

A STUDY TO ASSESS THE AWARENESS REGARDING HEPATITIS AND ITS PREVENTION AMONG GENERAL POPULATION IN SELECTED AREA OF MORADABAD (U.P)

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Abstract	<i>The present study has been undertaken to assess knowledge score regarding hepatitis and its prevention among general population in selected area of Moradabad. The research way for present study was descriptive. The target number of people for study was general population in selected area of Moradabad. The sample size of the study was 100 and gathering the data questionnaire checklist was prepared and the sampling technique used in this study was purposive sampling technique.</i>
Keywords	<i>Hepatitis, prevention, General Population.</i>

INTRODUCTION

The inflammation of liver refers to the term hepatitis. The word came from the Greek language here, **heap means liver** and **worditis refers to the term inflammation**. The cause of affection of liver and hepatitis are the five viruses. These viruses of hepatitis - A, B, C, D, E. Now a day's hepatitis became a major health problem in the India as well as in the world. our objectives was to aware the general population to prevent transmission and progression from five viruses of the hepatitis which are viruses of hepatitis- A,B,C,D,E.

NEED FOR STUDY

Viral hepatitis is now recognized as a major public health challenge that requires an urgent response. Viral hepatitis is the **highest** cause of mortality globally and was responsible for an estimated 1.34 million deaths in 2015. WHO data reveal that an estimated 325 million people worldwide are living with chronic hepatitis B virus [HBV] or hepatitis C virus [HCV] infection. WHO estimate that hepatitis E caused approximately 44000 deaths in 2015. Many viral infection can be prevent by awareness and educate to the population about hepatitis. Prevention is the most effective approach against the disease.

Data that has recently become available, show that in the WHO European region an estimated 13.3 million people live with chronic hepatitis B and an estimated 15 million people with hepatitis C. Two- third of infected person in the region live in eastern Europe and central Asia. Hepatitis B causes about 36000 deaths and hepatitis C about 86000 deaths per year in WHO European member states.

OBJECTIVE OF THE STUDY

1. To assess the awareness regarding hepatitis and its prevention among general population in selected area of Moradabad.
2. To find out the association between the level of awareness about hepatitis in general population with their selected demographic variable.

HYPOTHESES

RH₁: There will be significant association between the level of awareness regarding hepatitis

and its prevention among general population in the selected demographic variable.

ASSUMPTION

- General population of age 20 yrs to 60 yrs will be placed in higher responsible to care the hepatitis ill in a family compared to others.
- General population of age 15 yrs will not be having an adequate knowledge regarding hepatitis and its prevention.

METHODOLOGY

A qualitative research approach was used to evaluate the awareness about hepatitis and its prevention in general population in selected area of Moradabad, and to find out the association between the level of awareness regarding hepatitis among general population in selected demographic variable. The research way for present study was descriptive. The target number of people for study was general population in selected area of Moradabad. The sample size of the study was 100 and gathering the data questionnaire checklist was prepared and the sampling technique used in this study was purposive sampling technique. Data analysis was done both the expressive and graphic statistic on the initiating of the objective and study hypothesis and to compute information, master data sheets were prepared. The association between demographic variables and awareness level was determined by chi square test.

ANALYSIS AND INTERPRETATION

Section 1: Description Of Demographic Variables Of Selected Samples.

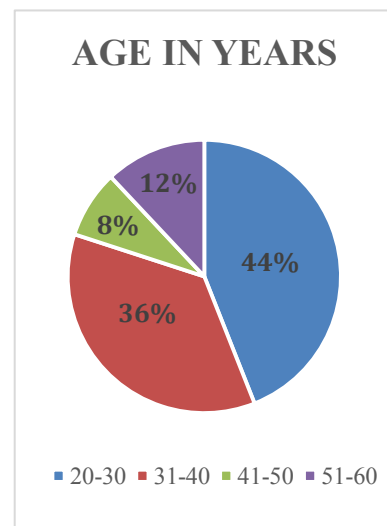
S.No	AGE (IN YEAR)	FREQUENCY	PERCENT
1	20-30	44	44.0
2	31-40	36	36.0
3	41-50	8	8.0
4	51-60	12	12.0

Table 1: Distribution Of Study According To Age (N=100)

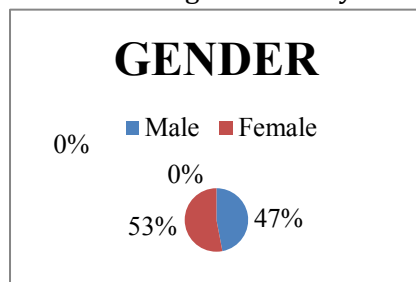
S.No	GENDER	FREQUENCY	PERCENT
1	MALE	47	47.0
2	FEMALE	53	53.0

Table 2: Distribution Of Study According To Gender. N = 100

Fig 1: The Pie Diagram Shows Distribution Of General Population To Their Age (Pie Diagram On The Right)



The pie diagram shows that 44% general population are between the age group of 20-30 years, 36% general population are between the age of 31-40 years, 8% general population are between the age of 41- 50 years and 12% general population are between 51-60 years.



S.No	RELIGION	FREQUENCY	PERCENT
1	HINDU	82	82.0
2	CHRISTIAN	10	10.0
3	MUSLIM	8	8.0
4	OTHER	0	0

Table 3: Distribution Of Study According To Religion N = 100

Fig 2: The Pie Diagram Shows Distribution Of General Population To Their Gender (Table On The Left)

The pie diagram shows that 47% general population are of males and 53% general population are of female.

Fig.3: The pie diagram shows the distribution of general population according to the religion. The Pie Diagram shows that 82% general population are hindu,10%general population are

christian,8%general population are Muslim.

S.No	TYPE OF FAMILY	FREQUENCY	PERCENT
1	NUCLEAR	42	42.0
2	JOINT	58	58.0

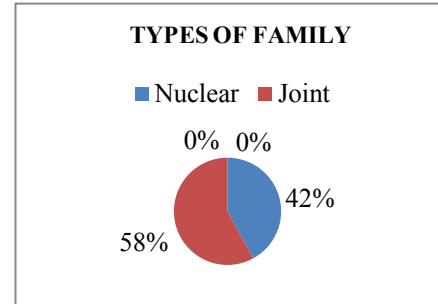


Table 4: Distribution Of Study According To Type Of Family Table 4:
 Distribution Of Study According To

Type Of Family N = 100

Fig.4: The Pie Diagramshows The Distribution Of General Population According To Their Type Of Family.

The pie diagram shows that 42% general population belongs to nuclear family and 58% general population belong to joint family.

S.No.	FAMILY MEMBER	FREQUENCY	PERCENT
1	2 MEMBERS	5	5.0
2	3 MEMBERS	12	12.0
3	MORE THAN 3	83	83.0

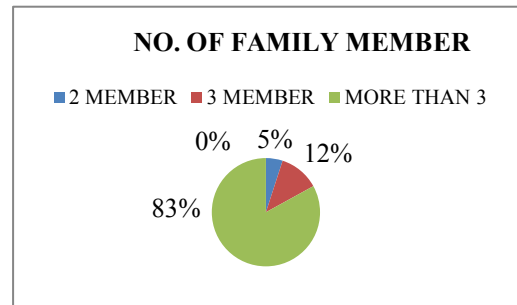


Table 5: Distribution Of Study According To No. Of Family Member. N = 100

Fig.5: The Pie Diagram Show The Distribution Of General Population According To There Family Member No.

The pie daigram shows that 5% general population consist of 2 members ,12% consist of 3 members and 83% consists of more than 3 members in thier families.

S.No	EDUCATION	FREQUENCY	PERCENT
1	No Formal Education	19	19.0
2	Primary Education	44	44.0
3	Secondary Education	26	26.0
4	Graduate	7	7.0
5	Post Graduate	4	4.0

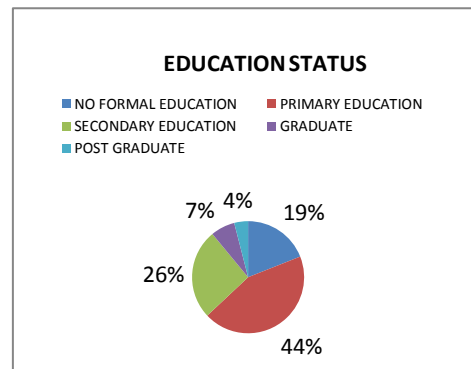


Table 6: Distribution Of Study According To Education. N = 100

Fig.6: The Pie Daigram Shows The Distribution Of General Population According To Their Education Status. (On The Above Right Hand Side.)

The pie daigram shows that 19% of general population have no formal education,44% general population have primary education,26% general population have secondary education, 7% general population are graduated and 4% general population are post graduated.

S.No	INCOME(IN Rs)	FREQUENCY	PERCENT
1	<5000	34	34.0
2	5001-10000	52	52.0
3	10001-15000	14	14.0

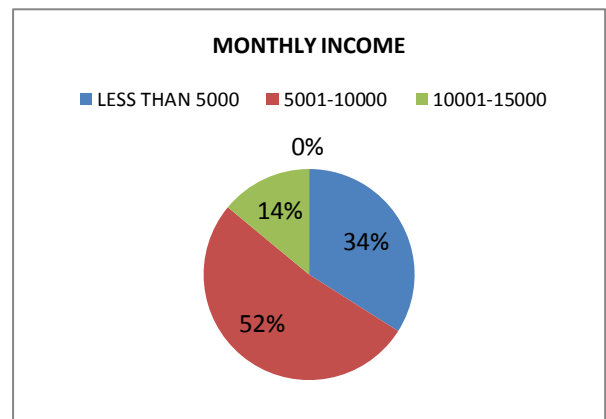


Table 7: Distribution Of Study According To Monthly Income N = 100

Fig 7: The Pie Diagram Shows The Distrubition Of The Study According To Monthly Income.

The pie diagram shows that 34% general population's monthly income is below than 5000Rs ,52% general population's monthly income is 5001-

10000Rs and 14% general population's monthly income is 10001-15000Rs.

SECTION 2: DESCRIBE LEVELE OF AWARENESS REGRDING HEPATITIS AND IT'S PREVENTION

Table8: DISTRIBUTION OF STUDY ACCORDING TO LEVEL OF AWARENESS

S.No	LEVEL OF AWARENESS	FREQUENCY	PERCENT
1	POOR	22	22.0
2	GOOD	67	67.0
3	EXCELLENT	11	11.0

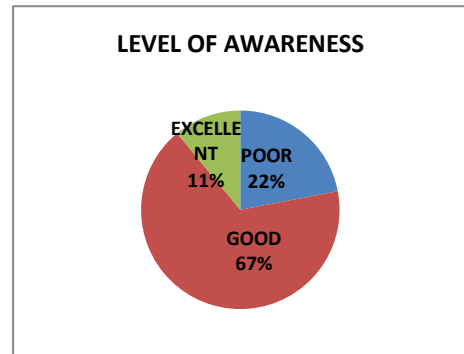


Fig8: The Pie Diagram Shows The Distribution Of Study According To Level Of Awareness.

The pie diagram shows that 11% of general population having excellent level of awareness,67% are having good level of awareness and 22% having poor level of awareness.

SECTION 3: ASSOCIATION BETWEEN AWARENESS REGARDING HEPTITIS AND IT'S PREVENTION AMONG GENERAL POPULATION.

Table 10: Association Between Level Of Awareness And Demographic Variables

Demographic Level	Knowledge Level			df	Chi Square	Level of significance
	Poor	Good	Excellent			
Age				6	7.286	12.59 NS
20-30	12	29	3			
31-40	4	27	5			
41-50	3	3	2			
51-60	3	8	1			
Gender				2	.475	5.99 NS
Male	9	33	5			
Female	13	34	6			
Religion				4	3.903	9.49 NS
Hindu	19	55	8			
Christian	3	5	2			
Muslim	0	7	1			
Others	0	0	0			
Type of Family				2	3.742	5.99 NS
Nuclear	13	24	5			
Joint	9	43	6			
Family member				4	.905	9.49 NS
2	1	4	0			
3	3	8	1			
More than 3	18	55	10			
Education				8	10.665	15.51 NS
No formal ed.	8	9	2			
Primary ed.	10	30	4			
Secondary ed.	2	21	3			
Graduate	1	4	2			
Post graduate	1	3	0			
Monthly Income				4	5.934	9.49 NS
Less than 5000	10	20	4			
5001-10000	12	34	6			
10001-15000	0	13	1			

NS= Not significant

df= Degree of freedom.

This section dealt with association between the levels of awareness regarding the hepatitis and its prevention among the general population related to their demographic variables. The result of chi square analysis were observed and shown in table no 9

As per the table 9 the result shows as follows:

- There was no significant association between age and their awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between gender and awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between religion and awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between type of family and their awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between number of family member and their awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between education status their awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.
- There was no significant association between monthly income and their awareness level regarding the hepatitis and its prevention among the general population and P value statistically not significant at 0.05 level.

It is noted from table 9 that the p value is greater than 0.05 for all the demographic variables and hence the result are not significant at 5% level. so it is concluded that there is no association between demographic variables and level of awareness.

RESULTS

The result shows that 11% of general population having excellent level of awareness, 67% having good level of awareness and 22% having poor level of awareness. The maximum general population has good level of awareness. And there was no significant association between level and demographic variable.

CONCLUSION

As per the study finding, the awareness of general population was good 67%. The awareness of the general population was influenced by demographic variable.

LIMITATIONS

- The sample size was 100.
- General population who are willing to participate.
- Presence of individual at the time of data collection.

REFERENCE

1. 'Dr. Suresh K. Sharma' 'Text Book of Nursing Research and Statistics' ' Second Edition'.

2. 'Brunner and Suddartha's' 'Textbook of Medical-Surgical Nursing' 'Tweleth Edition' 'Published by Jyapee Brothers'.
3. 'Ray,S.S.study of awareness about hepatitis b among medical students ,a vulnerable group of healthcare worker(HCWS).Ag,19(20),161.
4. 'Singh,A.,&jain, S. (2012). Prevention of hepatitis B-Knowledge and practices among medical students.
5. Uttamrao, U. U., padmasree, D., Dash, S. N., &shrahanji, C. D. Hepatitis B awareness- Does it relate with vaccination among undergraduate medical students.
6. Singh, A., & Jain, S. (2012). Prevention of hepatitis B-Knowledge and practices among medical students.
7. Tripathi, S., &Gangwar, a. " study to assess the level of knowledge , attitude, and practice of infection control among dental professionals.
8. Anjum, Q., Siddiqui, H., Ahmed, Y., Rizvi, S. R., Usman, Y., &Okeke, I. (2005). Knowledge of students regarding hepatitis and HIV/AIDS of a private medical university in Karachi. Journal-pakistan medical association, 55(7), 285
9. Singh, K., Bhat, S., &Shastry, S.(2009). Trend in seroprevalence of hepatitis B virus infection among blood donors of coastal Karnataka, india. The journal of infection in developing countries, 3(05), 376-379.
10. Reang, T., Chakraborty, T., Sarker, M.,& Tripura, A. (2015). A study of knowledge and practice regarding hepatitis B among nursing students attending tertiary care hospitals in agartala city.