CSRH UNSW Centre for Social Research in Health

Stigma Snapshot

Filipino and Korean Community: Informing hepatitis B prevention, testing, and treatment programs.

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 Filipino and Korean communities were chosen as the focus of this research because these are two migrant groups where HBV prevalence is high and there is no known research with these communities on HBV in Australia. This study forms part of a larger research project measuring experiences of stigma among priority groups impacted by blood borne viruses and sexually transmissible infections.

Filipino Community

579 Filipino-identifying participants completed the survey in Tagalog or English

48% born in Philippines – 58% male – 92% heterosexual – 76% married

70% full time employed – 85% proficient/very proficient in English

63% tested for HBV – 37% personally knew someone living with HBV

73% vaccinated for HBV – 6% living with HBV

Korean community

599 Korean-identifying participants completed the survey in Korean or English

97% born in South Korea and 1% North Korea – 27% male – 95% heterosexual

69% married – 39% full time employed – 47% – proficient/very proficient in English

60% tested for HBV – 32% personally knew someone living with HBV

60% vaccinated for HBV – 18% living with HBV

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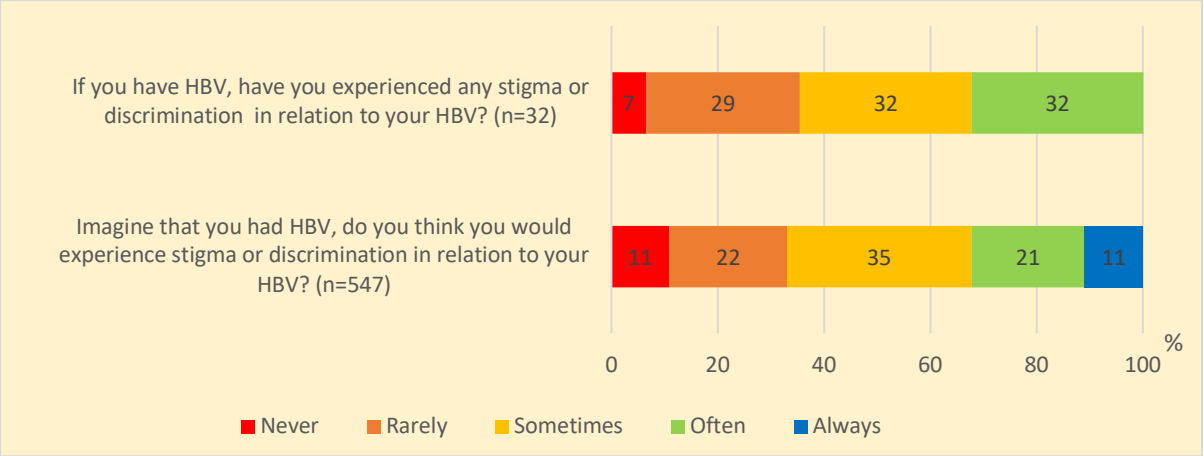
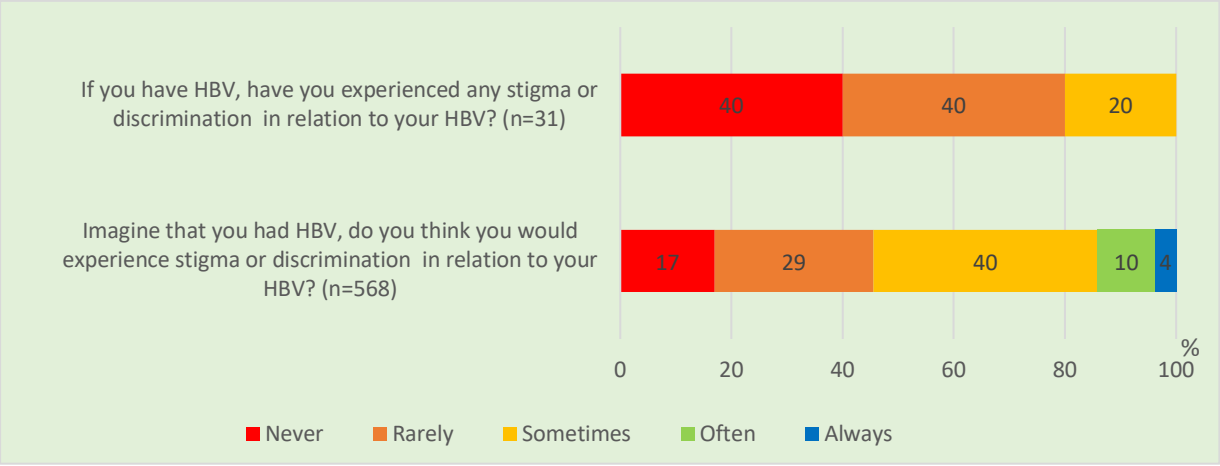
Experience and expectations of stigma towards people living with HBV in the Filipino sample



Expectations of experiencing stigma was only slightly different from the actual reported experience of stigma (89% vs 93%) among the Filipino sample. Filipino participants who had HBV (n=32) were asked if they had experienced any stigma or discrimination in relation to their HBV in their lifetime. Results show that 32% of those who are living with HBV had 'often' 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, with 21% responding 'often' and a further 11% responding 'always'.

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



Expectations of experiencing stigma was vastly different from the actual reported experience of stigma (83% vs 60%) among the Koren sample. Results show that of the 31 Korean participants living with HBV, only 6 participants (20%) had 'sometimes' experienced stigma or discrimination in relation to their HBV in their lifetime. 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, 40% responded 'sometimes', 10% responded 'often' and 4% 'always'. This is notably different from the Filipino sample where expectations of experiencing HBV-related stigma was similar to the reported experience of stigma by those living with HBV.

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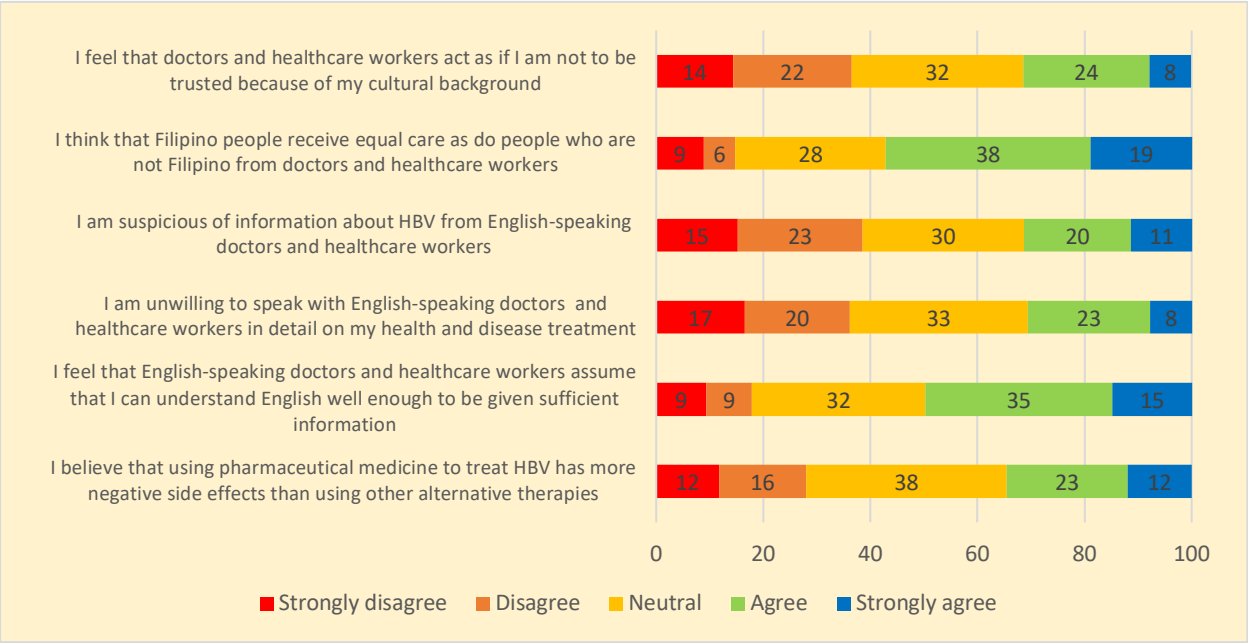
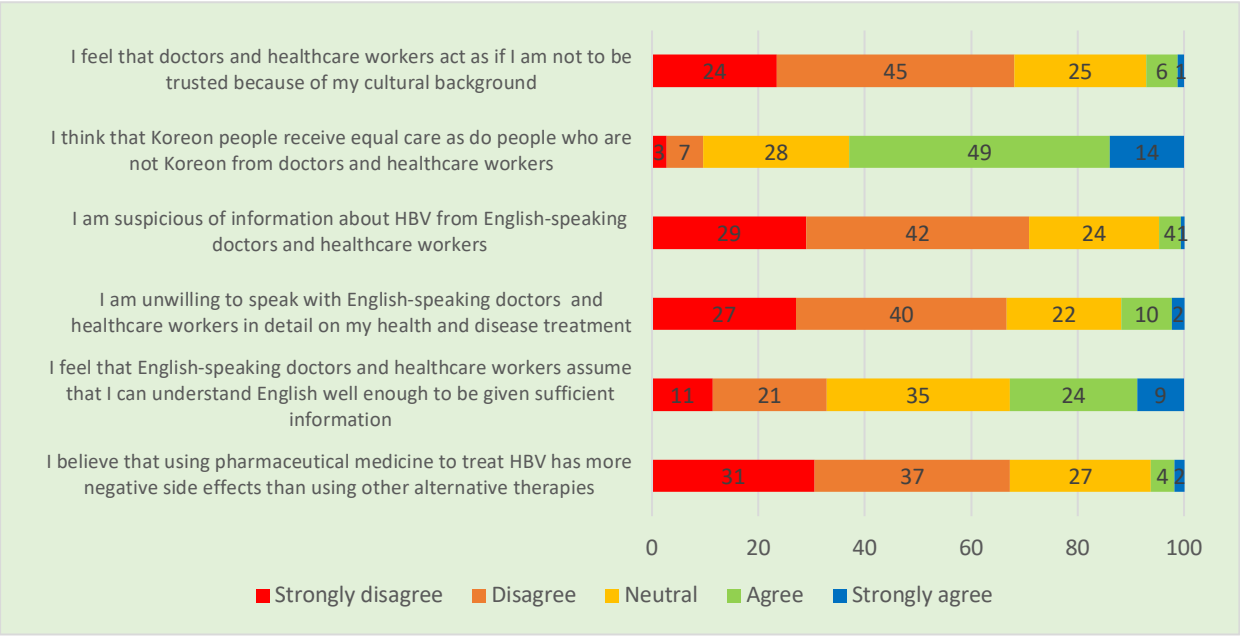
Trust in Western healthcare in Filipino sample (n=579)



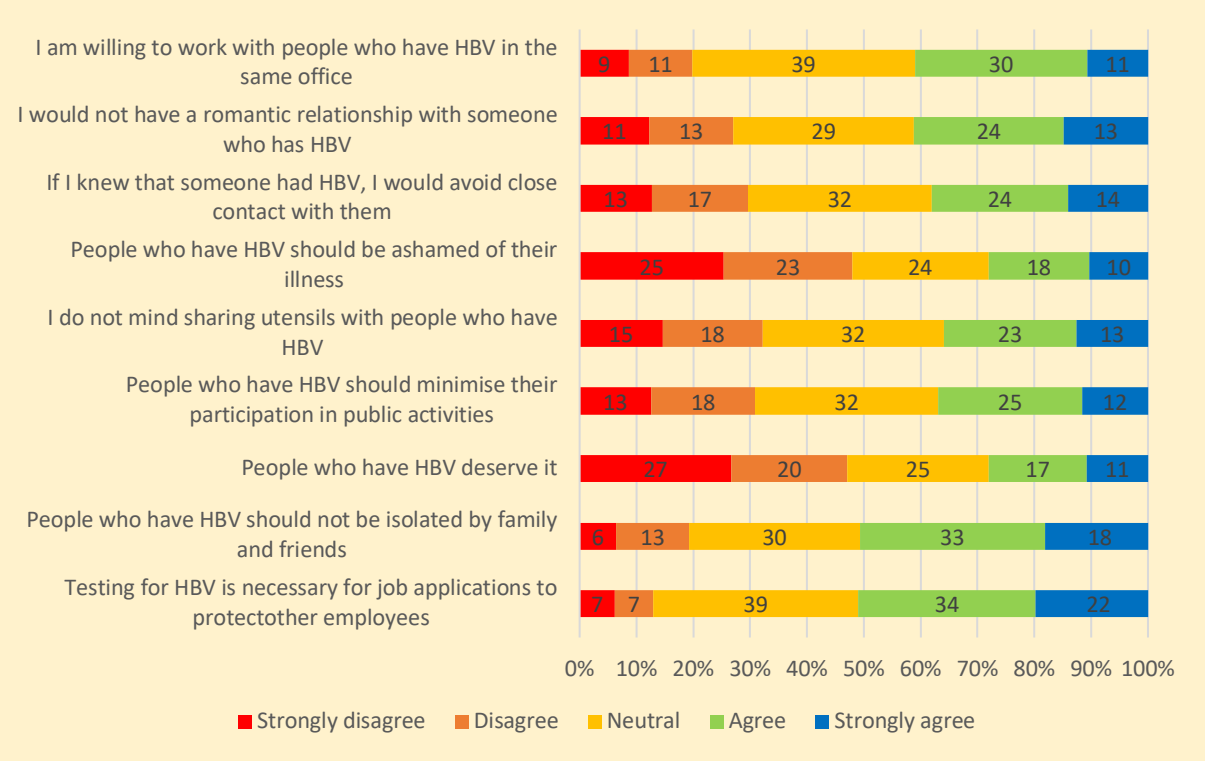
Participants were asked about their trust in Western healthcare, focusing on their beliefs and feelings towards Western medicine versus traditional / alternative medicine. Within the Filipino sample, 38% reported that they were not suspicious of information about HBV from Western-trained doctors and/or healthcare workers, 28% 'disagreed' or 'strongly disagreed' that using pharmaceutical medicine to treat HBV has more negative side effects than using other alternative therapies. Further, 27% responded that they were willing to speak to English-speaking doctors and healthcare workers in detail on their health and disease treatment.

Trust in Western healthcare in Korean sample (n=599)



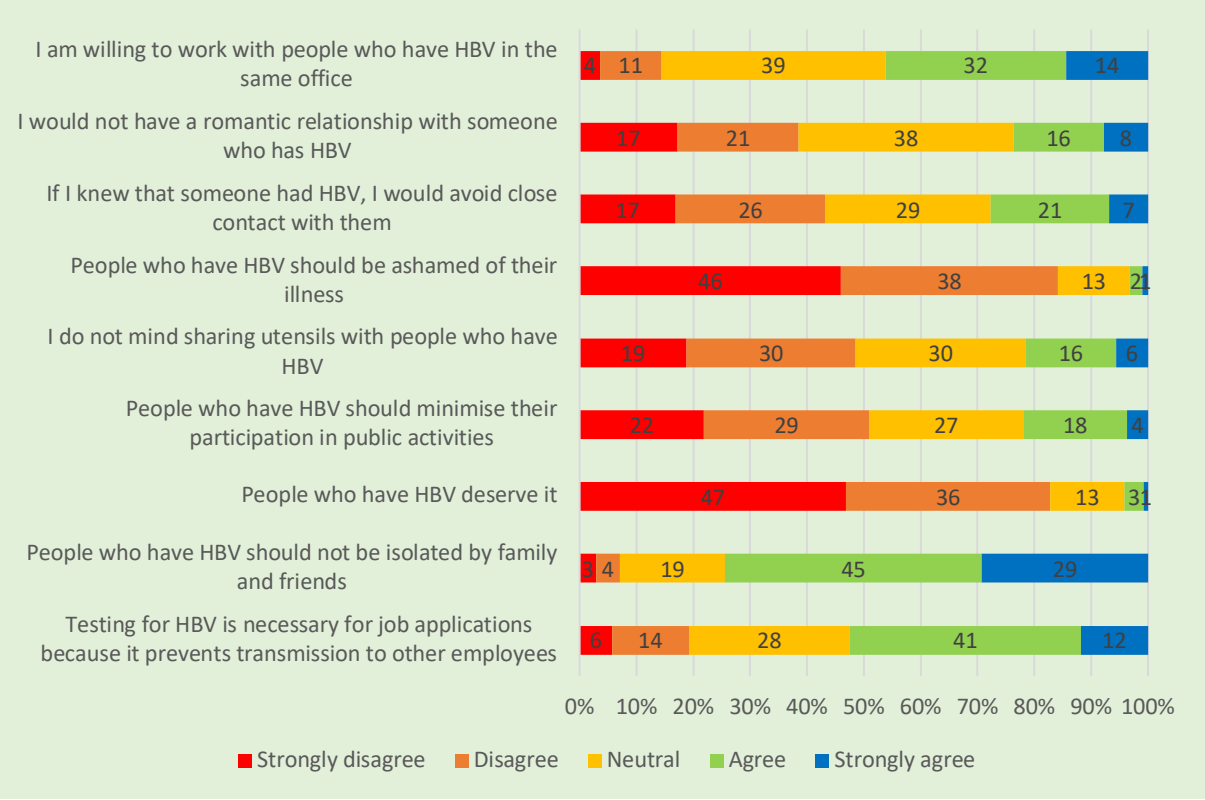
Findings from the Korean sample regarding trust in Western healthcare and English-speaking doctors were quite different when compared to the Filipino sample. Within the Korean sample, 71% reported not being suspicious of information about HBV from English-speaking doctors and /or healthcare workers, with 68% of the sample 'disagreeing' or 'strongly disagreeing' that using pharmaceutical medicine to treat HBV has more negative side effects than using other alternative therapies. In addition, 67% reported to be willing to speak with English-speaking doctors and healthcare workers in detail on their health and disease treatment.

Attitudes towards HBV in the Filipino Sample (n=579)



Attitudes towards people living with HBV were mixed among the Filipino sample; 38% reported that if they knew that someone had HBV, they would avoid close contact with them, and 51% felt that people who have HBV should not be isolated by family and friends. 56% felt that screening or testing for HBV is necessary for job applications because it is helpful for preventing transmission to other employees. 28% felt that people who have HBV should be ashamed of their illness and 28% agreed that people who have HBV deserve it.

Attitudes towards HBV in the Korean Sample (n=599)



Findings on attitudes towards people living with HBV among the Korean sample were also mixed; 28% reported that if they knew that someone had HBV, they would avoid close contact with them and 74% felt that people who have HBV should not be isolated by family and friends. 53% felt that screening or testing for HBV is necessary for job applications because it is helpful for preventing transmission to other employees. Only 3% reported that people who have HBV should be ashamed of their illness and 4% felt that people who have HBV deserve it. Support for statements such as 'being ashamed' of having HBV and 'deserving HBV' was found to be very low among the Korean sample, hence participants were less likely to ascribe personal blame for HBV.

HBV-related knowledge

Participants were asked a range of items to assess their knowledge of HBV. Knowledge among both samples was mixed. Findings from the Filipino sample show that 62% knew that there is a vaccination that can prevent HBV infection and 52% correctly answered that HBV can only be identified by a blood test. Only 38% knew that HBV can be transmitted by someone who looks and feels healthy. Further, more than three-quarters of the sample incorrectly responded or were unsure whether HBV was caused by a damaged/weak liver (79%), drinking too much alcohol (78%), poor sanitation or hygiene (76%) and from contaminated food/water or utensils (77%).

Findings from the Korean sample on HBV knowledge show that 82% knew that there is a vaccination that can prevent HBV infection and 58% knew that HBV is a can only be identified by a blood test. 64% knew that HBV can be transmitted by someone who looks and feels healthy. However, more than two-thirds of the sample incorrectly responded or were unsure whether HBV was caused by a damaged/weak liver (76%), drinking too much alcohol (68%), poor sanitation or hygiene (72%) and from contaminated food/water or utensils (68.7%).

Concluding comments

Information on HBV health seeking behaviour (such as HBV testing and vaccinations for HBV) and trust in Western healthcare among Filipino and Korean migrant communities is important to better understand factors that could facilitate HBV prevention, testing, and treatment programs with priority communities in Australia. These two samples were similar in demographics, however, just over half the Filipino sample (52%) were born in Australia, while only 1% of the Korean sample was born in Australia. Findings from these two samples show that although vaccination and testing rates for HBV are reported to be reasonably high, knowledge around HBV transmission routes, attitudes towards people living with HBV, and trust in Western healthcare were mixed. Finding among the Korean sample suggest they have greater trust in Western medicine and English-speaking doctors than the Filipino sample. These findings highlight the barriers and stigma that people from culturally diverse background may face in accessing appropriate prevention, care, and treatment for HBV. Health education and promotion for these communities should focus on increasing HBV knowledge about transmission, testing and aim to reduce negative attitudes and misinformation about HBV.

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