

Planning a national STI website that appeals to young Māori

**Alison Green and Jordan Waiti
for Te Puāwai Tapu – <http://tpt.org.nz>
tpt@tpt.org.nz**



**Submitted to Claire Hurst, Project Leader
Sexually Transmitted Infections Education Foundation**

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Mihimihi – Acknowledgements

Mā tou rourou, mā tōku rourou, ka ora ai te iwi

With my contribution and with your contribution, the people will prosper

This whakatauki speaks to the value of collaboration which, in the context of the project involving young Māori and an STI website, is a strategy for improving the sexual and reproductive health of this important group of young Māori and their peers. The whakatauki underpinned the project design and implementation and promoted the level of cohesion and team work required to successfully complete the project.

Te Puāwai Tapu thanks the Sexually Transmitted Infections Education Foundation for agreeing that the voices of young Māori who are out-of-school and living in urban and semi-urban areas of New Zealand are a priority when planning the new national STI website.

Te Puāwai Tapu also thanks Te Ahurei a Rangatahi, a Māori youth health organisation in Hamilton, and Youth Space, a youth health organisation in Whangārei. The project would not have been completed within the timeframe and budget without your willingness to be involved. Thank you Ngaire Sandel, Portfolio Manager, National Health Board, Ministry of Health for supporting this project as a key component of the 2014 – 2015 Service Delivery Plan for Te Puāwai Tapu.

Finally, thank you to the service coordinators, young Māori and youth workers who took time away from work and individual pursuits to attend hui and review transcripts. Your discussion and laughter provided a relaxed atmosphere out of which important information was generated.

Background

This report describes the processes and findings of the project **Planning a national STI website that appeals to young Māori**. The rationale for the project was to provide the Sexually Transmitted Infections Education Foundation (STIEF) with information to build a national STI website that appealed to young Māori as much as it appealed to other New Zealanders. A review of relevant literature provided a small amount of information about young Māori and sexually transmitted infections (STIs) but nothing about the web-user preferences of this important group of young people. This report brings together relevant literature and the perspectives of twelve young Māori and fifteen Māori youth workers who shared their thoughts and experiences about what would make for a youth-friendly, informative and up-to-date STI website that they and their peers would use.

Sexually transmitted infections in New Zealand

New Zealanders experience high rates of STIs. New Zealand has higher regional rates of chlamydia and gonorrhoea than national rates in Australia and the United Kingdom (Best Practice Advocacy Centre New Zealand, 2009; Johnston, Fernando, & MacBride-Stewart, 2005). Chlamydia is the most commonly diagnosed STI, and although the rate has been gradually decreasing since 2009, the rate amongst young women aged 15-19 years is still very high (Institute of Environmental Science and Research Ltd, 2014). Of concern is research which indicates that rates of STIs are very high among young Māori women *and* young Māori men (Perkins, 2004; Sparrow et al., 2007).

A feature of some STIs is that these can be asymptomatic. Having an STI test is, therefore, the only sure-fire that people can know if they have an STI. However, the stigma and discrimination associated with contracting or transmitting an STI is likely to delay STI testing and increase the potential for transmission and longer term health problems, particularly among persons without symptoms.

Chlamydia, for example, is asymptomatic in approximately 90% of females and 70% of males. Untreated, chlamydia can create a host of problems, including infertility in males and females. Gonorrhoea is asymptomatic in approximately 90% of males and 50% of females. Untreated, gonorrhoea can lead to pelvic inflammatory disease in females, epididymo-

orchitis in males, and severe conjunctivitis in babies born to infected mothers (Best Practice Advocacy Centre New Zealand, 2009).

Sexually Transmitted Infections Education Foundation (STIEF)

STIEF is a not-for-profit health promotion organisation whose goal it is to reduce STIs in New Zealand. Previously, STIEF held contracts with district health boards and the Ministry of Health to provide web-based information and resources for health professionals and the public about herpes and the human papillomavirus (HPV). In 2013, the organisation's contract with the Ministry of Health was extended to support the development and implementation of a new national website that would address all STIs. The planned STI website is significant in that it will centralise information for health professionals and the public into one website. However, consultation with health professionals and the public is important if the new website is to meet user requirements, reduce STIs, and address inequalities between Māori and other New Zealanders.

Te Puāwai Tapu

Established in 1990, Te Puāwai Tapu is a kaupapa Māori [by Māori, for Māori] sexual and reproductive health promotion organisation with a Ministry of Health contract to provide nationwide health promotion services. In its early years Te Puāwai Tapu was supported by Family Planning to establish itself in the Wellington region where the organisation developed and delivered sexuality education programmes in schools. In 2011 Te Puāwai Tapu changed its focus to include services and programmes that assist other sexual and reproductive health organisations to improve services to Māori. Te Puāwai Tapu is cloud-based and contractors undertake a wide range of sexual and reproductive health-focused projects in the areas of health, education and Māori community development.

Project to plan a national STI website that appeals to young Māori

In early 2014 the STIEF Project Leader, Te Puāwai Tapu and The Village Collective discussed a collaborative project to build a website that supported equitable STI health outcomes for Māori and Pacific young people. Although many Māori and Pacific young people experience good sexual and reproductive health, a significant number are affected by high STI rates and poor treatment outcomes (Ministry of Health, 2003).

Te Puāwai Tapu obtained agreement from the Ministry of Health in March 2014 to consult a small group of young Māori and find out what would make an STI website appealing, user-friendly and informative for them and their peers. The Te Puāwai Tapu (TPT) Project Leader was a young Māori man who had recently completed his doctoral studies in the social sciences. Over a three month period his brief was to review literature, identify *one* priority group of young Māori, collaborate with two youth health organisations to set up focus groups of young Māori, facilitate the groups, collate and analyse feedback, and produce a report for STIEF and Te Puāwai Tapu.

Two questions shaped the project. The first was to find out about the internet usage and web-browsing preferences of a group of young Māori, and the second was to identify features that would make an STI website appealing and user-friendly to the group. The project did not collect demographic information or information about sexual identity and personal health.

In determining the scope of the project, the TPT Project Leader contemplated the issue of generalising the findings from one small project. Agreement was reached that the findings are not able to be generalised for all young Māori; rather, the project marks the beginning of a longer process of building and testing a website that works as well for all young Māori as for other New Zealanders.

Methodology and methods

The methodological approach for this project is Kaupapa Māori which means that the project processes and methods are normative to te reo Māori and tikanga Māori, the aims of the project are determined by Māori, for Māori, and the outcomes are transformative (Smith, 1997).

Transformation in the context of this project means that a rich body of information about the internet preferences for young Māori will be generated, relationships between collaborating organisations will be strengthened, and the outcomes will contribute to improving the sexual and reproductive health of Māori.

The following methods were used:

Collaboration

The importance and benefits of collaboration among organisations in the sexual and reproductive health sector is highlighted in the Sexual and Reproductive Health Strategy: Phase One (Ministry of Health, 2001). There are many definitions for organisational

collaboration but for the purpose of this project, collaboration is defined as an approach that involves more than one organisation working to achieve desired ends that no single organisation could achieve by itself (Wood and Gray, 1991). STIEF and Te Puāwai Tapu collaborated to plan and lead the project, and Te Ahurei a Rangatahi and Youth Space joined the collaboration to assist Te Puāwai Tapu to implement the project.

Māori are no strangers to collaboration, either good or bad. Collaborations are part of Māori pre-colonial history such that the survival and expansion of Māori whānau, hapū and iwi depended on the quality and strength of collaborations. Since the 1800s and Pākehā settlement, Māori regard for collaborations involving Pākehā are characterised by a high level of caution and skepticism. Oftentimes this is because the power to define and influence the collaboration is balanced in favour of Pākehā, not Māori.

The collaboration with STIEF was initiated by Te Puāwai Tapu on the basis that it was unlikely that the STIEF Project Leader would consult with groups of Māori without assistance from an experienced Māori health organisation. Collaborating with STIEF was in the interests of Te Puāwai Tapu because it provided an opportunity to influence the design and content of the new STI website so that it met the needs of young Māori. Collaborating with Te Puāwai Tapu was in the interests of STIEF because the organisation aimed to create an STI website that met the needs of young Māori but needed Māori sexual health promotion expertise in order to achieve their aim.

Key to the project were the collaborations with Te Ahurei a Rangatahi, a Māori youth health and social services organisation in Hamilton, and Youth Space, a social, recreational and health services organisation for young people in Whangārei. Te Puāwai Tapu and Te Ahurei a Rangatahi have had a long and productive working relationship in Māori sexual and reproductive health promotion, and Te Ahurei a Rangatahi agreed to assist Te Puāwai Tapu to bring together young Māori aged 16 to 20 years, and young Māori youth workers, to form two focus groups. The STIEF Project Leader had a prior relationship with the manager of Youth Space and brokered a relationship between Te Puāwai Tapu and Youth Space. As a result, Youth Space also agreed to assist Te Puāwai Tapu and brought together a group of young Māori and young Māori youth workers to form two focus groups.

The collaborative organisational relationships, existing and new, enabled the project to be completed within a short time frame and with minimum funds. The collaboration was informal inasmuch as there was no legal document or memorandum of understanding

describing organisational roles, responsibilities, and processes for collaboration. Instead, the collaboration operated on the basis that the project required the skills and experience of all four organisations in order to build an STI website that was as effective for young Māori as for other New Zealanders.

Literature review

The literature review was undertaken in order to identify a priority group of young Māori for the focus groups. The review justified narrowing down the priority groups from a potentially large number that included Māori of all ages, to one priority group.

Peer-reviewed literature and online grey literature produced between 2004 and 2014 was retrieved from the Proquest and Google Scholar databases using the combined search terms Māori AND STI. An annotated bibliography of identified literature was completed and three potential priority groups were identified. These were (1) young Māori up to 25 years (Abel & Brunton, 2005; Perkins, 2004) and (2) young Māori aged 12-18 years and at school (Clark et al, 2010) and (3) pregnant young Māori women under 25 years and, arguably, their sexual partners (Ekeroma, et al, 2012; Lawton, et al, 2004).

For reasons to do with time and budget, the decision was made to restrict the focus groups to young Māori aged 16-25 years who had left school and were living their lives as independent adults. Subsequent pre-testing with three young Māori resulted in reducing the age range to between 16-20 years on the basis that 16 year olds are less likely to feel whakamā in focus groups involving 20 year olds than focus groups involving 25 year olds.

Focus Groups

Focus groups that are part of Kaupapa Māori projects are typically underpinned by Māori principles (Pihama, 2004) and practices of kōrero and hui (www.rangahau.co.nz). Hui or gatherings mediated by specific cultural processes can be comfortable spaces for Māori to engage with each other. Karakia, mihi, whakawhanaungatanga, sharing food and exchanging koha are mechanisms by which participants are supported to discuss issues and share information in ways that are respectful and contribute to the purpose of the hui.

With this in mind, the TPT Project Leader asked Te Ahurei a Rangatahi and Youth Space to each set up two focus groups or hui; one for young Māori aged 16-20 years and out-of-school, and another for Māori youth workers employed by Te Ahurei a Rangatahi and Youth

Space. The reason for holding hui with youth workers was so that the TPT Project Leader could ask questions of a general nature about the STI information-seeking behaviour of young Māori without risking disclosure of personal information had the same questions been asked of the young people.

Initially, the TPT Project Leader planned to hold hui in urban and rural localities (Statistics New Zealand, 2010). The reason for this was research indicates that rural healthcare in New Zealand is lacking (National Health Committee, 2010). Once the process of organising hui with young Māori from rural communities got underway it became apparent that it would be difficult identifying enough young Māori of the preferred age and out-of-school to form a rural focus group. For this reason the decision was made to hold hui for young people from urban and semi-urban localities.

Hamilton met the criteria for an urban setting, and Whangārei and surrounding districts is classified as semi-urban. Te Ahurei a Rangatahi and Youth Space were invited to use their networks to convene their hui. The organisations were encouraged to bring together groups of between 6-8 young Māori and 4-6 Māori youth workers. The organisations were asked not to share any contact details or personal information about the young people and the youth workers with the TPT Project Leader. The TPT Project Leader sent information sheets to the coordinators at Te Ahurei a Rangatahi and Youth Space and asked them to discuss the information sheets with young Māori and youth workers attending hui. The information sheet described the project aims, the focus group process, and stated very clearly that no personal information would be collected and no questions of a personal nature would be asked.

Hui, as culturally mediated gatherings, typically involve participants coming together for a particular kaupapa or purpose. Some hui are open to all with an interest in the kaupapa, while attendance at others is based on specific criteria. A feature of some but not all hui is that although certain people are invited to attend the hui, nevertheless it would not be unusual for those people to invite others to attend; sometimes for reasons to do with whakawhanaungatanga or relationships, or maybe for support.

Although the TPT Project Leader asked the coordinators at Te Ahurei a Rangatahi and Youth Space to convene hui for young Māori aged 16-20 years and out-of-school, once hui were underway the TPT Project Leader and his colleague became aware that one or two young Māori had brought their mates who were still at school. Asking school pupils to leave the hui

was not an option as it would have caused shame and embarrassment for invited participants and their mates. Moreover, the TPT Project Leader would have breached the important kaupapa Māori principle of manaakitanga or the ability to host and care for ones guests. The best course of action for the TPT Project Leader to take at the time was to take no action! Later, when the transcripts were analysed, the TPT Project Leader removed comments which, based on the content, were likely to have been made by young Māori who were still at school.

Discussion schedules

Discussion schedules were used by the TPT Project Leader to provide some structure to the discussion with young Māori and youth workers participating in hui. The initial schedules were pre-tested with three young Māori school leavers from Rotorua. The reason for the pre-test was to determine whether the questions would elicit responses about internet preferences and features that would make an STI website appealing and user-friendly to young Māori attending the hui, and peers. As well, the pre-test helped the TPT Project Leader to ensure the structure the language of the schedule made sense to young Māori. As a result of the pre-test the TPT Project Leader revised the language so that it was more youth-friendly, removed some questions because they lacked relevance, and moved one question to another section of the schedule.

The schedule was organised into three sections. The first section asked participants about their use of the internet. A recent study found that young people aged 16-29 years were the highest internet users of all New Zealanders (Gibson, Miller, Smith, Bell, & Crothers, 2013). With this in mind, participants were asked how much time they spent each day on the internet, the sites most visited, and the website features which made for a favourite site. The second section of the schedule was STI-focused. Participants were asked to recount words and phrases they used when talking about STIs, and they were asked who they go to when they want support and information about STIs. The third section sought responses to screenshots of a current STI website called itchyburnybits.com and screen shots of the planned STIEF website. The last section of the schedule was largely unstructured, giving participants greater opportunity to provide comment about website layout, colour, content, and appeal.

Information collection

Te Ahurei a Rangatahi convened hui for young Māori and youth workers at their Hamilton office on 12 June 2014. Youth Space convened hui at their offices in Whangārei on 1 July 2014. Hui were audio-recorded and handwritten notes were made by the TPT Project Leader and a female colleague from Te Puāwai Tapu.

Table 1 – Number of hui participants

	Hamilton (urban)	Whangārei (semi-urban)
Young Māori	6	6
Youth Health Workers	8	7

Each hui lasted between one to two hours, and in keeping with a kaupapa Māori approach, hui began with karakia, followed by mihimihi, discussion about the kaupapa of the hui, and concluded with farewells and karakia. The TPT Project Leader provided food and drink at hui in order to nourish the participants and provide a relaxing environment. Most participants spoke in English, but some chose to speak a mixture of Māori and English, and there were times when the kōrero or discussion was interspersed with laughter and storytelling! The TPT Project Leader reminded participants at the start of hui that no personal information would be collected, no questions would be asked about their personal health, and people could leave the hui at any time. At the end of hui the TPT Project Leader invited participants to review and comment on draft transcripts that he would send to Te Ahurei a Rangatahi and Youth Space coordinators approximately four weeks after the hui. A koha in the form of a \$50 Warehouse gift voucher was given to each participant as a token of appreciation for their time and contributions.

Thematic analysis

A qualitative thematic analysis was undertaken of transcripts from hui with young Māori and youth workers, urban, and semi-urban, and by each section of the discussion schedule. Analysis required the TPT Project Leader to identify recurrent themes and issues and make note of variations across the groups, particularly variations that appeared to be linked to urban, semi-urban and out-of

school. With such a small number of participants, no attempt was made to provide a quantitative analysis of themes and issues.

As with any hui, discussion sometimes deviated from the schedule and in these instances, a decision was made to transfer some comments from one section to another section for analysis. After the preliminary analysis of the transcripts, the transcripts and summaries of the key findings were sent to the coordinators at Te Ahurei a Rangatahi and Youth Space. The organisations were invited to share the documents with the hui participants and provide comment, particularly if there was disagreement over any of the preliminary findings. Both organisations returned the documents to the TPT Project Leader without having made changes or comments.

Dissemination

Disseminating the project report is an important component of this project. It is expected of kaupapa Māori projects that these will be of benefit to the Māori collective which, in this instance, means improving the sexual and reproductive health of young Māori. A very dim view is taken of projects that do little more than improve the academic qualifications of individuals. The report was undertaken by Te Puāwai Tapu, for STIEF, to assist the Foundation to create an STI website that benefits young Māori, and other New Zealanders. The report will be sent to the Board of the Foundation as a preliminary to discussion between the organisations about implementing the findings of the project.

Just as important are the young people and staff of Te Ahurei a Rangatahi and Youth Space. Te Puāwai Tapu has a responsibility to work with Te Ahurei a Rangatahi and Youth Space in ways that are enhancing and respectful of the day-to-day services that each organisation provides to their local Māori communities. Accordingly, copies of the report will be sent to both organisations, and Te Puāwai Tapu will offer to present the key findings of the project to Te Ahurei a Rangatahi and Youth Space.

During the report-writing phase, the TPT Project Leader received a number of requests from District Health Board public health units and youth health organisations interested to consider the project findings as part of building their own youth health websites. The creators of itchyburnybits.co.nz are also keen to utilise the findings of project to review their current website.

The TPT Project Leader presented an aspect of the project at the 36th Annual New Zealand Sexual Health Society Conference in Hamilton in September this year.

Findings

1. Internet usage

Most young Māori who participated in the project reported that they spend a significant period of each day surfing the internet, a finding which was consistent with the report about internet usage and young people in New Zealand (Gibson et al., 2013). Typically, young Māori reported spending approximately four hours per day, most days of the week, on the internet. Common internet access points were home, free public wifi, and local youth health centres. Although around half of these young Māori reported they did not have internet at home; nevertheless they were able to access the internet from their youth health centres and public wifi.

Table 2. Internet usage of young Māori

Internet usage	Number of young Māori
Daily	7
Most days	2
Once a week	3

Young Māori reported they use a combination of computers, laptops, tablets, iPads and smartphones to access the internet. In rural settings, smartphones were reported as the main medium of access.

2. Common websites

In response to the question about websites most commonly visited, young Māori reported that Facebook, Instagram, Twitter, YouTube, SoundCloud, Google and Wikipedia are the main, if not the only websites they visit. Responses from the youth worker hui confirmed that these were indeed the key websites that young Māori visit. The following table outlines the reasons young Māori gave for visiting these websites.

Table 3. Reasons for visiting websites

Website	Reasons for visiting website
Facebook, Instagram, and Twitter	<p data-bbox="810 282 1158 311">“See what everyone is up to”</p> <p data-bbox="810 367 1023 396">“Keep up to date”</p> <p data-bbox="810 452 1145 481">“Catch up with my whānau”</p> <p data-bbox="810 537 1401 622">“Interact and speak with people, family, people overseas”</p>
YouTube	<p data-bbox="810 678 1302 707">“There is videos on everything you want”</p> <p data-bbox="810 763 1235 792">“Watch and learn things like music”</p> <p data-bbox="810 855 1294 884">“You can learn about anything on there”</p>
SoundCloud	<p data-bbox="810 936 1334 965">“Listen to sounds from my favourite artists”</p> <p data-bbox="810 1021 1401 1104">“Make beats for people to listen to, like promoting ourselves to the world”</p>
Google and Wikipedia	<p data-bbox="810 1160 1150 1189">“Learn about certain topics”</p> <p data-bbox="810 1245 1262 1274">“If I want to know something quickly”</p>

Most young Māori reported they access the internet through social media sites and audio-visual sites such as YouTube and SoundCloud. They described social media websites as helping them to connect with friends and whānau on a regular basis, whereas YouTube provided entertainment and informational videos. The attraction of SoundCloud is that they use it to listen to international and local music artists, as well as creating and promoting their own music. They reported Google and Wikipedia as providing quick, easy-to-access to information on a wide range of topics. In order to encourage young Māori to use an STI website, the site should be accessible from Facebook, YouTube, and other social media platforms. According to young Māori and youth workers, “thats the only way rangatahi are going to recognise the page (website)”.

3. Knowledge of STIs

Some young Māori reported they had a high level of knowledge about STIs including STI transmission and prevention, whereas others reported they knew very little. Knowledge levels seemed to be associated with access to credible sources of information about STIs. Some reported their schools as having provided helpful information about STIs but others commented that this very much depended on whether the school they attended taught sexuality education.

The STIs that young Māori were able to name were AIDS, herpes, gonorrhoea and chlamydia. Of concern were the self-reports from some that they had little to no knowledge about STIs and how these are transmitted, treated and prevented. The youth health workers confirmed that while some young Māori might know the names of STIs, few knew about STI transmission, treatment and prevention.

So where do young Māori learn about STIs? Friends, Google, and the local youth organisation were the most common sources of information about STIs, and for those who had left school recently, the school nurse was cited as a source of information about STIs. Asked whether they would use a national STI website to find out about STIs, most replied they would. People they would not go to find out about STIs were whānau members and general practitioners, and reasons given were that they thought it would be shameful to do so.

Youth health workers talked about how many young Māori rely heavily on their friends for information and support to deal with STIs. They thought that relying on friends could be problematic because friends might not have accurate and up-to-date information. Youth health workers reported the quality and quantity of school-based sexuality education is very uneven and does not meet the needs of young people. According to the youth workers, many young Māori lack a basic understanding of the anatomy of their bodies, the changes associated with puberty, and STIs. One health worker described the rural regions as lacking any relevant STI information and services for young people.

Youth services were described by youth workers as providing important sources of STI information and support for young people, including young Māori. Some youth workers commented that the youth services are, for significant numbers of young Māori, the only place where they are likely to receive education about sexual health and STIs. Youth workers

thought that young Māori like the peer-to-peer model that involves young Māori youth workers providing sexual health information and support services to other young Māori.

When asked what the barriers were that young Māori might experience if they visited an STI website, youth workers reported that access to the internet and free wi-fi is limited in rural areas. Stigma associated with STIs also creates a barrier because young people think it is shameful and “not cool to look at STI stuff”. Further, some young Māori might not know what search terms to use if they want to find out about STIs. Youth workers said that the language and the text on some STI websites is too complicated and unfamiliar for the young people they work with.

4. Screenshots from actual and planned STI websites

Feedback from some young Māori was that if they are going to use an STI website, then they want to “get on there and then get straight off in case someone catches us looking at the site”. Time taken to customise a website, in the case of websites using avatars, was in their opinion time wasted. Instead, they reported they would prefer to use websites which gave them the information they wanted, and as soon as possible. Screenshots of webpages with tabs and associated text received comments such as “alright” and “ok”. The Extra Information tab was received positively because it gave the reader the option of more information, although some commented there was too much text, “I like how it has the option to go to this extra info page. Coz it gives you more detail if you need it. But for some of my friends, it might be too much reading”.

Youth workers thought some of the screenshots carried too much text, making it potentially difficult for some young Māori to read. Instead, they reported the text should be simple and concise, and suggested that a bullet-point format might help. The Love Your Condom (LYC) website, funded by the New Zealand AIDS Foundation, is a good example of how to use bullet-points so as to keep text to a minimum.

Young Māori and youth workers reported that information about STI testing, treatment, and where to go, should be prominently placed on the website home page. Less important, they thought, was detailed information about each particular STI. One young person commented that he or she would skim-read the text until they found information about symptoms and treatment. Of concern was the fact that most young Māori reported they wanted to know STI symptoms so that they could decide whether or not they had an STI. The request for

information about STI symptoms and self-diagnosis indicated a low level of STI knowledge among this group of young Māori, in spite of earlier self-reports that their level of knowledge about STIs was high. This is a serious issue which suggests how important it is that community knowledge about STIs is increased, and that multiple sources of accurate information about STI testing, treatment and prevention are available to young Māori.

Young Māori reported they liked the ‘Extra Information’ tab associated with each STI as it gave the reader the option of more information if required, although they thought there was too much text. The consensus among hui participants was less text, more pictures, and more videos so as to engage young Māori and their peers.

Young Māori and youth workers reported they will use websites which has age-appropriate text and graphics. Screenshots of webpages involving avatars inadvertently conveyed an impression that the website was for pre-teens, while screenshots with muted colours and outdoor scenery were described as “adult-looking”, and “it doesn’t look like a rangatahi page at all” and “it looks more for older people”. One youth worker said “We like the look of this website. But it needs to appeal to rangatahi, not us...It’s not relevant to rangatahi and it’s not cool for rangatahi”. Another youth worker commented “I really don’t think this appeals to youth, I would rather just use YouTube videos instead”. Youth workers at one hui commented that the large STI headline on the webpage may be off-putting for young Māori. They explained this by saying that many feel shame about STIs, so they wouldn’t want to see the acronym STI written in big letters on the webpage. They reported that there is a lot of stigma among young Māori about having an STI, “Rangatahi think you are paru [unclean, dirty] if you have an STI”. Instead, they suggested reducing the potential for stigma by using a headline that is more relevant to young Māori, such as calling the website ‘Dr Steez’; the name that young people use among themselves when they talk about STIs. As one youth health worker said “if they get caught looking at it, they can say ‘Oh I’m looking at Dr Steez’”.

5. STI website information

When asked what they would like to read on the website, young Māori talked about the information they want and the importance of that information to them.

Table 4. Type of STI information and importance

Type of Information	Participants who think this is
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	important (n=11)
Do I have an STI?	10
How do I get tested, and what does that involve?	11
How do I get treated, and what does that involve?	10
Is an STI contagious, and how [is it transmitted]?	3

The information that young Māori want is, to a high degree, shaped by what they know and what they don't know about STIs. The table indicates that almost all want an STI website to help them know when they should get tested, as well as information about testing and treatment procedures. Of concern was the low level of interest around STI transmission and prevention.

Health workers provided responses similar to those of young Māori. They thought it would be more helpful if the new website carried information about nearby clinics and services rather than telling young people to "go visit FPA". They also reported that if the website provided information about STI testing and treatment, that would debunk any myths which would scare them and prevent them from going to clinics. They suggested the website incorporate pictures and videos that show a group of young Māori talking about getting tested and treated, thereby debunking myths that demonise STIs. The videos could show young Māori that "having an STI test or going to an STI clinic is not something to be ashamed about".

Young Māori also suggested the new website should use audio-visual material and pictures.

"Videos are way better for us, and every youth likes music. So maybe a music artist can talk in the video."

"Should be some pictures, or a video saying 'Kia ora, welcome to our site', or some other messages."

Health workers emphasized the value of using audio-visual material and pictures in order to engage young Māori. One youth worker reported that she "spoke to some of my youth

before today and asked them what would make them visit, or stay on a website and they said ‘videos and pictures’’. Another youth worker said that a catchy song, or a Māori youth celebrity like Lorde or Sonny Bill Williams who said “bro, go check yourself” would appeal to young Māori. A video or animation of someone getting a female swab or a male urine test would be beneficial because it would show that STI tests are not scary.

6. Extra STI website features

Young Māori and youth workers thought that an anonymous chat hub would make the website very popular. They thought that young people would like to be able to address STI-related questions to a doctor or a nurse and have the question answered in a timely manner. A FAQ section could also be helpful and informative. Some young Māori and youth workers thought that having the choice of reading the website in Māori or English would make the website very attractive to students and teachers at Māori-medium schools, as well as for young adults who speak Māori. A tino rangatiratanga flag was suggested as an appropriate visual image for the new website, encouraging young Māori to think about good sexual and reproductive health as part of the Treaty relationship between Māori and the Crown.

7. STI website development and promotion

One youth worker suggested that a surefire way of ensuring the new STI website works for young Māori is to involve young people in the website planning and development. Young Māori and youth workers commented how important it will be for the website to be well marketed, maybe promoting the website from social media sites, Google, television campaigns, and posters at schools and clinics. Website promotion should be youth-focused and ‘cool’.

Conclusion

The young Māori and youth workers who attended the focus group hui in Hamilton and Whangārei reported spending a significant amount of time each day on the internet, even those living in rural areas. They access a whole host of social media platforms, suggesting that the new STI website should be closely linked to social media. There is a concerning gap between what young Māori say they know about STIs, compared to what they need to know about STI testing, treatment and prevention. Sources of accurate, up-to-date information about STIs, including where to go for testing

and treatment, requires the urgent attention of GP clinics, sexual health clinics, schools, health providers, and the wider community.

Young Māori reported they want accurate, youth-friendly information about STI testing, treatment and prevention. They want website information which is easy to read and concise, bullet-points that highlight important information, and tabs that allow them to choose more or less information. Less emphasis should be placed on describing what an STI is, and more emphasis placed on when and how young people and their sexual partners can get tested and treated. Audio-visual material, pictures, catchy songs, te reo Māori, Māori imagery, and Māori youth-appropriate celebrity messages are effective ways for the new STI website to encourage young Māori to use the website, get tested and treated, and debunk myths that demonise STIs. In spite of the enormous stigma associated with STIs, nevertheless young Māori who attended hui in Hamilton and Whangārei were enthusiastic about the potential of an STI website to help them and their peers to increase knowledge about STI testing and treatment and improve their health and wellbeing.

Glossary¹

hui	an assembly or meeting
karakia	incantation, invocation, prayer
Kia ora	Good day (as in a greeting)
kaupapa	elements, ground rules, an idea
koha	contribution
kōrero	an account, an address, a conversation
mihimihi	acknowledgements, greetings
rangatahi	younger generation, youth

¹ John Moorefield (2003 – 2014). Te Aka Online Māori Dictionary. Retrieved from <http://www.maoridictionary.co.nz/> ; Learning Media Pioneering Literacy. Ngata Dictionary. Retrieved from <http://www.learningmedia.co.nz/ngata>

te reo Māori	Māori language
tikanga Māori	correct Māori procedure, custom, lore, method
whakawhanaungatanga	process of establishing relationships, relating to others
whānau	extended family, family group
whakamā	bashful, ashamed
whakataukī	a proverb, a significant saying

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Appendix 1: Participant Information Sheet

SEXUALLY TRANSMITTED INFECTIONS WEBSITE: RANGATAHI MĀORI CONSULTATION

Ē nga mana, ē nga reo, ē nga kārangatanga maha, tēna koutou katoa

INVITATION

My name is Jordan Waiti and I am part of a Māori health organisation called Te Puāwai Tapu. Our organisation is working with other health organisations to set up a new Sexually Transmitted Infection (STI) website. Te Puāwai Tapu wants to make sure the new STI website is user-friendly and works well for young Māori.

Te Puāwai Tapu appreciates any information you can give us about what makes an STI website appealing and user-friendly for young Māori. As well, we want to find out what information young Māori want to read on an STI website.

HUI

My colleague Jillian Tipene and I would like to invite you to a hui to talk about setting up a new STI website. At the hui we want to find out what makes for a great website for rangatahi Māori, and what information rangatahi Māori want to read on an STI website. The hui will run for an hour and, with the everyone's agreement, we'd like to make a sound recording of the hui. It is important that you know that we won't be collecting your name or any contact details. It is also important that you know we won't be asking any personal questions about your own sexual health.

We want to make the hui as comfortable as possible, so food and drink will be provided. You are free to only answer the questions that you want to, and you can leave the hui whenever you wish. If you want the sound recording to stop while you are talking, that is fine too. Just let me or Jillian know. In recognition of your time answering questions, we would like to give everyone a \$50 Warehouse Gift Voucher koha.

YOUR RIGHTS

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Withdraw from the hui at any time;
- Ask questions about how information collected at the hui will be used to build the new STI website;
- Provide information on the basis that your name will not be recorded or used;
- Ask for the recorder to be turned off at any time during the hui.

THANK YOU

Jordan Waiti
jordan@tpt.org.nz

Appendix 2: Semi-structured Focus Group Discussion Schedule

(Focus Group 16-20 years)

Te Puāwai Tapu: STIEF Website Development

WHAKAWHANAUNGATANGA

- Mihimihi

INTRODUCTION

- Reiterate purpose of focus group and use of data
- Explain how focus group will run
- Reiterate, no questions will be asked about people's personal health
- Reiterate, no identifying information will be collected about people attending focus group

QUESTION 1 – INTERNET USAGE

- (a) How often do you use the internet? (prompt: daily / weekly / varies / never)
- (b) Do you access internet via your phone? Or computer? Or both?
- (c) Do you access internet at home? At work? At free wi-fi? Other?
- (d) What kinds of sites do you visit most (prompt: social / recreational / education / health / other)
- (e) Why those websites?
- (f) All together, how many hours do you spend on the internet each day?
- (g) If you want to find some information on the internet, how do you do this? (prompt: platforms, search engines, search terms, advice from mates, postings / shares etc)
- (h) What makes you 'click' on a website?
- (i) What makes you 'share' a website?

QUESTION 2 – INTERNET AND STIs

- (a) Do you know what an STI is?
- (b) Do you and your mates use the word STI, or do you use another word?
- (c) If you want to find out about STIs, where would you go? (prompt: rank these if possible)
 - a. Internet
 - b. Mates
 - c. Whānau
 - d. Doctor, nurse, teacher, minister
 - e. Other

QUESTION 3 – STIEF WEBSITE SCREENSHOTS (use datashow to facilitate discussion)

- (a) What do you like about the screenshot 1 / what don't you like about screenshot 1?
- (b) What do you like about screenshot 2 / what don't you like about screenshot 2
- (c) What kinds of things would you like to find out on this website?
 - a. What is an STI?
 - b. How do you get an STI?
 - c. Will I know if I have an STI?
 - d. What do I do if I think I have an STI?
 - e. Other?
- (d) Would you recommend this site to a mate?
- (e) What would make you recommend this site? (prompt: changes re colour, narrative, graphics, photos, video clips, language style, layout, other?)

QUESTION 4 – ITCHYBURNYBITS WEBSITE (use datashow to facilitate discussion)

- (a) What do you like about this website? (prompt: colour, narrative, graphics, photos, video clips, language style, layout, other?)
- (b) What don't you like about this website? (prompt: colour, narrative, graphics, photos, language style, layout, other?)
- (c) Would you recommend this site to a mate?
- (d) What would make you recommend this site? (prompt: changes re colour, narrative, graphics, photos, video clips, language style, layout, other?)
- (e) Do you like the look of this site more or less than the STIEF website screenshots? (prompt: open discussion)

CLOSING

- Ask if there is anything else rangatahi want to comment on?
- Reiterate the use of focus group information
- Copy of report will be given to Te Ahurei a Rangatahi and Youth Space and youth health promoters will be happy to talk about the report with rangatahi who are interested
- Thank rangatahi for their time

Appendix 3: Semi-structured Focus Group Discussion Schedule (Focus Group Youth Workers)

Te Puāwai Tapu: STIEF Website Development

WHAKAWHANAUNGATANGA

- Mihimihi

INTRODUCTION

- Reiterate purpose of focus group and use of data
- Explain how focus group will run
- Reiterate, no questions will be asked about people's personal health
- Reiterate, no identifying information will be collected about people attending focus group

QUESTION 1 – INTERNET USAGE

- (a) Do you think rangatahi access internet via phone? Or computer? Or both?
- (b) What kinds of sites do you think they visit most (prompt: social / recreational / education / health / other)
- (c) Why those websites?

QUESTION 2 – INTERNET AND STIs

- (a) Do rangatahi know what an STI is? Do they have other terms?
- (b) If they want to find out about STIs, where would they go? (prompt: rank these if possible)
 - a. Internet
 - b. Mates
 - c. Whānau
 - d. Doctor, nurse, teacher, minister
 - e. Other
- (c) Do you think rangatahi would visit a website to get information on sexual health matters?
- (d) What do you think would be some barriers to Māori youth visiting an STI website?
Prompts – whakamā, scared, dont want to get caught?
- (e) How could these barriers be overcome?

QUESTION 3 – STIEF WEBSITE SCREENSHOTS (use datashow to facilitate discussion)

- (a) What kinds of things would they like to find out on this website?
 - a. What is an STI?
 - b. How do you get an STI?
 - c. Will I know if I have an STI?
 - d. What do I do if I think I have an STI?

e. Other?

QUESTION 4 – ITCHYBURNYBITS WEBSITE (use datashow to facilitate discussion)

- (a) What do you like about this website? (prompt: colour, narrative, graphics, photos, video clips, language style, layout, other?)
- (b) What don't you like about this website? (prompt: colour, narrative, graphics, photos, language style, layout, other?)
- (c) Do you like the look of this site more or less than the STIEF website screenshots? (prompt: open discussion)

CLOSING

- Ask if there is anything else rangatahi want to comment on?
- Reiterate the use of focus group information
- Copy of report will be given to Te Ahurei a Rangatahi and Youth Space and youth health promoters will be happy to talk about the report with rangatahi who are interested
- Thank rangatahi for their time