

# Perceived barriers to HCV testing by first-generation Myanmar immigrants

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## Background

- Myanmar has a high rate of HCV infection and the routes of transmission include blood transfusion, intravenous drug use, tattooing or piercing, vertical transmission and sexual contact.
- The prevalence of HCV infection among Myanmar immigrants has yet to be determined and may reflect the prevalence in their country of origin.
- For HBV infection among immigrants in North America, the prevalence and virus genotype reflect the country of origin.
- There are many refugees and asylees in the Bay Area Myanmar community.
- This community is vulnerable, underserved and underrepresented.
- Most Myanmar families are recent arrivals with less than 5 years in this country and most speak only Burmese at home.
- Many in the community are unaware of their HCV status.
- Before the Affordable Care Act, most Myanmar immigrants do not have health insurance.
- Additionally, many choose to ignore preventive behaviors such as testing for HCV and they are not aware of the local testing services available.
- Early identification and treatment of HCV Infection can prevent costly conditions such as end-stage liver disease and cancer in this disenfranchised population.
- The aim of the study was to examine the perceived barriers to screening for HCV by the Bay Area Myanmar community.

## Methods

- A cross-sectional survey was done between January-March 2014.
- First generation Myanmar immigrants who reside in the Bay Area (ages 18-65) were asked to answer an open-ended questionnaire on possible barriers to testing for HCV.
- ATLAS.ti was used for thematic analysis of responses.
- WinPepi version 11.25 was used for descriptive analysis.

## Results

- A total of 124 persons (male = 74, female = 50, mean age 36 years, standard deviation  $\pm$  8.4 years) participated in the voluntary survey.
- The perceived barriers were language difficulties (45%), unaware of the testing services (21%), do not feel the need to get tested (10%), unable to take time off from work (8%), lack of trust in health providers (5%), lack of insurance (5%), stigma (3%), fear of test and treatments (2%) and lack of transportation (1%).



## Conclusions

- Based on the results, outreach programs in Myanmar language with the help of Myanmar health professionals and translators can promote testing for HCV.
- Health communication messages and information on health resources such as Medi-Cal in Myanmar language are urgently needed.
- This study can also help in designing future interventions.
- Infected individuals can benefit from referral to care and treatment to prevent further transmissions.
- More studies may be done to confirm the findings.

