. (The importance of good health to me is following the doctor's advice).

Summary

Participants acknowledged their health and wellbeing in relation to that of their family. There was a significant leaning towards physical health especially the role of diet, exercise, and regular check-ups with the doctors.

Faith and community were also an important part of health and wellbeing. Statements made indicated a high level of trust in the health system and medical professionals.

DISCOVERIES
DISCUSSION: PACIFIC

PERCEPTIONS OF CANCER AND IN PARTICULAR BOWEL CANCER

Knowing and understanding perceptions of cancer and in particular bowel cancer is vital to identify discussion points for conversations with participants and to give background context for their insights.

Findings

All participants were aware of cancer and tended to view it as a serious condition. For some, their perspective on cancer was very morbid and fatalistic:

Ko e mahino kia au 'a e kanisaa ko e founga vave ia ki he 'etau hiki atu mei he mamani ko eni. 'Oku fu'u ta'efaka'atu'i 'aupito 'ene ala mai ki hotau sino. (I understand that cancer can be a quick killer. Its nature is very inconsiderate/aggressive in how it impacts our body).

Oute le malamalama, pau lava lou iloa ole mai lea ole Kanesa e malilu ai. (I don't really understand it. All I know is that Cancer kills).

Ko e mahaki 'oku lahi mo vivili ange 'ene mamahi 'i ha toe me'a. (It's a type of illness that impacts many and is more painful than any other).

In line with this view, participants typically expressed sadness or fear when talking about cancer:

'Oku lahi e manavahee he fanongo ki he fo'i lea kanisaa. (The word cancer raises fear in those that hear it).

'Uluaki pe 'i he ongo kiate au ko 'ete ma'u pe fa'ahinga mahaki ko eni 'oku 'ikai ha toe fa'ahinga 'amanaki ki ha toe hoko atu e mo'ui. Ko e me'a pe 'oku mahino kiate au ko 'ete ma'u pe mahaki ko eni 'oku meimei peseti 'e valungofulu pe hinvangofulu e mahino ia ko e ngata'anga ia e mo'ui. (When I was first told I have this disease, I felt I had little hope in living much longer. What I do understand, is if you are diagnosed with this disease, you have an 80 – 90 per cent chance of dying).

There was also a high level of personal connection to cancer. Many of the participants noting family or community members who had passed because of cancer (note, the type of cancer was not disclosed in talanoa):

You see this illness; a lot of people are not aware of. But it is serious, and I know a lot of people have passed away from this illness.

Ko 'eku tangata'eiki 'i Tonga ne mate he kanisa. Ka ne 'ikai talamai ia ke mau 'ilo ko e kanisa. Ka 'i he mahino kiate au e kanisaa he taimi ni 'oku hange ia ha me'a 'oku fakailifia. (My father died from cancer in Tonga. He didn't tell us it was cancer. However, for me now cancer is something that is very scary).

Overall, participants had limited knowledge about bowel cancer:

Na'e 'ikai ha'a ku fu'u 'ilo ki ai. Na'a ku fanongo talanoa pe he taimi ko ee 'i Tonga na'e ui ko e pala ngakau. (I don't know much about it. I used to hear stories back in Tonga that it is when the intestine has blisters/sores).

I don't have much knowledge about this disease. The first time I heard of it was a lady on the radio talking about cancer of the large intestine, but the truth is, I have no knowledge about this type of cancer and how it works.

Ko e kanisa ki he ngakau (bowel). 'Ikai ke fu'u lahi e 'ilo ki ai. (Bowel cancer, I don't know much about it).

Oute iloa le Kanesa ole Laualo, ae leai sou malamalama loloto iai, oute lei vaai foi ni faamatalaga ma ua leai nisi ole matou aiga e maua ai. (I just know cancer in the bowel but nothing to deep meaning into it, nothing I've come across or none of my family have had it).

Knowledge of bowel screening was also very limited, especially for those that were unscreened:

Te'eki keu fanongo ai au pea 'oku te'eki keu fai 'e au ha fa'ahinga sivi fekau'aki mo e mahaki ko ia. (I haven't heard of it, and I haven't had any type of test for this disease.)

DISCOVERIES
DISCUSSION: PACIFIC

PERCEPTIONS OF CANCER AND IN PARTICULAR BOWEL CANCER (CONTINUED)

Findings

Knowledge of bowel screening was also very limited, especially for those that were unscreened (continued):

This is the first time I have heard of cancer of the bowel when you mentioned it on the radio.

No one has explained to me that this cancer relates to the large intestine.

I don't really understand deeply what it is. All I know is the word cancer.
I don't know what the cause of it is.

I haven't heard it from anyone. It's my first time hearing it from you.

For those that have screened, they had knowledge but did not talk specifically about it, rather provided general comments:

I've heard about it; I know that it's very private.

I can't really talk about it because it's a personal and private matter.

Na'e brief mai pe au ('e he toketaa) felave'i mo e kanisaa ngakau ka 'oku faingata'a ke te tala kae 'oua leva pe kuo toki lahi mo ongo'i faingata'ia. (The doctor briefed me on bowel cancer but it's hard to know unless it's progressed and you feel some discomfort).

Back in the day I heard about it but didn't pay too much attention to it, especially us men.

The benefits of screening by those who had screened were also highlighted:

I've heard of it before; we must go and get screened because you don't want to wait until it gets worse.

'Oku ui pe ko e sivi e kanisa 'o e ngakau lahi. (It is called cancer screening of the big intestine.)

It's said it's the screening of the intestine. I was happy although the screening was somewhat embarrassing when thinking about it, but to me, if I didn't follow the procedure, I could end up losing my life.

It was viewed as a private matter and embarrassing so no one talks about it:

We get too embarrassed to go and get treated. And then by the time we go we are sick.

E taua le tatou talanoa i le mataupu lea. Oute lei faalogo i nisi o talanoa i le faamai lea.
(We need to talk about it more, I have never heard our people talk about it, about this stuff).

It needs to be a conversation with everyone – the whole family.

People don't talk about it they are ashamed to ask.

Summary

Participants understood the serious nature of cancer with many having personal experiences with it. For many, these experiences gave them a grim view of cancer to the point that, death was imminent when diagnosed with cancer. Many participants noted fear when talking about cancer.

While there was knowledge of cancer in the broad sense amongst participants, there was little knowledge of bowel cancer. As expected, those who had completed bowel screening previously, had greater knowledge of bowel cancer. For those that hadn't been screened (regardless of ethnicity) there was a greater knowledge gap with many not having heard about bowel cancer previously.

DISCOVERIES
DISCUSSION: PACIFIC

THE BOWEL SCREENING EXPERIENCE

Understanding what participants know about bowel screening helps us to identify how this might affect their intention to get screened.

Findings

For participants that have screened, most found the process and instructions straight forward.

Sa tuu sao i luma, le faigofie ole faitauga o le faatonuga. Sili o manaia ou te fiafia e mafai na fai ile fale. (It was straight forward, I just read the instructions, due to the nature of the test I preferred to do it at home).

I found it easy to understand and to use the kit with the help of my family then return it once it was done.

Na ou malamalama, ua na maua le faatonuga ile faasamoa ma le igilisi, ole mea tonu na, na ou fiafia iai. (I understood it because it came in both Samoan version and the English, so I was happy to do it).

It was easy. 'Ikai toe fiema'u ha taha ia ke fakamatala'i. Lau pe 'e au pea tala ki he hoa pea fakahoko leva. (It was easy. There was no need to ask anyone to explain. I read it and I briefed my husband, and we did it then).

There were letters sent out. And, when we go to the doctors, we are told the importance of the test.

In my opinion it wasn't easy, I was scared that I might have done the test wrong.

There were many information letters that I received through the mail, and I kept on t hrowing them out… Until the day when it came again, and I told my husband to let's do the test together.

Many participants who were screened received their home testing kit at the doctors or because of an engagement with a health professional. This meant they were given all their information verbally and then were able to return home to do the do the screening and for some, they could return the test to their doctor:

Went to the doctors first and then took it home.

'Ikai. 'I he 'osi hono fakamatala 'e Maika na'a ma 'alu aii ki he gym 'o fai 'ema swimming pea ne 'i ai e ki'i fefine na'e kau 'i he kemi 'ou 'eke ange pe ko e ha 'ene me'a 'oku fai pea ne talamai ko e lesisita 'a e sivi bowel cancer 'o ma lesisita ai pe, pea toki 'omai e naunau ke fai 'ema sivi. (No. After Maika's (Dr Maika Kinahoi Veikune) talk, we went to the gym for a swim, and we met up with a young lady from the camp. I asked her what she's doing, and she said she was taking registrations for bowel cancer screening. So, we registered, and we received our packs later).

Did the test at home but took it to the doctors afterwards.

I was given a testing kit, so I did the test at home and then took it back to the doctors.

There was a letter that came, but I didn't really understand the letter, so I went to the doctors. There I received the cup to do the test, and I bought it home.

I received the cup to do the test, and I bought it home.

Summary

Most found the instructions and process easy to follow with instructions written in their own language and had support from family to help them. However, for some there was some anxiety. Many of the participants received their kit from their doctor after having a discussion with their health professional and then would be sent home to complete the screening and return it to the doctor. This helped in terms of sharing of information and understanding about the process verbally and being able to answer any questions.

DISCOVERIES
DISCUSSION: PACIFIC

BARRIERS

It is important to identify barriers or potential barriers to bowel screening with participants to find out what stops them or could potentially stop them from being screened and why.

Findings

For those that had not screened yet, a key barrier was not having knowledge or understanding about bowel cancer or the screening process:

Ko e lotosi'i pe hono fai e sivi ko e 'ikai ke te mahino'i. Ka ko hono 'omai e ngaahi fakamatala 'o mahino mo fakapapau'i e mahu'inga 'o e sivi pea te tau'ataina leva ke te 'alu 'o sivi. (My low confidence to do the screening is due to not having understanding about it. But when the information is clearly explained and the importance of having it is emphasised, then you will be at ease to do it).

I have no idea of how to go about having a screening.

If I had a problem with my stomach, I would have probably gone already for a screening.

I have never been told that there is such a cancer. My knowledge is limited to the more well-known cancers, like bone marrow and cancer of the blood. I've never come across any information either here or in Tonga except the information given the doctor (Dr Maika Kinahoi).

There was also a fear of finding out they are sick that stopped people from screening:

Faafetai mo le fesili, mo le malamalama atili o tatou tagata le mafuaaga e le o ai ile falemai… ole le fe'fefe te'i ua fai mai ua maua i nisi faamai. (Thank you for your question so that people understand the reason why people don't want to visit the doctors … because it's the fear of being told that we are sick).

For those that have screened, they believed fear and embarrassment were significant barriers stopping people from completing the screening:

'Oku ou tui ko e 'ulungaanga maa 'oku ne fakalotosi'ia e kakai ke nau sivi. (I believe being embarrassed discourages people from screening).

To me, I believe many people are scared due to not understanding the nature of cancer.

It's operable and the problematic part is taken out.

It's important because I was shy at first about people knowing, but after doing the test it was ok.

Us Pacific islanders I think it's good to do it privately in your own time, because I couldn't do it at the doctors or anywhere.

I think just understanding how to do it and how to get it where it's supposed to go without people judging them.

Some mentioned language barriers stop people from screening:

Also, for our Samoan born elders, we should take our children with us so they can translate and make us understand what the doctors are saying.

E tatau na tatou o ma ave tatou fanau, e mafai na faamatala upu. Ma i iloa foi latou faamatala faalelei le mea le fai mai fomai e fai. (We should take our children with us so they can translate and make us understand what the doctors are saying).

I think some are not confident as don't understand the English language well.

DISCOVERIES
DISCUSSION: PACIFIC

BARRIERS (CONTINUED)

Findings

There was also a sense of complacency about not having symptoms as a barrier.

For me we Pacific people procrastinate and just wait until we are unwell.

Only then we will go and get checked.

Also, sometimes when they feel like something is sore, they wait a few days to see if it goes away, instead of going to see a doctor or a health practitioner.

Another reason is they don't take their health very seriously.

I have no idea of how to go about having a screening.

If I had a problem with my stomach, I would have probably gone already for a screening.

When asked about whether the bowel screening test made them feel uncomfortable from a cultural perspective, there was an obvious difference in views depending on whether you had screened or not. For those that had screened, they did not express any concerns regarding cultural sensitivities. They tended to reinforce the need to challenge some of the sensitivities that exist without naming them.

No. I always joked to my fellow exercise mates that having the screening is like servicing your vehicle. Take it for a service so that you know the problem.

Ko e taimi 'oku tau fiema'u ai e mo'ui 'oku 'i ai pe me'a ia 'oku lava ke tukuange ki he tafa'aki (to'onga tukufakaholo) ka tau hangatonu tautolu ki he toketaa. (When we are longing to live we are able to let go of things, (cultural habits) so we can go straight to the doctors).

There is a clash between the way we were brought up, our Tongan culture. Some things (sensitive information) we are unable to share with our children and the same goes to our extended family.

For those that were unscreened, they typically identified the area of the body and the topic of bodily waste as sensitive from a cultural perspective.

Kiate au ko e ongo'i maa pe koe'uhi ko e sivi foki 'oku fai ia mei mui. (To me the embarrassment of the screening is because it's from the back passage).

Oute talitonu ole mafuaaga e le o ai tagata e o e fai ai le suesuega, ole matamuli. I believe being embarrassed discourages people from screening.

I think it's the test itself that depends how it's done but if they are informed on how it's done, explain it and make them understand this is the only way to do this test but it can change your life.

Summary

Lack of knowledge about bowel cancer and bowel screening were identified as being a large barrier. For many, they felt not having information and awareness heavily influenced people's decisions to screen. Some participants noted that communication was a barrier, especially for those that English is not a first language. This raised the importance of having someone to support them to understand information given.

Procrastination was another identified significant barrier with participants not going to get checked unless something was wrong or waiting to see if it would go away. For those that had screened, they were less likely to identify any cultural sensitivities compared with those that had not screened.

DISCOVERIES
DISCUSSION: PACIFIC

MOTIVATIONS AND SOLUTIONS

The motivators and solutions identified by the participants give us important insights into proposed solutions to support more Pacific people in the bowel screening programme.

Findings

For those that screened, their trust and confidence in their doctor and other trusted connections provided motivation to screen.

Whatever my doctor tells me to do or any health professional I am going to listen to them and go and do whatever test they tell me to do.

The reason was because our church community advised us to go get tested and also for all the elderly to go to the doctors when they are sick in order for them to live longer and with good health.

Na'a ku loto ke sivi au hili hoku tafa (mafu) 'i he fale'i 'a e toketaa. (I wanted to have the screening after my heart operation upon the doctor's recommendation).

Both screened and unscreened identified that the benefit for themselves and family that provided motivation.

Ko 'eku ta'ahine na'a ne fakalotoa au keu sivi. Na'e 'i ai pe palopalema ia ki hoku ngakau si'i pea 'osi hono faito'o pea sivi ai pe mo e ngakau lahi. (My daughter encouraged me to have the screening. I had some problem with my stomach and after it was treated, we screened my big intestine).

My family, my children and I want to be alive to see them grow up. I have a reputation for leaving things for tomorrow and my wife made sure I got my test done and dropped off to the Lab straight after I did it.

My husband, so we get it done together.

Our children are the biggest motivators. They will encourage their parents to go and parents will do anything to please their children especially when they say "If you love us then you will come with me to see the doctors."

Knowledge and information were identified as a significant motivator for people to screen for those that had not screened.

If the doctor can explain it thoroughly to me that I need a screen. Or I understand the symptoms so that I can go and have the screening.

If you value your life, you will have this screening. At the same time, like I said above, I am not familiar with this disease but if you value your life and that of your family, you will hasten to have the screening otherwise the disease will get to you and your family will, one day, suffer.

A way to motivate our people is to have talks or talanoa like what we are having now with others so that they get a better understanding of what this cancer is.

I believe it needs to be discussed so that it will encourage our people to have the screening. It's good to know immediately so it can be treated. Do not be embarrassed to have the screening. Do not worry about the situation we're at.

I believe it takes people like you who make these calls to start the conversion at home and encourages us to have faith to go and test. I feel a bit more confident tonight talking to you that it has inspired me to go and get this test done.

Family, Community and Church were recognised by both screened and unscreened as important settings that play a role in motivating people to screen.

The Ministry should do more work like this in our communities to advise our people about the benefits of getting this test done.

Churches, Samoan communities, and village meetings to promote and motivate our people.

I believe that our children need to encourage and support their parents to go visit and make sure they get tested and visit the doctors.

Summary

There was an obvious difference in views between screened and unscreened regardless of ethnicity. For those that screened, it was the role that either health professionals or other influential people had on them. Other influences were within the faith community (i.e., church) or family members. Their encouragement and support provided motivation. For the unscreened, knowledge and information were noted as a significant motivator.

MEDIA CHANNELS

To understand the best suited channels for this demographic, participants were asked about how they find information and keep up to date with events in the community.

Findings

- Overwhelming, radio was the most popular channel regardless of screening status and ethnicity.
- Word of mouth or contacting a trusted expert including health professionals particularly their GP, church leaders or groups and through their children.
- Majority of participants watch TV particularly the news.
- Facebook is the most preferred social media platform but only used by a few of the participants.
- Newspapers and newsletters are used by a few of the participants.
- Internet to find out more information regarding health matters.

SIMILARITIES AND DIFFERENCES

The insights showed that there were many similarities in experiences between both Māori and Pacific peoples, but differences were also identified.

Perceptions of health/hauora

Similarities:

- Importance of preventative measures which included regular doctors' visit and keeping healthy
- Role models – both understood the importance of their wellbeing for the wellbeing of their aiga/whānau.

Differences:

- Perception of the health system – although both mostly had positive experiences Māori were more demanding of the health system and noted some areas for improvement. The Pacific participants had high trust in health professionals.
- Perceptions of health Māori discussed health more in terms of holistic wellbeing whereas the Pacific participants emphasised the importance of faith, family, and physical health.

Perceptions of cancer and bowel cancer

Similarities:

- Both understood the seriousness of cancer including bowel cancer and had family and or friends who had been diagnosed with cancer.
- Limited knowledge and understanding about bowel cancer and the screening process.
- Both talked about fear and trauma associated with getting cancer and having a fatalistic view of cancer.

Differences:

- Although both discussed that due to where the bowel is and the screening process this could cause some whakama/embarrassment or discomfort. Pacific participants identified this as a potential barrier.

SIMILARITIES AND DIFFERENCES

Bowel screening experience

Similarities:

- Were unsure the first time what the process was or what to expect
- Process and instructions easy to follow but some may need extra support
- Cultural Implications – due to the test being done at home this relieved any embarrassment or whakamā, so their cultural implications raised were minimal.

Differences:

- For Māori participants the first time they heard about the screening process was when they were sent their first kit and would follow the instructions.
- Pacific participants usually would have had some engagement with a health professional before receiving a kit and would be sent home to take the test.
- Māori participants were more open to talking about the process.

Barriers

Similarities:

- Lack of knowledge, experience and understanding of bowel cancer and the screening process.

Differences: some barriers that were identified were only raised by the Pacific participants these included:

- Procrastination: Not going to get checked or screened until you really need to.
- Communication: Needing support to help understand procedures and information both in writing and verbally.
- This being a taboo subject and not something that is freely and widely discussed.
- Fear and embarrassment were believed to stopping people from completing the screening.

Motivations

For both audiences' motivations identified were similar but needed to be grounded in appropriate cultural context these included:

- The need for real people, real stories
- Raising of awareness and more education and knowledge around bowel cancer and screening needed
- Community approach needed
  - For Māori: A for Māori-by-Māori whānau and iwi approach
  - For Pacific: A family/community/church approach needed
- Who delivers the message is important both noted the importance to have champions who:
  - are well respected
  - trusted experts in health or community
  - Iwi, church or whānau leaders
- Need to highlight the home- kit screening process and the ability to be able to do it in your own home which removes the feeling of embarrassment or whakamā and participants have autonomy and control over when and where they do it.

Communication approach

This report is one piece of the co-design approach undertaken by Puhimoana Ariki Collective to develop the campaign strategy and approach.

The other strands that need to be woven together and considered are:

1. Literature review

2. DHB communications audit and stocktake

3. Baseline survey

4. Co-design sessions with community and key stakeholders.

Measuring impact

How do we measure the impact and success of this campaign? There are some media engagement measures that can be utilised, but we recommend that the Ministry of Health also consider measuring the impact and success of the campaign through qualitative and quantitative measures.

Limitations

- This piece of work was commissioned to identify insights for communications should not be applied beyond this.
- The audience sample was small, and the views of the sample seemed to be of a similar nature. If time had allowed, it would have been good to get some differing diverse views and to be able to revisit current participants to get more in-depth insights.
- Limited number of people with disabilities included and those that did, did not feel the need to bring up their disabilities in this conversation.
- Online and telephone interviews meant it was more difficult to build rapport and to interpret body language.
- Perspectives of whānau/aiga/family were not included in this piece of work but would have been beneficial.
- For the Pacific interviews having to translate the interviews into English has meant some of the essence may have been lost although we have done our best to capture it within the report.

Learnings from the insight wānanga/talanoa process

Many of the participants had limited knowledge and understanding of bowel cancer, the screening process, and the screening programme. We recommend that we follow up with participants with support materials and reiterate to them that they can contact the NBSP on the 0800 number at any time with any questions.

APPENDICES

Primary Research | Questionnaire

Exploring general perceptions & experiences of the health system (10 mins)

Purpose: Exploring their current relationship with the health system to understand if this a larger issue with the health system.

- **What is health/hauora to you and your whānau?**
  - How do you keep yourself and your whānau healthy?

- **When was the last time you saw someone about your health?**
  - Tell me about that experience, how did it go for you?

- **Tell us about a time when it didn't go well experience with your doctor or health system?**

- **Tell us about a time that you had a positive and empowering experience with your doctor or health system?**

Understanding current awareness and knowledge of bowel cancer (10 mins)

Purpose: Explore current awareness and knowledge of Bowel Cancer.

- **What do you know about cancer? (probe high, low)**
  - How does it make you feel?

- **What do you know about bowel cancer? (probe high, low)**
  - What words, things, people do you associate with bowel screening?
  - What have you heard from your family, community and the media about bowel screening?

- **And how serious do you think it is?**

Understanding the screening experience (30 mins)

Purpose: Explore barriers, motivators, cultural norms and beliefs and how this impacts screening

Perceptions & Awareness

- **What do you first think of when I say bowel screening?**
- **What have you heard about bowel screening?**

Your Experience

- **Have you done a bowel screening test before? (If no - skip to barriers section)**
  - Was it your first time or do you do it regularly?

- **Thinking back to your last screening test - can you describe each step of your bowel screening experience?**

- How did you find out about it? (Letter/ Kit)
- Was the letter and information easy to understand? or did you need family members or other (e.g. doctor) to help you understand the information?
- Did you feel comfortable enough to do the test after reading the information? Or did you need more time to get advice or think about it?

- **Why did you decide to do the test?**

- **When it was time to do the test - did you find it easy to use the kit?**

- **What aspects, if any, did you find challenging?**

- Was there any part of the experience you felt was offensive?

- **What would have made the experience better for you?**

Motivations:

Screened	Not Screened
What prompted/motivated you to get screened? (Why did you get screened?) • What was the influence /role of your whānau/aiga/family in your decision to get screened?	What would motivate you to get screened? • What influence do your whānau/aiga/family have in your decision to get screened?

Barriers:

Screened	Not Screened
What do you think is the main barrier that stop people from doing the test?	What is the main reason you didn't complete the test? • What are the barriers/ or what's held you back? (Probe - family influence, was it fear? media...etc.)
Additional probe - cultural taboo • Is there anything about the bowel screening testing experience that makes you feel uncomfortable from a cultural point of view? - And if so, why?	

APPENDICES (CONTINUED)

Primary Research | Questionnaire

Solutions

We've heard a lot about what stops us and what motivates us to get screened. If we were to support Māori/ Pacific in our community to get screened:

- **How do you think we can motivate more Māori and Pacific to get screened?**
  - In what ways can we help more Māori and Pacific people to feel safe/ comfortable, to get their screening done?

Media (5 mins)

Purpose: Understanding what channels they currently used and find credible for information/ messaging regarding their health

- **Which media do you engage with the most, and why?**
  - TV
  - Radio
  - Internet
  - Social Media

- **How do you keep up to date with news and events going on in your local community?**

- **What do you listen or watch to get information about health matters?**
  - How often do you watch or listen to these channels?

- **What social media channels do you use?**

- **Who are community champions in your area that you would listen to regarding your health?**

Whakakapi (5 mins)

- Sense check what has been captured the key themes discussed
- Share back – any last comments/thoughts.
- Evaluate the process – what went well/ what could we do better?
- Reminder: Remember if you would like more information about colorectal cancer or bowel screening you should contact 0800 924 432 (the National Screening Unit) – the call is free
- Facilitator formally thanks all the participants for their valuable contribution
- Next steps and inform how they will receive koha
- Closing comments and karakia.

Primary Research | Consent form: Māori version

NATIONAL BOWEL SCREENING PROGRAMME

INSIGHTS WĀNANGA

CONSENT FORM

This content form will be held for 5 years

I have read the Information Sheet and have had the details of the insights wānanga explained to me. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

1. I agree to the insights wānanga being recorded:

YES

NO

2. I agree to be contacted to clarify any ideas discussed in the insights wānanga or to participate further in the campaign via the contact details provided:

YES

NO

3. For my participation, I am happy to receive a koha of a $100 petrol or supermarket voucher via email within two weeks after the interview:

YES

NO

I agree to participate under the conditions set out in the Information Sheet:

Signed _____ Date: _____

Name: _____

Contact phone number: _____

Email address: _____

Note – consent may also be recorded. In this instance, the interviewer will read out each question above and the participant will be asked if they agree or disagree. Participants will be sent a copy of this for their records either by email or post.

Primary Research | Consent form: Pacific version

NATIONAL BOWEL SCREENING PROGRAMME

INSIGHTS TALANOA

CONSENT FORM

This content form will be held for 5 years

I have read the Information Sheet and have had the details of the insights wānanga explained to me. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

1. I agree to the insights talanaoa being recorded:

YES

NO

2. I agree to be contacted to clarify any ideas discussed in the insights talanoa or to participate further in the campaign via the contact details provided:

YES

NO

3. For my participation, I am happy to receive a koha of a $100 petrol or supermarket voucher via email within two weeks after the interview:

YES

NO

I agree to participate under the conditions set out in the Information Sheet:

Signed _____ Date: _____

Name: _____

Contact phone number: _____

Email address: _____

Note – consent may also be recorded. In this instance, the interviewer will read out each question above and the participant will be asked if they agree or disagree. Participants will be sent a copy of this for their records either by email or post.

PUHIMOANA ARIKI COLLECTIVE