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Tables

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A: Quantitative data report

1. Project background

The main aim of this project was to explore the knowledge, attitudes and understanding of hepatitis B among students of Chinese and Vietnamese background. This research focuses on two migrant communities where 1) hepatitis B prevalence is high, and 2) international student numbers in Australia are substantial. Findings of this study will assist in highlighting and understanding factors that could connect hepatitis B prevention, testing, and treatment programs with priority communities in Australia via the international student body.

2. Method

Data was collected using online surveys administered through Qualtrics. The survey questions were adapted from surveys used in the Stigma Indicators Monitoring Project. The surveys assessed knowledge of hepatitis B and health seeking behaviours around hepatitis B among students of Chinese and Vietnamese background. Online surveys in Chinese, Vietnamese, and English were distributed via social media by researchers of Vietnamese and Chinese background. Attempts were made to recruit participants from each state and territory in Australia to ensure adequate state-wide representation. The surveys took approximately 10-15 minutes to complete. Each participants received an AUD $15 gift voucher.

2.1 Survey items

Participants were asked questions abou0 0 1 25ant

-point scale ranging from strongly disagree (1) to strongly agree (5).

2.2 Scales

iii. Connection to community scale

The survey asked respondents the extent to which they agreed or disagreed with five statements

uestions on a scale from strongly disagree (1) to strongly agree (5). In addition there were a further six items assessing

much do you interact with the Vietnamese/Chin

response options for these questions were provided on a 4-point scale ranging from not much (1) to quite a lot (4). The connection to community scale comprised eight out of these eleven items. Three items were excluded as these items focus on connection to the local Australian community. The connection to community scale showed good internal reliability among the Vietnamese (694) and Chinese samples (833).

iv. Trust in Western healthcare scale

am suspicious of information about hepatitis B from Western

six out of these eight items, with two items excluded from the scale as it was not directly related to trust in Western healthcare . Responses were given on a five

six items which formed the trust in Western healthcare scale showed good internal reliability among the Vietnamese (714) and Chinese samples (740).

v. Level of Knowledge about hepatitis B Scale

The knowledge scale contained 30 items used to measure current levels of knowledge among

were summed to form a knowledge scale.

Figure 3: Degree of community connection (Vietnamese students born in Vietnam, n=52)

An additional five items were included to further access participants interactions and connection with their community. More than half (n=55, 57.9%) of the total sample reported mixing with other students regardless of identity, yet two-thirds (n=63, 66.3%) agreed or strongly agreed that most of their friends were Vietnamese. When looking at students born in Australia of Vietnamese background, 20.9% (n=9) disagreed that they felt connected to the Vietnamese community in their family's place of birth compared with only 3.8% (n=2) born in Vietnam. Furthermore, 90.7% (n=39)

Figure 5: Connection with Vietnamese community (Vietnamese students born in Australia, n=43)

Figure 6: Connection with Vietnamese community (Vietnamese students born in Vietnam, n=52

Table 2: Knowing someone withHBV for Vietnamese student sample

N (%)	Born in Australia n=43	Born overseas n=52	Total sample=95
Do you personally know anyone with hep B?			
No	39 (90.7)	30 (57.7)	69 (72.6)
Yes	4 (9.3)	13 (25.0)	17 (17.9)
Not sure	0	8 (15.4)	8 (8.4)
Prefer not to answer	0	1 (1.9)	1 (1.1)

4.4 Testing for hepatitis B

4.7 Trust in Western healthcare

Participants were asked statements about their trust in Western healthcare, focusing on their beliefs and feelings towards Western healthcare versus traditional Vietnamese/Chinese healthcare. 39% (n=37) of the total sample reported being suspicious of information about hepatitis B from Western

Figure 8: Trust in Western Healthcare (students born in Australia, n=43)

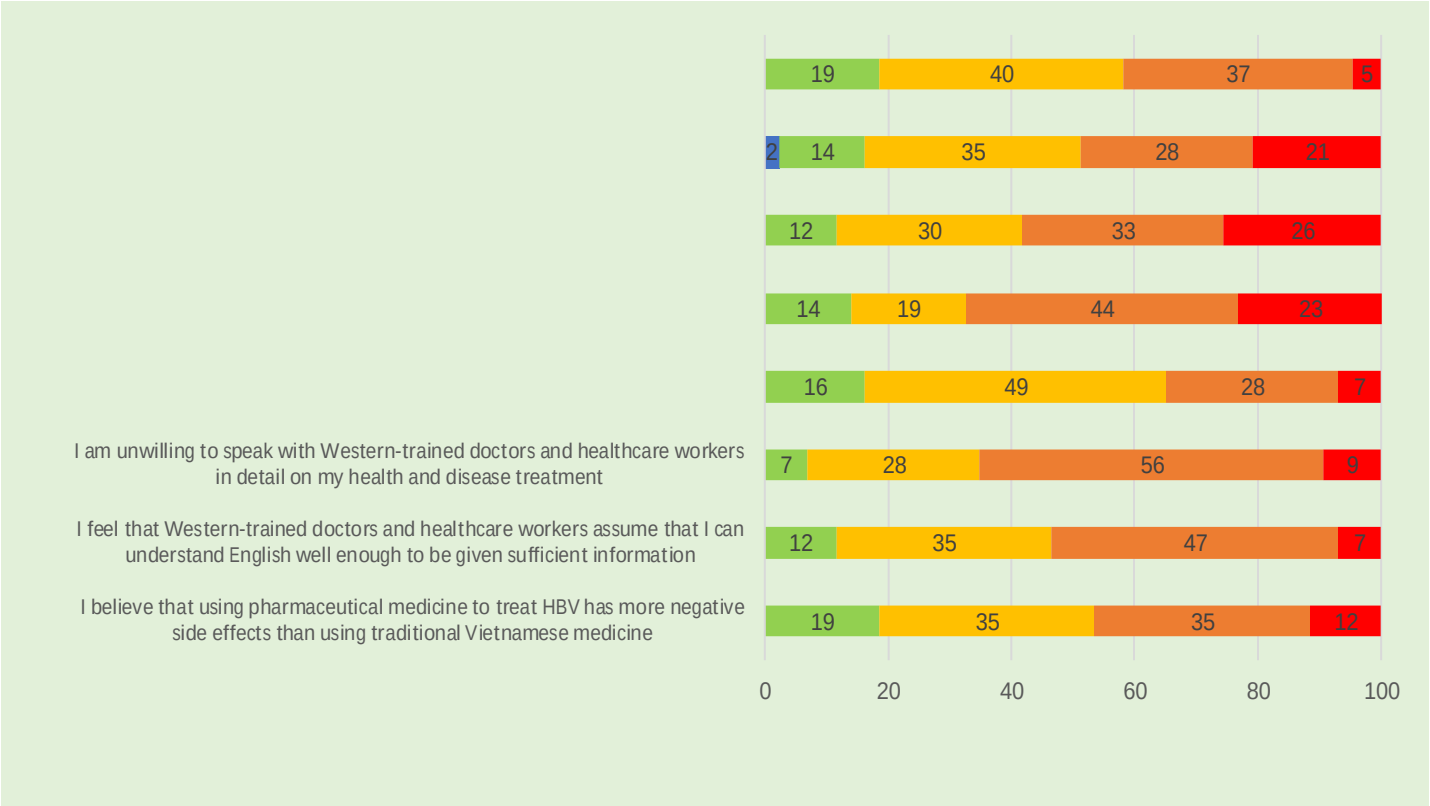
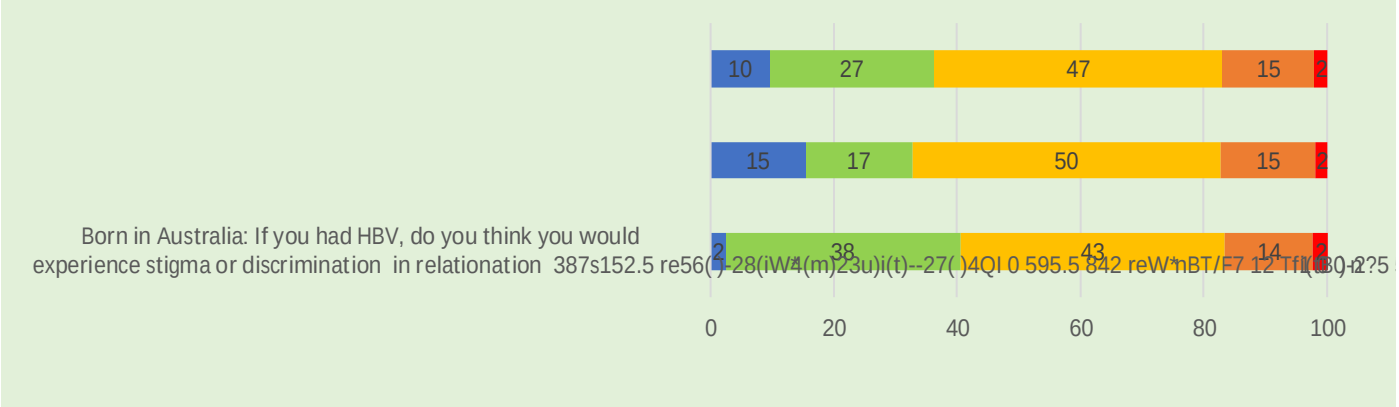


Figure 9: Trust in Western Healthcare (students bornin Vietnam, 52)

4.8 Attitudes towards hepatitis B

Participants were asked questions around stigma and discrimination in relation to hepatitis B. Sixty-four percent of participants (n=60) reported that if they had hepatitis B, they would expect to experience stigma or discrimination in relation to their hepatitis B, and 14.9% of participants (n=14) of Australia, 38.1 and expect to experience stigma or discrimination in relation to their hepatitis B as compared with 17.3% (n=9). of students born outside of Australia who responded figure 10 for more details.

Figure 10: Experience & expectations of stigma towards people living with HBV (whole sample, n=95)



The sample was also asked whether they would behave negatively towards other people because of their hepatitis B. Just over one-third of all respondents (n=33, 34.7%) reported that they would sometimes and a further 12 participants (12.6%) reported would often behave negatively towards other people because of their hepatitis B. Interestingly, only one-third of participants born in Vietnam (n=19, 36.5%) said they would never behave negatively toward others because of their HBV compared with only 28% (n=1) of the students born in Australia of Vietnamese background, while 27.9% (n=12) of participants born in Australia said they would often behave negatively. See figure 11 for details.

Figure 11: Expressing discrimination towards people with HBV (whole sample, n=95)

Participants were also asked nine statements about their attitudes towards people living with hepatitis B. Almost three-quarters of the sample (n=65, 70.7%) felt that people who have hepatitis B

Hepatitis B virus (True)	82 (86.3)	5 (5.3)	8 (8.4)
Stress and negative emotions (False)	28 (29.5)	57 (60.0)	10 (10.5)
Poor sanitation and hygiene (False)	12 (12.6)	68 (71.6)	15 (15.8)
Drinking too much alcohol (False)	23 (24.2)	64 (67.4)	8 (8.4)
Contaminated food/water or utensils (False)	16 (16.8)	71 (74.7)	8 (8.4)
Physical exhaustion and fatigue (False)	31 (32.6)	44 (46.3)	20 (21.1)
Working too hard (False)	38 (40.0)	44 (46.3)	13 (13.7)
Yin and Yang imbalance inside and outside the body (False)	38 (40.0)	37 (38.9)	20 (21.1)

Table 9: Knowledge of causes of HBV for Vietnamese sample (students born in Australia, n=43)

someone from transmitting the virus. However, 44.2% of students born in Vietnam responded supplements to improve immunity/ health can prevent transmission (see Table 12 for details).

Table 11: Knowledge of transmission routes for Vietnamese student sample (whole sample, n=95)

	Correctly Answered	Incorrectly Answered	Unsure
Someone can prevent themselves from getting hepatitis B or giving it to others by:			
Avoiding blood-to-blood contact (True)	83 (87.4)	6 (6.3)	6 (6.3)
Using condoms when having sex (True)	68 (71.6)	14 (14.7)	13 (13.7)
Not sharing drug injecting equipment (True)	82 (86.3)	7 (7.4)	6 (6.3)
Not drinking alcohol (False)	23 (24.2)	51 (53.7)	21 (22.1)
Exercising (False)	11 (11.6)	64 (67.4)	20 (21.1)
Avoiding eating food prepared by a person infected with hepatitis B (False)	23 (24.2)	59 (62.1)	13 (13.7)
Avoiding close contact with someone with hepatitis B (e.g. shaking hands, hugging, kissing) (False)	25 (26.3)	56 (58.9)	14 (14.7)
Not sharing personal items with someone with hepatitis B (e	77 (81.1)	8 (8.4)	10 (10.5)
[redacted]	[redacted]	[redacted].8)	11 (11.6)
[redacted] (False)	[redacted]	[redacted].1)	8 (8.4)
Having hepatitis B vaccinations (True)	81 (85.3)	8 (8.4)	6 (6.3)
Taking traditional Vietnamese/Chinese medicines or health supplements to improve immunity/ health (False)	24 (25.3)	40 (42.1)	31 (32.6)
Maintaining good hygiene (e.g. washing hands frequently, general cleanliness) (False)	11 (11.6)	76 (80.0)	8 (8.4)

Table 12

Figure 15: Degree of community connection (whole Chinese student sample, n=112)

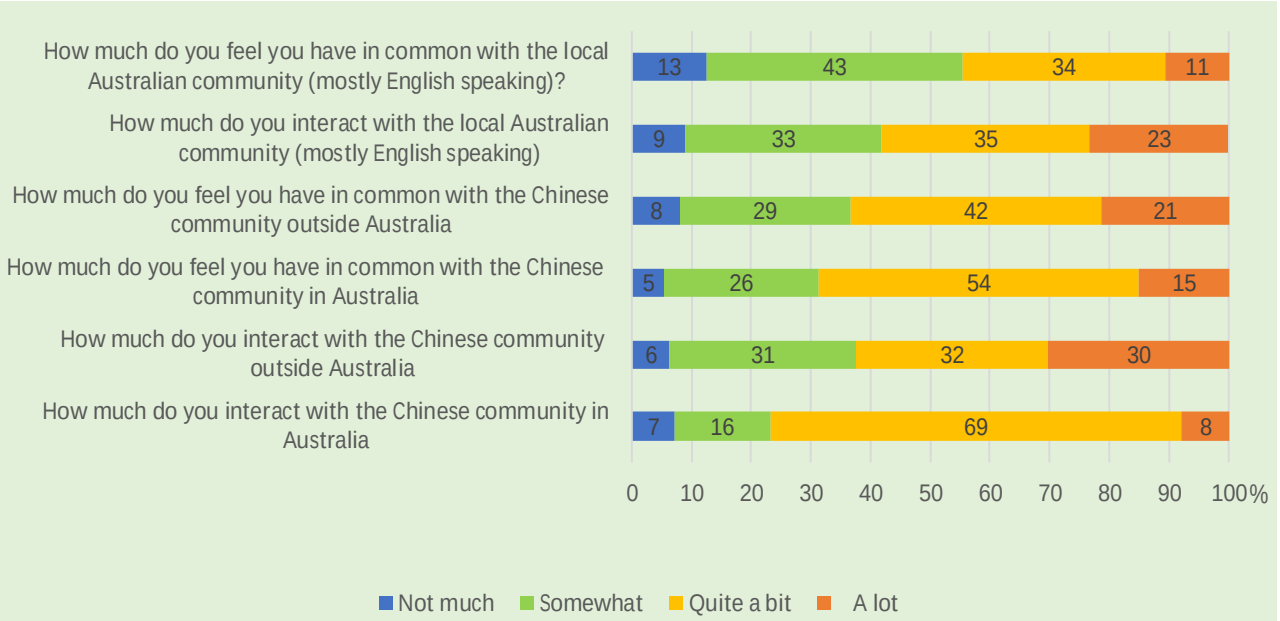


Figure 16: Degree of community connection (Chinese students born in Australia, n=58)

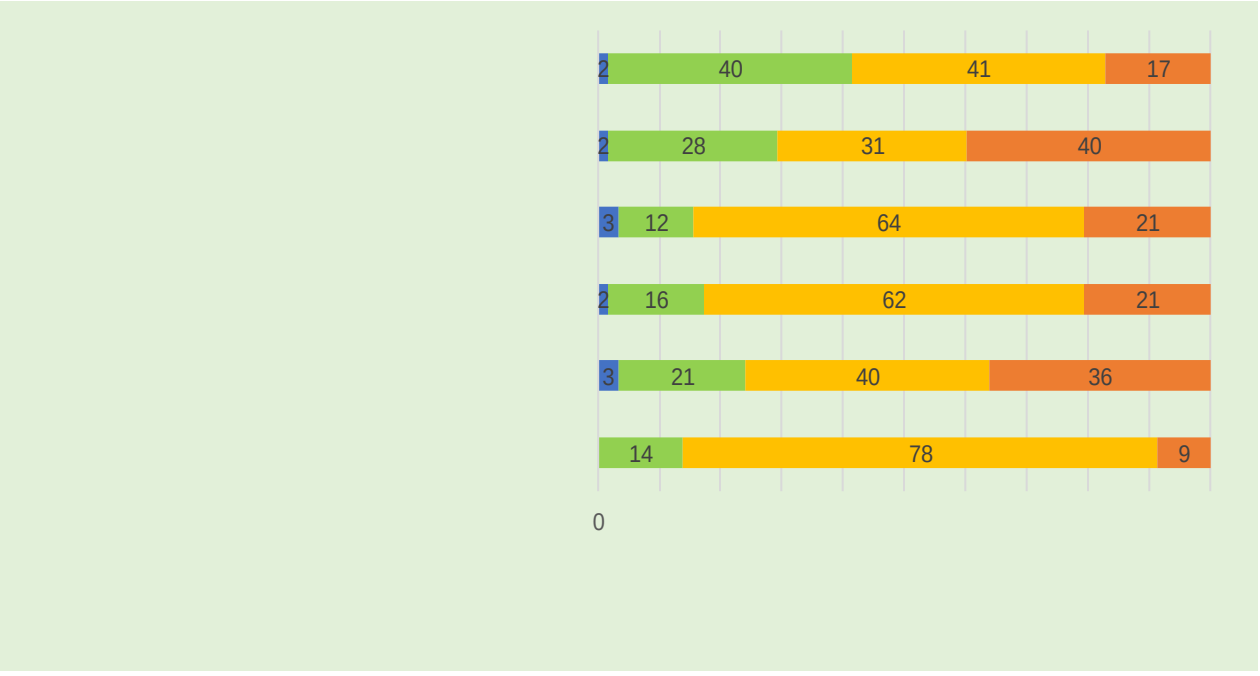
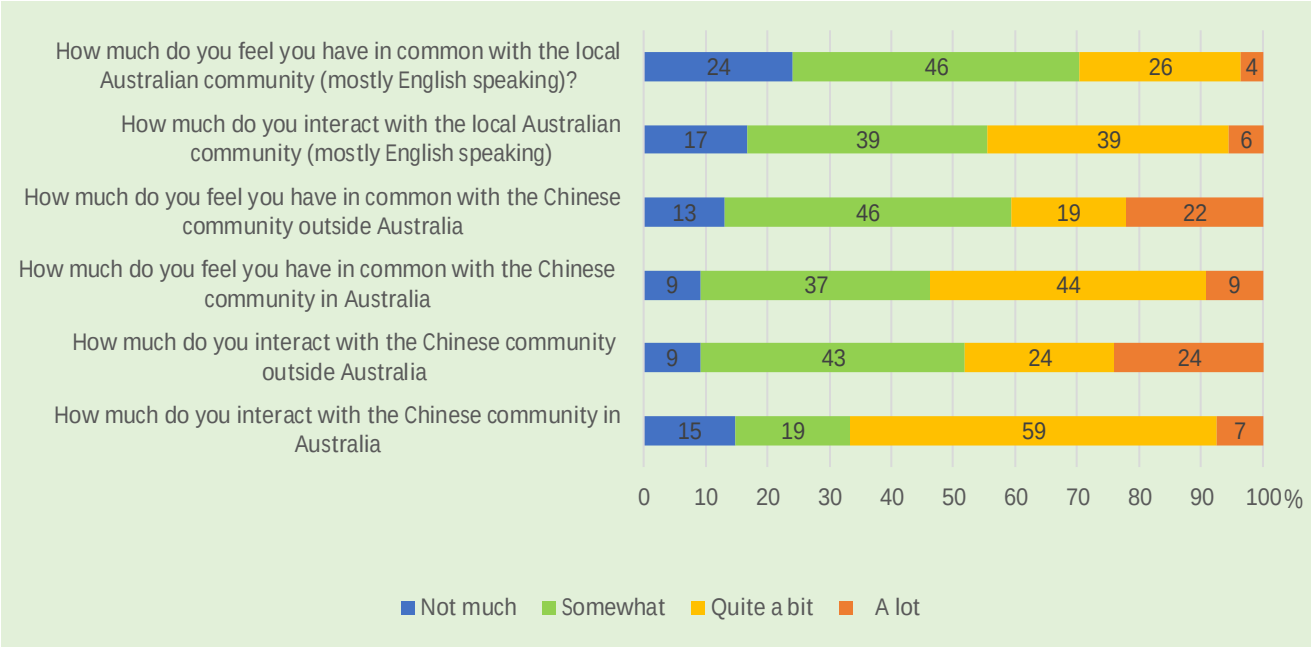
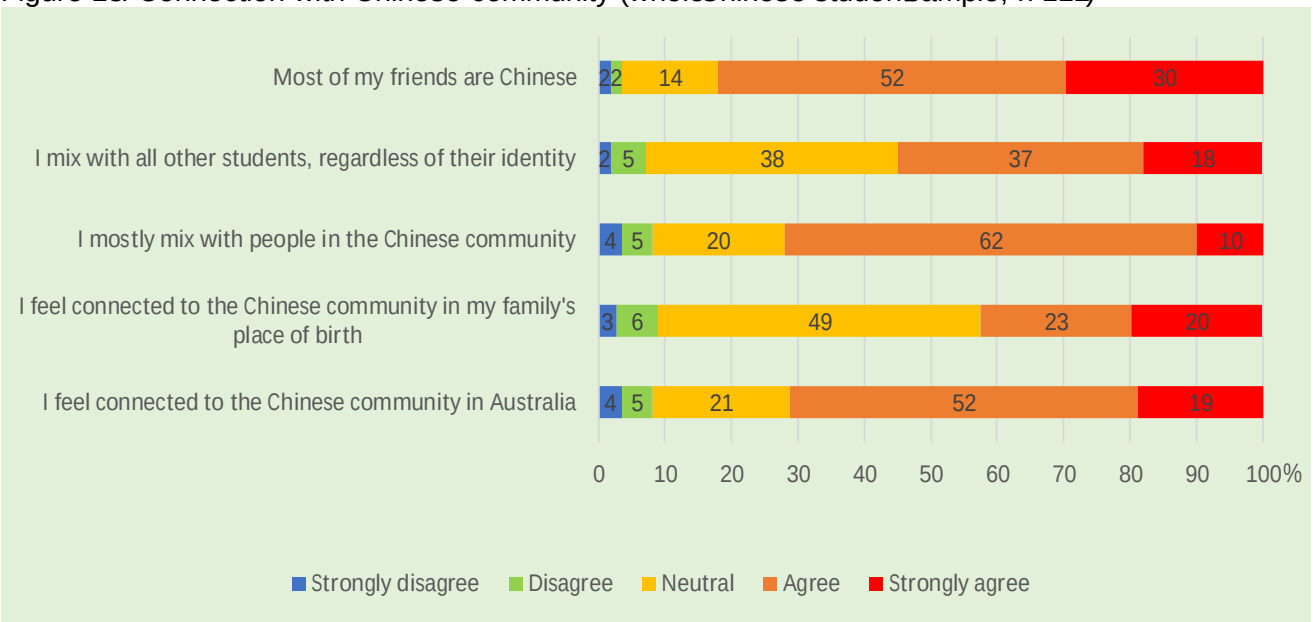


Figure 17: Degree of community connection (Chinese students born overseas, n=54)



While more than half of the full sample (61, 54.9%) reported mixing with other students regardless of identity, 82.0% agreed or strongly agreed that most of their friends were Chinese. When looking at students born in Australia, 82.4% (n=47) agreed or strongly agreed that they feel connected to the Chinese community in Australia compared with only 59.2% (n=32) of students born outside Australia. Furthermore, 28.1% (n=16) of students born in Australia agreed or strongly agreed that they feel connected to the Chinese community in their family's place of birth as compared with 57.4% (n=31) of students born outside Australia (see Figure 18 - 20 for more details on community connection.

Figure 18: Connection with Chinese community (whole Chinese students sample, n=112)



I learned about hepatitis B on the Internet/social media	12 (24.5)	8 (24.2)	20 (24.4)
I learned about hepatitis B in newspaper/TV/radio/printed ad	11 (22.4)	6 (18.2)	17 (20.7)
I know someone who has hepatitis B	9 (18.4)	5 (15.2)	14 (17.1)
Travel or immigration purposes	8 (16.3)	9 (27.3)	17 (20.7)
Doctor recommended	10 (20.4)	4 (12.1)	14 (17.1)
Work requirement	10 (20.4)	4 (12.1)	14 (17.1)
Part of pregnancy screening	2 (4.1)	0	2 (2.4)
Were you last tested for hepatitis B in Australia	n=49	n=33	n=82
Yes	49 (100)	24 (72.7)	73 (89.0)
No	0	9 (27.3)	9 (11.0)
Last place of testing for hepatitis B	n=49	n=33	n=82
Health check centre	19 (38.8)	15 (45.5)	34 (41.5)
Clinic or hospital	23 (46.9)	9 (27.3)	32 (39.0)
	7 (14.3)	4 (12.1)	11 (13.4)
Screening event	0	3 (9.1)	3 (3.7)
remember/other	0	2 (6.0)	2 (2.4)
Were you satisfied with the information about hep B given to you at the time of testing	n=49	n=33	n=82
Very satisfied	28 (57.1)	12 (36.4)	40 (48.8)
Satisfied	19 (38.8)	17 (51.5)	36 (43.9)
Neutral	2 (4.1)	3 (9.1)	5 (6.1)
Very dissatisfied	0	1 (3.0)	1 (1.2)

* Valid percents are used

5.6 Hepatis B vaccination

H

Figure 21: Trust in Western Healthcare (whole Chinese student sample, n=112)

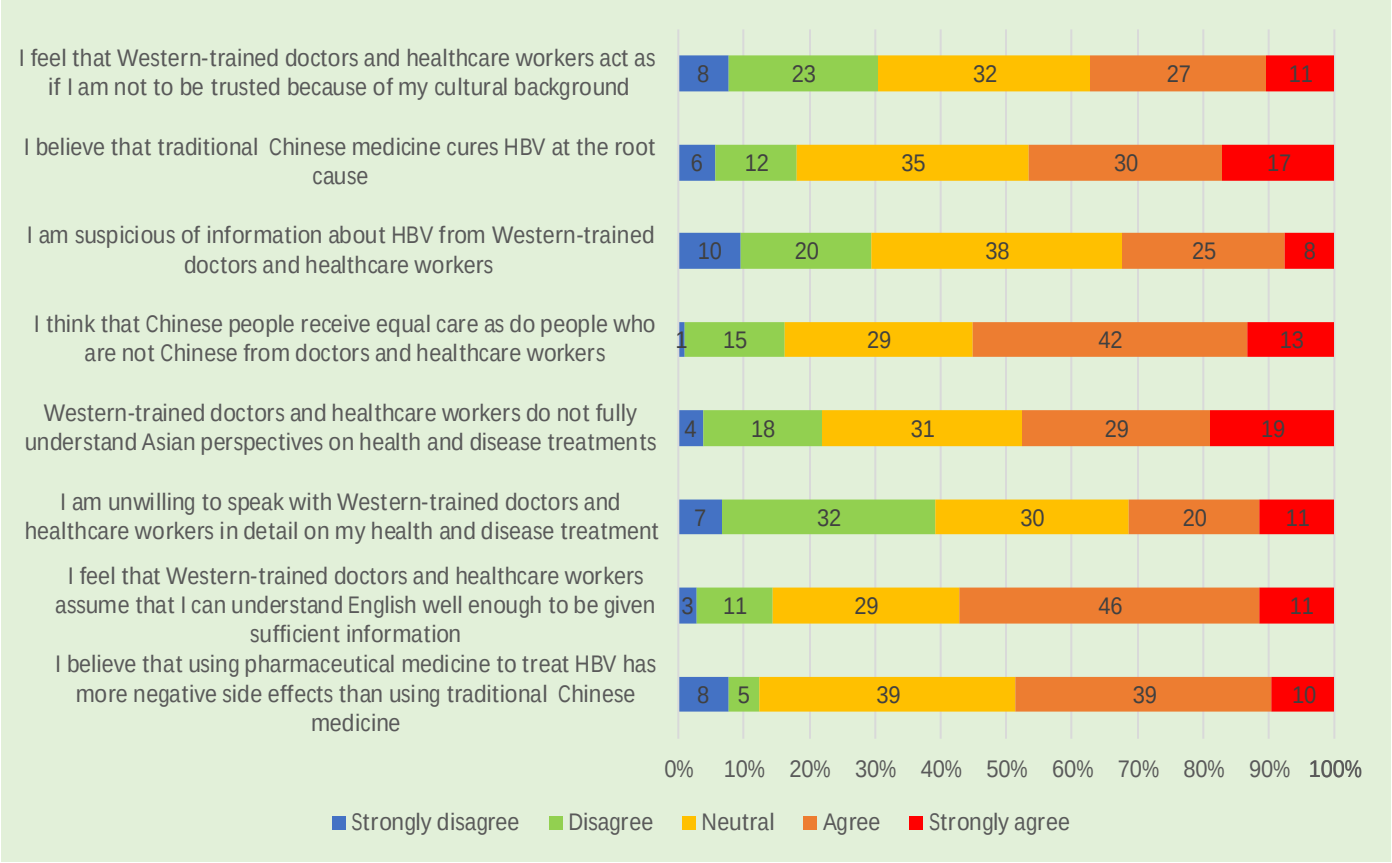
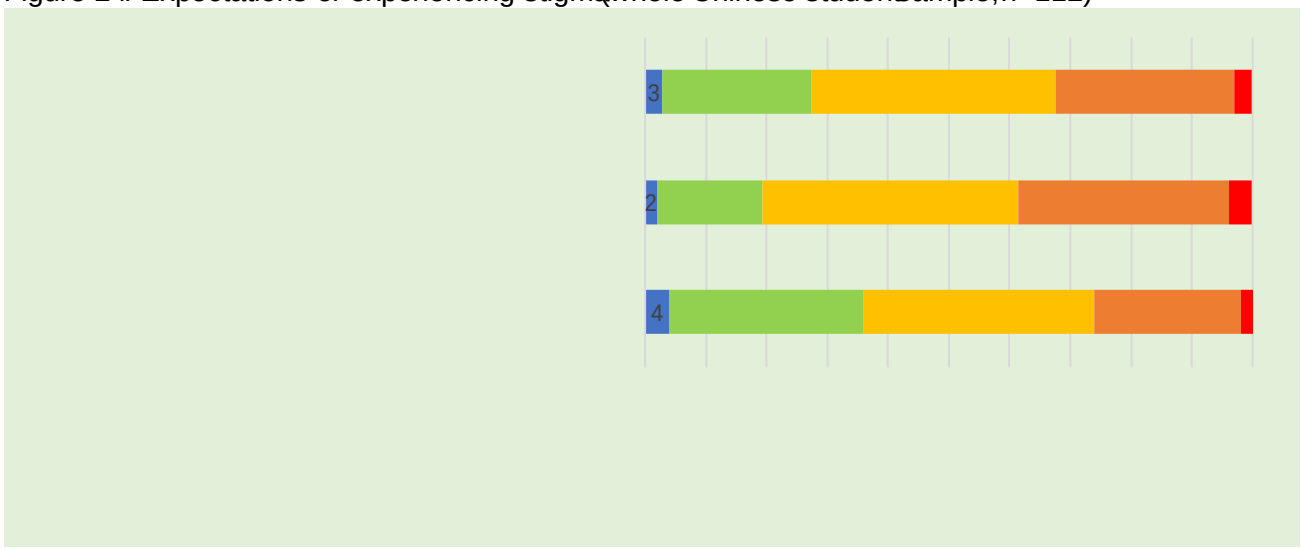


Figure 22: Trust in Western Healthcare (Chinese students born in Australia, n=58)

Figure 23: Trust in Western Healthcare (Chinesestudents born overseas, n=54)

5.8 Attitudes towards hepatitis B

Figure 24: Expectations of experiencing stigma (whole Chinese student sample, n=112)



The sample was also asked whether they would behave negatively towards other people because of their hepatitis B. 37.9% of respondents (n=39) reported that they would sometimes and a further 13.6% (n=14) reported would often behave negatively towards other people because of their hepatitis B. Interestingly, 18.9% of students born outside Australia (n=10) said they would never behave negatively toward others because of their HBV compared with 4% (n=2) of the students born in Australia. See figure 25 for details.

Figure 25: Expressing discrimination towards people with HBV (whole Chinese student sample, n=112)

Participants were also asked nine statements about their attitudes towards people living with hepatitis B. Attitudes towards people living with hepatitis B were mixed (similar to the Vietnamese student sample). Almost three quarters of the sample (n=74, 71.8%) felt that people who have hepatitis B should not be isolated by family and friends and almost half of the sample (n=49, 47.6%) reported that if they knew that someone had hepatitis B, they would avoid close contact with them (e.g., shaking hands, hugging). The majority of the sample (n=66, 64.1%) felt that screening or testing for hepatitis B is necessary for job applications because it is helpful for preventing transmission to other employees. In addition, almost one third (n=32, 31%) of the sample felt that people who have hepatitis B should be ashamed of their illness.

When looking at these attitudes, taking country of birth into account, it is worth noting more students w were born outside Australia strongly disagreed with the attitudes items (this is similar to the Vietnamese students), for example 66% (n=35) of participants born outside Australia strongly disagree that people who have hepatitis B deserve it compared with 4% (n=2) of students born in Australia. Similarly, 37.7% (n=20) of students born outside Australia strongly disagree that people who have hepatitis B should be ashamed of their illness as compared with 4% (n=2) of students born in Australia. See figure 26 for more information.

Figure 26: Attitudes towards HBV (whole Chinese student sample, n=112)

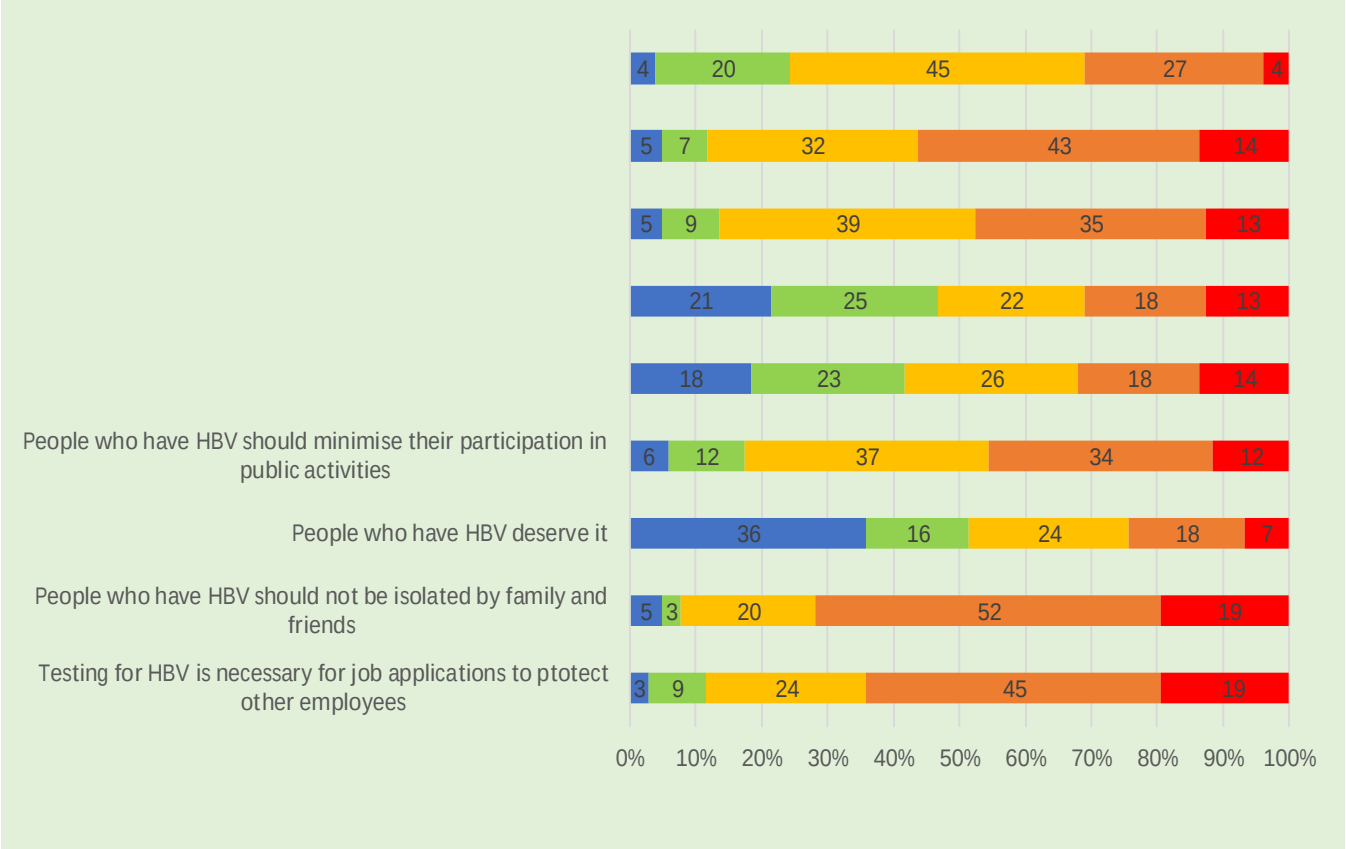
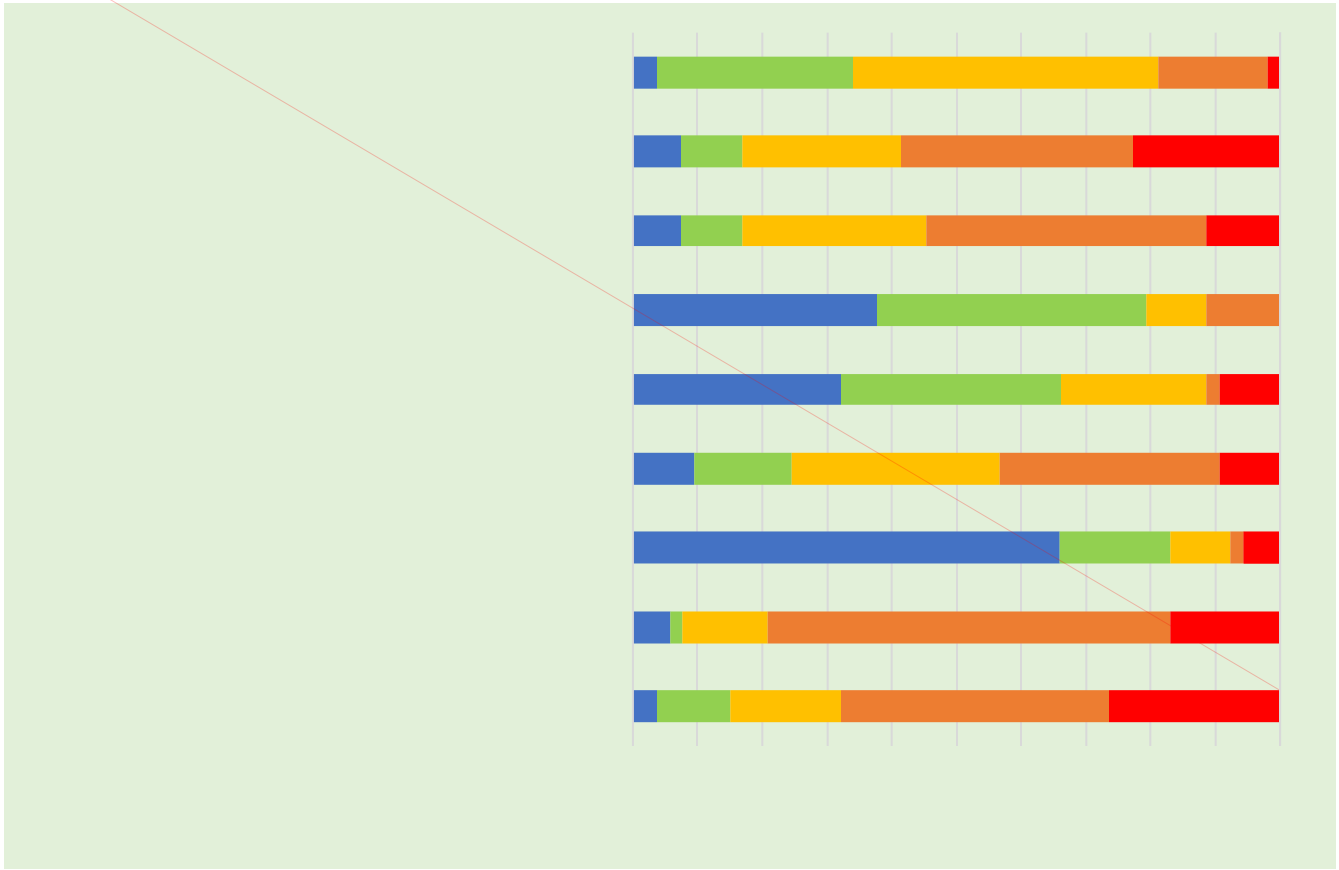


Figure 27: Attitudes towards HBV (Chinesestudents born in Australia, n=58)

Figure 28: Attitudes towards HBV (Chinesestudents born overseas, n=54)



5.9 Knowledge of hepatitis B

Participants were given several statements to assess their knowledge around hepatitis B. Knowledge among the sample was mixed (similar findings to the Vietnamese student sample). While 38.9% (n=95) knew that there is a vaccination that can prevent hepatitis B infection, the majority of participants (n=64, 59.8%) responded that hepatitis B cannot be transmitted by someone who looks and feels healthy. 26.8% (n=30) of the sample were aware that there are effective pharmaceutical medicines available to treat hepatitis B infection.

Comparison between countries of birth reveal that while more students born in Australia knew that hepatitis B can only be identified by a blood test (36.8% born in Australia vs 61% born outside Australia), more students born outside Australia were aware that hepatitis B can be transmitted by someone who looks and feels healthy (only 7.5% born in Australia vs 72.2% born outside Australia). On the whole, as with the Vietnamese sample, between 10-20

Hepatitis B cannot be transmitted by someone who looks and feels healthy (False)	4 (7.5)	39 (73.6)	10 (18.9)
Chronic hepatitis B can develop into cirrhosis and liver canc (True)	49 (92.5)	1 (1.9)	3 (5.7)
All parents (regardless of their hepatitis B status) are offered a free hepatitis B vaccine for their newborn children in Australia (True)	44 (83.0)	4 (7.5)	5 (9.4)

Table 21: P

general cleanliness) (False)			

Table 27: Knowledge of transmission routes (Chinese students born overseas, n=54)

	Correctly Answered	Incorrectly Answered	

- Lack of trust in Western healthcare is also worth noting and is interesting given that the majority of students reported that they had been tested and vaccinated for hepatitis B in Australia, which would imply trust in Western healthcare. It is possible that this strong connection to their community both inside and outside Australia could be acting as a negative influence on their trust in Western healthcare.
- The low levels of knowledge of hepatitis B noted in this study could be a result of the possible confusion amongst participants of the differences between different types of viral hepatitis. This would explain the very low levels of knowledge around Western medicine available for treatment of hepatitis B (11.6% among Vietnamese and 26.8% among Chinese students) and the inaccurate belief that good hygiene is necessary to prevent transmission
- Furthermore, misunderstandings between hepatis B and other hepatitis viruses, can again be the reason for inaccurate knowledge around sharing utensils and avoiding close contact with

B. Qualitative interview data report

Introduction

Qualitative methodologies can offer in-depth and detailed information about the meanings people attach to disease and their experiences of health care services. For this report, the qualitative data explores and extends on the quantitative data. For this arm of the study, we were interested in how students of Chinese and Vietnamese background understand health and hepatitis B, whether this is different in Australia compared to their home countries, and their perceptions of care and management options in Australia and their home countries.

The guiding research questions were:

1. How is hepatitis B virus and liver health understood by students of Chinese and Vietnamese background in Australia?

4. What are students understandings about hepatitis B care and management options in Australia and their home countries?
5. What cultural and intergenerational issues surrounding hepatitis B are important to understand in order to connect with Vietnamese and Chinese migrant communities in Australia?

1 Method

In-depth semi-structured interviews were conducted with a subset of students who participated in the online survey component of the research. On completion of the survey participants were invited to indicate their interest in taking part in an interview. Interviews were conducted by phone or using online platforms such as Teams and Zoom. Interviews were conducted by a research team member of the same cultural background as participants: Vietnamese participants were interviewed by a Vietnamese researcher, Cantonese-speaking participants by a Cantonese-speaking researcher, and Mandarin-speaking participants by Mandarin-speaking researcher, although all interviews were conducted in English. Interviews lasted approximately 20-30 minutes and participants were compensated $30 gift voucher.

Data analysis was inductive (data-driven) and deductive (analyst-driven) and occurred in several stages. First the team developed a broad coding template based on the research questions. Next the Vietnamese, Cantonese and Mandarin-speaking researchers used this template to read and code the transcripts from their interviewees and develop preliminary themes and discussion points for the team to consider. Third, a preliminary analysis document was drafted by JB and a team meeting was held to discuss themes an

3 Concepts of health – emphasis on physical

participants referred not only to the importance of mental-well
(Alan, Vietnam). Chinese

22 China mainland). Life in Australia was compared

4.1 Summary: Concepts of health

Participants described Chinese and Vietnamese concepts of health as:

> Relating to physical and externally observable factors, more than mental, emotional, or social factors
>
> -discipline.

Implications for hepatitis B:

> Because health is seen to be controllable, people will respond to calls to intervene in their health if the correct messages are provided
> Physical wellness is thought to matter more, meaning that mental, emotional or social impacts of hepatitis B infection, such as stigma, might be minimized or ignored.
> Health care seeking will more likely be prompted by physical manifestation of hepatitis B symptoms. This complicates messages to encourage people to get screened if asymptomatic.

4 Beliefs about hepatitis B – saliva, genetics, curability

The existing small body of social research on hepatitis B in Australia clearly identifies that knowledge about hepatitis B in certain migrant populations is poor. Qualitative research helps to identify both the specificities and commonalities that underpin knowledge about hepatitis B. In our study, participants were asked for their views about: hepatitis B transmission; vaccines; monitoring and ongoing care; and perceptions of disease impact and severity.

5.1 Beliefs about transmission: saliva, genetics, sex

When asked about how hepatitis B is transmitted, participants were generally unsure, saying for example, that
mainland China).

Saliva on cooking utensils, in improperly prepared food and in the air

An overwhelmingly common belief however was that hepatitis B could be acquired through, or by sharing food, and via cooking and eating utensils. Almost all participants reported this, including those who otherwise identified correct transmission routes, such as sexual transmission and mother-to-child transmission.

> sharing the same cooking items... shared in the same table and they exchange the forks, the spoon, if they exchange the things they have used (Mary 26 China mainland)

> Chopsticks, spoon utensil glass, glassware, anything they could put in their mouth actually (Minh 27 Vietnam)

> get infected by someone else, like eating the same food, using the same spoon, drinking

Transmission via saliva was also seen as a concern when in close proximity to someone with hepatitis B, with some participants saying that sitting next to others while they were eating or talking was a risk:

> Most commonly know way of contraction is through eating, through saliva. So, people don't share food, don't eat in public, like if they know the person next to them is hepatitis B
> ough talking.

Vietnam)

> I don't think people with hepatitis can actually be teachers or lecture, or speaker, public speaker, something like that, because you'll been talking a lot so people have a chance to touch your spit. (Luo, 22, China mainland)

Similarly, Sally (22, China mainland) suggested that airborne saliva transmission could be avoided by wearing masks and gloves.

Related to this were descriptions of how hepatitis B could be acquired through unhygienic food preparation, suggesting a confusion with hepatitis A. Nathan (China Hong Kong) said hepatitis B

how street food could cause infection.

Participants from mainland China and Hong Kong rarely mentioned vaccines, while by comparison Vietnamese participants mentioned them much more often. The Chinese participants that did mention vaccines had mixed understandings, with Sally (22, China mainland) being very clear that

Thu (30, Vietnam) accurately noted the significant long-term impact of hepatitis B on physical well being:

> if a person contracted to hepatitis B, they can get like acute disease or chronic disease and acute disease can lead to liver failure. It could be like deadly, as the chronic hepatitis B could lead to cirrhosis and cancer.

Sally (21, China mainland) and others (Alan, Vietnam) believed that hepatitis B can cause physical symptoms that would interfere with important daily obligations:

> they would have lots of symptoms that will interfere with their daily life, like they will lose their appetite, and they would lose weight and also feel tired, and if that's a student obviously, it can affect their academic performance and if there were, if it works, it will affect their income and financial status (Sally, 21, China mainland)

However, the more commonly noted concern was the impact hepatitis B may have on intimate relationships and marriage. Participants discussed issues around hepatitis B disclosure (given it is associated with sexual transmission), and perhaps more importantly, mother to child transmission. Jun (21, China mainland) viewed this as the main problem:

> in a relationship of the parents in law.

Osmond (29, Vietnam) similarly reported marriage and family as the main concern for those living with hepatitis B.

> it can be transmitted from mom to children as well. So, people need to put that into consideration as well when they decided to get family because can be transmitted from having

5.3 Summary: Participant beliefs about hepatitis B

- participants recognized that their knowledge of hepatitis B is poor: in the process of kindly trying to answer our questions, many openly said they did not know much at all about hepatitis B.
- hepatitis B could be transmitted by saliva, sharing food, and utensils for cooking and eating. Related to this were beliefs that any sort of close contact was a risk, for example, by touching a person with hepatitis B or breathing the air of someone nearby with hepatitis B.
- hepatitis B could be transmitted through sexual relationships.
- hepatitis B could be transmitted intergenerationally, although participants were generally unsure about how exactly it was transmitted, with some referring to ideas of genetic inheritance.
- there is some understanding that a person could have hepatitis B without displaying symptoms.
- hepatitis B was thought by many to be curable through western medical techniques.

the main problem with having hepatitis B was seen to be its impact on intimate relationships and marriage, whereby a person would need to disclose their status so to avoid sexual and mother-to-child transmission.

Implications for hepatitis B prevention, testing, and management in Australia

Develop health promotion messaging that:

Identifies that knowledge is poor in the community: people acknowledge this fact themselves and want to address it. Messages that call for collective learning about hepatitis B will be well received.

Address views that hepatitis B is transferred through saliva and sharing eating utensils. This seems especially important given the central role of food and eating in socializing and the potential for people with hepatitis B to be unnecessarily excluded from this social activity.

Clarify intergenerational nature of hepatitis B transmission: that it is not genetic or necessarily from living within a family with hepatitis B, but rather from maternal-fetal transmission.

Address expectations about hepatitis B cure: hepatitis B is not curable but poor health outcomes can be reduced through appropriate clinical care.

Because participants tended to know that hepatitis B was sexually transmitted, and that its main impact was perceived to be about marriage and relationships, develop messages indicating that: sexual transmission can be prevented; that adults who acquire hepatitis B tend to clear the virus; and that mother-to-child transmission can be prevented.

Improving knowledge about transmission routes will address myths (about poor hygiene, sexual immorality and genetic inheritance) and reduce current levels of stigma, as described next.

6. Stigma –the need to better understand what counts as discrimination

Participants had a range of things to say about discrimination and stigma, which were sometimes contradictory. For the most part, participants objected to any sort of discrimination towards people

were critical of people that held discriminatory or negative views about hepatitis B. Yet, at the same time, participants often justified discriminatory attitudes, explaining that this was just how some people protect themselves and act cautiously around those with hepatitis B. These contradictory

and Vietnamese culture, where exclusionary behaviors might not be seen as necessarily discriminatory.

While participants themselves were against any sort of discrimination towards people with hepatitis B, they believed that discriminatory attitudes were more common among people living in their home countries, and especially the older generations. Participants themselves, however, held attitudes that were either non-judgmental or benevolent:

> mainland)

> about. I will be more like paying attention to him, or more giving kindness to him, giving help giving a hand to him, I would not be like, discriminate him (Huong, 19, Vietnam)

Indeed, participants were critical of people who held discriminatory or negative beliefs about

and especially among the older generations. Minh (27, Vietnam) described this to be very true in Vietnam:

> Oh they are treated like the taboo. Like a taboo, I have no idea why, they treat HIV like taboo, as well darling. Vietnam, people treat everything like a taboo, even gay people? If o. It's really discriminating in Vietnam. We were so lucky we just run away from that. (Minh, 27, Vietnam)

And, as Kathy (26, China Hong Kong) described, discrimination about hepatitis B is a problem with older generations who have conservative values about sex and other matters:

potentially different understanding of stigma and discrimination than what is commonly understood in Australian western settings. Where in the Australian western settings we see stigma as any form of negative thought and discrimination as any form of negative action, our participants are telling us that, for them, only some actions count as discrimination. In this regard, more research is needed to better understand and map out what counts as stigmatising and discriminatory. This would be essential before any meaningful intervention about hepatitis B stigma is introduced.

6.1 Summary: Stigma

When participants were asked to comment about stigma related to hepatitis B they responded by saying:

> While stigma might be common in their home countries and among the older generation, younger people do not feel the same.

> but rather arise out of a need for caution and self-protection. This is not seen to be necessarily bad or malicious.

Implications for hepatitis B prevention, testing, and management in Australia

> Better knowledge about transmission and prevention will reduce negative perceptions about hepatitis B being attached to bad and immoral habits. This is especially true with respect to knowledge about transmission through food, eating utensils and sharing spaces, wherein there is a tendency to isolate and exclude others if they have hepatitis B.
> Seek more detailed information about how stigma and discrimination is understood and operates in Vietnamese and Chinese community settings, as these seem to have different meanings for some. This is necessary before any meaningful intervention about hepatitis B stigma proceeds.

Yes, because clinic is a place that people would only go if they have like, really mild illness, like just flu or cold, but if they found out they have like more serious problems, they would just rather go into the hospital instead of going into the clinic

8. Concluding remarks

The qualitative data highlights the low and/or mixed levels of knowledge found among participants and allows us to better understand the health beliefs of students of Vietnamese and Chinese background in order to design hepatitis B health promotion and education messages that will be appropriately targeted for this group. This interview data further explores attitudes that Chinese and Vietnamese students hold towards hepatitis B, how they understand stigma and discrimination, and why they believe it occurs (as a means of protection rather than a driver of it for the group). The interview data reveals reported differences in health systems between Australia and countries that these participants come from. Difficulties in navigating a different health care system is important to understand given that many people living with or affected by hepatitis B come from culturally and linguistically diverse communities. While the survey data provides an overall understanding of patterns of hepatitis B knowledge, attitudes and health seeking behaviours among students of Vietnamese and Chinese background, the qualitative data allows us to investigate in depth issues, concepts and understanding of health and illness that may be different for people from Vietnamese and Chinese background. This combined mixed methods data provides important information on hepatitis B knowledge gaps, health seeking behaviour and attitudes towards hepatitis