

Beer and wine are not “alcohol”

Pe E, Black M, Gu Z

Ethnic Communities Council of Queensland

Background: Despite the Myanmar born community being a relatively new and small community in Australia, the proportion of people living with chronic hepatitis B (CHB) from this community is significant at 0.9% of total people living with CHB in Australia. The Myanmar community is also a fast growing community with different internal ethnic groups and has a high proportion of people who did not speak English or did not speak English well (37.7%) according to the 2016 census.

To understand related cultural issues, it is vital to provide appropriate management and support for people living with CHB in this community.

Analysis: Drinking alcohol is becoming more popular in the Myanmar community. However, the concept of alcohol is different. Many people think that beer and wine are just a soft drink or fruit juice. Some people consume a large amount when socialising with others or at home alone.

Due to language barriers and misunderstanding, people living with CHB continue drinking beer or wine even after being told by their treating doctor to reduce alcohol intake. This has resulted in poor treatment outcomes without knowing the cause by their treating doctors.

Our Myanmar bi-lingual community health worker works with both patients and their family members, especially partners, to address this issue. Cases will be presented to illustrate language, culture and other factors that impact management of people living with CHB.

Outcome: Education and support is being provided to help clients limit intake of beer or wine. The clients who were on treatment for CHB achieved undetectable viral load and required less frequent visits to doctors.

Conclusions: Culturally appropriate education and support from people who understand language and cultural differences is the key to helping people living with CHB to manage their chronic condition better and prevent adverse outcomes.

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