

“They feel shame sometime, but that is why we need to talk to them...we need to tell them how important it is not to feel shame”:

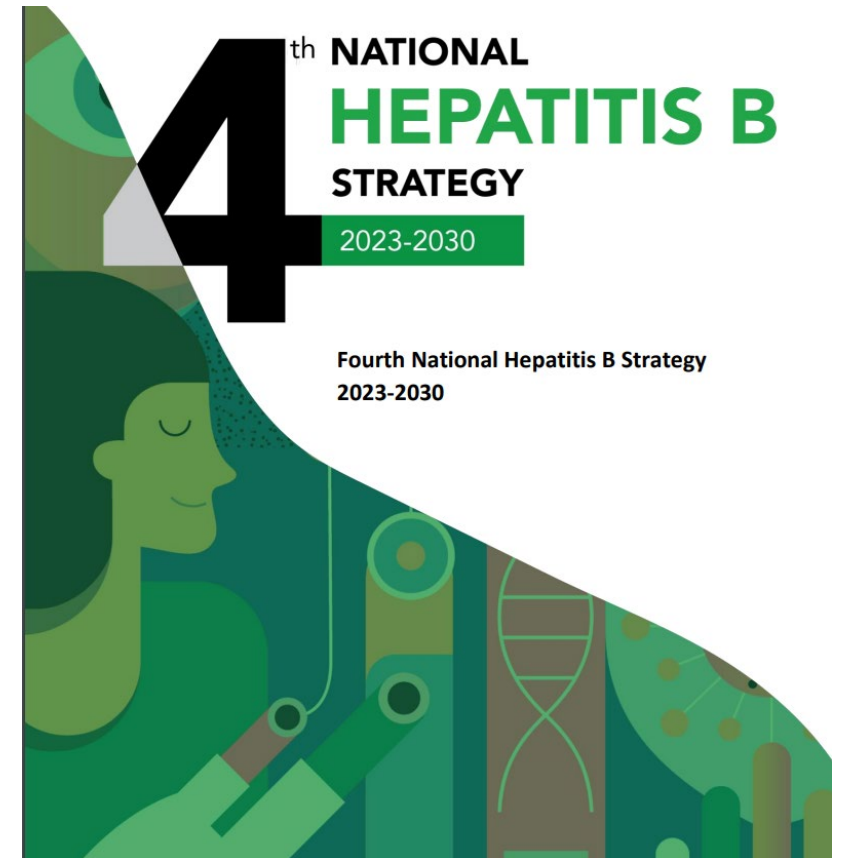
Addressing stigma and shame to improve hepatitis B care in Aboriginal communities in the Top End of the Northern Territory

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Background

- Hepatitis B related stigma
- Aboriginal and Torres Strait Islander people
- Stigma & Shame
- Aboriginal health workforce

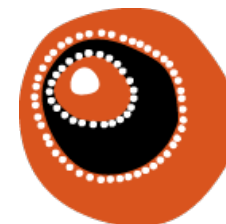


Aims

- Perceptions of hepatitis B related shame and stigma
- Opportunities to improve care
 - Aboriginal health workforce



Ireland *et al.* MJA 2022; 217(1): 5-8

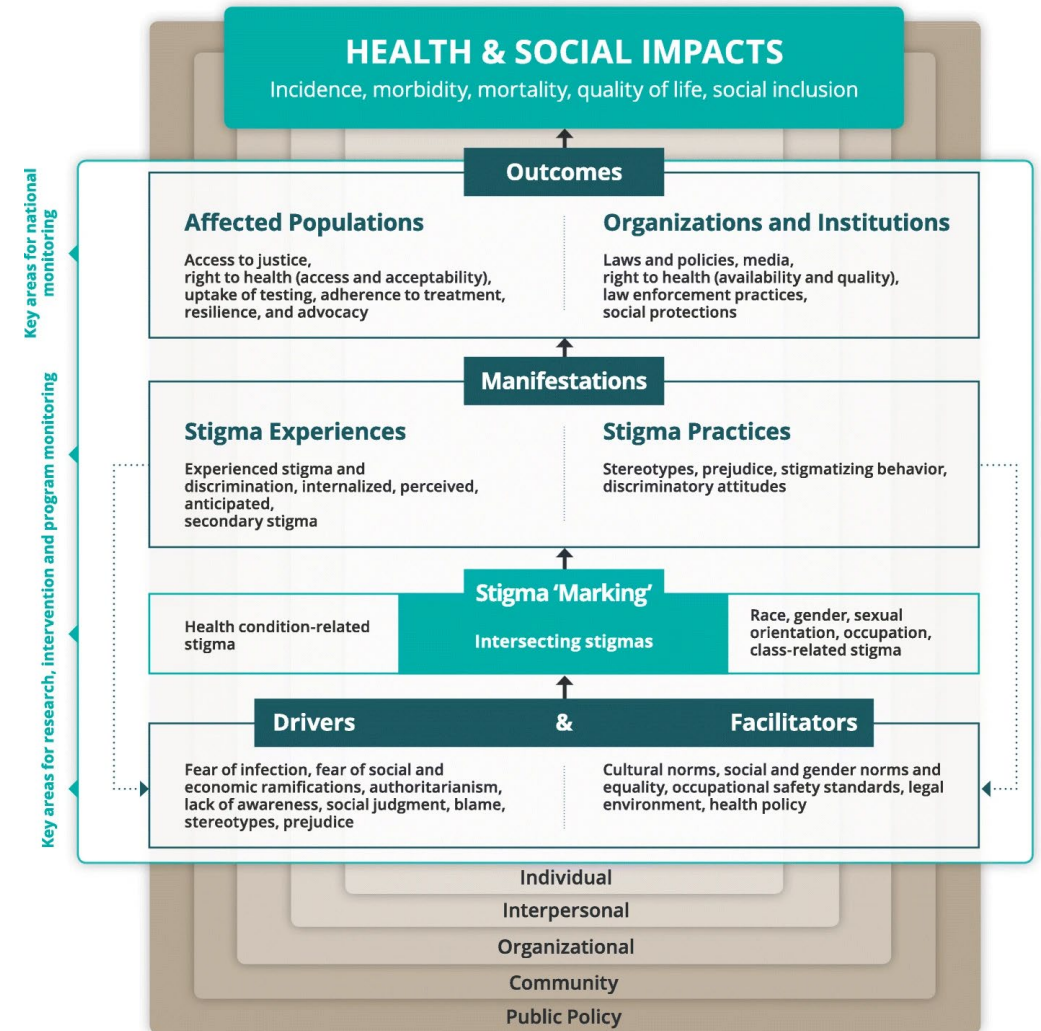


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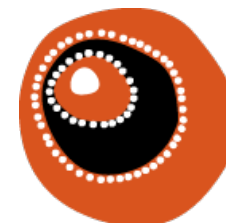


Methods

- Menzies Indigenous Reference Group
- Semi structured interviews
 - Individual and community attitudes to hepatitis B
- Inductive analysis
 - Thematic saturation
- Review of themes
- Deductive analysis
 - Health Stigma and Discrimination Framework



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Results

- Fifteen interviews
- May 2022 – October 2023
- Eight communities represented



Shame

- Shame is common and impactful
- Shame is multifaceted

“I guess people can feel a bit isolated if they do have it, in a way...so they feel, “well, I can’t eat dinner at the table...I have to have one cup to myself....I know with my mob in our community, we don’t want to pass it on, safe to say, our elders...they would probably feel there’s a lot of weight on the shoulders, and they might just try to run away from it...”

Systemic factors contributing to shame

- Hepatitis B health literacy

“I think it’s got to do with having sex...that’s more a shame job”

“What I find really challenging is different doctors have different ideas about hepatitis B, and about pathology, and that’s what causes so much confusion”

Systemic factors contributing to shame

- Intersection of health care related stigma and racism

“There’s no point in having a lot of knowledge then the health care basically, excuse me, treat you like shit.”

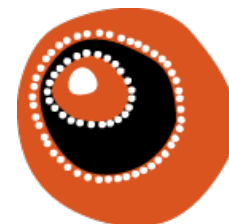
“Non-Aboriginal people don’t understand that Aboriginal people are busy – even though they don’t have a job between 8:00 am and 4:30 pm – they just can’t come to the clinic. You know, they have other things on like their cultural commitments...”

Systemic factors contributing to shame

- Lack of culturally safe communication and spaces

“You have to give them like a clear picture...Not a medical term...Cause then they feel if you give them information in a medical term, then they feel frightened or ashamed, then they don’t come to the clinic to have their checks.”

“In a small community, it’s very, very hard because you know, if you do go the clinic, they might see somebody that they know and then walk straight out.”



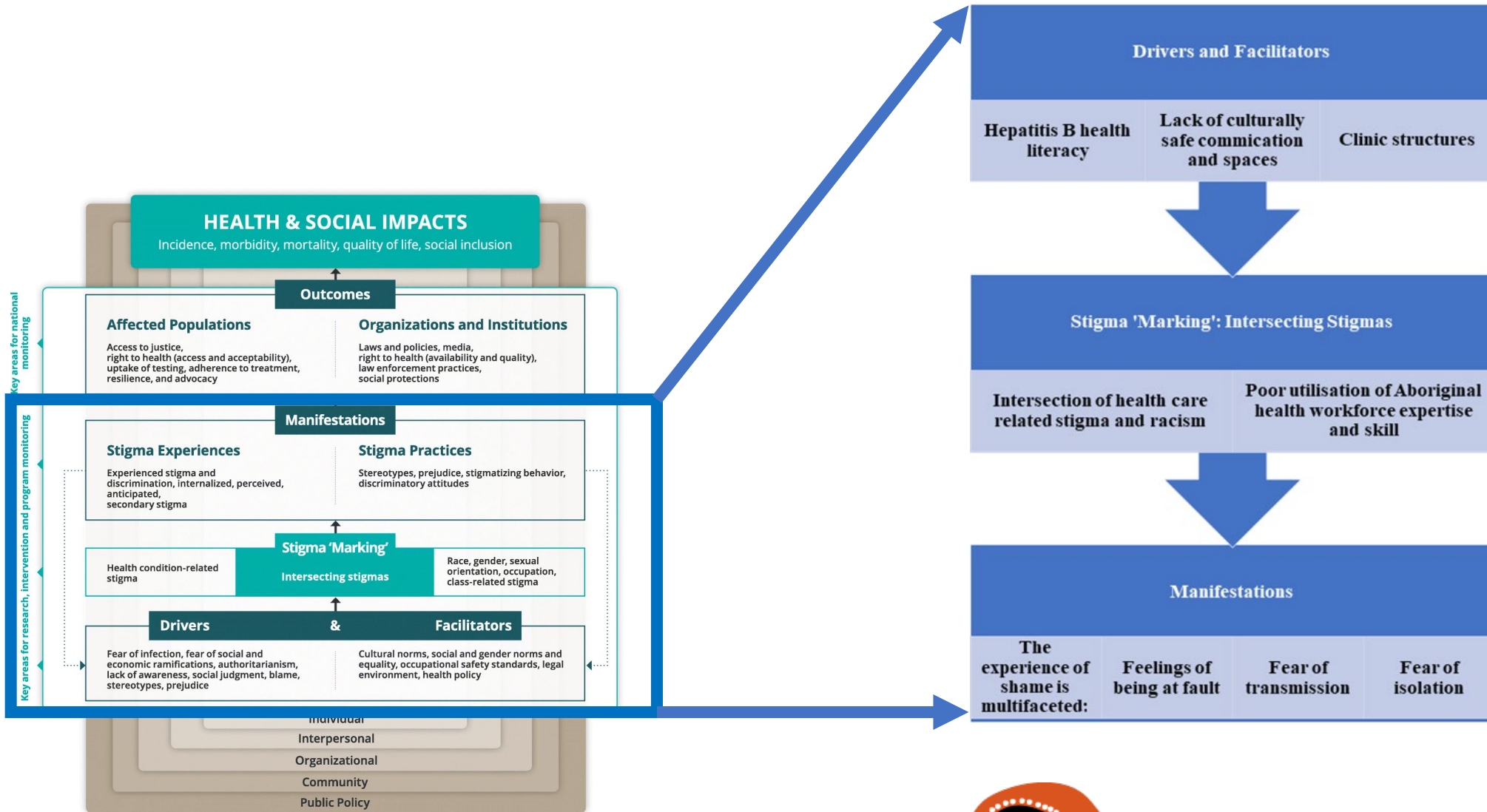
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Systemic factors contributing to shame

- Poor utilisation of Aboriginal health workforce expertise and skill

“Definitely utilise us – AHP’s and AHW’s more. Um – we don’t get utilised. Our skills aren’t being used. We – our voices aren’t being heard when we try and speak up for people.”



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Pathways for improving hepatitis B stigma

Component of the framework

**Drivers &
Facilitators**

**Intersecting
Stigmas**

Manifestations

Themes

Hepatitis B health literacy,
Lack of culturally safe
communication and spaces,
Clinic structures

Intersection of health care
related stigma and racism,
Poor utilisation of Aboriginal
health workforce expertise
and skill

The experience of shame is
multifaceted

Pathways

Education and collaboration,
Communication in language
and with cultural respect,
Move healthcare from the
clinic into the community

Education and collaboration,
Engage the community and
Aboriginal health workforce.

Education and collaboration,
Emphasis on connection to
family and community,
Reframe hepatitis B as a
chronic condition.

Conclusions

- Hepatitis B related shame common and impactful
- Numerous facets to hepatitis B related shame
- Systemic factors contribute to shame
- Pathways to improve care



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