

Hepatitis C, myths and awareness

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Objective

To determine the awareness regarding hepatitis C infection among women attending an obstetrics and gynecology clinic.

Methods

This descriptive study was conducted in the department of obstetric and gynecology of Liaquat University of Medical and Health Sciences Hyderabad, Sindh from February 2 to August 3, 2008 and included 141 women of 20-50 years of age. Information was collected on predesigned questionnaire containing questions regarding basic knowledge of disease, its causative organism, route of transmission, misconceptions and its prevention. Informed consent was taken.

Results

Out of 141 women, 49 (34.7%) knew that it is major health problem in Pakistan. Only 39 (27.6%) had correct knowledge that it affects which part of body and similar number of women

said that they insist for new syringes when getting treatment from a doctor. 91 (64.5%) women knew that it can be transmitted by sexual contact and 71 (50.3%) knew that it can be transmitted by reused syringes, needle prick while only 29 (20.5%) women answered correctly regarding its transmission through sharing razors/tooth brushes. 110 (78%) had misconception that diet perhaiz is necessary.

Conclusion

This study found that the knowledge about hepatitis C virus among women was inadequate. Majority of women also shared misconceptions that there is a specific diet recommended for people with disease and that hepatitis C is a vaccine preventable disease. (Rawal Med J 2009;34:173-175).

Key words

Women, awareness, hepatitis C, misconceptions, vaccine.

INTRODUCTION

Hepatitis C is the major health problem globally casting enormous burden on health care system and major source of patient's misery.¹⁻³ Perinatal transmission from mother to fetus is relatively low but possible (less than 10%).⁴⁻⁷ Important factors contributing to HCV spread include unsafe use of therapeutic injections, blood transfusion, mother to child transmission, tattooing, ear/nose piercing and unsafe sexual practices. In Pakistan, therapeutic injections administered in health care settings have been identified as major and consistently reported risk factor for HCV.^{8,9} The best way to prevent HCV infection is to avoid the practices that increase the risk of infection. Knowledge about a problem is the first step towards risk reduction and improvement in the quality of life. The objective of this study was to determine the awareness regarding HCV infection among women attending an obstetrics and gynecology clinic.

SUBJECTS AND METHODS

This descriptive study was conducted from February 2 to August 3, 2008 on women who attended gynecology out patient department of Liaquat University Hospital, Hyderabad. 141 women of 20-50 years were surveyed by sample of convenience. Information was collected on predesigned questionnaire containing questions regarding basic knowledge of disease, its causative organism, route of transmission, misconceptions and its prevention. Informed consent was taken. Data were analyzed by SPSS version 11.0.

RESULTS

Out of 141 women, 49 (34.7%) women knew that it is major health problem in Pakistan. Only 39 (27.6%) had correct knowledge that it affects which part of body and similar number of patients responded that they insist for new syringes when receiving treatment from doctor (Table 1).

Table 1. Knowledge of women regarding disease

Questions asked	Correct Answer (%)	Incorrect Answer (%)
It affects which part of body	39(27.67%)	102(72.3%)
It is major health problem in Pakistan	49(34.73%)	92(65.2%)
Symptoms of disease	59(41.8%)	82(58.15%)
It affects which age group	61(43.2%)	80(56.7%)
It can be asymptomatic	29(20.5%)	112(79.4%)
Do you insist for new syringe when consult doctor	39(27.6%)	102(72.3%)

91(64.5%) women knew that it can be transmitted by sexual contact and 71(50.3%) knew that it can be transmitted by reused syringes, needle prick while only 29(20.5%) women answered correctly regarding its transmission through sharing razors/tooth brushes (Table 2).

Table 2. Knowledge regarding mode of transmission of

Questions asked	Correct Answer (%)	Incorrect Answer (%)
Blood and blood products	61(43.2%)	80(56.7%)
From mother to baby	58(41.1%)	136(96.4%)
Sharing utensils	39(27.6%)	102(72.3%)
Sharing razors/tooth brushes	29(20.5%)	112(79.4%)
Sexual contact	91(64.5%)	50(35.4%)
kissing	81(57.4%)	60(42.5%)
Syringes/needle prick	71(50.3%)	70(49.6%)
tattooing	61(43.2%)	80(56.7%)
Ear / Nose pricking by infected needles	31(21.9%)	110(78%)
Breast feeding	51(36.1%)	90(63.8%)
Casual contact	789(363.1%)	52(36.8%)

disease.

59(41.8%) women knew that it is preventable. Only 65(46%) knew that it can be prevented by avoiding using injections while only 52(36.8%) women knew that no vaccine is available for hepatitis C. Majority of women (78%) thought that diet perhaiz is necessary (Table 3).

DISCUSSION

Our study revealed significant gaps in knowledge about hepatitis C even though the majority of our study population had at least some education.

Knowledge was particularly poor about the different modes of disease transmission. Majority of study participants also shared misconceptions that there is a specific diet recommended for people with this disease and that it is a vaccine preventable disease.

In a recent survey regarding knowledge of sexually transmitted disease in a rural community of Khairpur, Pakistan the knowledge was scanty.¹⁰ Several other surveys conducted in different part of the world regarding HCV showed poor knowledge regarding this disease.¹¹⁻¹³ In this study, many participants did not insist for new syringes. Pakistan has one of the highest frequencies of injections in the world with average number of injections per person per year of 8.5% and 49% of patients receive injections at their first outpatient visit.¹⁴ These unsafe injections may be attributed to a lake of knowledge and understanding and a high patient demand for injection.¹⁵

Questions asked	Correct Answer (%)	Incorrect Answer (%)
Medicines	61(43.2%)	80(56.7%)
Vaccination	52(36.8%)	89(63.1%)
Avoiding abnormal sexual behaviour	91(64.5%)	50(35.4%)
Using condoms	58(41.1%)	83(58.8%)
Avoiding using injections	65(46%)	76(53.9%)
Diet perhaiz is necessary	31(21.9%)	110(78%)
Screening of blood before transfusion	60(42.5%)	81(57.4%)
it is preventable	59(41.8%)	82(58.1%)
cure is possible	39(27.6%)	102(72.3%)

Table 3. Knowledge regarding Prevention of Hepatitis C.

Majority of participants claimed the availability of a vaccine that can protect against HCV infection. Similar results were observed in a study from in USA where 66% of primary care physicians recommended hepatitis C vaccine.¹⁶ Safe blood transfusion is also a problem in Pakistan. Most of the blood is still not screened against HCV and hence the transmission rate of hepatitis C is extraordinarily high in our country.¹⁷ Other routes of transmission of HCV are related to local cultural practices and certain folk practices including acupuncture, tattooing and body piercing, which is still carried out in our towns and villages. More intervention

studies are need to be conducted to enhance public awareness and to evaluate the effect of interventions.

CONCLUSION

This study found that the knowledge about HCV among women was inadequate. Majority of women also shared misconceptions that there is a specific diet recommended for people with disease and that hepatitis C is a vaccine preventable disease. Governmental agencies should take aggressive steps towards the awareness programs involving

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various forms of media and by modifying the school syllabus that ideally includes how to prevent against the viral hepatitis and other communicable diseases.

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