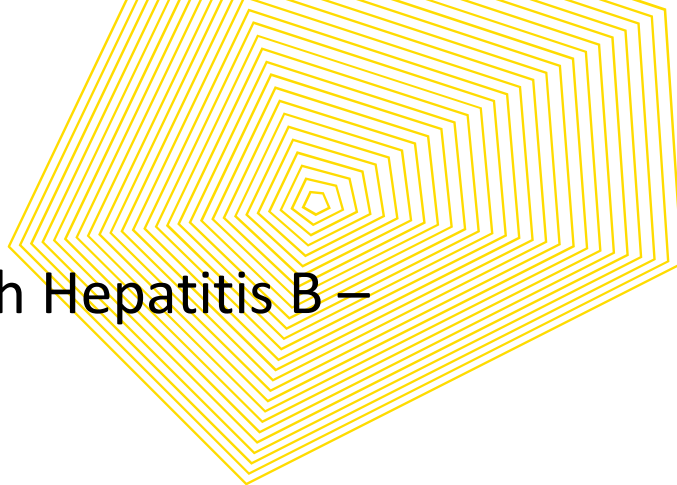




Snapshot: People Living with Hepatitis B – Vietnamese Community

Key findings:

- 40 people living with hepatitis B of Vietnamese background completed the survey
- 50% diagnosed with hepatitis B more than 15 years ago
- 60% were diagnosed in Australia
- In past 12 months, only 3% reported ever experiencing stigma due to their hepatitis B
- In past 12 months, 8% reported health workers had ever treated them negatively due to their hepatitis B
- However, 35% said they had been made to feel ashamed and 27% feeling blamed because of having hepatitis B
- A high percentage reported regular check-ups for their hepatitis B - 76.9% saw a doctor every 1-6 months and 20.5% saw the doctor every 7-12 months
- When deciding whether to take antiviral hepatitis B medication, participants were most concerned about how effective the medication is at stopping liver damage, followed by concerns around the cost of medication and potential side-effects.

Stigma has a major impact on health outcomes for people living with blood borne viruses (BBVs) and sexually transmissible infections (STIs). The Australian Government Department of Health strategies for BBVs and STIs explicitly aim to “eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health”.

In 2025, measures of stigma and engagement in health care were included in an online survey of Chinese and Vietnamese people living with hepatitis B in Australia. This snapshot reports on data from 40 Vietnamese participants. Participants were engaged with healthcare services and were recruited in Queensland from people attending the Love Health Program, coordinated by the Ethnic Communities Council of Queensland.

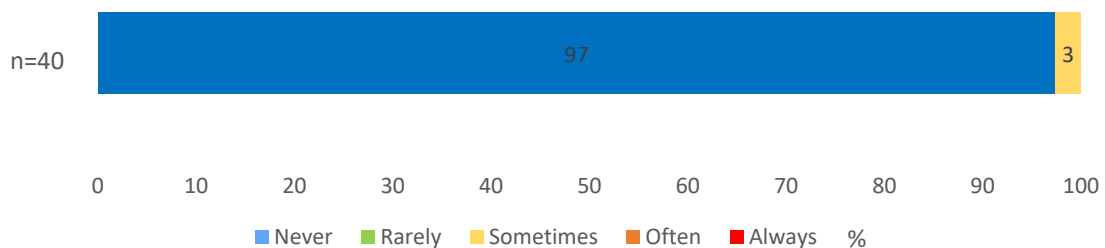
40 people of Vietnamese background completed the survey

Average age of 52 years - 60% identified as female
 100% of the sample were born in Vietnam
 75% Australian citizens and reported living in Australia for more than 10 years
 87% lived in the city, 5% in rural areas, 8% in a regional town
 45% employed full time – 23% achieved post school qualifications
 50% diagnosed with hepatitis B more than 15 years ago - 60% were diagnosed in Australia After
 diagnosis the main source of information on hepatitis B came from doctors/general practitioners
 (78%), followed by social media (43%) and community organisations (38%) 90% reported a
 preference for receiving information in Vietnamese

Stigma

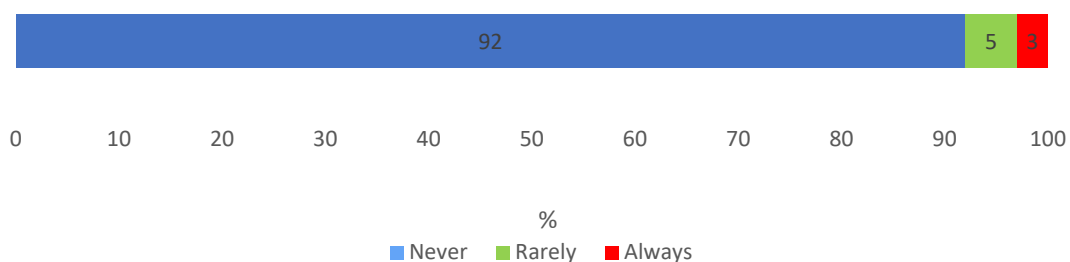
In the past 12 months, 97.4% of participants reported that they had never experienced stigma or discrimination (e.g. avoidance, pity, blame, shame, rejection, verbal abuse, bullying) in relation to their hepatitis B status. One person (2.5%) reported 'sometimes' experiencing stigma or discrimination.

In the last 12 months, have you experienced any stigma or discrimination in relation to your hepatitis B status?



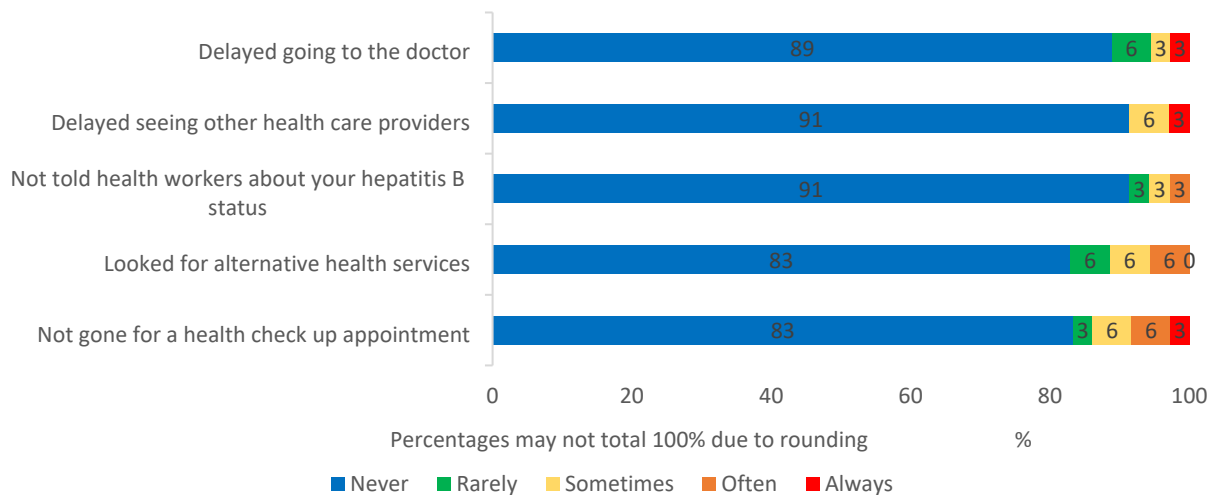
Participants were asked whether health workers had ever treated them negatively or differently to other people due to their hepatitis B. Positively, 92% of the sample reported that this had never happened in the past 12 months. However, 8% of the sample reported that this had happened 'rarely' or 'always'.

Health workers treat me negatively or differently to other people due to my hepatitis B



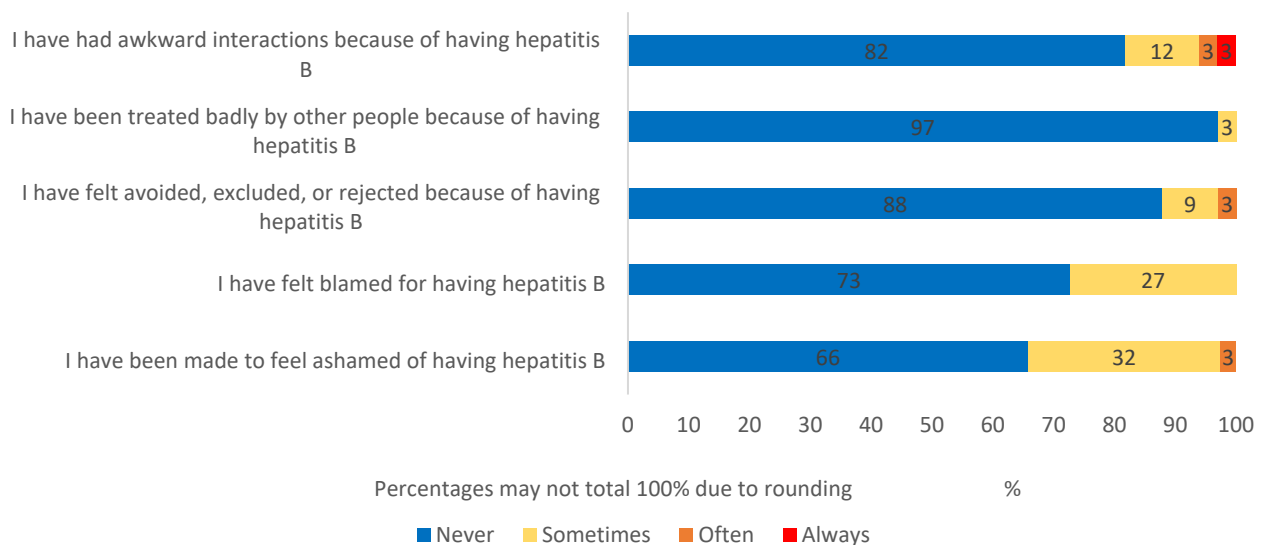
Participants were asked four additional questions about steps they had taken to avoid health workers because they make them feel bad, unwelcome, or ashamed for having hepatitis B. Positively, more than 80% of the sample reported that they had not reduced their health care access in the past 12 months. However, 18% reported that they had not gone for a health checkup appointment, 18% had looked for alternative health services, 12% had delayed going to the doctor, 9% had delayed seeing other health care providers, and 9% had not told health workers about their hepatitis B status.

Actions taken to avoid health workers



When asked how other people (e.g., family, friends) reacted to their hepatitis B status, 35% reported 'sometimes' or 'often' being made to feel ashamed of having hepatitis B and 27% reported 'sometimes' feeling blamed for having hepatitis B.

The reactions of other people on being told about their hepatitis B positive status

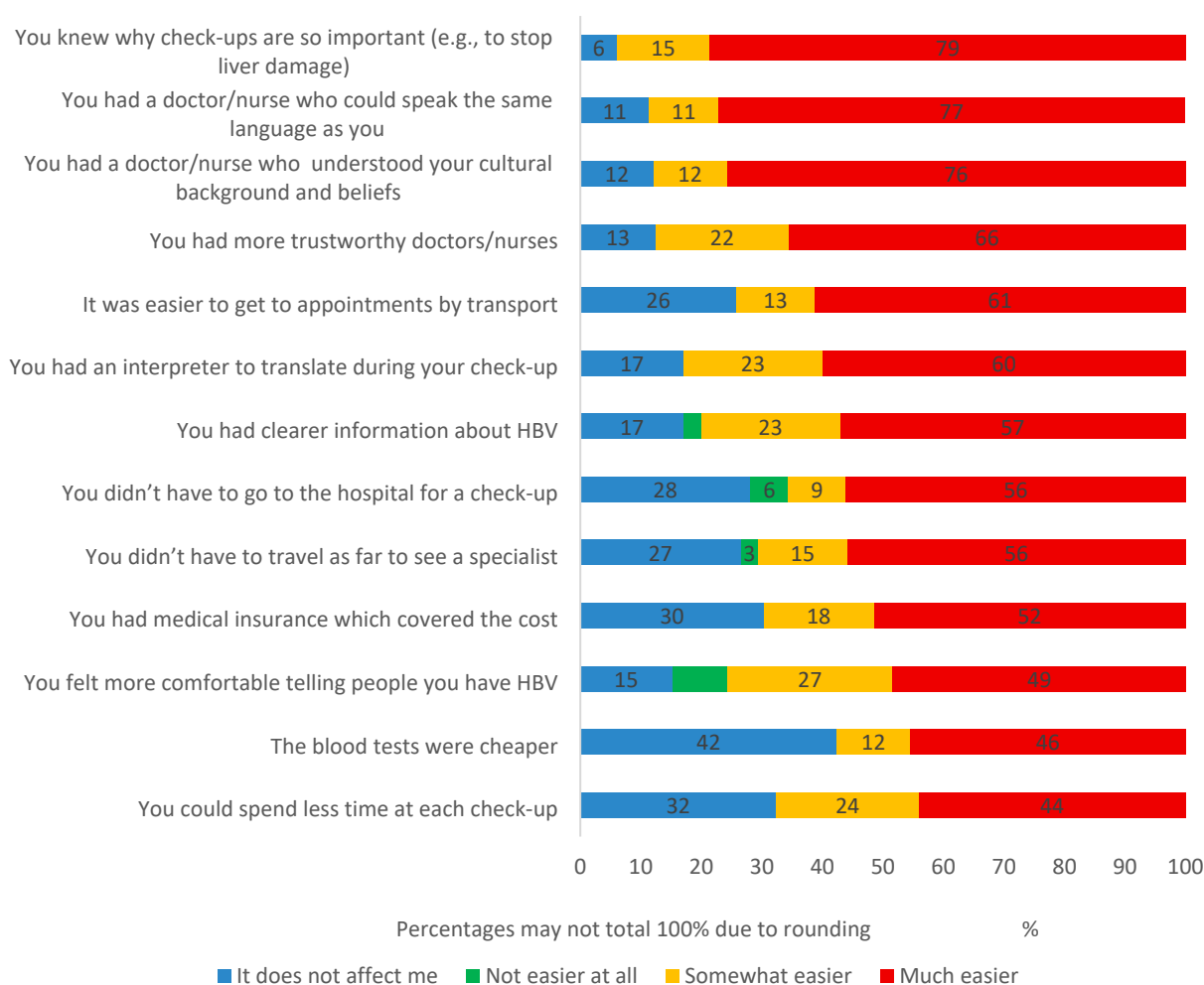


Engagement in Hepatitis B Monitoring and Care

While many participants acknowledged the importance of regular check-ups, not all were currently attending these follow up appointments. According to survey results, 80.3% of participants considered regular check-ups to be 'very important'. When asked whether they had seen a doctor for a hepatitis B check-up, 76.9% reported that they saw a doctor every 1-6 months and 20.5% saw the doctor every 7-12 months. When asked the type of tests they had received in the past 12 months, 87.2% reported having a blood test, 48.7% reported having a fibroscan, and 38.5% reported having an ultrasound. These findings are encouraging and suggest strong engagement in monitoring and care among participants. However, it's important to note that the sample consists of people who are more highly engaged in care and connected to support organisations.

Participants were also asked to indicate if there were factors that might make it easier for them to go for regular check-ups. The majority of the Vietnamese sample indicated that changes such as understanding the importance of check-ups (78.8%), having a culturally sensitive doctor or nurse (75.8%), and being able to communicate in the same language as their provider (77.1%) would make a positive impact.

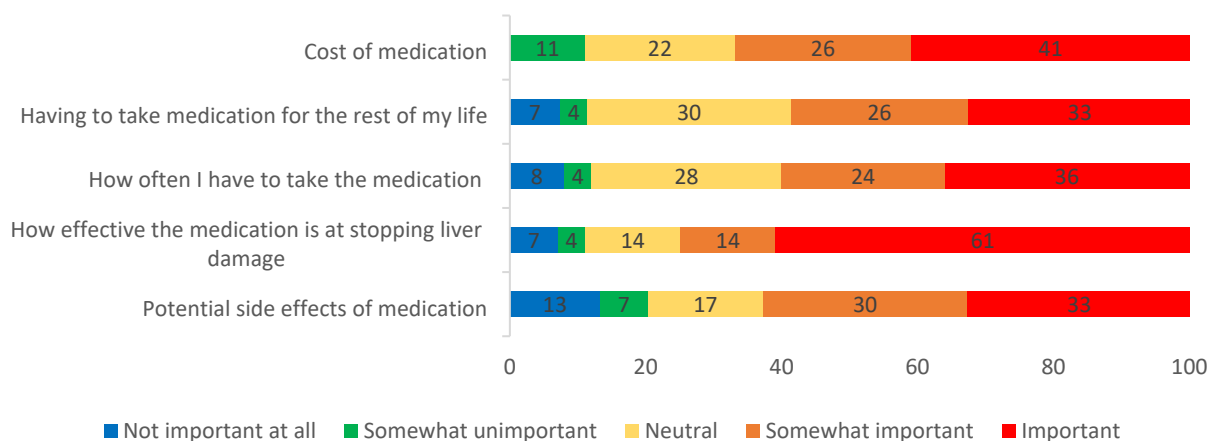
Factors that would make regular check-ups easier



Treatment

Not everyone who has hepatitis B will need treatment, with treatment dependent on a range of factors, such as liver damage and phase of hepatitis B infection. Just over one-quarter (26.3%) of the sample had been advised by a doctor to take antiviral medication, and 18.4% were currently taking antiviral hepatitis B medication. When deciding whether to take antiviral hepatitis B medication, participants identified several key concerns. The most important factor was how effective the medication is at stopping liver damage, with 60.7% rating it as 'very important'. Among those who had been prescribed antiviral medication, 55.6% reported forgetting to take their tablets at some point, most commonly once or twice a month. A smaller number missed doses weekly or more. The use of alternative therapies such as supplements or traditional medicine was relatively uncommon among Vietnamese respondents, with 2.7% reporting that they were currently taking supplements or traditional medicine and 8.1% reporting that they had taken these in the past but were not currently taking any.

Concerns around deciding to go on treatment for hepatitis B



Percentages may not total 100% due to rounding

Concluding remarks

Although reported experiences of stigma and discrimination in the past 12 months were low among this sample of Vietnamese people living with hepatitis B, participants did report negative responses to disclosure from other people, such as family and friends. Few Vietnamese participants reported that health workers had treated them negatively or differently because of their hepatitis B status, however some participants still reported avoiding or delaying access to health services in the past 12 months because health workers had made them feel bad, unwelcome, or ashamed for having hepatitis B. Findings from this study offer valuable insights into engagement in care and stigma experienced by people living with hepatitis B. The research highlights the need to promote regular monitoring of hepatitis B through both community education and ongoing advocacy at a health system level. Participants in this study also expressed a strong preference for receiving hepatitis B information in Vietnamese, emphasising the importance of providing health promotion

materials in language. Continued monitoring of stigma and engagement in care among people living with hepatitis B could help inform initiatives to reduce stigma and negative responses to disclosure of hepatitis B, and improve engagement in care.

Acknowledgements

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