

Hepatitis B or Hepatitis C and its underlying Factors

1st Dr. Zaghum Shahzad 2nd Dr. Muhammad Imran Nawaz 3rd Dr. Muhammad Zain Akhtar

Abstract:

A cross sectional study was conducted in Sheikh Zaid Hospital OPD, Lahore May to July 2017. Multiple Questions were asked to the patients having positive history of hepatitis to study the ratio of population affected by hepatitis B & C and to rule out the major causes of hepatitis.

In Pakistan, the cases of hepatitis are increasing day by day. This is attributed to mainly illiteracy, unawareness about hygiene and use of unsterilized syringes.

Key Word:

- Hepatitis B & C
- Underlying causes
- Prevention and control

Objective

To explore the underlying causes and take precautionary measures to control the spread of disease.

Materials and Methods

A Sample of around 50 Hepatitis patients visiting Sheikh Zaid Hospital OPD were randomly selected and information gathered through filling of structured questionnaire to assess gap in knowledge and practice regarding self-care in hepatitis B & C among both Male and Female and socioeconomic factors contributing to hepatitis prone lifestyle.

Results

A Study was carried out among Hepatitis patients in Sheikh Zaid Hospital OPD, Lahore. Total 50 randomly selected patients (Male, Female) were inducted in the study with age above equal or less than 50. Hepatitis patients had satisfactory knowledge and were

doing satisfactory practice while Hepatitis patients had unsatisfactory knowledge and were doing unsatisfactory practice.

Conclusion

A Study revealed that the ratio of occurrence of Hep B & C awareness in that area is not satisfactory. People who were aware of this viral infection were not aware of its underlying factors and were constantly using those methods to spread the disease.

1. Introduction

Hepatitis "B" and "C" have emerged as major Public Health Problems in Pakistan. It has been estimated that every 13th Pakistani is potentially infected with either Hepatitis B or C.

In Pakistan, studies carried out on different segments of population have shown variable degree of prevalence in different risk groups. With an estimated 170 million people infected with HCV worldwide. Approximately 10 million are in Pakistan. Pakistan is highly endemic with HBV as well with 9 million people infected with HBV.

A systematic review of data published between 2010 and 2015 showed that HCV seroprevalence among the general adult Pakistani population is 6.8%, while active HCV infection was found in approximately 6% of the population. Studies included in this review have also shown extremely high HCV prevalence in rural and underdeveloped peri-urban areas (up to 25%).

The prevalence of Hepatitis B Surface Antigen (HBs Ag) and antibodies to hepatitis C virus (anti-HCV) in young healthy Pakistani adults in recent studies carried out in different cross sections of population has ranged 2.56 - 3.53% and 2.3 - 5.3%.

2. Objectives

- 1) To determine the frequency of hepatitis B and C.
- 2) To investigate socioeconomic factors that are responsible for hepatitis B & C.
- 3) To know behavior and practices of patients regarding transmission of hepatitis B and C.

3. Hypothesis

Null hypothesis: The behavior and socioeconomic factors have no association with occurrence of disease.

Alternative: The behavior and socioeconomic factors have association with occurrence of disease.

Purpose of the study/Rationale

According to World Health Organization (WHO), an estimated 600,000 people die every year related to the infection. 2% to 8% of the world's population are carrier for HBV. Mal practices regarding transmission of Hepatitis B & C are on the rise increasing the prevalence of disease day by day. This study will highlight that those practices which are responsible for initiation of Hepatitis B & C.

4. Material and methods

Setting:	Shaikh Zayed Medical College & PGMI Lahore.
Design:	Descriptive cross sectional studies.
Duration:	6 months
Universe:	All diagnosed patients of Hepatitis B & C, visiting OPD.

5. Variables

Predictor Variables: Age, Sex, Income, Level of education, Life style, Poor lifestyle, Inaccessibility to health care facilities, shared needles, born to case/carrier, tattoo, acupuncture, piercing.

Outcome Variables: Hepatitis B & C.

Operational Definition: diagnosed cases by doctors visiting OPD for treatment.

Inclusion: All hepatitis B & C patients visiting OPD.

Exclusion: co morbidity.

Sample size 42 hepatitis patients presenting in OPD.

Sample technique: Convenient sampling (Non-probability)

Tools of measurements: Questionnaire (open and close ended structure questionnaire)

Work Plan/Data Collection Tool

After taking permission from Principal and administrator Shaikh Zayed Medical College and PGMI Lahore and informed consent from the participants of the research, data was collected on structured questionnaire. All required information was collected,

6. Data Analysis

Frequency, percentages, means and standard deviation were calculated for Continues numerical data. Proportions were found for categorical data. Chi-square test was applied for testing the significance of association.

7. Results

Table No.1 Percentage distribution of Factors for Hepatitis B/C

Variables	Frequency	Percent
Gender		
Male	16	38.1
Female	26	61.9
Age		
<=40	10	23.8
>40	32	76.2
Education of respondent		
Literate	32	76.2
Illiterate	10	23.8
Education of spouse		
Illiterate	35	83.3
Under Matric	7	16.7
Total family member		
<=5	10	23.8
>5	32	76.2
Income per capita per month		
<=3000	5	11.9
>3000	37	88.1
Hepatitis B/C diagnosed when		
<=10 years	39	92.9
> 10 years	3	7.1
Going to quakes		
Yes	9	21.4
No	33	78.6
Blood transfusion		
Yes	8	19.0
No	34	81.0
Ear Piercing		
Yes	16	38.1
No	26	61.9
Tattooing		
Yes	8	19.0
No	34	81.0

Extramarital relations		
No	42	100.0
Homosexual multiple sex partners		
No	42	100.0

Table No.2 Percentage distribution of Factors for Hepatitis B/C

Variables	Frequency	Percent
Drug use		
Yes	3	7.1
No	39	92.9
Shared needles		
Yes	2	4.8
No	40	95.2
Dental extraction		
Yes	15	35.7
No	27	64.3
Organ tissue transplantation		
Yes	7	16.7
No	35	83.3
Dialysis		
Yes	2	4.8
No	40	95.2
Occupational exposure		
Yes	4	9.5
No	38	90.5
Treatment taken from whom		
Doctor	41	97.6
Hakeem	1	2.4
Partner had hepatitis B vaccination		
Yes	4	9.5
No	38	90.5
Vaccinate against Hepatitis B		
Yes	5	11.9
No	37	88.1
counseling session for prevention of spreading of hepatitis		
Yes	6	14.3

No	36	85.7
Ever had Kushta		
Yes	1	2.4
No	41	97.6
History of taking anti tuberculosis		
Yes	4	9.5
No	38	90.5
Ever had long term intake of steroids		
Yes	2	4.8
No	40	95.2

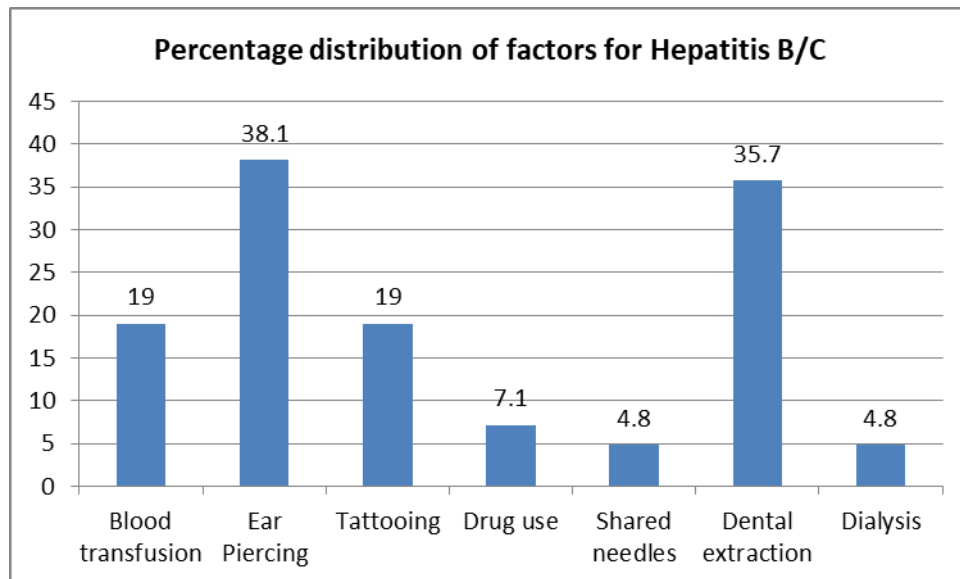


Fig. 1 Percentage distribution of Factors for Hepatitis B/C

Recommendations

As hepatitis B and C are transmitted through blood and multiple bodily fluids, prevention is aimed at screening blood prior to transfusion, abstaining from the use of injection drugs, safe needle and sharps practices in healthcare settings, and safe sex practices.

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