



Stigma Snapshot

Vietnamese and Chinese Community: Hepatitis B related knowledge, attitudes and health seeking behaviour.

The main aim of this project was to explore the knowledge, attitudes, and understanding of hepatitis B (HBV) virus among migrant populations living in Australia. The Chinese and Vietnamese communities were the focus of this research which forms part of a larger research project measuring experiences of stigma among priority groups impacted by blood borne viruses and sexually transmissible infections.

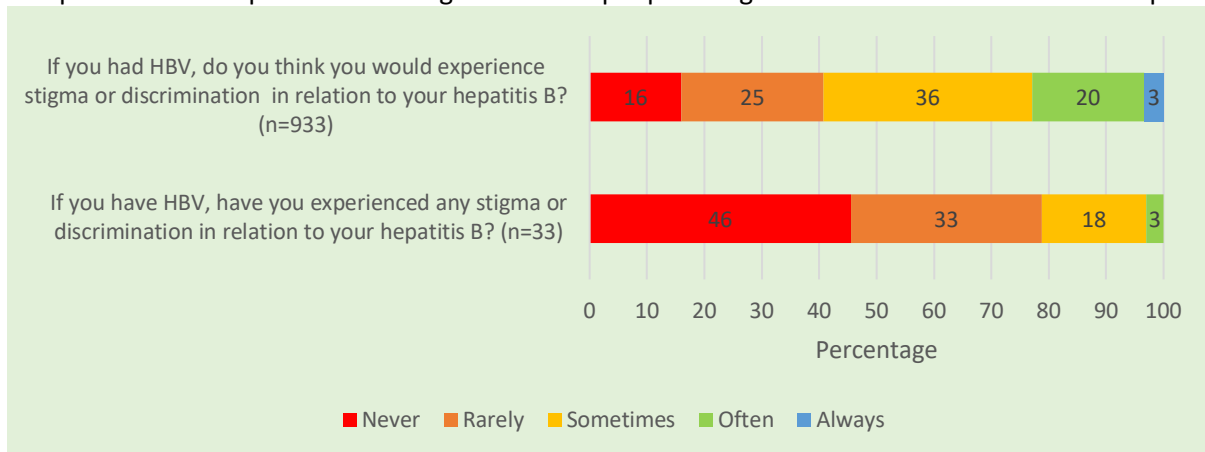
Vietnamese Community

966 Vietnamese-identifying participants completed the survey in Vietnamese or English
77% born in Vietnam – 42% male – 89% heterosexual – 56% married
47% full time employed – 75% proficient/very proficient in English
64% tested for HBV – 36% personally know someone living with HBV
63% vaccinated for HBV – 4% living with HBV

Chinese community

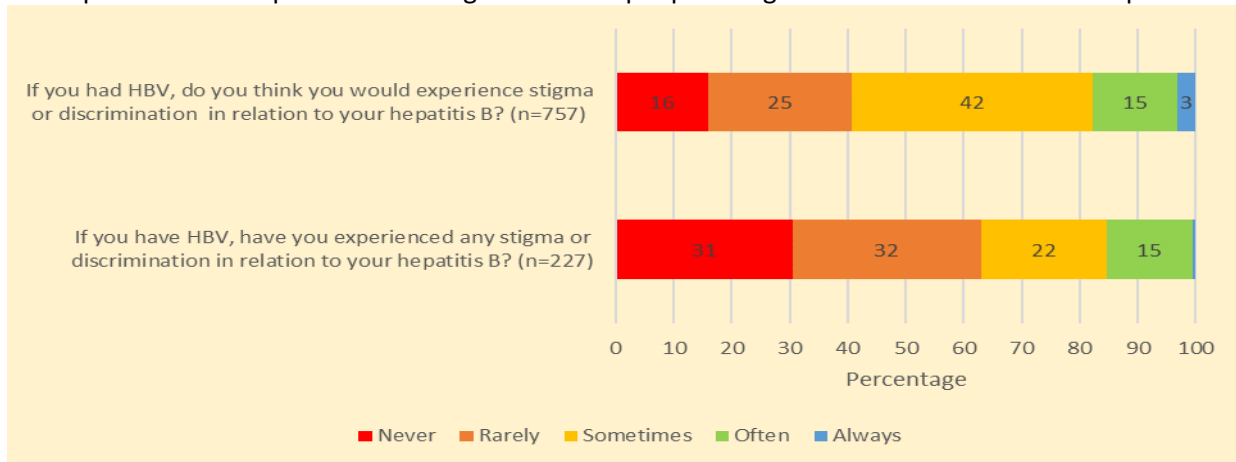
997 Chinese-identifying participants completed the survey in English, traditional or simplified Chinese
89% born outside Australia (Mainland China, Hong Kong, Taiwan, other e.g. Malaysia & Singapore) – 44% male – 87% heterosexual
65% married – 48% full time employed – 71% proficient/very proficient in English
73% tested for HBV – 52% personally knew someone living with HBV
60% vaccinated for HBV – 23% living with HBV

Experience and expectations of stigma towards people living with HBV in the Vietnamese sample



Expectation of experiencing stigma was quite different from the reported experience of stigma (84% vs 54%) among the Vietnamese sample, noting the small sample size. Participants who had HBV (n=33) were asked if they had experienced any stigma or discrimination in relation to their HBV in their lifetime. Results show that 15 participants (46%) who are living with HBV had never experienced stigma or discrimination in relation to their HBV. The rest of the sample (participants who responded that they did not have HBV or were not sure if they had HBV) were asked the frequency with which they would expect to experience stigma or discrimination if they had HBV, 25% responded 'rarely', 36% responding 'sometimes' and a further 20% responding 'often'.

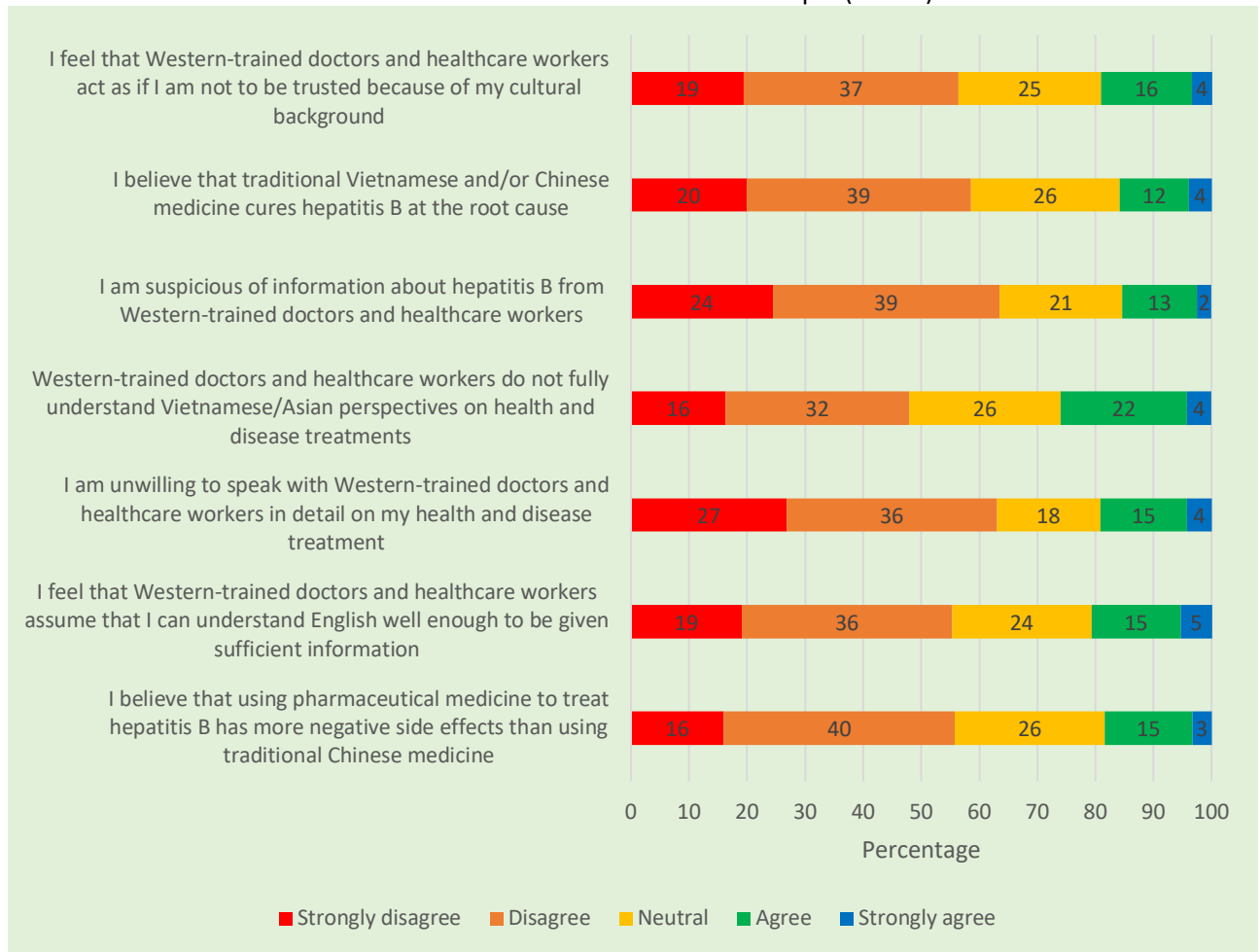
Experience and expectations of stigma towards people living with HBV in the Chinese sample



Expectations of experiencing stigma was again different from the actual reported experience of stigma (84% vs 69%) among the Chinese sample - however this is notably different from the Vietnamese sample where far more participants expected to experience stigma than was actually reported by those living with HBV. Results show that of the 227 participants living with HBV, 22% had 'sometimes' experienced stigma or discrimination in relation to their HBV, and a further 15% reported 'often' experiencing stigma in their lifetime. Only one participant reported to 'always' experience stigma or discrimination. However, when the rest of the sample was asked if they had HBV, would they expect to experience stigma or discrimination in relation to their HBV, 42% responded 'sometimes', 15% responded 'often' and 3% thought it would occur 'always'.

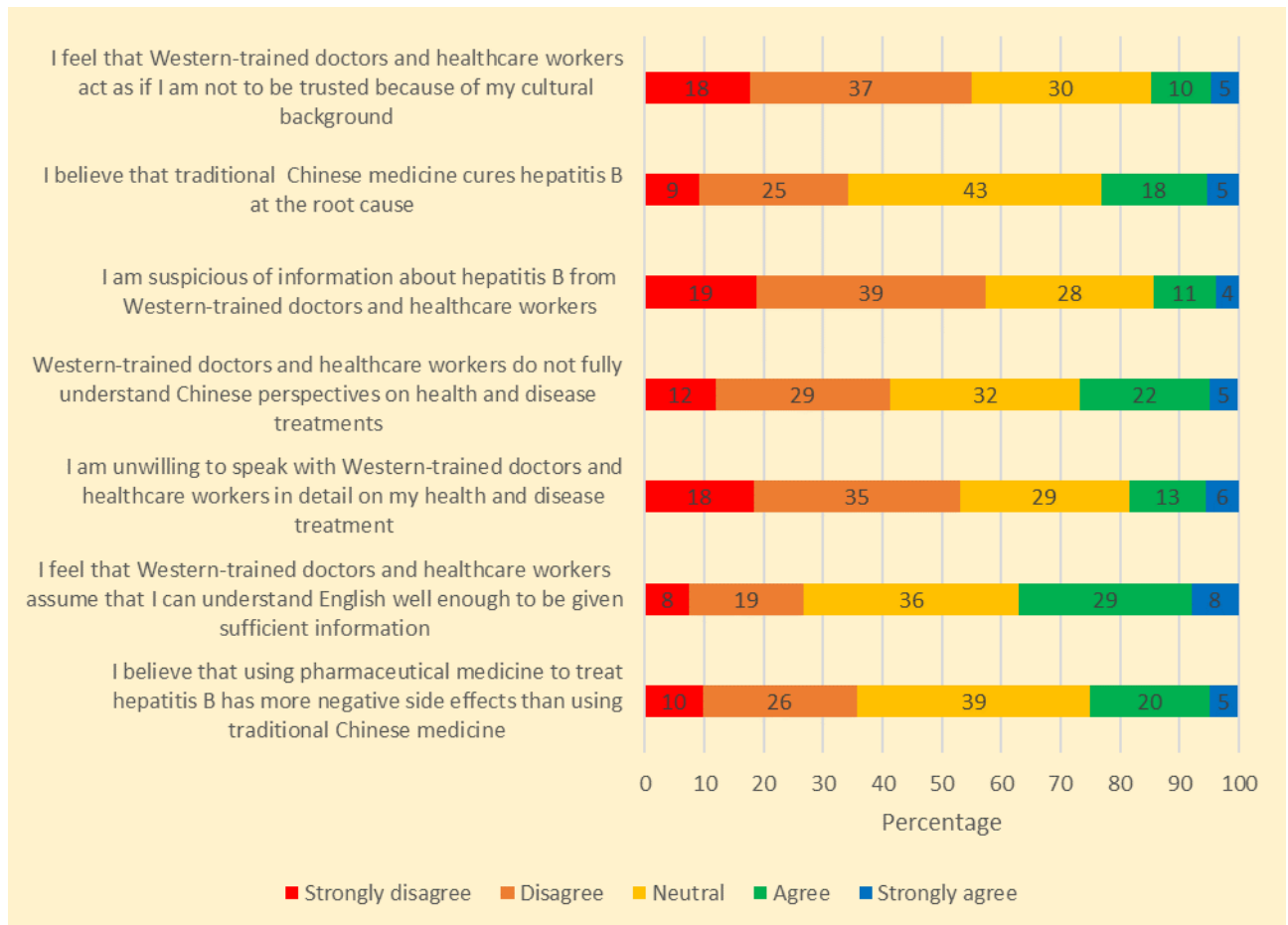


Trust in Western healthcare in Vietnamese sample (n=966)



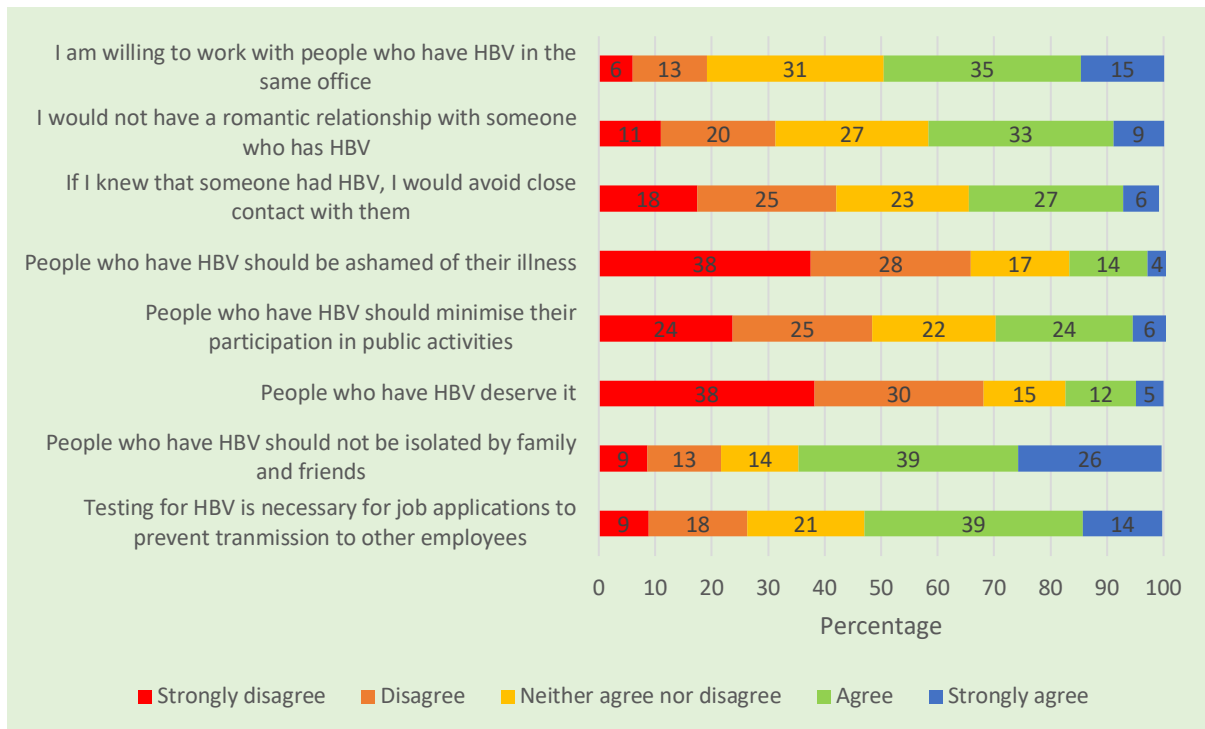
Participants were asked statements about their trust in Western healthcare, focusing on their beliefs and feelings towards Western medicine versus traditional Vietnamese/Chinese medicine. 15% reported being suspicious of information about HBV from Western-trained doctors and/or healthcare workers, with 18% agreeing or strongly agreeing that using pharmaceutical medicine to treat HBV has more negative side effects than using traditional Vietnamese and/or traditional Chinese medicine. Further, 16% agreed or strongly agreed that traditional Vietnamese and/or Chinese medicine cures HBV at the root cause with 19% of participants reporting to be unwilling to speak with Western-trained doctors and healthcare workers in detail on their health and disease treatment.

Trust in Western healthcare in Chinese sample (n=997)



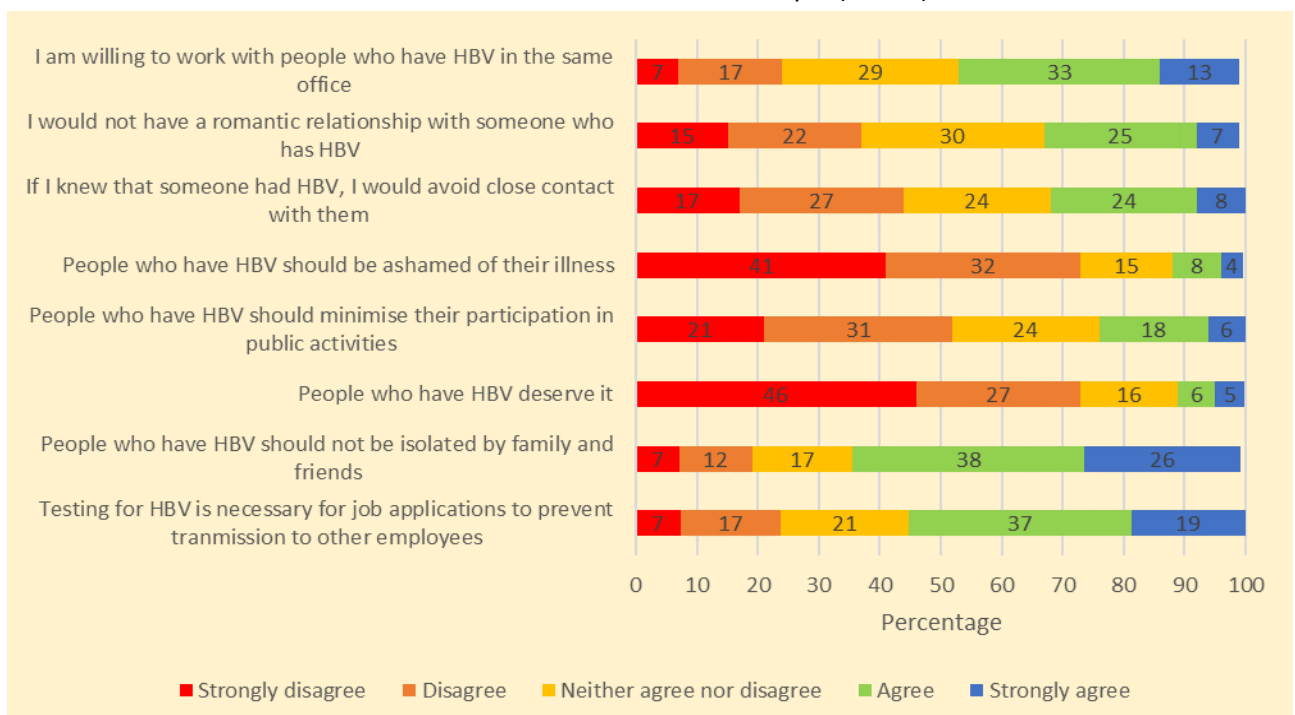
The Chinese sample reported similar attitudes towards Western healthcare. One-quarter of the sample (25%) agreed or strongly agreed that using pharmaceutical medicine to treat HBV has more negative side effects than using traditional Chinese medicines. Similar numbers (23%) agreed or strongly agreed that traditional Chinese medicine cures HBV at the root cause. In addition, 15% reported being suspicious of information about HBV from Western-trained doctors and /or healthcare workers and 19% reported being unwilling to speak with Western-trained doctors and healthcare workers in detail on their health and disease treatment.

Attitudes towards HBV in the Vietnamese Sample (n=966)



Attitudes towards people living with HBV were inconsistent among the Vietnamese sample, 33% reported that if they knew that someone had HBV, they would avoid close contact with them (e.g., shaking hands, hugging) and 53% felt that screening or testing for HBV is necessary for job applications because it is helpful for preventing transmission to other employees. 65% felt that people who have HBV should not be isolated by family and friends. 18% felt that people who have HBV should be ashamed of their illness.

Attitudes towards HBV in the Chinese Sample (n=997)



Findings on attitudes towards people living with HBV among the Chinese sample were also inconsistent. 32% reported that if they knew that someone had HBV, they would avoid close contact with them and 56% felt that screening or testing for HBV is necessary for job applications because it is helpful for preventing transmission to other employees. 64% felt that people who have HBV should not be isolated by family and friends.

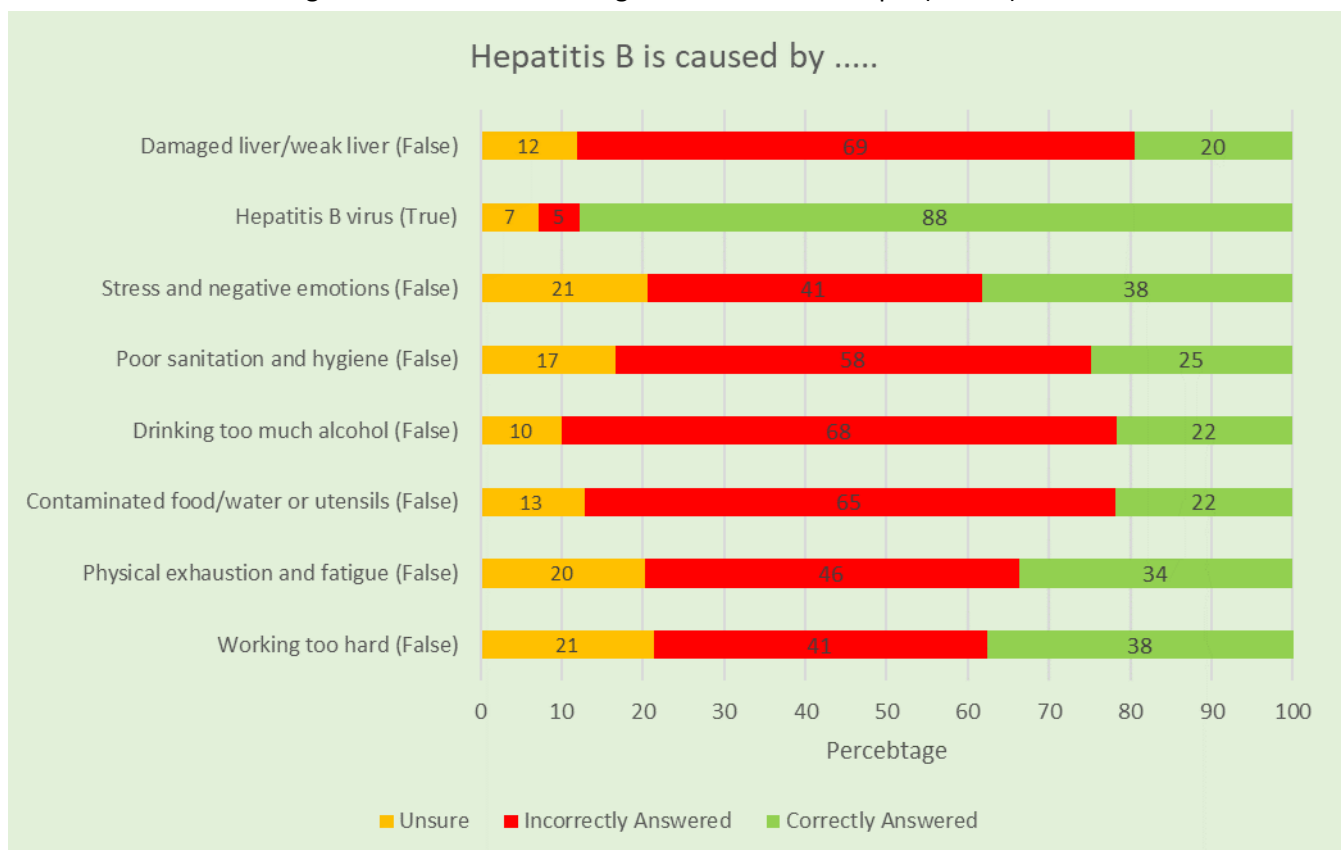
Feelings of ‘being ashamed’ and of ‘deserving’ HBV were found to be less negative than other attitudes for both the Vietnamese and Chinese samples, hence participants were less likely to ascribe personal blame for HBV.

HBV-related knowledge

Participants were presented with several statements that assessed general knowledge of HBV, causes of HBV and knowledge of prevention / transmission of HBV . Knowledge among both samples was inconsistent.

Most of the Vietnamese sample (85%) knew that there is a vaccination that can prevent HBV infection, and 81% correctly answered that HBV can only be identified by a blood test. However, only 27% were aware that there are effective pharmaceutical medicines available to treat HBV infection. Most of the sample knew that avoiding blood-to-blood contact (89%), using condoms (83%), not sharing drug injecting equipment (89%), not sharing personal items with someone with HBV such as tooth brush, blades and razors (87%) and having a HBV vaccination (88%) were effective ways in preventing transmission.

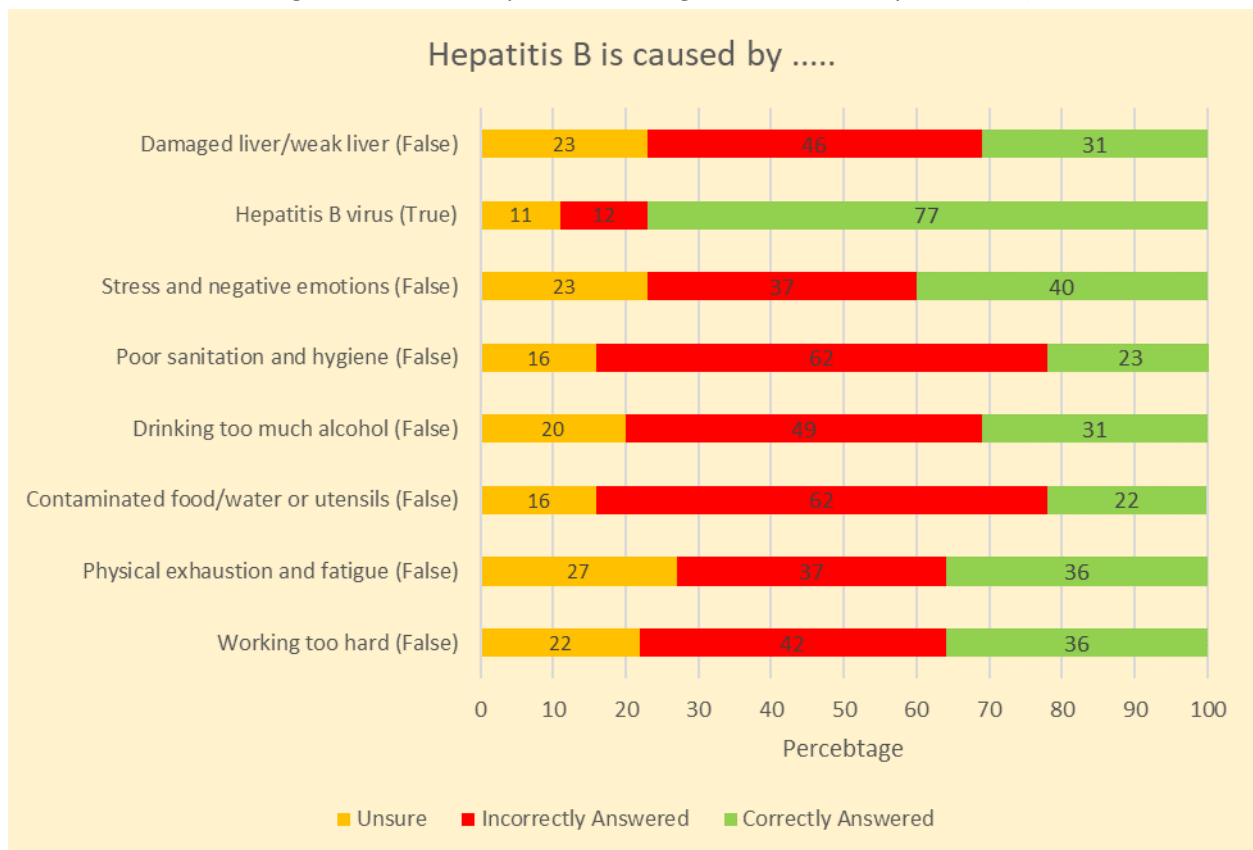
Knowledge of causes of HBV among the Vietnamese sample (N=966)



As can be seen from the above chart, while 88% knew that HBV was a virus, approximately two-thirds of the sample incorrectly responded that HBV was caused by a damaged/weak liver, drinking too much, alcohol and from contaminated food/water or utensils.

Findings from the Chinese sample on HBV related knowledge show that knowledge among this sample was also inconsistent, with slightly less knowledge among the Chinese sample than the Vietnamese sample. 73% of the sample knew that there is a vaccination that can prevent HBV infection and 70% knew that HBV can only be identified by a blood test. However, only 36% were aware that there are effective pharmaceutical medicines available to treat HBV infection. Many of the participants knew that avoiding blood-to-blood contact (79%) and using condoms (72%), not sharing drug injecting equipment (79%), not sharing personal items with someone with HBV such as tooth brush, blades and razors (77%) and having a HBV vaccination (79%) were effective ways in preventing transmission.

Knowledge of causes of Hepatitis B among the Chinese sample (N=997)



While 77% knew that HBV was caused by a virus, over 60% of the sample incorrectly responded that HBV was caused by a poor sanitation and hygiene (61%) and from contaminated food/water or utensils (62%) and almost half incorrectly thought that drinking too much alcohol (49%) and a damaged/weak liver (46%) can also cause HBV.

Concluding comments

Information on HBV health seeking behaviour (such as HBV testing and vaccinations for HBV) and trust in Western health care among Vietnamese and Chinese migrant communities is important to better understand factors that could facilitate HBV prevention, testing, and treatment programs with priority communities in Australia. While the two samples were similar in demographics, it is worth noting that reported prevalence of HBV was higher in the Chinese compared to the Vietnamese sample. Findings from these two samples show that while vaccination and testing rates for HBV are reasonably high, knowledge around HBV transmission routes, attitudes towards people living with HBV, and trust in Western healthcare were mixed. These findings highlight the barriers and stigma that people from culturally diverse background may face in accessing appropriate prevention, care, and treatment for HBV, including inconsistent knowledge, negative attitudes towards HBV, and misgivings about Western healthcare services.

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