

STOP: Lay Concepts Matter!

BACKGROUND

Several barriers to testing and treatment for Blood Borne Viruses (BBV) have been identified in the target populations in Western Australia (Sub-Saharan and South East Asian). Some of frequently cited factors include low levels of literacy, misconceptions of the virus and transmission routes, and lack of knowledge of treatment options and services. What has not been explored further is the communities' lay understanding of the health concerns. The main objective of this project was in gaining better engagement in behaviours that addressed the health concerns in these target groups and understanding behaviours that stopped people from seeking medical attention. The focus was on social, cultural, and historical contexts and how health behaviours in relation to BBV are understood and differ from the main stream biomedical understanding of the context. Gaining better understanding of these lay concepts of health and illness can provide more compatible explanations for illness and maintaining health and help avoid the gaps in understandings which can lead to delayed diagnosis of potentially serious conditions. Understanding of the information shared was critical. In an attempt to enhance the success rate of the interventions being planned, the iterative-inductive approach seemed most appropriate. Learning outcomes were based on a broad Explanatory model (EM) framework and specific concepts were explored – What is Hepatitis B Virus (HBV) and C (HBC); Symptoms; Causes; Transmission; Treatment; and Consequences and Prevention.

METHODS

The key factors explored were the population's lay or "folk" understandings of the Viral Hepatitis, testing and treatment. With the iterative-inductive approach each step of intervention was analysed and useful data integrated into the following step. Transcripts of the information shared were analysed and group discussions were held to work through the feedback. Data was collated and lay concepts and their meanings identified and integrated for effective interventions.

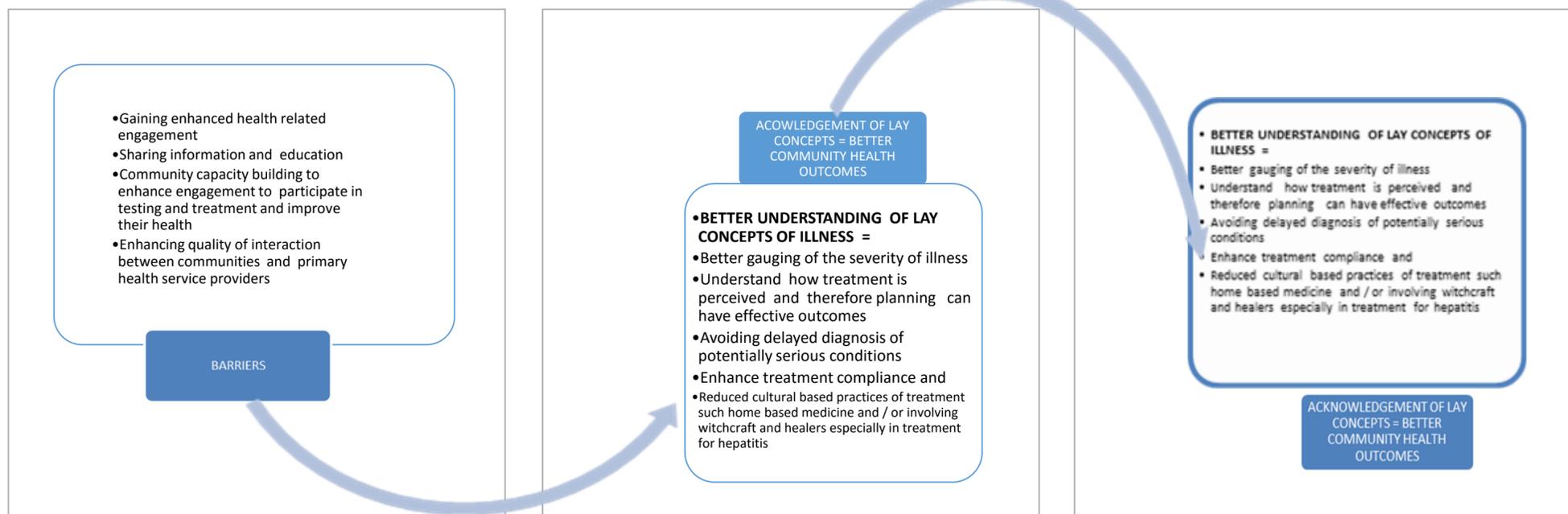
Two information sharing sessions with each of the Karen, Burmese, Vietnamese and Oganadan communities facilitated by an experienced health care professional were used to generate targeted discussions. A total of 126 people participated. Qualitative data was sorted and categorised based on the broad EM model.

RESULTS

Gaining any success with the communities is an intensive exercise. Significant changes were essential in delivering information sessions such as integration of lay understanding, format of information sharing, group size, and engagement strategies to address the several challenges.

An important outcome was the insight of how service providers with their own the lay understandings can influence outcomes and the importance an integrated process to align with those of communities.

Signing up for testing was used as a key indicator for immediate learning outcomes. All participants signed up in the follow up sessions after some changes



CONCLUSIONS

Gaps in service delivery methods were identified and limitations noted. Information sharing and retention is largely dependent on lay understandings of each community. There cannot be one approach to suit all. Service providers need to be weary of their own lay understandings and goals. A greater understanding of the lay concepts can be key to effective outcomes.

REFERENCES

CONFLICTS OF INTEREST

None

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