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KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS HEPATITIS B AMONG HEALTHY POPULATION OF LAHORE, PAKISTAN

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ABSTRACT

Background: Hepatitis "B" and "C" have risen as significant Public Health Problems in Pakistan. It has been observed that each thirteenth Pakistani is possibly infected with either Hepatitis B or C. Several viruses, bacteria and drug involved in causation of hepatitis. According to The World Health Organization (WHO) people suffering from chronic HBV infection are 350 million and chronic HCV infection affected 170 million people worldwide. **Methods:** The design of this study was Analytical cross sectional. Convenience sampling technique was used. Data was collected from 175 healthy adults' population (Males & Females) of Lahore ages of 18 to 57 years old. The data was analyzed by using Statistical Package for Social Sciences (SPSS) version 20. Univarate analysis was done and chi square and correlation test were applied. **Result:** Data was collected from 122 males and 53 females. Out of 175 respondents, 164 of 18-27 years old with mean 1.13± 0.57. Majority of respondents had belonging to the age of 18-27 years of which only 151 respondents said that they knew that hepatitis B effect liver with p value 0.000. Only 139 responder with age group of 18-27 years had knowledge that Hepatitis B is transmitted by using un-sterilized syringes, needles etc with p value 0.005 which showed strongly association age and knowledge regarding Hepatitis B. Out of 175, 143 respondents had gone to health facility center when they think that they had symptoms of hepatitis B with p value 0.032 which showed strong association. In present study correlation revealed significant positive correlation (+1) between knowledge and practice ($r = 0.354$, $p < 0.01$). **Conclusions:** It is concluded that majority respondents had knowledge regarding Hep B but do not practicing the preventive measures to prevent themselves from getting this disease. It is concluded that adequate knowledge can resulting in good practices.

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INTRODUCTION

Hepatitis "B" and "C" have risen as significant Public Health Problems in Pakistan. It has been observed that each thirteenth Pakistani is possibly infected with either Hepatitis B or C. As indicated by evaluations general pervasiveness of Hepatitis B and C is 3-4 (6 million diseases) and 6-8 (7 million contaminations) separately in Pakistan. With these truths it is concluded that by one means or another around 15 million individuals harbor hepatitis infections in their bodies. Even much more terrible circumstance of irresistible hepatitis. The yearly admission and mortalities in built up GI and Liver Centers of different parts of the nation ranges from 25-35%.[1] Several viruses, bacteria and drug involved in causation of hepatitis. Viruses are the causes of viral hepatitis. Hepatitis B virus (HBV) and hepatitis C virus (HCV) cause severe liver diseases, hepatocellular carcinoma and liver cirrhosis.

According to the World Health Organization (WHO) people suffering from chronic HBV infection are 350 million and chronic HCV infection affected 170 million people worldwide.[2]

Hepatitis B is the major health problem in Asia, Africa, southern Europe and Latin America,. Worldwide hepatitis B affected almost 2 billion people.[3] Prevalence of hepatitis B is very high in Pakistan due to various factors like lack of proper knowledge regarding prevention and control measures, poverty and having less public awareness.[4] Over the last two decades in Asia pacific region Hepatitis B infection is going to be low because of availability of vaccine and treatment, but still due to lack of having proper knowledge of medical facilities and treatment and vaccination among public chronic carrier still the source of infection.[5] People have poor knowledge, attitude and practices regarding Hepatitis B control and prevention. By promoting their knowledge regarding hepatitis B through health education and health promotion which leads to good attitude that results in practices that minimize the transmission of hepatitis B. Hepatitis B prevalence is increasing day by day and this prevalence controlled by using best method that is prevention. KAP study of the population expresses how much attention society gives to a health problem and it is proportionate to the prevention of the disease.[6] According to screening studies of Hepatitis B virus the prevalence of HBV was as 12.4%, 4% and 5% in Islamabad, Lahore and Peshawar respectively.[7]

Aims of the Study

Aims of the study were

To assess the knowledge, attitude & practice regarding Hepatitis B in general healthy population of Lahore.

To determine the association of age and gender with the knowledge regarding Hepatitis B in general healthy population of Lahore.

To find out the relationship between knowledge & practice regarding Hepatitis B in general healthy population of Lahore.

Significance of the Study

A KAP study is very important, although a Hepatitis Control Programme is run by the government but to know how much effective it is in sharing the information to the general public regarding control and prevention of hepatitis B, (which is one of the objectives of this programme). It is also important to assess what attitude the general public have towards the health facilities provided by the government and how much knowledge they have regarding the treatment and vaccination of the hepatitis B provided by the government if they are diagnosed with the disease. Do they implement them in their lives if people have enough information regarding control and prevention of hepatitis B? To answer this question a KAP study is important.

MATERIAL AND METHODS

Study Setting

Lahore city (Houses and educational institutes).

Research Design

The design of this study was Analytical cross sectional. Convenience sampling technique was used.

Targeted Population

The study was conducted on general healthy population of Lahore (house hold & educational institute).

Inclusion Criteria

All healthy adults' population (Males & Females) of Lahore ages of 18 to 57 years old.

Exclusion Criteria

Unhealthy adult's population & children. Males and females below 18 year of ages. People not living in Lahore at the time of study and those who were not willing to participate.

Sample Size

Sample size was 175.

Ethical Consideration

Permission was taken from institutional Review oard of university. An individual consent form was

attached with every questionnaire for taking permission from respondents.

Research Tool

A close ended survey questionnaire regarding knowledge and practice of Hepatitis B control and prevention was adopted.[6] Internal consistency was assessed by using Cronbach's alpha ($\alpha = 0.7$) and was found to be in acceptable ranges.[7]

Data Gathering Plan

All questionnaires were completed and data was collected from adult healthy population of Lahore.

Data Analyzes

The data was analyzed by using Statistical Package for Social Sciences (SPSS) version 20. Univarate analysis was done and chi square and correlation test were applied.

Results & Discussion

Data was collected from 122 males and 53 females. Out of 175 respondents, 164 of 18-27 years old with mean 1.13 ± 0.57. Out of 175 respondents, only 4 respondents were illiterate, 40 respondents had intermediate level education, 59 respondents were graduated and 66 respondents were post graduated. Out of 175 respondents, 138 were unemployed, 14 were Govt servants, 10 were private servants and13 were self-employed.

Knowledge Regarding Hep B

Out of 175 respondents, 150 had known the word Hepatitis B. On chi square test no significant relationship found between age and knowledge regarding Hep B with p value 0.2. 0nly 154 respondents of 18-27 years of age knew that hepatitis B is the viral disease with p value 0.000. Majority of respondents had belonging to the age of 18-27 years of which only 151 respondents said that they knew that hepatitis B effect on liver with p value 0.000. Only 130 respond that Hepatitis B affects any age group of which 123 responders had age group 18-27 years, only four was belonging to age group of 28-37 and only three responder fall in the age group of 48-57. The p value was 0.212.Jaundice is the symptom of Hepatitis B only 116 respondents had knowledge about that question which belonging to 18-27 years of age group. The p value was 0.220 which showed no association among them. Out of 175 respondents, 94 had known that there are no symptoms of the Hepatitis B in some of the patients. On chi square test no association found because p value (0.498) was more than 0.05.Only 139 respondents with age group of 18-27 years of age had knowledge that Hepatitis B be transmitted by using un-sterilized syringes, needles etc with p value 0.005 which showed strongly association age and knowledge regarding Hepatitis B. Only 142 respondents were having knowledge that contaminated blood and products can transmit Hepatitis B.

The p value was 0.042which showing statistically association. Hepatitis B is transmitted by using blades of the barber/ear and nose piercing only 140 respondents have knowledge about this with p value 0.000. Out of 175, 116 respondent were having knowledge regarding Hepatitis B be transmitted from mother to child of which 111 respondents were belonging to 18-27 years of age group with p value 0.085.Out of 175, 118 respondent had known that Hepatitis B be transmitted by contaminated water/food. The p value was 0.030 which showing association among them. Hepatitis B is curable/treatable only 136 responding yes means they had knowledge regarding hepatitis B with p value 0.001. Out of 175, 145 had known that vaccination is available against Hepatitis B and p value 0.000 which was highly significant.

Attitude Regarding Hep B

This showed that they had knowledge about the transmission/ source of Hepatitis B. Response to this question that do you avoid to meeting with hepatitis B patient 83 respondents said no. Out of 175, 143 respondents had gone to health facility center when they think that they had symptoms of

hepatitis B with p value 0.032 which showed strong association. No statistically relationship found among gender of respondents and awareness regarding Hepatitis B.

Practice Regarding Hep B

Out of 175, 83 respondents had been not vaccinated against Hepatitis B and 135 respondents ask for a new syringe before any use. Out of 175, 134 respondents ask the barber to change blade/or for safe equipment's for ear and nose piercing. Respondents which 61 had participated in health education program related to Hepatitis B and they were belonging to 18-27 years of age group and 88 respondents also related with this age group do not participated in any health program related to hepatitis B.

Correlation between Knowledge and Practice

Correlations were interpreted by using following criteria. 0–0.25 =weak correlation, 0.25–0.5 = fair correlation, 0.5– 0.75 = good correlation and greater than 0.75= excellent correlation (Cohn, 1988). In present study correlation revealed significant positive correlation (+1) between knowledge and practice ($r = 0.354$, $p < 0.01$).

In present study strong association found between age of respondents and knowledge and practice as people of 18-27 years had more knowledge regarding Hepatitis B infection, its sign and symptoms and transmission. In this study majority people had knowledge that hepatitis B affects the liver with p value 0.000. These results are not aligned with the study conducted in Quetta in which no significant association present between the knowledge regarding effects of hepatitis B on liver.[6] In this study majority of respondents had knowledge regarding transmission of Hepatitis B. These results are co related with the study conducted in Ethiopia in which majority respondents had knowledge regarding the transmission of Hep B.[9] In this study majority respondents knew that Hep B is a blood born disease. Results are aligned with the study conducted by Yonatan and Kelemu in which majority of their respondents had knowledge that infected blood transfusion can cause Hep B.[10] In present study respondents had knowledge regarding Hep B vaccination but still not practicing it. Similar results were reported in the study conducted by Amir et al.[11]

CONCLUSION

It is concluded that majority respondents had knowledge regarding Hep B but do not practicing the preventive measures to prevent themselves from getting this disease. Strong association present between the age group and knowledge regarding Hep B as majority of the respondents who were of 18-27 years had more knowledge regarding Hepatitis B infection, its sign and symptoms and transmission. No statistically significant relationship found among gender of respondents and awareness regarding Hepatitis B. It is concluded that adequate knowledge can resulting in good practices.

Limitations

The study was done in one city so findings of this study are not illustrative of the whole population of Pakistan.

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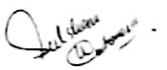
AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author's Full Name	Contribution to the paper	Author's Signature
1	Chanda Jabeen	Topic selection, Introduction writhing, Methodology data analysis	
2	Gulshan Umbreen	Data collection & data analysis, Discussion	
3	Waseela Ashraf	Data analysis