

VIETNAMESE UNDERSTANDINGS AND RESPONSES TO CHRONIC HEPATITIS B

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Background: Recent epidemiological data reveals that only 13% of the estimated 218,000 people with chronic hepatitis B (CHB) in Australia engage in clinical care. Less well articulated is an understanding of how cultural and socio-economic factors contribute to poor levels of clinical engagement among high prevalent communities. To redress this disparity, the present study - Strengthening Community Responses to Hepatitis B – explored how Vietnamese people with CHB understood and responded to their infection. Doing so provided an alternative critical understanding of CHB – one that resituated the analysis of CHB within the broader social and cultural context in which people with CHB carried out their day-to-day lives.

Methods: Employing the qualitative research method of semi-structured interviews, the final data set comprised of 23 verbatim transcripts about the lived experiences of Vietnamese people living with CHB in Australia. Data was thematically analysed using NVivo 11.

Results: This study found that clinical responses only made up part of how participants managed their infection. Of the 23 participants, only 6 were receiving antiviral therapy. Participants commonly integrated their own existing health belief systems with biomedical information in order to make sense of their CHB infection. Such pluralistic understandings were often reflected in the practices participants employed to manage their infection, including combining the use of traditional medicine with clinical care. At the core of participants' hepatitis B-related experiences concerned issues of disclosure as well as experiences of stigma and discrimination.

Conclusion: It is imperative that the current scope of hepatitis B research be broadened to include an understanding of the social and cultural factors that unpin people's experiences of the infection. Unless this is achieved, hepatitis B-related health services and public health policies will remain incongruent with the needs of people with CHB, which in turn, will lead to more severe disease outcomes.

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