

Supplementary Material

Worldviews of hearing health for Pacific peoples in Aotearoa New Zealand: a mixed methods study

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Supplementary Table S1. Semi-structured Interview Schedule

Broad question theme	Specific question
<p>Your worldview of hearing health (<i>what is broadly known</i>)</p>	<p>What is hearing?</p> <ul style="list-style-type: none"> • <i>What does hearing mean to you?</i> • <i>What other terms may you use to describe hearing?</i> <p>What is the purpose of hearing to you?</p> <ul style="list-style-type: none"> • <i>How important is hearing? What is the value of hearing?</i> • <i>What does hearing allow you to do?</i> <p>Do you have a hearing loss? Do you know anyone with hearing problems?</p> <ul style="list-style-type: none"> • <i>What is your experience of having a hearing loss? What is the experience of your family member/friend having a hearing loss?</i> <p>What is your understanding of hearing loss?</p> <ul style="list-style-type: none"> • <i>risk factors, prevention, care, management, consequences</i> • <i>What are the things that you believe can cause hearing loss? (adult or child)</i>

	<ul style="list-style-type: none"> • <i>How can you tell if someone had a hearing loss? (adult or child)</i> <p>What long-term effects can ear problems have on children? Adults? (deafness, hearing loss, tinnitus, vertigo)</p> <p>What sources of information do you access to learn about ear and hearing health?</p> <ul style="list-style-type: none"> • <i>Family, school, community, health services</i> <p>What influence does the church/spirituality/ religiosity/ God have on your beliefs about hearing loss?</p> <ul style="list-style-type: none"> • <i>Does hearing loss have a spiritual cause? A curse?</i>
<p>Your knowledge and attitudes towards hearing health (<i>what is known and thought</i>)</p>	<p>Would you be concerned if a family member had a hearing loss? Why? Why not?</p> <p>Have you sought treatment or advice for a hearing loss (you or a family member)</p> <ul style="list-style-type: none"> • <i>When would you seek treatment or advice?</i>
<p>What are your practices in ear and hearing health (<i>what is done</i>)</p>	<p>What do you do to protect your sense of hearing?</p> <p>Are there any long-term issues with having an ear problem or hearing problem?</p> <p>Where would you seek treatment if you had an ear problem?</p> <p>Do you use traditional medicines/home remedies/traditional healing techniques to maintain the health of your ears? (e.g. Pacific traditional healers, Chinese medicines, acupuncture etc.) Or to treat an ear problem?</p>

- *What type of traditional medicines do you use?*
- *When would you seek treatment from a health service? When would you seek traditional services?*

Do you feel that there is enough information about ear and hearing health available to you?

- *Where do you receive your information on hearing health?*

Would you like to share any of your experiences using ear or hearing services?

- *What was your experience? Did you have any negative experiences? Did you have any positive experiences?*
- *How do you feel that services can be delivered in a better way?*
- *Is it important that health services be delivered in a more culturally sensitive way? If so, what would this look like?*
- *What would help to improve hearing health services in Aotearoa?*

Is there anything else you'd like to share?

Supplementary File S1. Questionnaire

General Information

What is your ethnicity: (circle as many as apply)

Tongan	Samoan	Cook Islander	Niuean	Tokelauan	Tuvaluan	Fijian	Rotuman	Other (please specify)
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What is your gender? (circle one)

Female	Male	Gender diverse
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What is your age group? (circle one)

16-25 years of age	26-39 years of age	40-59 years of age	60-79 years of age	80+ years of age
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Where were you born? (circle one)

Pacific Island country	New Zealand	Other
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Your worldview of hearing health (*what is broadly known*)

What does “hearing” mean to you?

Are there any other terms that you use to describe hearing?

What does hearing allow you to do?

Your knowledge and attitudes towards hearing health (*what is known and thought*)

What are the things that you believe can cause hearing loss in an adult or child? (Please write below)

How could you tell if a child or adult had a hearing loss? (Please write below)

How worried would you be if you or a family member had a hearing loss? (circle one)

Not worried	Only a little worried	Worried	Very worried
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Please provide further explanation here as to your level of worry/concern

Ear and Hearing care practises (what is done)

Do you do anything to take care of your ear and hearing health? (circle one)

Yes	No
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If yes, what sorts of things do you do to look after your ear or hearing health? (circle as many as applies)

Keeping my ears clean	Using traditional healing or medicines e.g. Pacific traditional healers, acupuncture, Chinese medicines	Using earmuffs or earplugs when exposed to loud noise (such as mowing the lawn)	Getting my hearing tested	Not listening to loud music	Prayer	Seeing my local health care worker	Not putting objects into my ears	Other (please write)
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Please explain further about how you look after your ear and hearing health

Would you seek treatment if you had an ear or hearing problem? (circle one)

Yes – I know where I would go to seek treatment	Yes - but I'm not sure where I would go to seek treatment	No – I would not seek treatment
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Where would you seek treatment if you had an ear or a hearing problem? (circle as many as applies)

Pacific traditional healer	Your local doctor/general practitioner	Community nurse	Family member	Pharmacy	Church	Other (please state)
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Do you use traditional medicines (e.g. Pacific traditional/Chinese medicine/acupuncture etc. or home remedies to treat an ear problem? If yes, please explain what you use here.

Do you think that there are any long-term issues with having an ear or hearing problem? Please write here.

Many factors can affect someone from receiving medical advice and treatment. Please read each statement carefully and place one tick beside the most appropriate belief statement that would limit you receiving treatment for hearing loss or ear problem either for yourself OR a member of your family. You can tick more than one box.

Q		Tick here
a.	I don't have time	
b.	I don't have transportation	
c.	It's shameful to have an ear problem	
d.	The hospital/ clinic is too far away	
e.	There is no suitable nurse/doctor available	
f.	I can't afford the cost of treatment	

g.	I'm too embarrassed to seek treatment	
h.	I believe that God or prayer will make the ear problem better	
i.	I can't afford the cost of transportation	
j.	I don't believe the treatment will work	
k.	I use traditional/home remedies instead	
l.	I have to go to work instead	
m.	I don't know that much about ear and hearing problems	
n.	I'm afraid that I will get a telling off from the health worker	
o.	I don't think ear problems are important to get treated	
p.	I don't feel culturally safe when I go to a health service	
q.	Other (please write)	

Please explain here the other factors which will affect you from seeking medical advice or treatment

Where do you receive your information on ear or hearing health? (please circle as many as applies)

Health Care Worker	Internet	Church	Television	Radio
Family member	I have never received information on hearing health		Other (please write)	

How satisfied are you with the current level of services in your area to manage ear and hearing problems? (circle one)

Very satisfied	Satisfied	Neither satisfied/unsatisfied	Unsatisfied	Very unsatisfied	I don't know
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What would help to improve hearing health services in Aotearoa New Zealand? Please explain below:

Are there any other comments that you would like to add? Please write here
