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A study to assess the level of knowledge on hepatitis among adults at selected rural community in Chennai

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Abstract

AIM: To assess the level of knowledge on hepatitis among adult and to associate the level of knowledge with selected demographic variable. **Methodology:** The approach chosen for the study is non - experimental descriptive study conducted in Naganalar community the study population comprise of adult within age group of 15-50 years. The sample size is 50 adult selected by Non –probability convenient sampling technique. The tool chosen for the study is structured questionnaire method. The data are analysed using descriptive and inferential statistics. A Study concluded that 60% of sample had moderate knowledge regarding hepatitis, 8% of samples had adequate knowledge and 32% of sample had inadequate knowledge. The knowledge on hepatitis is very essential for the people who residing in the community area.

Keywords: Knowledge, adult, hepatitis

Introduction

India is a diverse country where different people of different cultures are living in our country. It is also the second most populated country in the world. So, the emergences of disease condition are also more. Hepatitis is very contagious liver disease that is caused by hepatitis a, hepatitis c viruses. The immunization program in Malaysia has been integrated since 1989. Ministry of health Malaysia have reported that vaccination coverage among the babies were 98.3% for first dose, 91.6% for second dose and 89.6% for third dose and there were no available data regarding vaccination among adults². We believe that the current state of hepatitis infection in Malaysia is due to the inadequate awareness and knowledge and HBV and very low up take of hepatitis b vaccination by the lay public^[1, 2]. In addition to it, misconception on the symptoms hepatitis should be corrected through educational efforts so that the false sense of security will not be compounded by the widespread^[3].

Methodology

Accomplish the main objective of the study to assess the level of knowledge on hepatitis among adult and to associate the level of knowledge with selected demographic variable. The Non –experimental descriptive study conducted in Naganalar community the study population comprise of adult within age group of 15-50 years. The sample size is 50 adult selected by Non –probability convenient sampling technique.

Description of research tool

The instrument used for the data consist of two parts

Part 1: It consists of demographic characteristics such as age, sex, education, occupation, income

Part 2: Multiple choice Questionnaires was used to assess the knowledge on hepatitis.

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Results

Table 1: Frequency and percentage distribution of demographic variables

S. No	Demographic variables	Frequency	Percentage
01.	Age		
	a. 20-25 years	13	26.0
	b. 25-30 years	8	16.0
	c. 30-35 years	11	22.0
	d. 35-40 years	18	36.0
02.	Sex		
	a. Male	17	34.0
	b. Female	33	66.0
03.	Education		
	a. Primary/ Illiterate	36	72.0
	b. High School	4	8.0
	c. Higher Secondary School	7	14.0
	d. Degree	3	6.0
04.	Occupation		
	a. Coolie	8	42.0
	b. Business	12	36.0
	c. Government Employee	15	10.0
	d. House Wife	14	12.0
	e. Student	1	2.0
05.	Income		
	a. Below Rs.2500	21	42.0
	b. Above Rs.2500 & Below Rs.5000	18	36.0
	c. Above Rs.5000 & Below Rs.10000	5	10.0
	d. Above Rs.10000	6	12.0

Table 2: Frequency and percentage distribution of knowledge on hepatitis among adult

Level of knowledge	Frequency (n)	Percentage (n)
Inadequate knowledge	16	32.0
Moderate knowledge	30	60.0
Adequate knowledge	4	8.0

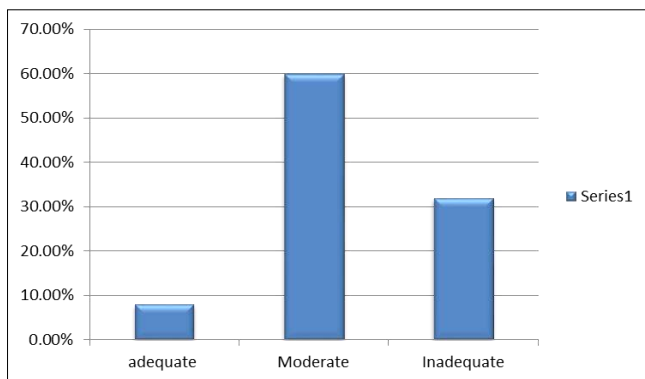


Fig 1: Shows adequate moderate and inadequate

Table 3: Mean and standard deviation of knowledge on hepatitis among adult

	Mean	Standard deviation
Level of knowledge	7.1	2.436

Discussion

Assess the level of knowledge regarding hepatitis among adults

Results Shows that 8% have adequate knowledge, 60% have moderate knowledge, 32% have inadequate knowledge.

Associate the level of knowledge with demographic variable

The first objective of the study was to assess the existing

knowledge regarding hepatitis infection among adults.it was evident from table-2. Similar findings have been reported among studies conducted among medical students of northwest Ethiopia, Karachi and Ahmedabad [5, 6]. 95.9% of students said that shared needles and unproduced sexual contact are a risk factor for hepatitis B [4]. Similar finding were given by WHO [7]. 98.8% of students were aware about the availability of hepatitis B vacation.

The second objective of the study was to associate the level of knowledge with the selected demographic variables.it was evident from table-3. This was similar to the study conducted among health care workers by S setia 75.1% said that hepatitis B was curable [8]. Similar result were obtain in a study conducted in Rajasthan by baig VN 99.4% student said that vacation can prevent hepatitis B infection [9]. This is similar to a study conducted by satekge, M. 97.1% said that screened blood transfusion can prevent transmission of hepatitis B [10].

This was similar to study conducted among medical student Rawalpindi by Raza W 98.5% said that diagnosis of hepatitis B is by markers test (HBsAg) [11].

This was similar to the guidelines given by WHO regarding hepatitis B [12]. 100% student gave the correct answer that newborns born to infected mother should be vacation to prevent prenatal transmission of infection. Similar guideline had been provided by WHO in 2015 [13]. Finally, the result shows that there is no significant association between their level of knowledge with selected demographic variable age, sex, education, occupation and income.

Conclusion

Hepatitis – B is an acute systematic infection with major pathology in the liver, caused by hepatitis virus and transmitted usually by parenteral route. A study was conducted with the aim of identifying the level of knowledge regarding hepatitis and to associate the level of

knowledge with selected demographic variable. The results show that 60% of samples had moderate knowledge, 32% of samples had inadequate knowledge. The study concluded that knowledge on hepatitis is very essential for the people who residing in the community area.

Recommendation

A similar study can be conducted as an experimental study. Comparative study can be done to find out the difference between urban and rural.

References

1. Park JE. Text book of preventive and social medicine 10th edition, M/S Banarasidas publishers, New Delhi, 2000, 159-163.
2. Joyce Black. Jane Hokan Son, Annabelle M Keena, Text book of Medical surgical nursing, 6th edition, Jaipur, Harcourt Publishers, 1980, 1861-1862.
3. Kasthuri Sundar Rao. An introduction to community health nursing, 15th edition Jabalpur, B. I Publications Pvt. Ltd., 1997, 137-138.
4. Chua SS, Wong WK, Lee HG, Yvonne R, Jennifer TSH. Implementation of the benchmarking guidelines on community pharmacies in Malaysia, 2008.
5. Hepatitis B. Immunization; in current clinical practice, Malaysian paediatric association, 2005.
6. Charlotte A Wu, Steven Y Lin, Samuel K So, Ellen T Chang. Hepatitis B and liver cancer knowledge and preventive practices among Asian Americans in the san Francisco way area, California. Asian pacific journal of cancer prevention, 2007.
7. Abdela A, Woldu B, Haile K, Mathewos B, Dereessa T. Assessment of knowledge, attitudes and practices toward prevention of hepatitis B virus infection among students of medical and health sciences in north west Ethiopia, 2016.
8. Saleem T, Khalid U, Ishaque S, Zafar A. Assessment of knowledge, attitudes and practices of medical student regarding needle stick injuries, 2010.
9. Singh A, Jain S. Prevention of hepatitis B; knowledge and practices among medical students. Indian medical gazette, 2011.
10. World health organization hepatitis B. fact sheet no. Geneva: Switzerland, 204.
11. Seta S, Gambhir RS, Kapoor V, Jindal G. Garg Attitudes and Awareness Regarding Hepatitis B and Hepatitis C amongst Health-care Workers of a Tertiary Hospital in India. Ann Med Health Sci. Res. 2013; 3(4):551-8.
12. Baig VN, Gupta PK, Sharma AK, Swanker M. Assessment of knowledge, attitude and practice about hepatitis b among clinicians and medical students: a cross sectional study. Ntl J Community Med. 2015; 6(3):415-22.
13. Satekge MM. Knowledge, attitudes and practices regarding the prevention of hepatitis B virus infections in final year college student nurses in Gauteng province (M.Sc. Thesis). Medunsa: School of Public Health, University of Limpopo. Available at [http://policyresearch.limpopo.gov.za/bitstream/handle/123456789/707/knowledge, attitudes and practices regarding the prevention of hepatitis b virus infections.pdf? Sequence=1](http://policyresearch.limpopo.gov.za/bitstream/handle/123456789/707/knowledge_attitudes_and_practices_regarding_the_prevention_of_hepatitis_b_virus_infections.pdf?Sequence=1) accessed on September 1st, 2016.
14. Raza W, Tariq W, Zafar Z, Ali I, Khar MU, Khurram M. Knowledge, attitude and practices (KAP) of medical students towards hepatitis B and C. Ann Pak Inst Med Sci. 2008; 4:116-20.
15. World Health Organization on behalf of Ministry of health and family welfare, Government of India: operational guidelines for hepatitis B vaccine introduction in the universal immunization program, 2011. Available at [http://www.searo.who.int/india/topics/routine immunization/Operational Guidelines for Hepatitis vaccine introduction in UIP 2011.pdf?ua=1](http://www.searo.who.int/india/topics/routine_immunization/Operational_Guidelines_for_Hepatitis_vaccine_introduction_in_UIP_2011.pdf?ua=1). Accessed on September 2nd, 2016.
16. World Health Organization (WHO). Hepatitis C: Fact sheet No. 164°. Geneva: Switzerland. Available at <http://www.who.int/metacentre/factsheets/fs164/en/>. Accessed on September 2nd, 2016.