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Research Article

**AWARENESS OF PEOPLE ABOUT VIRAL HEPATITIS IN THE  
RURAL AREAS OF SHAKARGARH NAROWAL PUNJAB**<sup>1</sup>Ghazala Yasmin, <sup>2</sup>Shamila Aslam, <sup>3</sup>Tahira Shaheen<sup>1</sup>Charge Nurse, Tehsil Headquarters Hospital Shakargarh Narowal Punjab,  
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Email ID: [ushnahamna@gmail.com](mailto:ushnahamna@gmail.com)**Article Received:** July 2021**Accepted:** August 2021**Published:** September 2021**Abstract:**

**Aim:** To assess the level of awareness of people about viral hepatitis in the rural areas of Shakargarh Narowal Punjab  
**Methods:** A cross sectional study was conducted on the 200 patients presenting in the outpatient departments of the Tehsil Headquarters Hospital Shakargarh Narowal Punjab during May 2019 and September 2019 using a self-structured questionnaire. The data was analyzed by SPSS version 21.  
**Results:** The level of awareness about viral hepatitis was high among people belonging to the rural areas of Shakargarh Narowal Punjab.  
**Conclusion:** Future public health awareness programs can warrant to impart basic knowledge regarding pathophysiology as an initiative to empower people, especially those with a below average literacy rate.

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**INTRODUCTION:**

Hepatitis A, B, and C virus (HAV, HBV, HCV) infections have similarities, but they differ in their mode of transmission, pathophysiology, prevention, outcome and management. HAV can be transmitted through oral—fecal contact, for example, but HBV and HCV has spread through blood and secretions. Previous studies focusing on specific target groups, such as immigrants from high- or medium endemic regions demonstrated below average literacy rate [1,2]. A population-based survey regarding HBV in Hong Kong (a high-endemic area) also revealed low levels of knowledge [3]. The current study focuses on public awareness about viral hepatitis among people belonging to the rural areas of Shakargarh Narowal Punjab. Although the endemic status in these populations is moderate to high, it is essential that people have the necessary knowledge, because it is a prerequisite for performing pertinent behaviors (e.g. hand washing, vaccination, safe sex and personal hygiene). Furthermore, the stance of the people on whether others (e.g., their children) should be vaccinated.

Therefore, the aim of the current study is to assess the level of public awareness regarding viral hepatitis in rural population of Shakargarh Narowal Punjab.

Shakargarh is a tehsil of the Narowal district in Punjab and is well known for its high literacy rate (>97.6%) across Pakistan.

In this context, E.M. Roger description between ‘awareness knowledge’ and ‘how-to knowledge’ is applied in this study. Awareness knowledge refers to the knowledge that something exists, whereas how-to knowledge refers to the practical knowledge of how

something is done (and is therefore simply referred to as practical knowledge in this study). This hypothesis has proven valuable for public knowledge regarding multifactorial diseases [4].

Moreover, this study emphasizes the level of education. This consideration is based on the knowledge gap theory, which states that even if the amount of information in a society is increased it will not be evenly acquired by all members of the society. People with a higher educational level will tend to have a better ability to acquire and comprehend information and are more concerned about a possible knowledge deficit [5].

**METHODS:**

A cross sectional study was conducted on the 200 patients presenting in the outpatient departments of the Tehsil Headquarters Hospital Shakargarh Narowal Punjab during May 2019 and September 2019 using a self-structured questionnaire. This included demographically heterogeneous participants from all spheres of life. Formal permission from the hospital administration and informed consent was taken from the respondents before the study. 224 people were approached out of which, 200 volunteered and completed the questionnaires. The average age was 38 years (SD = 14), and 54 % of the participants were women. The statements were translated into local language Urdu for the ease of comprehending. Awareness knowledge: Five ‘yes/no’ items assessed awareness about nomenclature, mode of transmission, prevention, available treatment and possible complications of viral hepatitis.

Maximum 3 marks were awarded for each item making the total score to be 15.

**Table.1 Socio-demographic data and level of awareness about viral hepatitis among the participants**

Public awareness regarding viral hepatitis in rural areas of Shakargarh Narowal Punjab						
Knowledge Range	N	Nomenclature 0-3 M(SD)	Mode of spread 0-3 M(SD)	Prevention 0-3M(SD)	Treatment 0-3 M(SD)	Compications 0-3 M(SD)
Primary	100(50%)	2.6 (0.4)	2.0 (1.0)	2.0 (1.0)	1.3 (1.1)	0.7 (1.0)
Secondary	46 (23%)	2.8 (0.2)	2.1 (0.9)	2.2 (0.8)	1.4 (1.0)	0.8 (1.1)
Higher Secondary	22 ((21%)	2.9 (0.1)	2.2 (0.8)	2.2 (0.8)	1.5 (1.0)	0.9 (1.0)
Graduation	06 (3%)	2.5 (0.5)	2.6 (0.4)	2.4 (0.6)	1.7 (1.0)	1.2 (1.0)
Post Graduation	06 (3%)	2.5 (0.5)	2.7 (0.3)	2.8 (0.2)	2.1 (0.9)	1.4 (1.0)

## RESULTS AND DISCUSSION:

Table.1 shows that although public awareness was high regarding viral hepatitis in people belonging to the rural areas of the Shakargarh Narowal Punjab. These data show that about 88% people are aware of the existence of different types of viral hepatitis in their local languages like Peela Yarqan (Hepatitis A) because of its association with the rapid development of jaundice, and Kala Yarqan associated with the black stools and coffee colored vomitus in Hepatitis C, 77% correctly answered about the possible modes of transmission, 77% % knew the prevention, 53% was aware about the non- pharmacological management e.g. sugarcane juice, turmeric and yogurt for viral hepatitis and only 33% could answer the possible complications associated with the infection.

Viral hepatitis has become 3.5-5 times more prevalent than HIV. [6] Statistics have shown, the level of awareness and prevention seems to be low than anticipated in the healthcare professionals and the public leading unchecked proliferation, transformation into cirrhosis and malignancies. [7]. As such, infection frequently goes undetected. Approximately one-third of the Hepatitis B and three-fourth of the hepatitis C patients remain symptomless and undiagnosed until the later uncompensated stage of the disease. [7] Lack of knowledge of the disease status and stage in majority of cases causes delay in the timely interventions thus escalating the morbidities and the mortalities. [7,8]

Fortunately, many new antivirals and hepato protective formulations have been developed with promising results and providing an ultimate cure for the Hepatitis A and Hepatitis C whereas vaccination exists for the Hepatitis B which can modulate the immune response and provide protection against the insult in high risk patients.

## CONCLUSIONS:

Although people in high-endemic countries are aware of the existence of different types of viral hepatitis, there mode of spread and preventive measures but, there is a serious lack of practical awareness regarding management, recommended medical care, screening, vaccination and complications associated with the disease. Future public health awareness programs should focus on how to impart knowledge as a first step to empower people to carry out pertinent behaviors and specifically target those with below average literacy rate.

## Conflict of interest

The authors have no conflict of interest to declare.

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