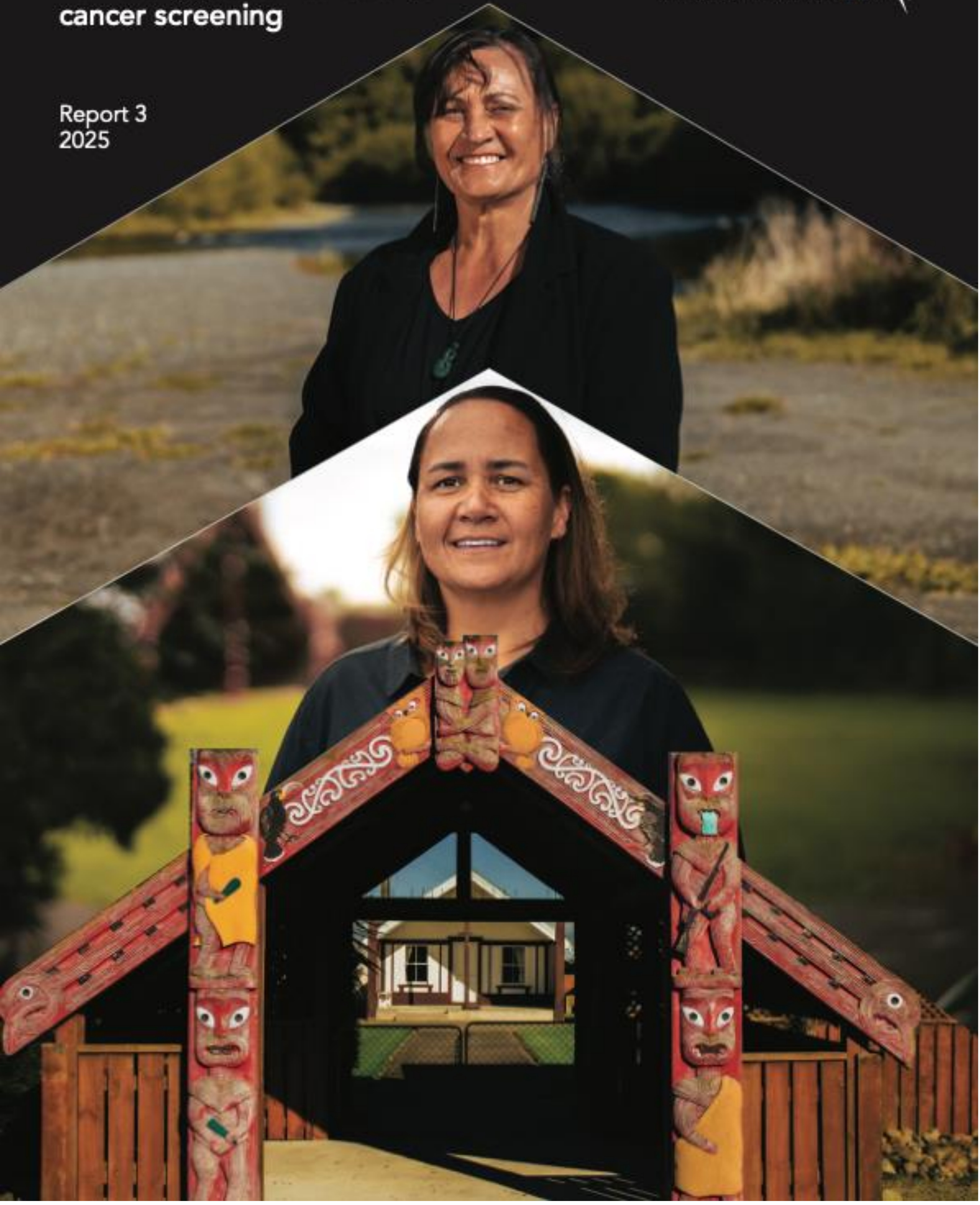
Whānau Voice Survey

Mental health and well-being; social cohesion; cancer screening

TE MĀTUKU

Report 3
2025



This report has been prepared for Te Mātuku Iwi Māori Partnership Board by Te Atawhai o Te Ao Independent Māori Institute for Environment and Health and Baker Consulting Ltd.

Te Atawhai o Te Ao. (2025). *Te Mātuku Whānau Voice Survey Report 3: Mental health and well-being; social cohesion; cancer screening*. Te Mātuku, Whanganui.

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Kupu Whakataki | Introduction

Te Mātuku is the Iwi Māori partnership board (IMPB) for the rohe of Te Ranga Tupua (which includes Whanganui, Ruapehu, Rangitīkei and part of South Taranaki), as set out in Schedule 4 of the Pae Ora (Healthy Futures) Act 2022.

Te Mātuku is dedicated to advancing the health and well-being of Māori communities across the wider Whanganui region, recognising the inherent links between cultural identity, whakapapa, whenua, and whānau. Te Mātuku is also committed to addressing longstanding health inequities and ensuring that whānau, hapū, and iwi receive health care that is accessible, culturally attuned and responsive to their unique needs and aspirations.[1]

A key function of Te Mātuku is to engage with whānau and hapū about local health needs, which is why a whānau voice survey has been developed with Te Atawhai o Te Ao (an independent Māori institute for environment and health based in Whanganui) to ensure the voices of whānau can be heard directly and help shape local health sector activity.

The first of two Te Mātuku whānau voice surveys was conducted in February and March 2025 and had four main topics:

- Preventative health, public health initiatives, and health promotion (which contained eight survey modules, including a module on primary health care);
- Mental health and well-being (which contained two survey modules);
- Mokopuna and kaumātua ora (which contained three modules); and
- Rural health (which was a single module).

This is the third report from Te Mātuku whānau voice survey. This report (Report 3) covers the survey's mental health and well-being module, questions on social cohesion, and the survey's modules on cancer screening.

In total, 276 Māori from Te Ranga Tupua rohe, aged 16 years or older, responded to the survey, which was in the field between February and March 2025. Respondents could choose for themselves which of the survey modules they would complete. The survey was designed to take between 15 and 30 minutes in total, depending on which modules were selected. Respondents were given a koha to thank them for their time.

Out of the 276 respondents in total, 52 answered questions in the mental health module, and 48 answered questions on social cohesion. Eighty respondents answered questions on cancer screening. This is outlined in Table 1.

Figure 1: Respondents to survey modules covered in Report 3

Survey module	Number of respondents
Mental health and well-being	52
Social cohesion	48
Cancer screening	80

The survey methodology is explained in Report 1. Report 1 also contains a summary of the demographic and other information about survey respondents.

The content of this report

This report is split into three main sections.

- **Section one** looks at the questions about mental health and well-being.
- **Section two** looks at questions around social cohesion.
- **Section three** looks at the modules on cancer screening (which cover cervical cancer, breast cancer, bowel cancer, and prostate cancer screening).

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[1] Te Mātuku (2024).

Mental health and well-being

Mental health is a core component of our overall health and well-being. Like many other areas of well-being, poor mental health can be driven by factors such as racism, colonisation, intergenerational trauma, poverty, and cultural disconnection.[2]

Over 50 percent of New Zealanders will experience mental distress and addiction challenges at some point in their lives.[3] The most reliable estimates of the prevalence of mental health for the whole population are more than 20 years old, but they show that diagnosable mental health disorders were present in half of Māori over their lifetime.[4]

Between 2017 and 2022, data collected through the New Zealand Health Survey shows 12.9% of Māori (aged 15 years and older) in the former Whanganui District Health Board (DHB) district had high or very high levels of psychological distress, compared with 12.2% of non-Māori in the district. Although the rates between the two groups are similar, the rates are higher for Māori women in the district (17.4% compared to 15.8% of non-Māori women).[5]

Te Mātuku whānau voice survey aimed to gain insight into the experiences of Māori in Te Ranga Tupua rohe when it came to support for mental health or addiction issues.

Fifty-two people answered questions in the mental health survey module.

Mental health and addictions have affected most whānau at some time

Te Mātuku whānau voice survey sought to understand more about the impact of mental health and addictions on Māori individuals and whānau in Te Ranga Tupua rohe.

As Figure 1 shows, 67% of whānau (35 respondents) said that their whānau had been affected by mental health or addiction issues. Thirty-three percent (17 respondents) said that their whānau had not been affected.

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[2] Curtis et al. (2024, p. 58).
[3] Te Whatu Ora and Te Aka Whai Ora (2022).
[4] Baxter et al. (2006), as quoted in Curtis (2024, p. 58).
[5] Curtis et al. (2024, p. 58).

Figure 2: Have mental health or addiction issues affected your whānau at any time?

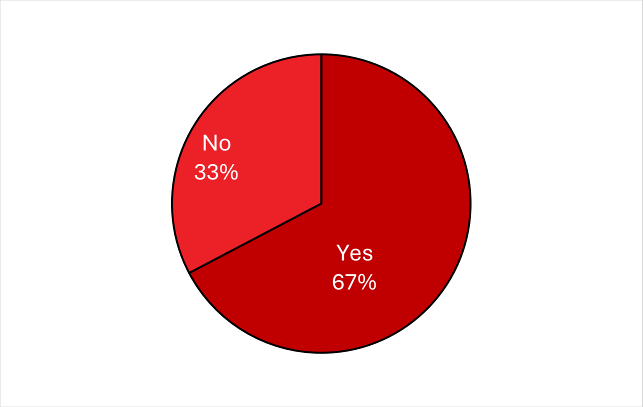

Figure note, n=52.

Respondents who answered yes to this question were asked to elaborate on the ways in which their whānau had been affected by mental health or addiction issues.[6] These respondents shared the ways in which they and their whānau had been impacted by mental health and addiction.

Fifteen respondents (43%) talked about alcohol, drug, and other addictions (such as gambling) and the pressure that has on whānau.[7]

> *"My dad is an alcoholic and it's been a very difficult road with him."*[8]

As one respondent articulated, addiction issues within the wider whānau can expose tamariki to harmful behaviours.

> *"[Wider whānau addiction issues] have led to [tamariki] being often let down and abandoned and exposed to behaviour that should never be acceptable."*[9]

Many of these respondents recognised that the addiction issues were connected to other issues, including trauma, abuse, or grief.

> *"[The issues affect my whānau through] drug taking. Dealing with grief and loss."*[10]

> *"Whānau members are not able to feel safe to open up to others when in need of support and usually turn to drugs or alcohol."*[11]

Nine respondents (26%) talked about specific mental health conditions. Depression, bipolar disorder, or anxiety were mentioned in most of these responses (and often all three conditions). For some of these respondents their whānau had experienced acute mental health need in the past. For one respondent this experience highlighted how essential mental health services are not always easy to access.

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[6] Thirty-five respondents answered this question. The question allowed for multiple responses.

[7] In 2021–23, Māori were 2.1 times as likely as non-Māori to have a moderate or high risk of problematic illicit substance use, 1.8 times as likely to have a moderate or high risk of problematic use of any substance, and 1.2 times as likely to experience mild or greater anxiety and/or depression symptoms (Ministry of Health, 2024).

[8] Survey respondent.

[9] Survey respondent.

[10] Survey respondent.

[11] Survey respondent.

> *"I have supported whānau with mental health crisis. However, it's hard to get them in the system when they do not meet criteria or are being judged for past experiences when trying to access the system."*[12]

Four respondents talked about suicide or suicide ideation within their whānau.

Over one third of respondents have felt the need for professional help in the past year

Te Mātuku whānau voice survey asked respondents if, in the past year, they felt the need to get help for their mental health or drug concerns.

Figure 3: In the past year, have you felt the need for professional help with your emotions, stress, mental health, or substance use?

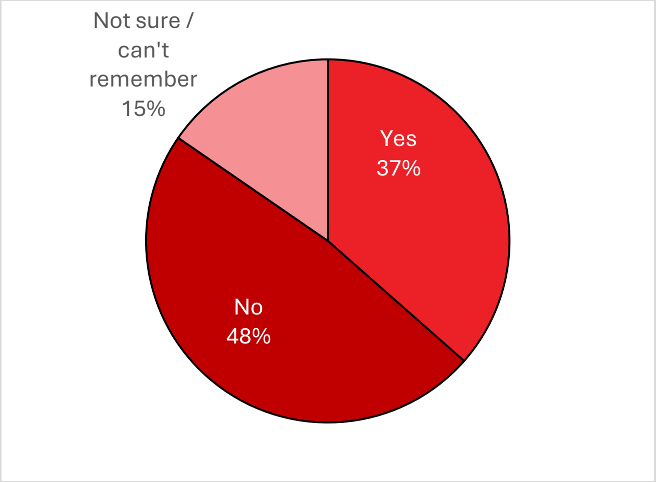

Figure note, n=52.

As Figure 3 shows, 37% (19 respondents) felt the need for professional help with their emotions, stress, mental health, or substance use in the past year. Forty-eight percent (25 respondents) had not felt the need for professional help, and 15% (8 respondents) were not sure or could not remember.

The results from this survey, although based on small numbers, are consistent with the national picture. For example, in the period 2021-2023, 41.3% of all adults needed some type of service support for concerns about their emotions, stress, mental health, or well-being in the previous twelve months.[13]

A larger proportion of respondents (81% or 42 respondents) have felt the need to help whānau and friends to access professional help for their emotions, stress, mental health, or substance use (at any time, not just in the past year). Equal numbers (just under 10% or 5 respondents each) had not felt the need to help whānau or friends in this way or were not sure or could not remember whether they had felt the need to help whānau or friends to access professional help.

Accessing help

Just over half of survey respondents (51%, 23 respondents) who needed professional help with mental health or addictions for themselves or their whānau were able to access the help when they needed it. As Figure 4 shows, 38% (17 respondents) were not able to access help when they needed it, and 11% (5 respondents) were not sure or could not remember.

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[12] Survey respondent.

[13] Ministry of Health. (2024).

Figure 4: Were you able to access help when you needed it?

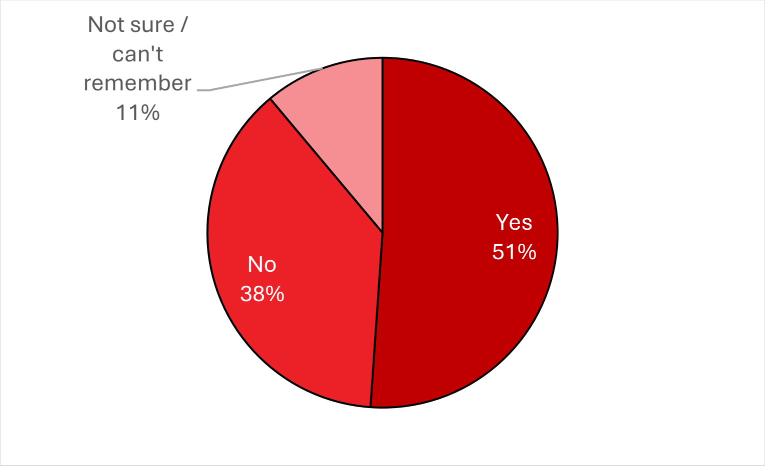

Figure note, n=45.

Nationally, Māori are more likely than non-Māori to not be able to access professional mental health care when they need it. For example, the NZ Health Survey (2023/24) shows that 10.7% of the national population experience unmet need for mental health care compared with 14.7% of the total Māori population.[14] The NZ Health Survey also shows 11.8% of the population of the Central region (which includes Te Ranga Tupua rohe) have unmet mental health care need.

Te Mātuku whānau voice survey sought to understand the drivers behind unmet mental health care need by asking why respondents had not received professional help when they felt they needed it.

Figure 5: If you needed professional help but didn't get it, why was that?

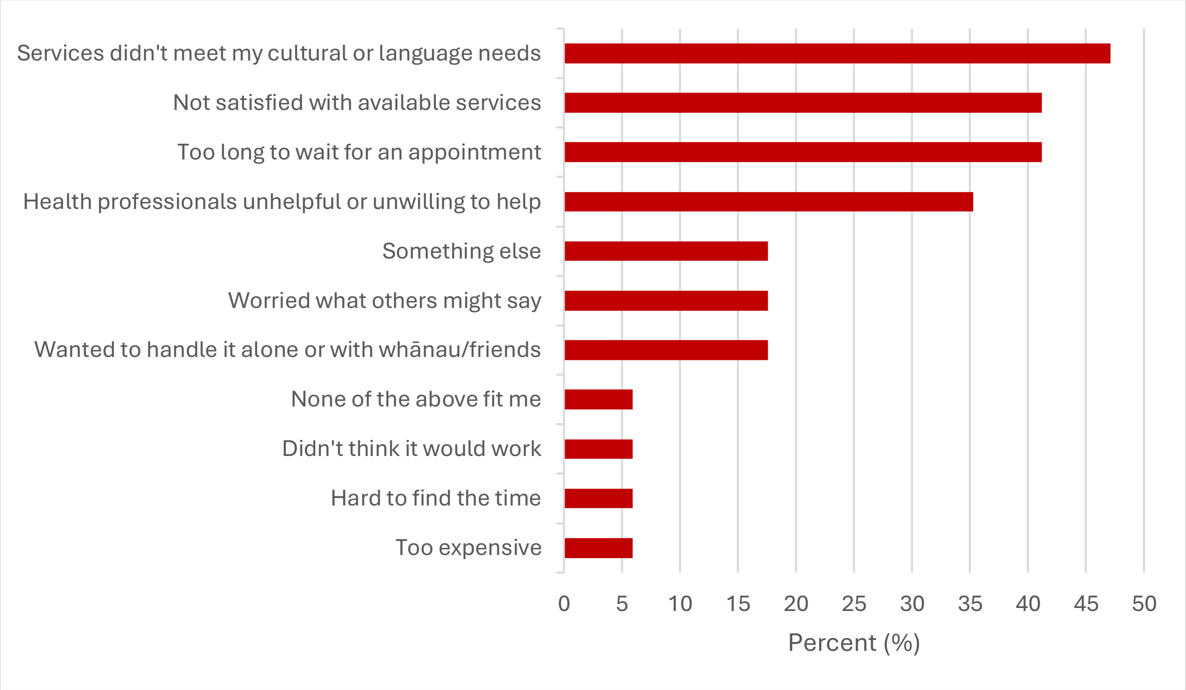

Figure note, n=17. This question allowed multiple responses.

As Figure 5 shows, the most common reason respondents were not able to access professional help when it was needed was related to the quality and cultural safety of the available services. Forty-seven percent (8 respondents) said that the services did not meet their cultural or language needs. Forty-one

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[14] Unmet need for mental health or addiction services in New Zealand is defined for adults aged 15 years or older as feeling like you need professional help for your emotions, stress, mental health or substance use in the past 12 months but not receiving that help.

percent (7 respondents) also said that they did not get help when they needed it because they were not satisfied with the available services and 35% (6 respondents) said the health professionals they approached were unhelpful or unwilling to help. One respondent (6%) said that they did not think professionals would help them.

In the comments to this question, one respondent said there were no available services, and another respondent talked about the inadequacies of mental health services in the rohe.

> *"Mental health services here are crap. Basically, [you] need to be psychotic. We end up with Police. Mental health services are inadequate."*[15]

Forty-seven percent (8 respondents) also said that the wait for appointments were too long. Having to wait too long for appointments was also a feature of Te Mātuku whānau voice survey report 1, which looked at whānau experiences of primary health care.

Relatively small numbers of respondents either wanted to handle the issue alone or with whānau (18%, 3 respondents), or worried what others might say if they sought professional help (18%, 3 respondents).

Those who did receive mental health or addictions help mostly received it from whānau, their partner, and from friends.

Figure 6: Where did you receive help from?

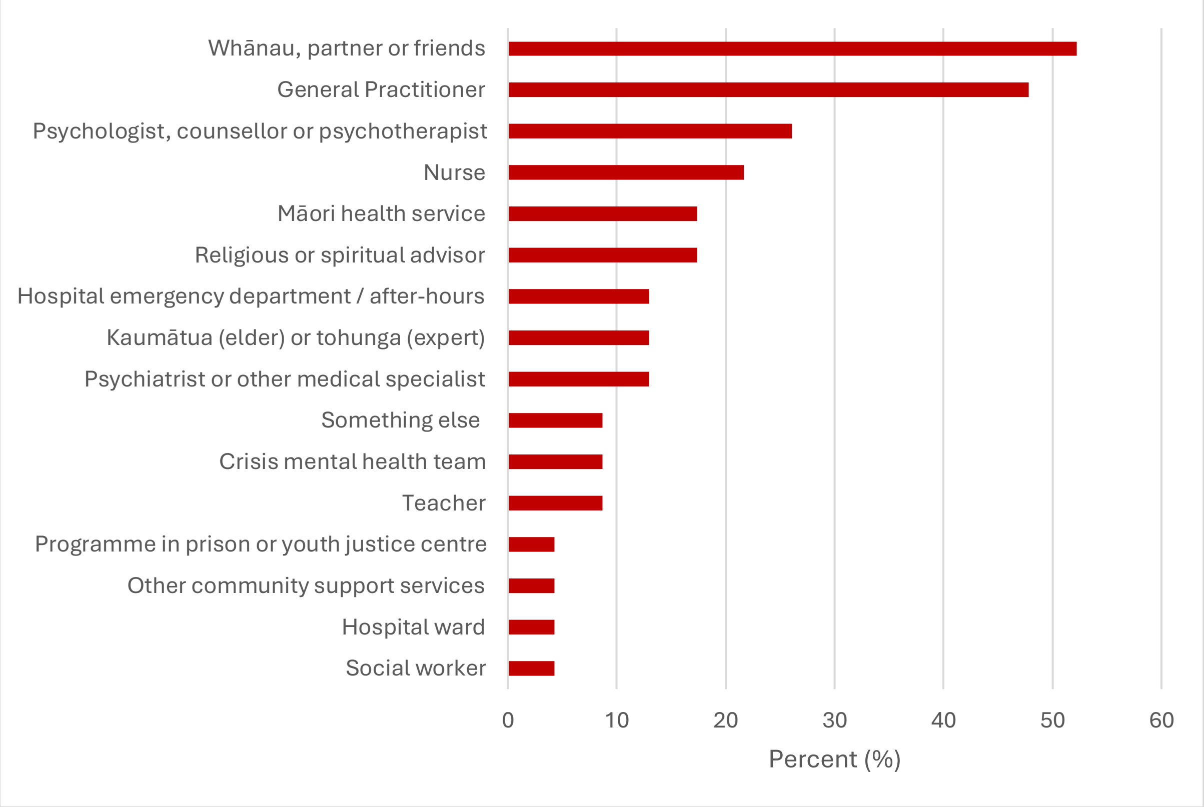

Figure note, n=23. This question allowed multiple responses.

As Figure 6 shows, 52% (12 respondents) received help from their whānau, partner, or friends. This is consistent with the NZ Health Survey (2023/24) findings that suggest the main support sought by people who had concerns about emotions, stress, mental health, or substance abuse was that of whānau. Whānau were the main port of call in the NZ Health Survey, for:

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[15] Survey respondent.

- 16.7% of the total population
- 22.7% of the population of the Central region
- 23.9% of the total Māori population.

Figure 6 also shows that 49% (11 respondents) received help from a general practitioner (GP) and 22% (5 respondents) received help from a nurse.

The NZ Health Survey (2023/24) shows that 12.5% of the total population consulted a GP or nurse for concerns about their emotions, stress, mental health, or substance use. That survey also shows:

- 13.2% of the population of Central region consulted a GP or nurse for concerns about their emotions, stress, mental health, or substance use.
- 14.1% of the total Māori population consulted a GP or nurse for concerns about their emotions, stress, mental health, or substance use.

Many respondents to Te Mātuku whānau voice survey sought help from health or allied professions:

- 26% (6 respondents) received help from a psychologist, counsellor, or psychotherapist
- 17% (4 respondents) received help from a Māori health provider
- 13% (3 respondents) received help from a psychiatrist or other medical specialist
- 13% (3 respondents) received help from a hospital emergency department or after-hours service
- 9% (2 respondents) received help from the crisis mental health team.

No respondents said they received supports from community mental health or addiction services.

There were also several respondents who sought and received help outside of what is usually considered the health system:

- 17% (4 respondents) received help from a religious or spiritual advisor
- 13% (3 respondents) received help from a kaumātua or tohunga
- 9% (2 respondents) received help from a teacher
- 4% (1 respondent) received help from prison or youth justice programmes and one other respondent received help from other community services.

In the comments to this question, one respondent said they had mental health and addiction initiatives in their workplace.

Those who received supports were generally satisfied

Figure 7: How satisfied are you with the services you received?

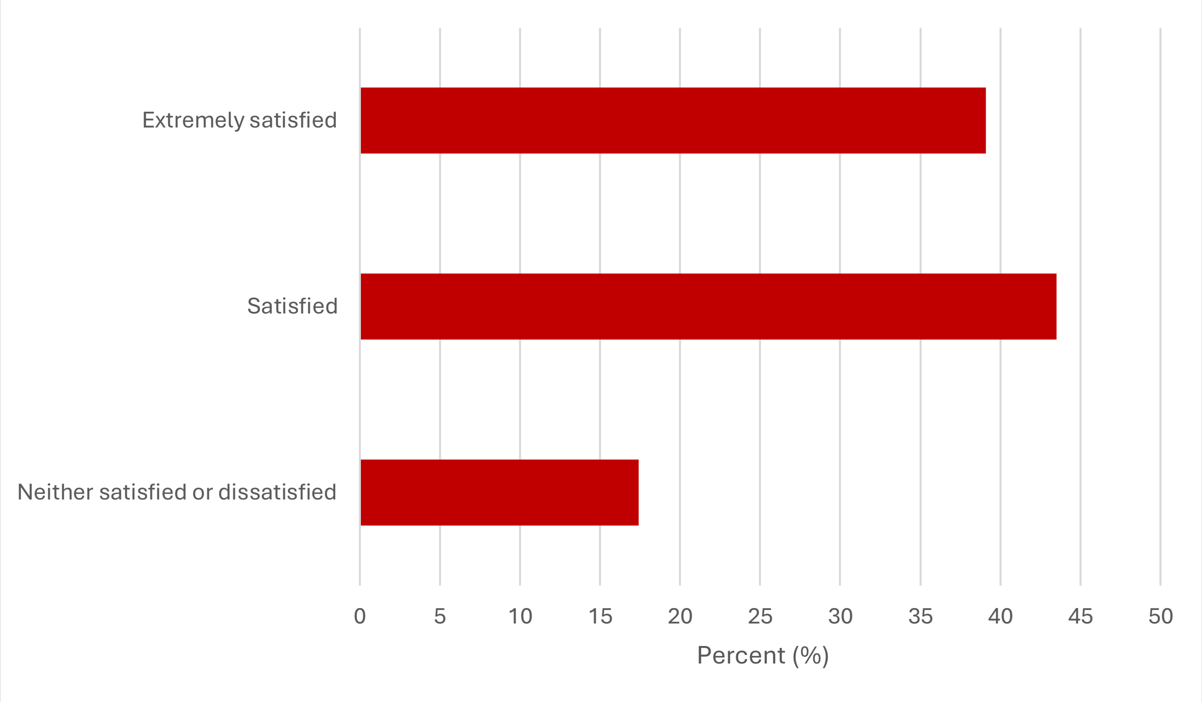

Figure note, n=23.

As Figure 7 shows, over 80% of respondents were 'satisfied' (44% or 10 respondents) or 'extremely satisfied' (39% or 9 respondents). Four respondents (17%) were 'neither satisfied or dissatisfied'. No respondents selected the 'dissatisfied' or 'extremely dissatisfied' options in answering this question. These results should be interpreted with caution, as it excludes feedback from anyone for whom the barriers to access meant they did not receive any support from mental health or addiction services.

Nearly half of whānau in the rohe use local, community-based, support services

Most respondents to the mental health module of Te Mātuku whānau voice survey were aware of where they or their family can go for services and what services are offered (54% or 28 respondents). Smaller proportions knew where to go but not what services were available (17% or 9 respondents), or knew what services were available but not where to go to access these services (10% or 5 respondents).

Only 19% (or 10 respondents) do not know where to go and what services are provided.

Forty-eight percent of respondents (25 respondents) said that they or their whānau used some kind of local support services in the community. Fifty-two percent of respondents (16 respondents) did not use local support services in this way. This is set out in Figure 8.

Figure 8: Do you or your whānau use any local support services in the community?

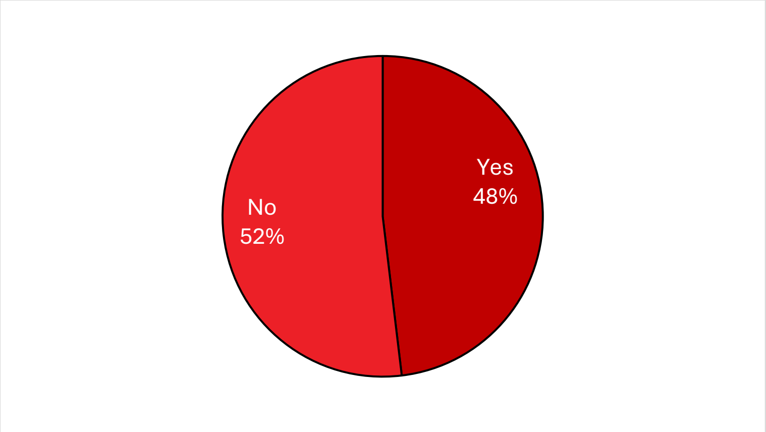

Figure note, n=52.

Respondents were able to add comments on the support they or their whānau receive. There were 14 comments, and several (9 respondents) were seemingly positive about support received. Specific services mentioned were Te Oranganui, Pathways, the Maternal, Infant, Child & Adolescent Mental Health and Addiction Service (MICAMHS), the crisis team, church leaders, counsellors, Te Kōtuku Hauora, and foodbanks.

"Great whānau and friend support."[16]

"It is good."[17]

However, even amongst the positive comments, respondents noted that not all services are as good as they could be.

"[The services are] helpful, unfortunately the need is greater than services available."[18]

"The 0800 number is useless, they never answer. But Pathways is great for helping to get medications and support in the community. The nurses and doctors have been good at providing support and advice when needed. It has been pretty fast to get advice."[19]

There were, however, some concerns raised in the comments that services were *"poorly supported"*.[20] One respondent also indicated that the services available to whānau are not well known or well-advertised.

"I work in an NGO and am aware of community support. But before I worked in the NGO, I didn't know the amount of support there was out there for our whanau."[21]

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[16] Survey respondent.
[17] Survey respondent.
[18] Survey respondent.
[19] Survey respondent.
[20] Survey respondent.
[21] Survey respondent.

Social cohesion

Social cohesion can be described as a sense of belonging, participation, recognition, legitimacy and inclusion.[22] For Māori, social cohesion means a collective sense of identity and belonging (as Māori) which is respected by broader society as a whole.[23]

Social cohesion was a theme of the Royal Commission of Inquiry into the Terrorist Attack on Christchurch Mosques on 15 March 2019. In its final report, the Royal Commission of Inquiry observed "Social cohesion exists where people feel part of society, family and personal relationships are strong, differences among people are respected and people feel safe and supported by others. Social cohesion is an ideal rather than a goal to be achieved and must continually be nurtured and grown."[24]

In the social cohesion module, respondents were asked about their connections to whānau and wider communities and the ways in which support is given within whānau and communities. Forty-eight people answered questions in this module.

Most people feel connected to their local communities

Te Mātuku whānau voice survey asked respondents if they felt connected to their local communities.

Figure 9: Do you feel connected to your local communities?

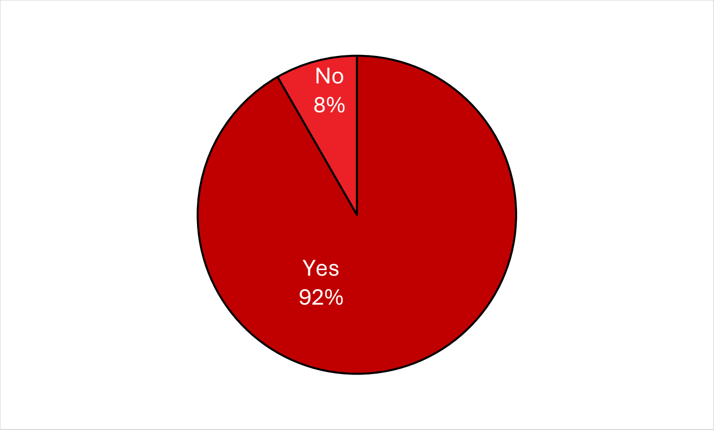

Figure note, n=48.

As Figure 9 shows, 92% (44 respondents) feel connected to their local communities, but 8% (4 respondents) do not.

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[22] This definition is credited to Professor Paul Spoonley, Robin Peace, Andrew Butcher and Damian O'Neill and was adopted by Cabinet in 2021. For a discussion, see MSD (2022).

[23] Royal Commission of Inquiry Report of the Royal Commission of Inquiry into the terrorist attack on Christchurch on 15 March 2019 (2020; vol 4).

[24] Royal Commission of Inquiry Report of the Royal Commission of Inquiry into the terrorist attack on Christchurch on 15 March 2019 (2020; vol 4).

Respondents were asked what feeling connected to their local community means to them. Many of these comments (30 respondents) talked about knowing others and being known by others as a core component of community connection.

> *"Knowing people / whānau in the community where I live."*[25]

> *"Knowing who I am and where I came from."*[26]

> *"Being able to talk to people without a problem."*[27]

> *"Knowing people."*[28]

Ten respondents were explicit that community connection for them is about whanaungatanga and their connection with other Māori or in Māori spaces.

> *"For me it means my hapū, rather than the traditional neighbourhood or community."*[29]

> *"[It means] connected to whānau, marae, hapū and iwi".* [30]

> *"[It is] marae-led."*[31]

A further ten respondents talked about the value of community events and activities to foster connection. This included mention of large-scale events like Te Matatini National Kapa Haka Festival as well as smaller, local, events.

> *"[Connection is about] being able to be part of the community. Volunteering to take sports teams, run other events or support events."*[32]

For some of these respondents, community activity is about the intersection of whanaungatanga and participating in community events.

> *"[Connection means] being an active hapū member, involved with my marae as well as other community based kaupapa."*[33]

Seven respondents commented on the reciprocal nature of community connection – sharing resources, volunteering time, and showing manaaki.

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[25] Survey respondent.
[26] Survey respondent.
[27] Survey respondent.
[28] Survey respondent.
[29] Survey respondent.
[30] Survey respondent.
[31] Survey respondent.
[32] Survey respondent.
[33] Survey respondent.

> *"[It gives] lots of aroha, knowing that we can tautoko in the community."*[34]

> *"[Connection means] instilling a sense of support – both giving and receiving."*[35]

A small number of comments (4 respondents) referred to health or other social services as having a role to play in community connection.

> *"[It means] knowing agencies in the community and the benefits they offer."*[36]

> *"It means I know where to find support for myself or whānau that I engage with."*[37]

Two respondents specifically talk about the value of having your voice be heard or respected in the wider community when it comes to building connection.

> *"[I feel connected] having a voice in community matters – having access to be able to provide those responses, via social medial, surveys, having contact information to send emails, open forums to provide responses."*[38]

Almost all respondents feel connected to their whānau

When asked whether they feel connected to their whānau, 98% (47 respondents) said yes. Only one respondent said no (see Figure 10).

Figure 10: Do you feel connected to your whānau?

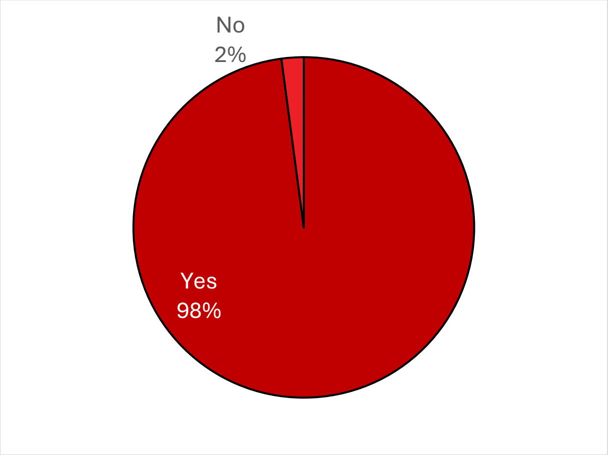

Figure note, n=48.

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[34] Survey respondent.
[35] Survey respondent.
[36] Survey respondent.
[37] Survey respondent.
[38] Survey respondent.

Respondents were asked what feeling connected to their whānau meant to them. Around a quarter of respondents (11 respondents) indicated that connection was seen as fundamentally important and was described as meaning "*everything*",[39] a "*reason to thrive*"[40] or what "*life is worth living for*".[41]

For around one third of respondents (15 respondents), feeling connected to whānau is about spending time together or being in touch with each other on a regular basis.

> *"Having daily conversations… taking my elderly mother out once a week, which enables her to have social connection."*[42]

> *"[It is about] everyday connections."*[43]

For some, whānau connection is ultimately about whakapapa and a sense of belonging, which in turn helps support overall health and well-being (8 respondents).

> *"[Whānau connection is about] feeling secure and safe. Knowing my whakapapa and where I fit in the world."*[44]

> *"Knowing where I whakapapa to and that I belong."*[45]

> *"Without my whānau, disconnection will occur and have a major effect on my own health and well-being".*[46]

Several comments emphasised that whānau offered unconditional help (both in terms of resources and emotional support) when things were tough.

> *"I can contact them and know they are then when I need, or just to say kia ora."*[47]

> *"We know what is going on with each other. Maybe not every single thing that everyone is up to, but we know when someone in our whānau needs support, when they need picking up etc."*[48]

> *"Looking after each other, caring for everyone around us, not allowing hara."*[49]

This was reinforced when respondents were asked about the ways their whānau support each other. The most common answer was that whānau show up for each other in whatever way is needed (29 respondents).

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[39] Survey respondent.
[40] Survey respondent.
[41] Survey respondent.
[42] Survey respondent.
[43] Survey respondent.
[44] Survey respondent.
[45] Survey respondent.
[46] Survey respondent.
[47] Survey respondent.
[48] Survey respondent.
[49] Survey respondent.

"We are a very connected whanau and turn up for each other ā-tinana, ā-wairua, ā-hinengaro. When one of us doesn't have 100% in the tank, we pick it up for them until they can carry it and they do the same for us."[50]

"[We show support by] being with one another and having close contact. Support with anything from social to health and financial needs."[51]

"We support each other through thick and thin, good or bad, happy or sad."[52]

"We support each other in sickness, in finances, in everything that whānau do for each other no matter the situations."[53]

For some, showing support often involved kai (6 respondents).

"We can ring each other, come together… sharing kai and just hanging out."[54]

Support within whānau also meant coming together for significant or important events.

"Even when we don't see each other often, whenever there is a disaster or a tangi then people come together to help each other. Helping out, without question."[55]

"We come together regularly, we get involved at kaupapa at home."[56]

"[With] celebrations, we support and manaaki."[57]

For respondents who do not live near their close whānau, wider whakapapa connections are especially important.

"We are probably not the most supportive lol we recognise that we all lead busy lives and try not to bother others unnecessarily. We also live in different parts of the country, so do not see each other often. So, we have engaged with extended and other whanau and hapu members where we live to draw support from, and it seems to work for us."[58]

Most people have wanted to strengthen whānau or community connections

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[50] Survey respondent.
[51] Survey respondent.
[52] Survey respondent.
[53] Survey respondent.
[54] Survey respondent.
[55] Survey respondent.
[56] Survey respondent.
[57] Survey respondent.
[58] Survey respondent.

Respondents were asked if they have ever wanted to strengthen the connections they have with whānau or within their communities. As Figure 11 shows, most people (65% or 31 respondents) have wanted to strengthen their connections with whānau or their communities at some point.

Figure 11: Have you ever wanted to strengthen the connections you have with your whānau or within your communities?

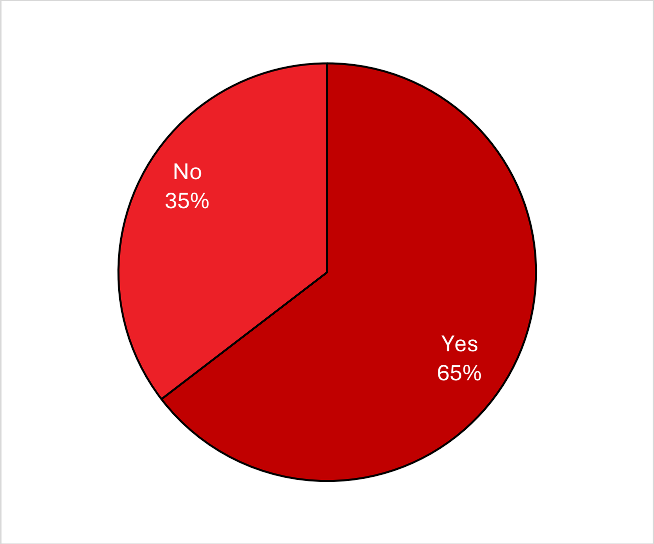

Figure note, n=48.

Respondents were able to write in comments on the ways their connections should be strengthened. Many of these comments (13 respondents) reinforced the value of whanaungatanga and staying connected.

> *"[We are] stronger together."*[59]

> *"Moving with one whakaaro."*[60]

> *"We are a close-knit family, bound by strong bonds and shared experiences. Our unity empowers us to overcome challenges and celebrate successes, making us more resilient together than we could ever be apart."*

Ten respondents talked about the importance of whānau or community events in building connections. Often these were connected to whānau and te ao Māori.

> *"[We could have] whakapapa wānanga."*[61]

> *"[More] marae-led dance, kai gatherings, fun events."*[62]

In the comments, there were several suggestions that connecting with whānau and community requires a range of resources. For one respondent this was about *"proper housing for mokos"*.[63] However, in general the main resource respondents talked about was time (either needing more time, or to have more quality time when you are present with your whānau or communities).

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[59] Survey respondent.
[60] Survey respondent.
[61] Survey respondent. Note this suggestion was made by multiple respondents.
[62] Survey respondent.
[63] Survey respondent.

"[We need] more time to be able to spend with whānau."[64]

"[We need] to make a conscious effort to spend more quality time together."[65]

Connecting to people who feel isolated or lonely

Te Mātuku whānau voice survey asked for suggestions on how we as a community could connect to people who have feelings of being isolated or lonely. The most common response (22 respondents) was that there should be more community or marae-based activities for individuals and whānau to join in on.

"Offer days that include free activities, free education programs etc."[66]

"[We need] events that cater to all age groups."[67]

"Neighbourhood events, i.e., street parties even if that just means having a bbq."[68]

"Community kai, activities… not provider delivered."[69]

"Wānanga and kaupapa ora at marae to encourage our people to come home."[70]

Several comments focused on ensuring kaumatua had a full range of options to participate in the community – both formal and informal in nature.

"Go to the kaumātua groups. Include them."[71]

Outside of organised events, the comments seemed to point to needing to have every day, low-key, interactions with people to support connection (12 respondents).

"Some people find it hard to connect and engage. Just being kind and talking to them helps."[72]

"Simple things: saying hello, engaging with people, giving people acknowledgement, helps a lot."[73]

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[64] Survey respondent.
[65] Survey respondent.
[66] Survey respondent.
[67] Survey respondent.
[68] Survey respondent.
[69] Survey respondent.
[70] Survey respondent.
[71] Survey respondent.
[72] Survey respondent.
[73] Survey respondent.

Cancer screening

Cancer screening is an important part of the health system's approach to ensuring early, effective, cancer treatment. It does this by checking people without any cancer symptoms to look for pre-cancerous changes or cancer which can be treated if found early.[74]

There are three national cancer screening programmes in Aotearoa New Zealand, screening for breast, cervical, and bowel cancer. These programmes do not always perform as well for Māori as they do for non-Māori.

For example, data from the National Screening Unit for 2023[75] shows that in the former Whanganui DHB region:

- 51.9% of eligible Māori aged 25 to 69 years were up to date with their cervical screening, compared to 64% of non-Māori
- 62.5% of eligible Māori women aged 45 to 69 years had been screened for breast cancer compared to 62.1% for non-Māori women in the previous two years
- 55.1% of the eligible Māori population had been screened for bowel cancer compared to 64.7% of non-Māori.

In addition to the national cancer programmes, there are other conditions that could benefit from regular testing or screening. For example, the Prostate Cancer Foundation of New Zealand recommends that men aged 50 years and older (or aged from 40 years where there is family history) should discuss annual or bi-annual Prostate Specific Antigen (PSA) testing with their doctor.[76]

Te Mātuku whānau voice survey sought to understand whānau experiences of screening and to gain insights into their decisions to participate (or not) in screening. In total 80 people responded to questions on screening, as set out in Figure 12.

Figure 12: Number of respondents to cancer screening survey modules

Survey module	Number of respondents[77]
Breast and cervical screening	45
Bowel cancer screening	23
Prostate cancer screening	12
TOTAL	80

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[74] Curtis, et. al. (2024)

[75] Curtis, et. al. (2024)

[76] See for example the Prostate Cancer Society of New Zealand website guidelines on getting tested (accessed June 2025): https://prostate.org.nz/getting-tested

[77] Number of respondents is the number of people who answered any of the questions from the relevant survey module.

Breast and cervical cancer screening

Although the National Cervical Screening Programme and BreastScreen Aotearoa are two distinct programmes, they have similar and sometimes overlapping eligibility criteria.

Cervical cancer screening (which can be done through an HPV test or cytology) is recommended for all people who are aged 25 to 69 years of age and have a cervix (including transgender or non-binary people) and have ever been sexually active.[78] The programme is not funded for everyone, but the tests are free for Māori and Pacific wāhine aged 25 to 69 years.[79] Testing is typically done every 5 years, but for some people a test every three years is recommended.

Breast cancer screening (which is done through a mammogram) is free for all women in New Zealand aged 45 to 69 years. Screening tests should be done every two years.

Te Mātuku whānau voice survey asked a series of questions on breast and cervical screening together. Forty-five people chose to respond to this module. It is not clear from the responses if all of these respondents were eligible to participate in both programmes or whether there were clinical reasons why, for example, they needed to screen more regularly or if screening was not appropriate for them.

Most people participated in both the cervical and breast cancer screening programmes

Respondents were asked whether they chose to participate in regular screening for breast and/or cervical cancer screening. Most respondents participated in at least one of the two programmes (71% or 32 respondents).

Figure 13: Have you chosen to regularly screen for breast and cervical cancer?

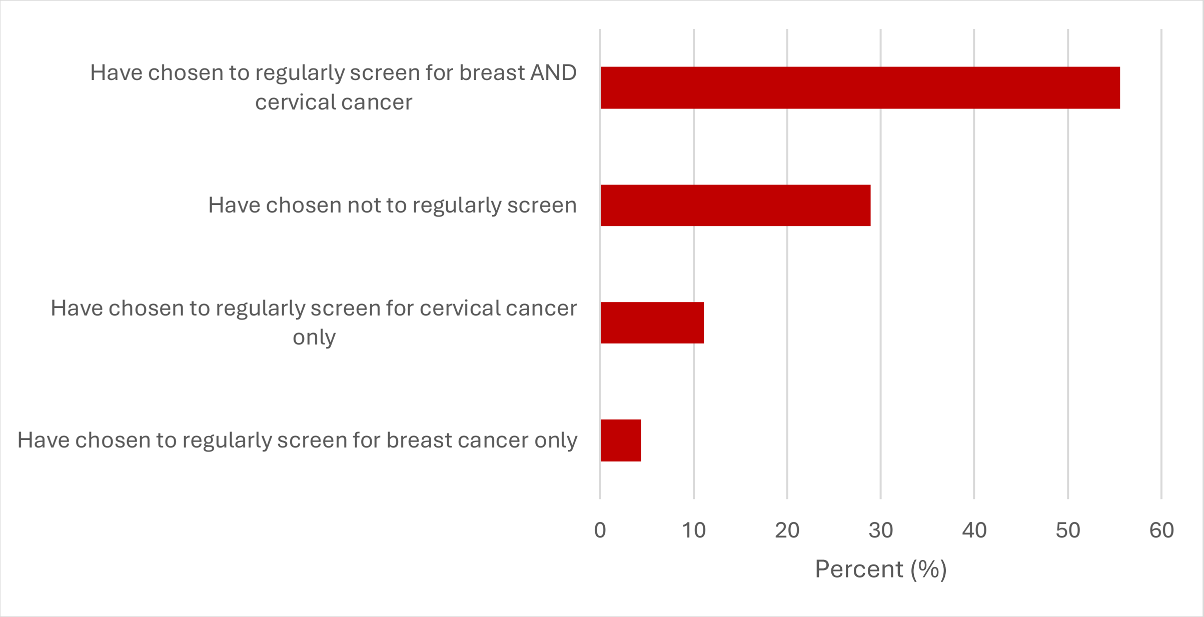

Figure note, n=45.

As Figure 13 shows, 56% of respondents (25 respondents) have chosen to regularly screen for both breast and cervical cancer. Just under a third (29% or 13 respondents) have chosen not to regularly screen for either breast or cervical cancer (6 respondents). Eleven percent (5 respondents) have chosen

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[78] For more information on cervical cancer screening and its importance, visit the Cancer Society of New Zealand website here: https://www.cancer.org.nz/cancer/find-cancer-earlier/screening-and-early-detection/cervical-screening/ (accessed June 2025).

[79] For the full list of eligibility requirements for funded cervical cancer screening tests visit the Te Whatu Ora website here: https://info.health.nz/keeping-healthy/cancer-screening/cervical-screening/eligibility-for-cervical-screening (accessed June 2025) .

to regularly screen for cervical cancer only, and 4% (2 respondents) have chosen to regularly screen for breast screening only.

Concern for own health, wanting peace of mind, and family history are key motivators for cervical and breast cancer screening

Respondents were asked what motivated them to be screened for breast or cervical cancer and the most common response was "concern for my health" – which was chosen as a reason by 75% (24 respondents).

Figure 14: What motivates you to be screened for breast or cervical cancer?

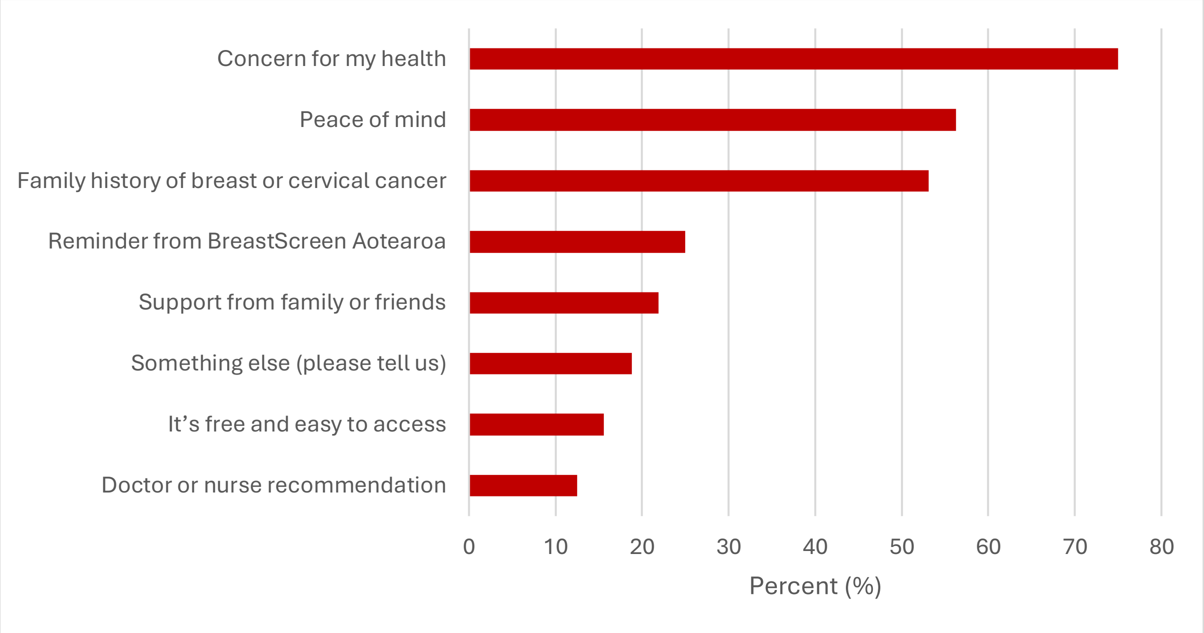

Figure note, n=32. This question allowed multiple responses.

As Figure 14 shows, more than half of respondents said 'peace of mind' (56%, 18 respondents) or having a family history of cervical or breast cancer (53%, 17 respondents) were key motivations for their participation in cervical or breast cancer screening. In the 'something else' category, two respondents also talked about wanting to be a role model for their whānau, especially their tamariki and mokopuna.

> *"I want to be here for my tamariki. Any screening applicable to me I will do."*[80]

The reminder from BreastScreen Aotearoa was motivating for 25% of respondents (8 respondents). Other important factors were the support of friends and family (7 respondents) and the fact that it is 'free and easy to access' (16%, 5 respondents).

The least common motivator for breast or cervical cancer screening was having a recommendation from a doctor or nurse (4 respondents).

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[80] Survey respondent.

Reminders to have a screening test are helpful for everyone

All respondents (32 respondents) find screening reminders and information helpful.

> *"The reminders I get are amazing."*[81]

When asked what would make reminders even more helpful, the most common answer (from 50%, 16 respondents) was that reminders should be in their preferred format (be that text message, email, or phone call). Forty-four percent (14 respondents) suggested reminders should be given closer to appointment dates and 34% (11 respondents) said the reminders should be more frequent.

Screening process and results

Te Mātuku whānau voice survey asked a series of questions on the screening process, particularly in relation to receiving results and information on screening.

- The vast majority of people feel properly informed about the screening process and the screening results (94%, or 30 out of 32 respondents).
- Most respondents felt they could ask questions before, during, and after screening (91%, or 29 out of 32 respondents).
- Most respondents said that the screening results came to them promptly (84%, or 27 out of 32 respondents).

Overall, most respondents were satisfied with their breast and/or cervical cancer screening experiences.

Figure 15: Overall how satisfied are you with your screening experience?

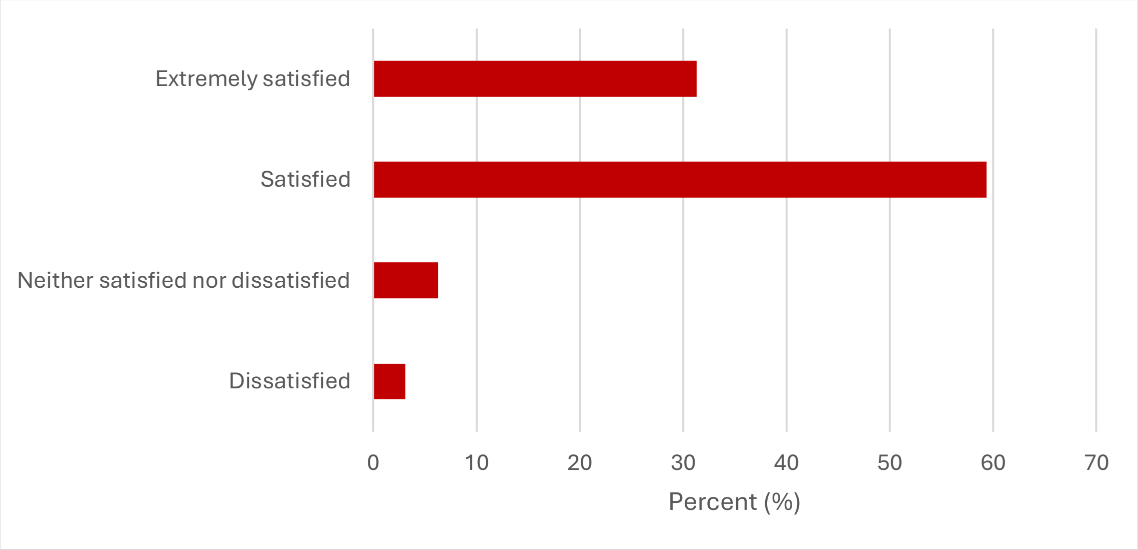

Figure note, n=32.

As Figure 15 shows, 91% of respondents were 'satisfied' (19 respondents) or 'extremely satisfied' (10 respondents) with their breast and/or cervical cancer screening experiences. Two respondents were neutral ('neither satisfied nor dissatisfied') with their screening experiences and one respondent was 'dissatisfied'. No respondents were 'extremely dissatisfied'.

Seven respondents wrote in comments about their screening experiences. One of these was positive about the self-testing for cervical cancer screening.

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[81] Survey respondent.

> *"I love how you can now do the smear test by yourself. I was worried from the horror stories from my Aunties but, now that I did it myself, I'll be telling everyone else to."*[82]

Another respondent was also relatively positive about the services they receive.

> *"Because of my health history, my experience is generally good, from time to time I have to follow up - I know that this isn't everyone's experience and more could be done to better support wāhine in these situations."*[83]

However, three of the comments raised concerns.

- One respondent had to get services outside of Whanganui because they felt dismissed by the Whanganui BreastScreen Aotearoa service.
- One respondent said they had not been given the opportunity to ask questions and have a support person with them. This suggests they have not had full and informed consent: "*I've never been given the option on the different procedures available. Sometimes it's been assumed that I know what screening procedure will be taken.*"[84]
- One respondent shared an experience of the clinical staff making "*this big deal about how it was free for me because I was Māori and how lucky I was that I didn't have to pay*".[85] As this respondent went on to say, it is not just cost that it is a barrier but the judgmental and harmful comments Māori get exposed to in health care settings: "*…it's comments like this that imply that I should be grateful for having access to healthcare*".[86]

Culturally safe and inclusive services could encourage others to screen

When asked about what might encourage other wāhine to get screened for breast or cervical cancer, most respondents suggested culturally safe or inclusive services (91%, 29 respondents). Although there is more to cultural safety than just having access to Māori run services, in the comments to this question one respondent said:

> *"Māori nurses... people that can relate to Māori without belittling them".*[87]

Figure 16: What could encourage other wāhine to get screened for breast or cervical cancer?

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[82] Survey respondent.
[83] Survey respondent.
[84] Survey respondent.
[85] Survey respondent.
[86] Survey respondent.
[87] Survey respondent.

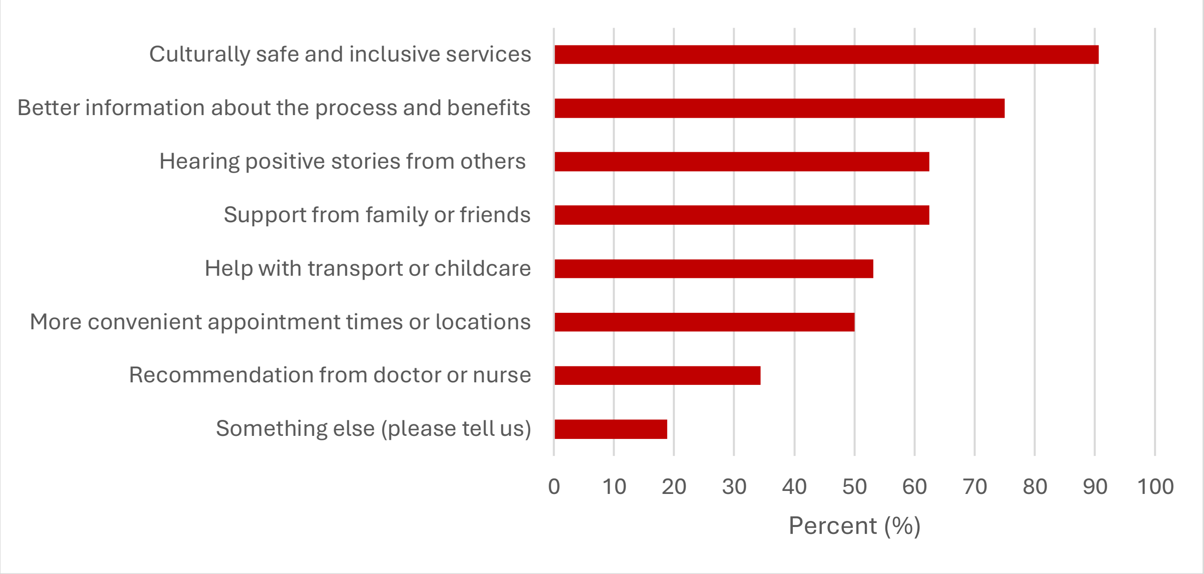

Figure note, n=32. This question allowed multiple responses.

As Figure 16 shows, better information about the processes and benefits of breast and/or cervical cancer screening (75% or 24 respondents), hearing positive stories from others who have been screened was suggested by 63% of respondents (20 respondents), as was support from family or friends (20 respondents) might encourage other wāhine to participate in screening.

Respondents also suggested practical support, such as providing help with transport or childcare (53% or 17 respondents) and making appointment times or locations more convenient (50% or 16 respondents) might help increase participation in cervical and breast cancer screening. In the comments to this question, one respondent suggested that screening could be made more accessible by offering culturally safe services in a range of ways.

"Marae based, mobile smear services, culturally safe services."[88]

There was a sense in three comments that being more comfortable talking about women's health, sexual health, and screening might encourage more people to participate in the cervical and breast cancer screening programmes.

"Our people need to talk about it more… discussion about puberty, sexual maturity, and respect to be spoken about more normally."[89]

"[People need] help with not being embarrassed, making it a normal thing to do so they feel comfortable."[90]

Why do people not participate in cervical or breast cancer screening?

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[88] Survey respondent.
[89] Survey respondent.
[90] Survey respondent.

For those who chose not to participate in either cervical or breast cancer screening programmes (or both) many respondents wrote in the comments that they were not eligible for screening – usually because of their age (being too young).[91]

For the other respondents, the most common reasons they did not participate in cervical or breast screening were:[92]

- Forgetting or missing the reminder (4 respondents)
- A lack of time (being too busy to have a screening test, 3 respondents).

The following reasons for not participating in cervical or breast screening programmes were selected by one or two respondents each:

- Fear of the results
- Worried about pain or discomfort
- Embarrassment or discomfort
- Not liking or fearing going to a healthcare provider
- Being unsure about self-testing for cervical cancer screening, and
- The screening location being inconvenient.

Notably, no respondent said they were concerned about their data being stored and used as part of a national cancer screening programme, that they did not feel at risk, or that they were not comfortable with the tests.

Respondents who chose not to participate in either cervical or breast cancer screening (or both) are doing so in an informed way. As Figure 17 shows, 60% of respondents (12 respondents) said they felt well-informed about the decision to screen. However, this means that 40% of respondents did not feel well informed (8 respondents). As one respondent said in the comments of the previous:

> *"It isn't something I know about, so it hasn't been on my mind".*[93]

Figure 17: Do you feel well-informed to make decisions about going for screening?

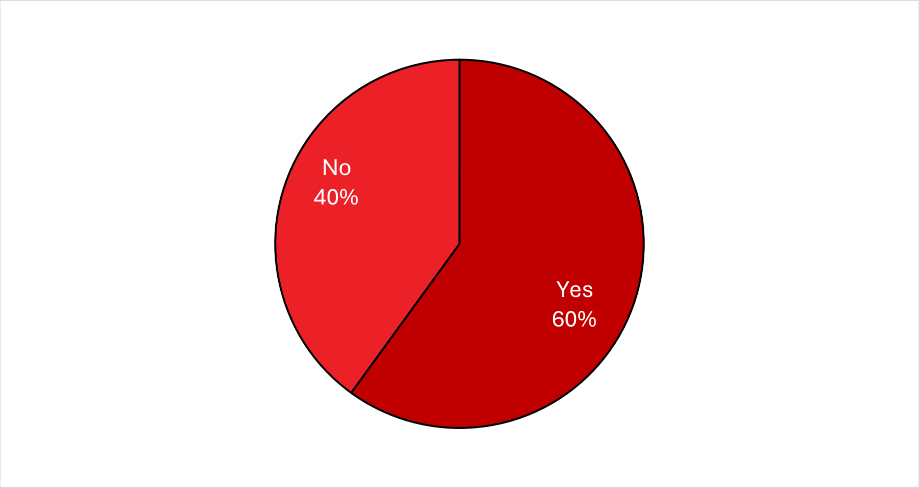

Figure note, n=20.

Respondents who are not currently participating in either cervical or breast cancer screening (or both) were also asked if they had ever started screening then stopped. Only four (out of 20) of the respondents said yes. The reasons these respondents stopped participating in this screening included:[94]

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[91] Twenty respondents answered this question. The question allowed for multiple responses.

[92] This section is based on responses to a question that allowed for multiple responses. There were 20 respondents who answered this question.

[93] Survey respondent.

[94] Twenty respondents answered this question. The question allowed for multiple responses.

- Medical advice or recommendation to stop having screening tests
- Being too busy to make the time for screening tests
- Missing or not getting reminders
- Not feeling at risk
- Negative experiences at a past screening.

These four respondents also indicated that more convenient appointment times or locations and clearer reminders would be the most likely improvements that could get them to return to regular screening.

All respondents who are not currently participating in either cervical or breast cancer screening (or both) were also asked a series of questions about screening reminders.[95]

- 40% (8 respondents) received regular reminders to be screened
- 40% (8 respondents) said they did not know how screening reminders could be improved
- 40% (8 respondents) thought that more frequent reminders in their preferred format (for example, text message, email, or phone call) would be more helpful for them (7 respondents) and 23% said they would prefer reminders through a mobile app or online service (3 respondents)
- 30% (6 respondents) said that appointment reminders could be scheduled closer to their appointment date.

Most of those who are not currently participating in either cervical cancer or breast screening (or both) knew they could have a support person with them when they are screened (75% or 15 respondents).

These same respondents were also asked what would encourage them to participate in screening. As Figure 18 shows, culturally safe and inclusive services was the most common response (40%, 8 respondents each).

Figure 18: What would encourage you to get screened?

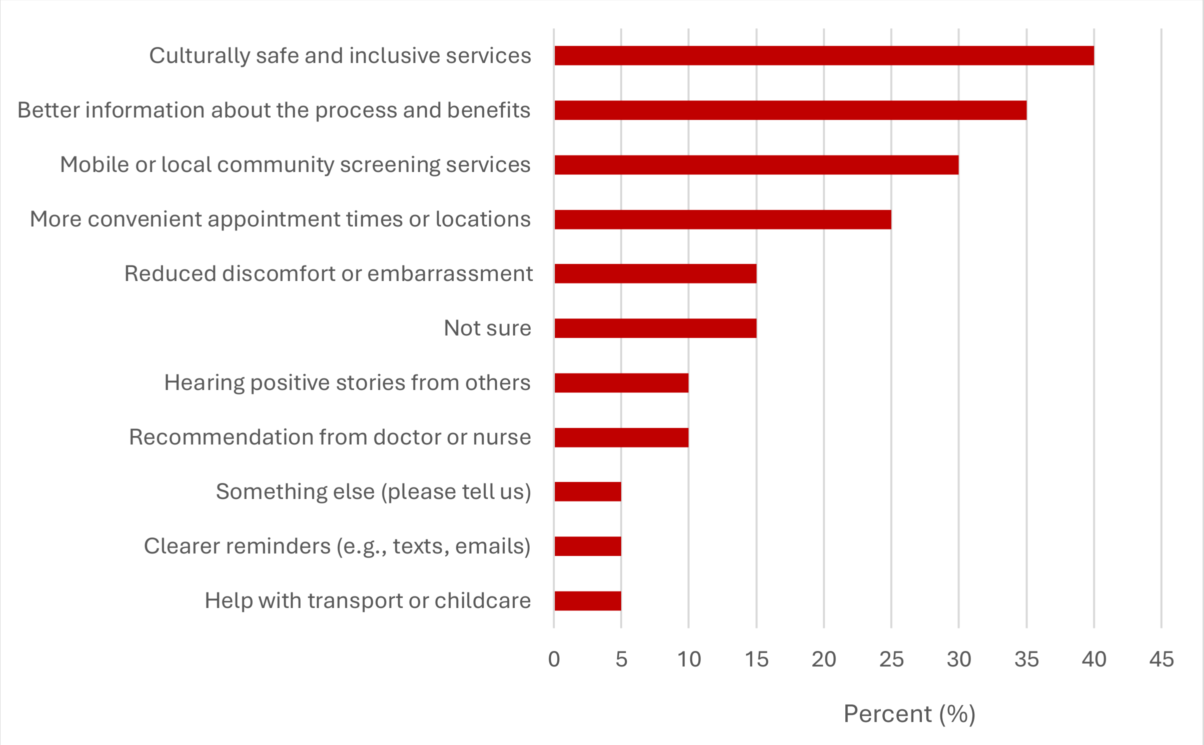

Figure note, n=20. This question allowed for multiple responses.

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[95] Twenty respondents answered this question. The question allowed multiple responses.

Over one third of respondents (35%, 7 respondents) said that better information about the screening process and benefits would encourage them to get screened. The time and location of appointments are also important when seeking to increase screening uptake in Te Ranga Tupua rohe. Thirty percent (6 respondents) said that mobile or local community screening services would encourage them to get screened and 25% (5 respondents) said that more convenient appointment times or locations would encourage them to get screened.

Bowel cancer screening

Free bowel cancer screening is offered through the National Bowel Screening Programme to everyone who is eligible for publicly funded health care in New Zealand and who is aged between 60 and 74 years. Data from the National Bowel Screening Programme shows that the bowel cancer screening test will find at least 7 out of 10 cancers that are present.[96] Individuals can ask to have a bowel cancer test, at any age, through their health provider, but this would likely have an attached co-payment or patient fee, or clinical requirements, and it would not be part of the national programme.

The age range for free bowel cancer screening is a serious concern for Māori health. Screening is meant to identify cancers before people experience symptoms – this is so that treatment or other interventions can start as early as possible and have the best chance of success.

Māori health and cancer screening experts have argued, based on data, that the bowel screening age for Māori should be lowered so that screening starts at 50 years.[97] This would reflect both the fact that Māori are a younger population and that the Māori and Pacific populations are more likely to be diagnosed with bowel cancer before turning 60 years old. This means they will not benefit from the funded bowel cancer screening programme to the same extent as the non-Māori, non-Pacific population.[98]

The recent decision to lower the age range of the National Bowel Screening Programme from 60 to 58 years has done little to alleviate the concerns of Māori health experts, given that it followed the decision by the government to end a phased roll-out to extend the age range for bowel cancer screening for Māori and Pacific (from age 50).[99]

Te Mātuku whānau voice survey seeks to understand how the age range of the programme affects whānau in Te Ranga Tupua rohe, and to gain insights into the decisions of those who have chosen either to participate in bowel cancer screening or not. Twenty-three people answered questions on bowel cancer screening eligibility, and ten people answered questions on bowel cancer screening.

People would screen if they were eligible

Survey respondents who opted in to the bowel cancer screening module were asked if they were aged 50 to 60 years old. Eleven respondents were in this age range and the vast majority (10 respondents) said they would be interested in the bowel cancer screening programme if they were eligible.

Most of those who are eligible have decided to screen

Respondents were asked if they had chosen to screen for bowel cancer. As Figure 19 shows, 78% (or 18 respondents) said that they have chosen to screen.

Figure 19: Have you chosen to screen for bowel cancer, either as part of the National Bowel Cancer Screening Programme or through your health provider?

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[96] Information on the National Bowel Screening Programme is available on the Te Whatu Ora website: https://info.health.nz/keeping-healthy/cancer-screening/bowel-screening/bowel-screening-programme (accessed June 2025).
[97] McLeod et al. (2021).
[98] See for example, Bowel Cancer New Zealand media statement (December 13 2024), available online here: https://bowelcancernz.org.nz/new/early-bowel-cancer-screening-for-maori-pasifika-to-end/
[99] See for example, Fuatai (2025).

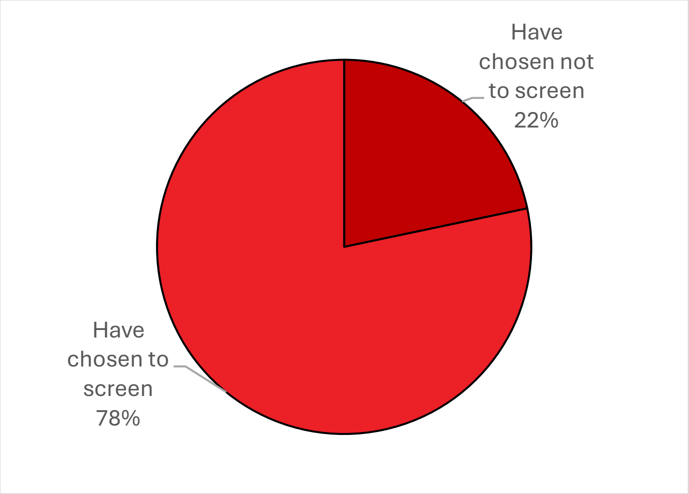

Figure note, n=23.

The most common motivation to participate in bowel cancer screening for respondents is peace of mind (72%, 13 respondents) and concern for their health (67%, 12 respondents). As Figure 20, below, shows, the other common motivators are having a family history of bowel cancer (56%, 10 respondents), having regular health check-ups (39% 7 respondents).

Figure 20: What motivates you to be screened for bowel cancer?

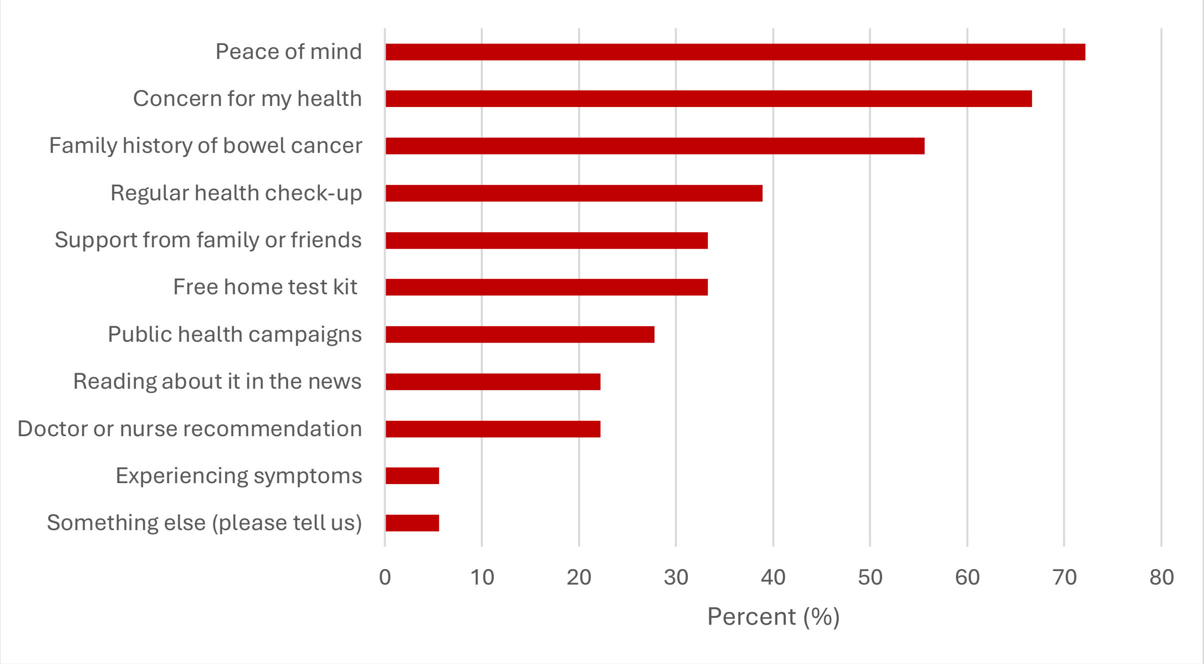

Figure note, n=18. This question allowed for multiple responses.

Figure 20 also shows that support from friends is motivating for a third of respondents (33%, 6 respondents), as is the free home testing kit provided by the National Bowel Cancer Screening Programme (33%, 6 respondents).

Publicly available information, for example through public health campaigns (28%, 5 respondents) or in the news media (22%, 4 respondents), have also been motivating for some respondents.

Four respondents (22%) said that recommendations from health professionals (a doctor or nurse) have been motivating. For one respondent, experiencing symptoms motivated them to be screened for bowel cancer.

The bowel cancer screening process

Te Mātuku whānau voice survey asked a series of questions on the bowel cancer screening process, particularly in relation to receiving results and supporting information.

- Most respondents felt properly informed about the screening process and results (17 out of 18 respondents).
- Most respondents felt they could ask questions before, during, and after screening (16 out of 18 respondents).
- All respondents said that the screening results came to them promptly (18 respondents).

Overall, most people were satisfied with their bowel cancer screening experience.

Figure 21: Overall how satisfied were you with your screening experience?

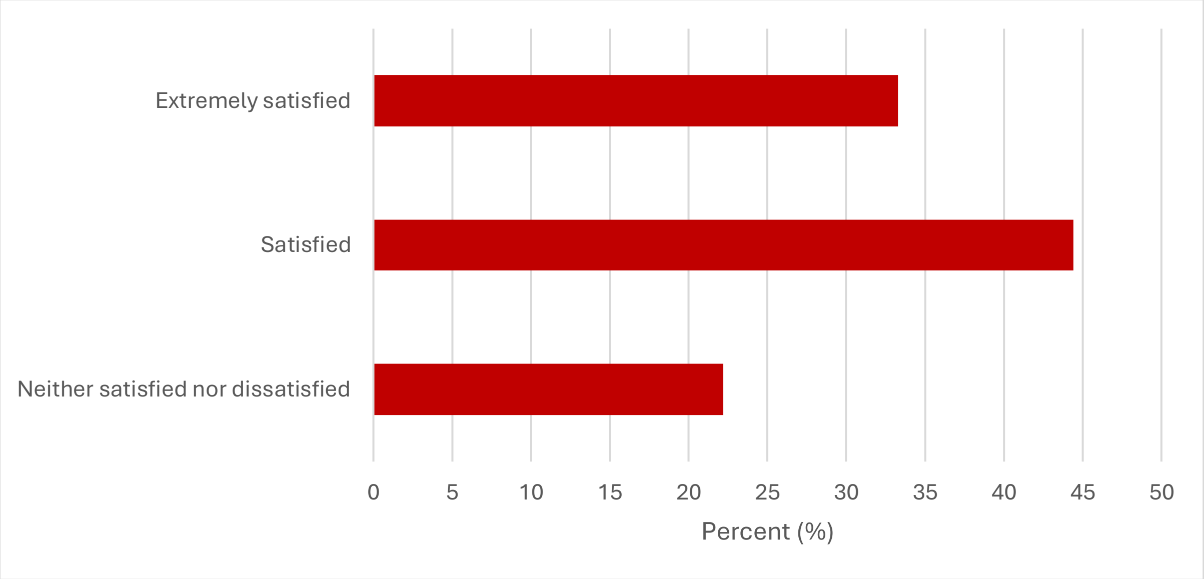

Figure note, n=18.

As Figure 21shows, most respondents were 'satisfied' (44%, 8 respondents) or 'extremely satisfied' (33%, 6 respondent) with their bowel cancer screening experience. Four respondents were neutral about their experience ('neither satisfied nor dissatisfied'). No respondents were either 'dissatisfied' or 'extremely dissatisfied'.

Respondents were able to provide comment on their screening experiences. There were five comments, which overall highlight the importance of having good quality information about screening available and a good relationship with health professionals.

> *"Depends on who the nurse is, they are usually pretty good, they know how to take care of your body."*[100]

There appears to be some misinformation about the screening with one respondent saying that they have "*gotta pay for it now*",[101] even though they are a pensioner.[102] Another respondent emphasised that they were reliant on health professionals to explain the screening to them.

> *"Just more information needed, knowing what to ask, [I'm] totally reliant on GP."*[103]

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[100] Survey respondent.

[101] Survey respondent.

[102] The programme and screening is free to anyone who is eligible, which would include pensioners aged 65 to 74 years of age.

[103] Survey respondent.

Sharing positive stories could encourage more screening

Respondents were asked what might encourage other eligible whānau to get screened for bowel cancer. Sixty-seven percent of respondents suggested that hearing positive stories from others who have been screened might help to encourage other whānau (12 respondents).

Figure 22: What could encourage other whānau to get screened for bowel cancer?

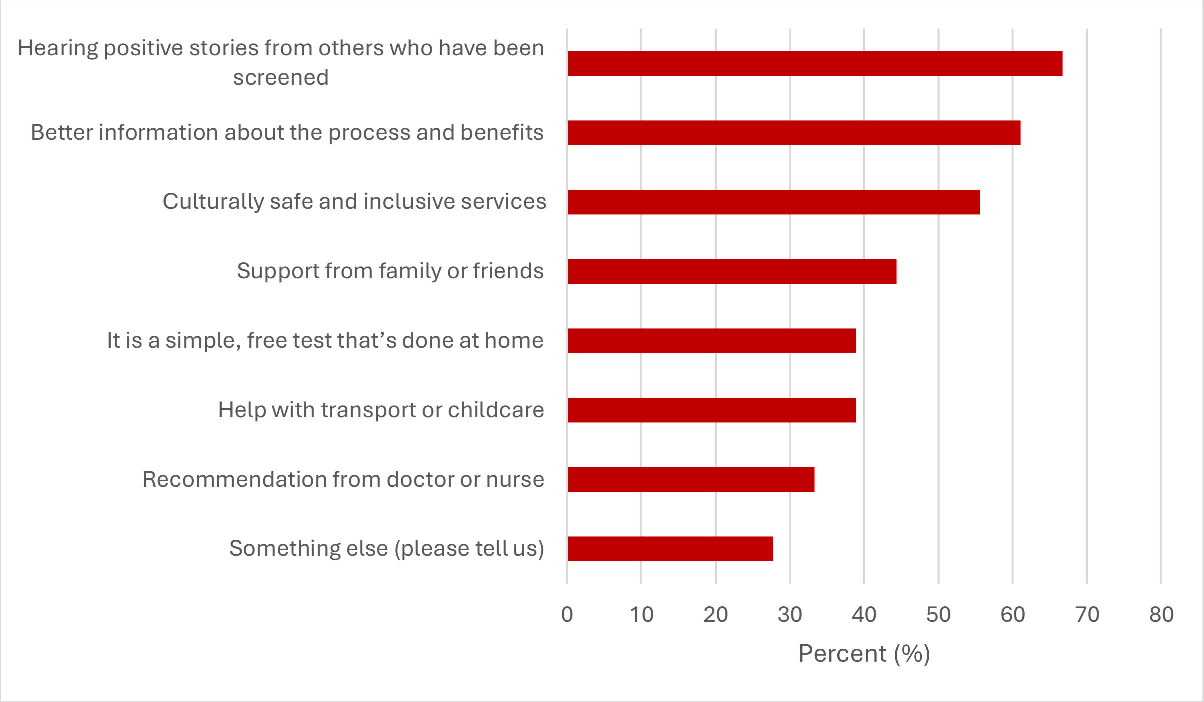

Figure note, n=18. This question allowed for multiple responses.

As Figure 22 shows, the next most common response from respondents was that better information about the screening process and its benefits might encourage other whānau to be screened for bowel cancer (61%, 11 respondents). More than half of respondents also said that culturally safe and inclusive services (56% or 10 respondents) could encourage wider participation in bowel cancer screening.

Support from family or friends was suggested by 44% (8 respondents) and 39% (7 respondents) said emphasising it is a free test that is simple, and done at home, would help encourage others to participate in bowel cancer screening.

Although based on very small numbers (5 respondents), most of those who answered the bowel cancer screening module and said that they did not participate in bowel cancer screening, said they decided not to participate because they were not eligible (3 respondents). Discomfort or embarrassment, worry that the test would be unpleasant, and fear of the results were each selected by two respondents as reasons they decided not to participate in the National Bowel Cancer Screening Programme.

Prostate cancer screening

While there is no national prostate cancer screening programme, clinical advice is that men aged 50 years or older (or aged from 40 years where there is a family history) should have regular Prostate Specific Antigen (PSA) testing or screening.[104] There is some evidence that Māori men have lower rates of prostate cancer screening or testing than NZ European men,[105] and recent evidence that lower PSA testing rates for Māori are linked to higher risk of prostate cancer related death.[106]

Twelve respondents answered questions on prostate cancer screening.

As Figure 23 shows, respondents were evenly split between those who had chosen to have regular prostate cancer testing and those who had not.

Figure 23: Have you chosen to regularly screen for prostate cancer?

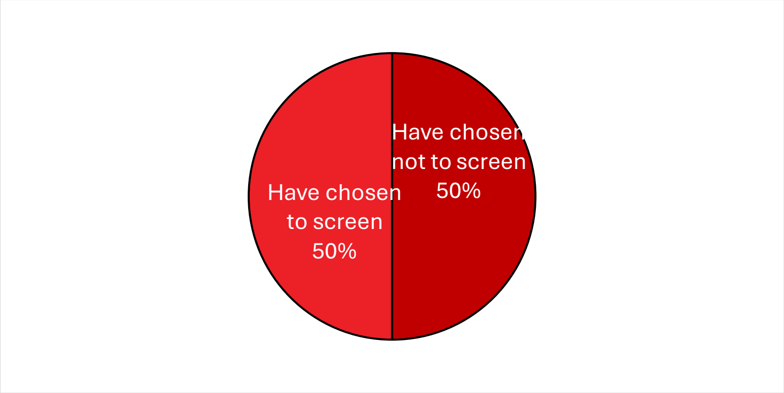

Figure note, n=12.

The main motivations for having regular prostate cancer testing[107] were concerns for their health (4 respondents), peace of mind (4 respondents) and seeing the screening as part of regular health check-ups (4 respondents). Three respondents said that the support they had from their whānau and friends motivated them to have prostate cancer screening. Family history of prostate cancer, doctor or nurse recommendations and experiencing symptoms had each motivated two respondents.

Screening experiences

Most respondents to the prostate cancer screening questions were satisfied with the services they received.

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[104] See for example the Prostate Cancer Society of New Zealand website guidelines on getting tested (accessed June 2025): https://prostate.org.nz/getting-tested

[105] BPAC (2020).

[106] Matti et al. (2024).

[107] Six respondents answered this question. The question allowed for multiple responses.

Figure 24: Overall how satisfied are you with your screening experience?

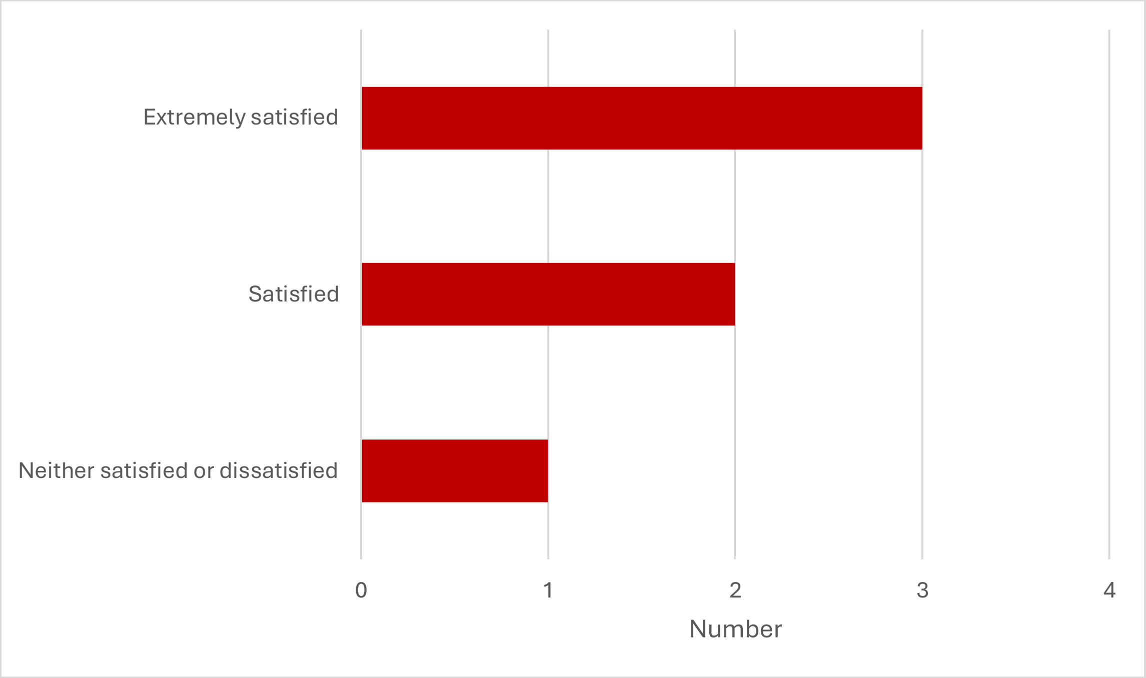

Figure note, n=6.

As Figure 24 shows, half of respondents (3 respondents) were ‘extremely satisfied’ with their screening experience and a further third (2 respondents) were ‘satisfied’. One respondent was neutral (‘neither satisfied or dissatisfied’). No respondents were ‘dissatisfied’ or ‘extremely dissatisfied’.

Respondents who had prostate cancer screening were able to comment on their experience. Only two respondents added comments, one indicating that there was a cost attached to the testing and the other saying that they had to travel to Palmerston North (though it is not clear if this was for the testing or related to follow up on test results).

Five out of the six respondents felt they were properly informed about the screening process and about their results. All six respondents felt they could ask questions before, during, and after screening, and all respondents said that the screening results came through promptly.

Getting more people to take up prostate cancer screening

The six respondents who had participated in prostate cancer screening were asked what might encourage other tāne to get screened. The most common response was hearing positive stories from others who have been screened (5 respondents). Having more culturally safe and inclusive services, better information about the process, and a recommendation from a doctor or nurse were each selected by four respondents as things that could encourage more tāne to be screened. Three respondents suggested help with transport or childcare, and three respondents said support from family or friends would help.

Two respondents said more convenient appointment times or locations could encourage people to be screened for prostate cancer. In the comments to this question, one respondent further added that services could be “*community-based, marae-based*”.[108]

The six respondents who had decided not to participate in regular prostate cancer testing or screening were asked about how and why they made their decision.[109] A lack of

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[108] Survey respondent.

[109] Six respondents answered this question. The question allowed for multiple responses.

information appears to be the biggest barrier, based on the comments respondents wrote in on this question.

"I just don't know enough about it."[110]

"I have never actually received any information about being screened."[111]

Three respondents said they were not comfortable with the test itself. As one respondent wrote in the comments:

"I have always feared the test since I first heard about prostate cancer as a teenager."[112]

Being worried about pain or discomfort and being embarrassed or uncomfortable with the process were each selected as reasons for not participating in screening by two respondents and one respondent selected fear of the results. Only two out of the six respondents felt that their decision not to have screening was well-informed.

The six respondents who decided not to participate in regular prostate cancer testing or screening were also asked about the factors that might encourage them to get tested or screened.[113] Four respondents said reduced discomfort or embarrassment might encourage them to get screened. Half of the respondents said better information about the process and the benefits of prostate cancer screening might encourage them to get screened. One of the six respondents said: *"nothing would encourage me to be screened"*.[114]

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[110] Survey respondent.
[111] Survey respondent.
[112] Survey respondent.
[113] Six respondents answered this question. The question allowed for multiple responses.
[114] Survey respondent.

Concluding comments

This report outlines the findings of Te Mātuku whānau voice survey in relation to mental health and well-being, social inclusion, and cancer screening. While each of these topics was distinct, the responses to each survey module highlight the role that whānau connection plays in all aspects of our health and well-being.

Mental health and well-being

Te Mātuku whānau voice survey results suggest that mental health and addictions have affected most whānau in Te Ranga Tupua rohe at some point. And many whānau and individuals (over one third) have felt the need for professional help in the past year. Accessing this help is not always easy, as is clearly illustrated in survey responses. Service quality (both in terms of cultural and clinical safety) was a main driver of this unmet need for mental health and addiction services for many whānau.

Nevertheless, those respondents who received mental health and addiction services were generally satisfied or extremely satisfied with what they received.

Social cohesion

Most respondents feel connected to their local communities in Te Ranga Tupua rohe, and nearly all respondents feel connected to their whānau. This feeling of connection was described as knowing others and being known by others, as offering unconditional support, and having whakapapa connections. Community and whānau connections are strengthened by community events, often in Māori spaces (e.g. marae) or with Māori kaupapa (e.g. whakapapa wānanga or kapa haka).

Most respondents said that they wanted to strengthen their whānau or community connections. The suggestions for how to build this connection mostly focused on whakawhanaungatanga and creating the opportunity to make whānau and community connection through iwi, hapū, whānau, or community events. However, respondents acknowledged that making and maintaining these events and sustaining connections with whānau and community requires a range of resources, including having quality time to dedicate to the process.

Cancer screening

The cancer screening modules of Te Mātuku whānau voice survey covered cervical and breast cancer screening, bowel cancer screening, and prostate cancer screening.

When it comes to cervical and breast cancer screening, most of the people who responded to this module participated in both screening programmes. The key motivators for participating in cervical and breast cancer screening were concern for their own health, wanting peace of mind, and family history of either cancer. While respondents generally had positive experiences in the programme there were examples from respondents of where the screening services had not met their expectations and caused unnecessary stress or unease.

Those who do currently participate in cervical and/or breast cancer screening suggested that more culturally safe and inclusive services would encourage others to participate in the programme.

For bowel cancer screening, the age range for the funded National Bowel Screening Programme remains a considerable issue. Those who are not currently eligible (i.e., under 60 years old) said they would screen if they could. Most of the respondents who were eligible to participate in bowel cancer screening, did so, and most of these respondents were satisfied with the screening experience. Outside of addressing the age range for screening, the main suggestion for increasing the uptake of bowel cancer screening amongst whānau was to share more positive stories. However, as with cervical and breast cancer screening, a large proportion of respondents also thought that there could be more information about the screening and its benefits and that services could be more culturally safe and inclusive.

A small number of respondents completed the prostate cancer screening module, which is perhaps not surprising as it is not a nationally run or subsidised cancer screening programme. Half of the respondents participated in prostate cancer testing or screening, and most were satisfied with their experiences. For prostate cancer screening, respondents demonstrated a need for more information about the testing and what is involved more than the other cancer screening covered in this survey.

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TE MĀTUKU

TOITŪ TE KUPU, TOITŪ TE MANA, TOITŪ TE WHENUA, TOITŪ TE TANGATA