

A CROSS -SECTIONAL STUDY ON THE AWARENESS, PERCEPTION & PRECAUTIONARY MEASURES ABOUT VIRAL HEPATITIS AMONG ADULTS OF BOTH MALE & FEMALE GENDER**Kolwankar Saniya Sunil¹, Kolape Gayatri Subhas² and Dr. Srabani Bhattacharya^{3*}**¹MBBS Student Rajiv Gandhi Medical College & CSM Hospital Thane, Maharashtra India.²MBBS Student Rajiv Gandhi Medical College & CSM Hospital Thane, Maharashtra India.³Professor of Physiology, Rajiv Gandhi Medical College & CSM Hospital Thane, Maharashtra. India.***Corresponding Author: Dr. Srabani Bhattacharya**

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ABSTRACT

This cross sectional study was conducted among the adult population in the state of Maharashtra, India total number of participants were 114 among them 48.20% were male & 51.80% were female 88.60% were urban population. Among the response 7% were students & other occasions 93% among the respondents 87.70% were aware about hepatitis 21.90% of the respondents were smoker & 9.60% said yes regarding alcohol conjunction 29% of them checked themselves for ejection 19.50% were hospitalised after injection 20.20% of the respondents answered yes regarding liver A tests LFTs done or not.

KEYWORDS: awareness perception precautionary measures, hepatitis, LFTs.**INTRODUCTION**

Hepatitis B and C are major health problems globally. persistence of chaotic hepatitis B virus (HBV) & hepatitis C virus (HCV) injection cause serious condition such as hepatic decomposition, cirrhosis & hepatocellular carcinoma & are likely to remain a serious health problem & substantial morbidity and mortality. A group of viruses HAV, HBV, HCV, HDV and HEV cause viral hepatitis. HAV and HEV are transmitted by ingestion of contaminated food on water while HBV, HCV and HDV are usually transmitted as a result of parenteral contact with infected bodily fluids such as during transfusion of contaminated blood or blood products, invasive medical procedure using contaminated equipment, sexual intercourse.^[2]

There may be social stigmatisation or discrimination against people with HBV and HCV within the community which may deter some from undergoing screening and diagnosis.^[3]

The three factors such as age, ethnicity and educational qualification affected the knowledge and awareness of Hepatitis B significantly.^[4]

Millions of people are chronically infected with HBV and carry high risk for cirrhosis and liver cancer.^[5]

Hepatitis B and C viruses are recognised occupational risks for health care workers(HCWS).^[6]

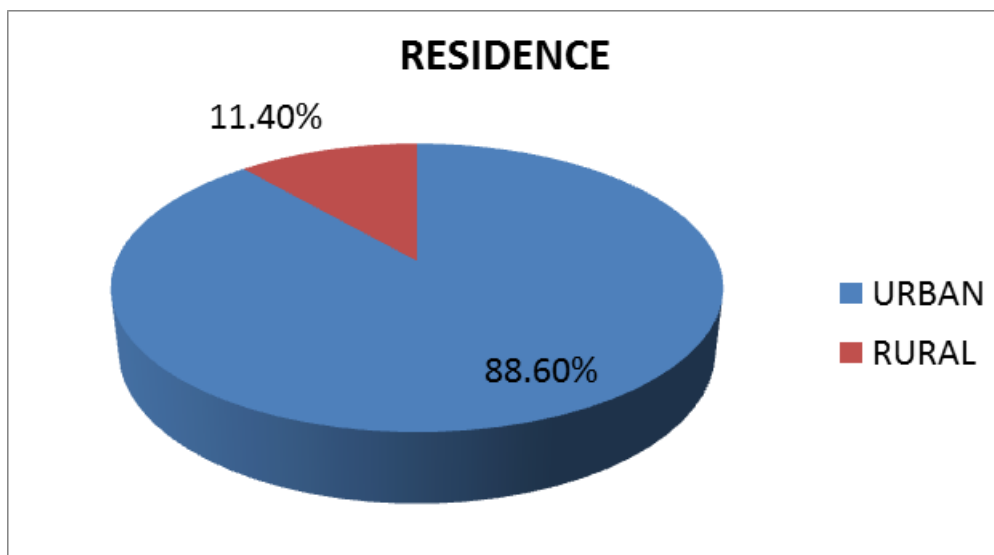
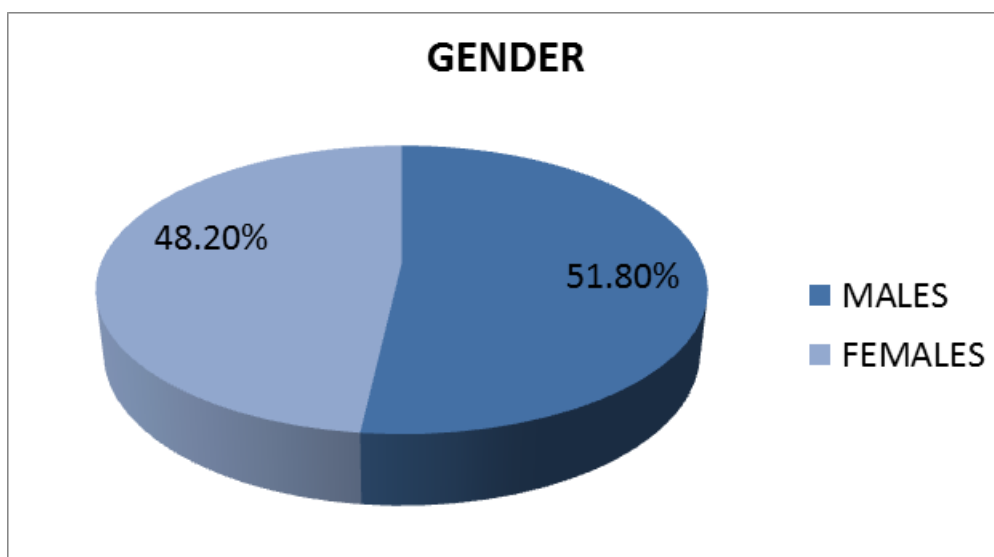
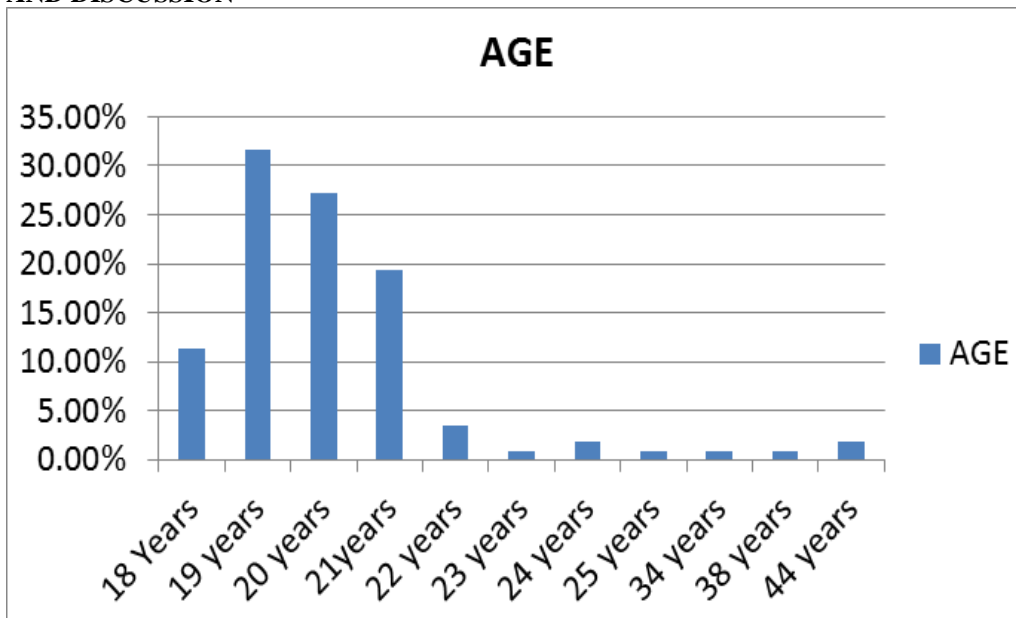
Hepatitis B and C are responsible for a large proportion of hepatitis mortality and morbidity with over 90% of persons infected unaware of their condition and as such don't seek treatment.^[7]

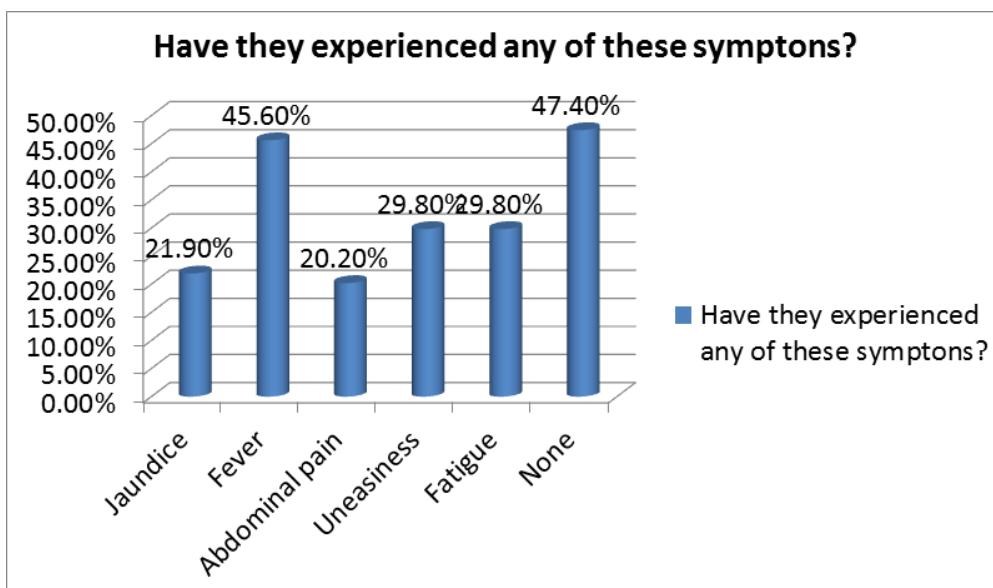
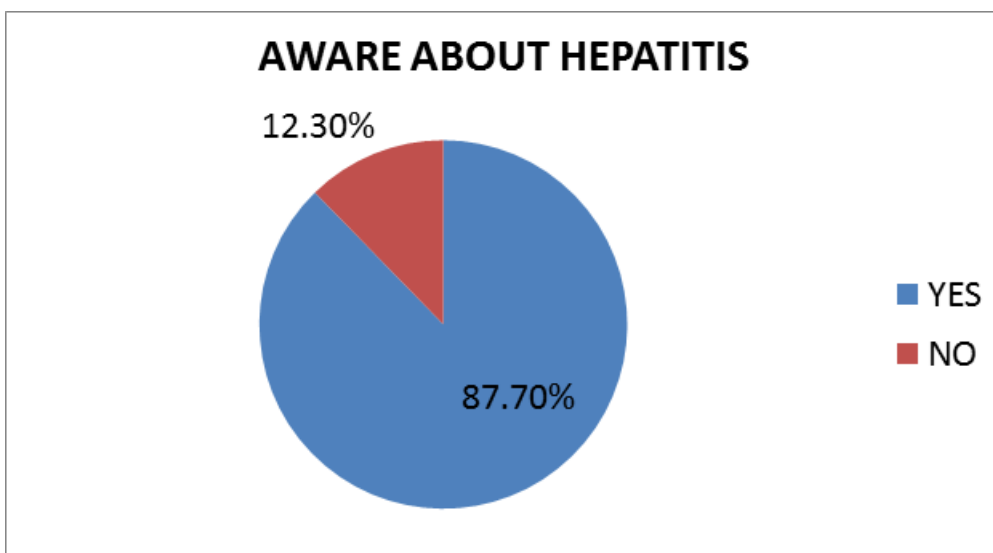
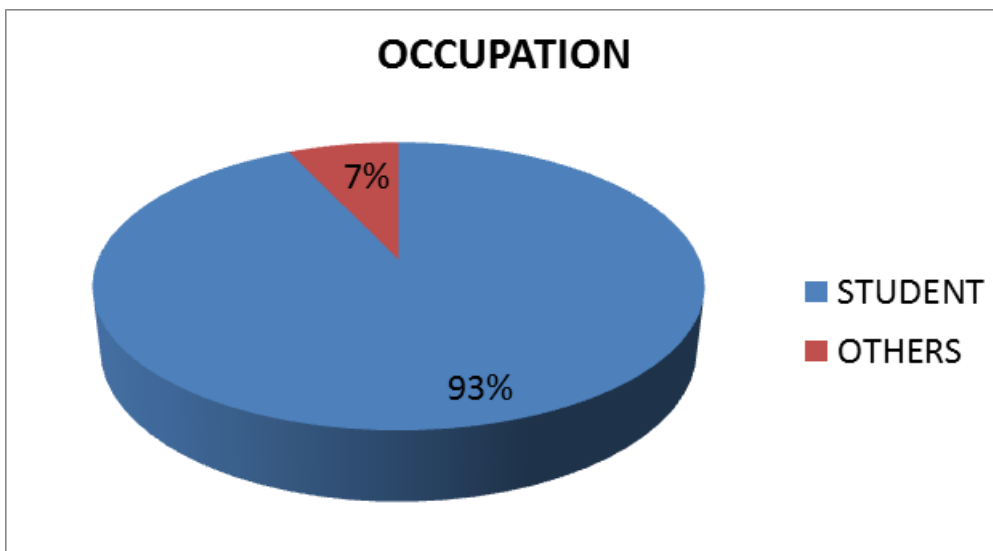
Lack of community health activities about hepatitis prevention and control, therefore extensive health education should be provided in the community.^[8]

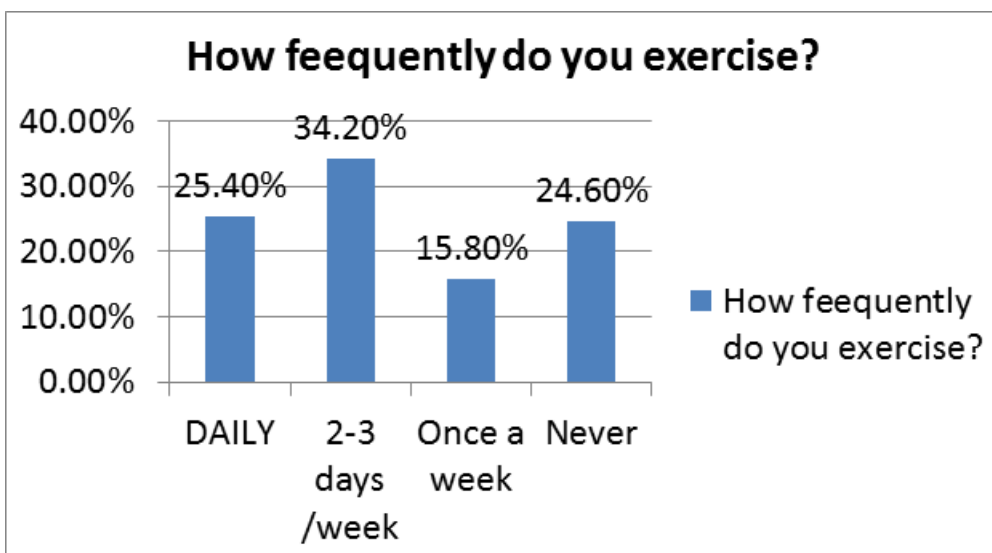
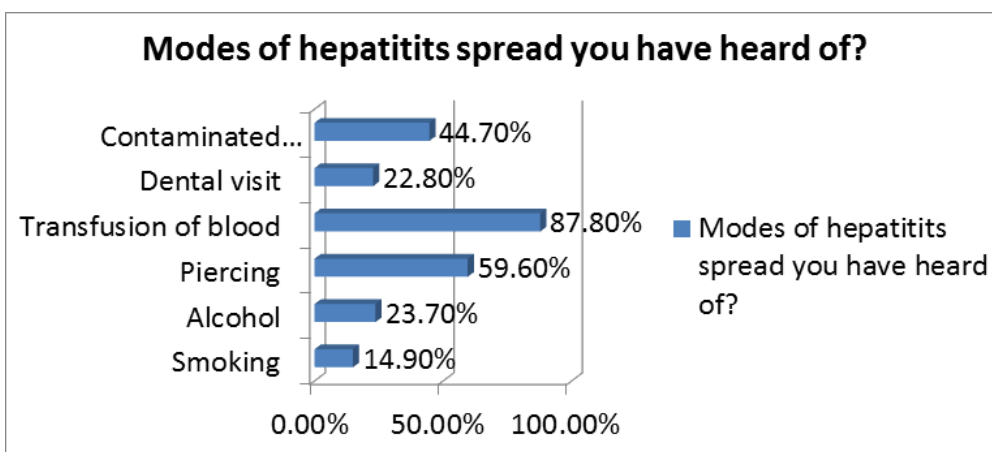
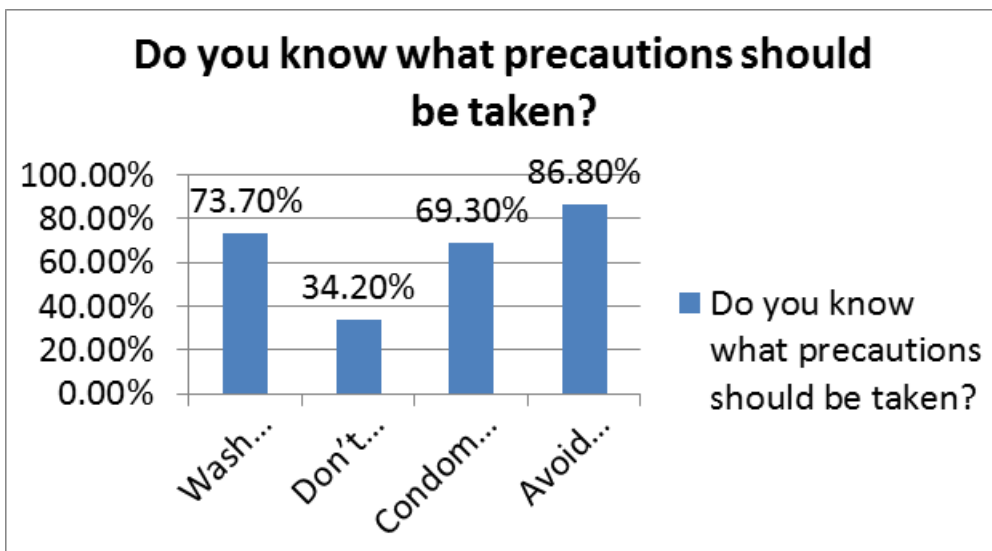
MATERIALS AND METHODS

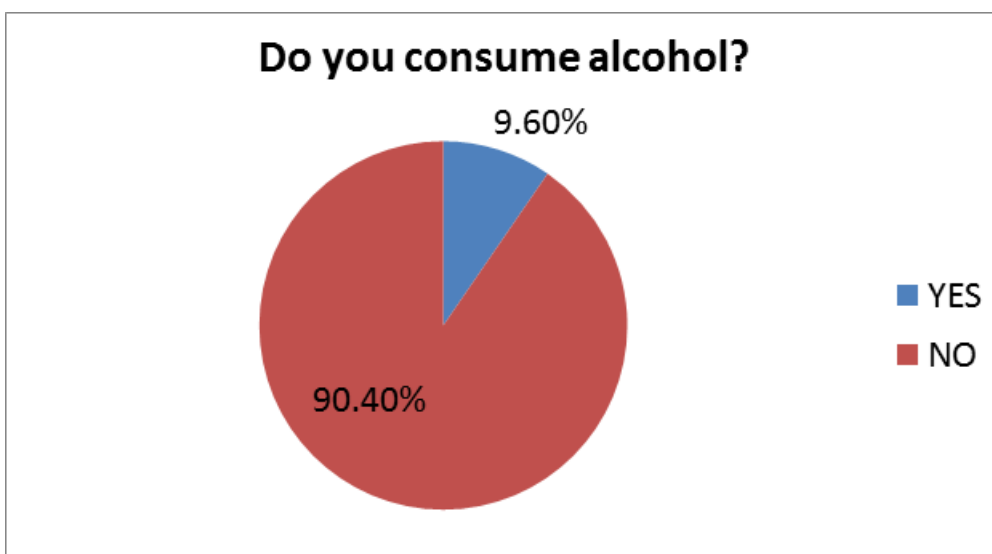
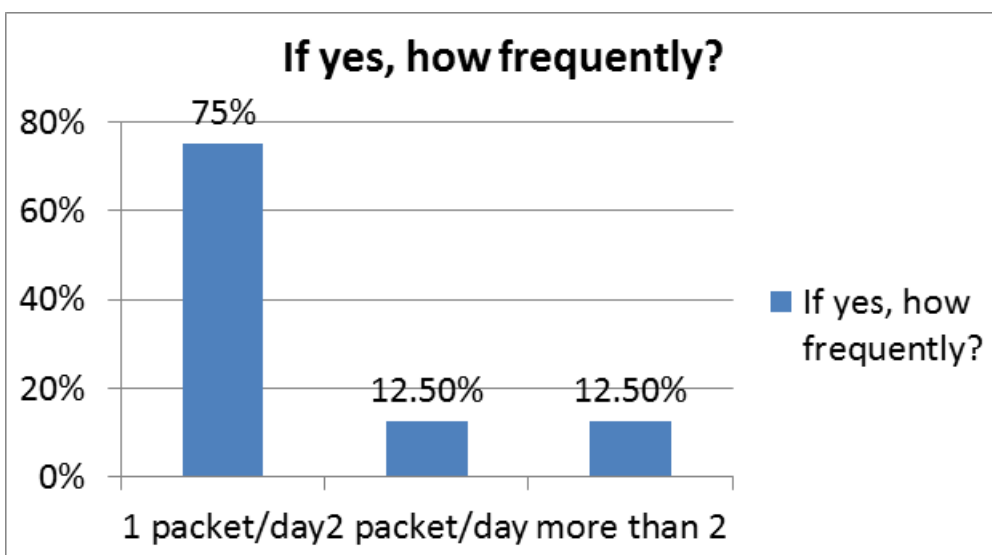
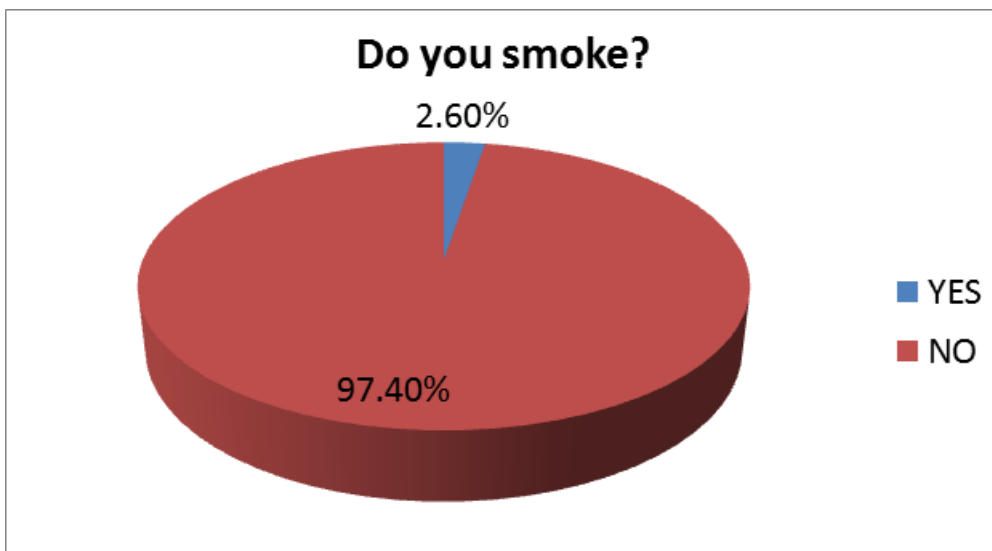
This cross sectional interview based study was conducted with a pre-tested and pre-validated questionnaire administered via Google forms to the adult residents in Maharashtra, India. Informed consent was taken on Google forms. The data was adapted to Microsoft-excel spread sheet.

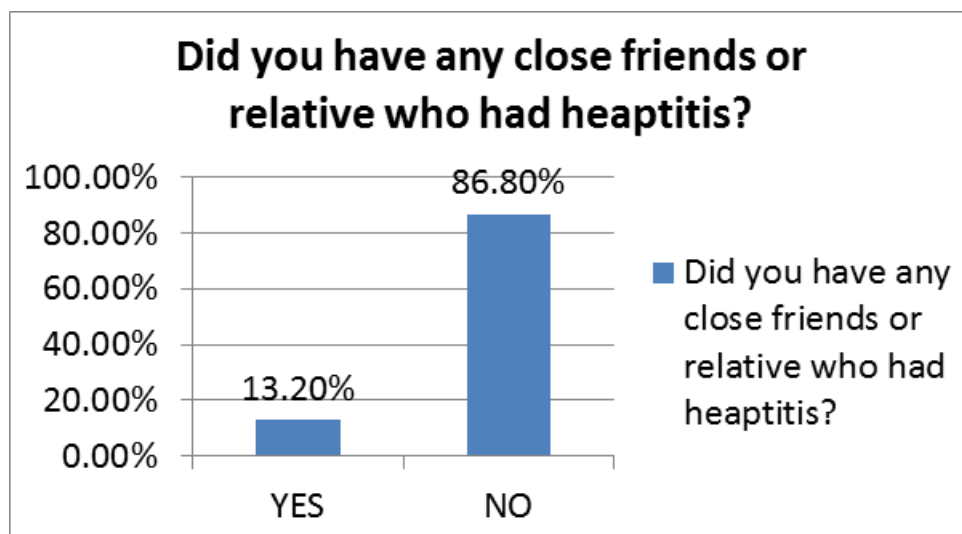
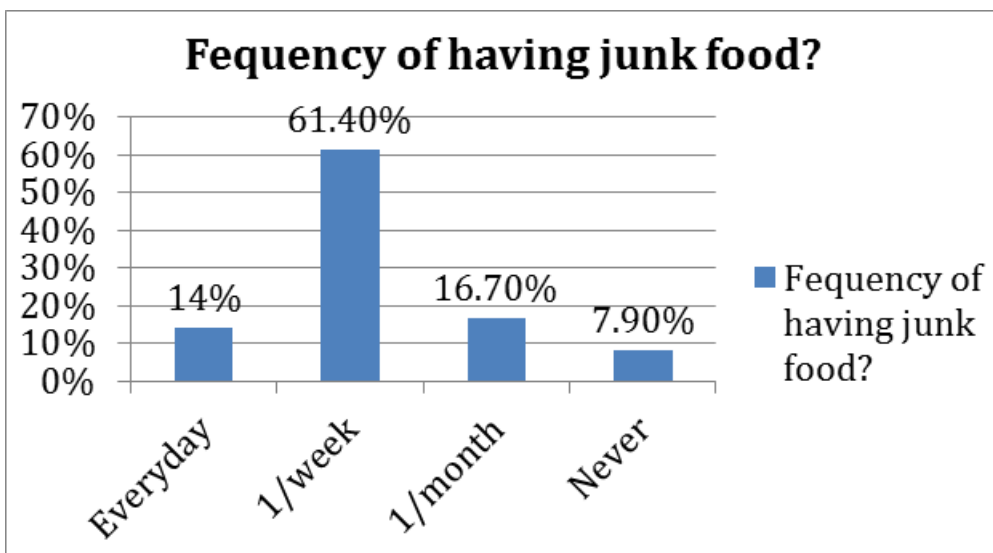
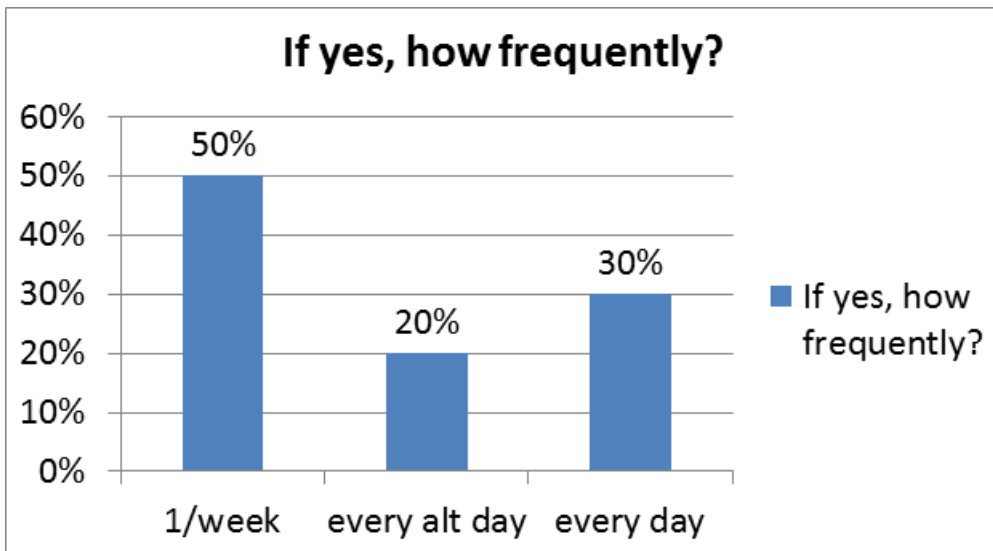
RESULTS AND DISCUSSION

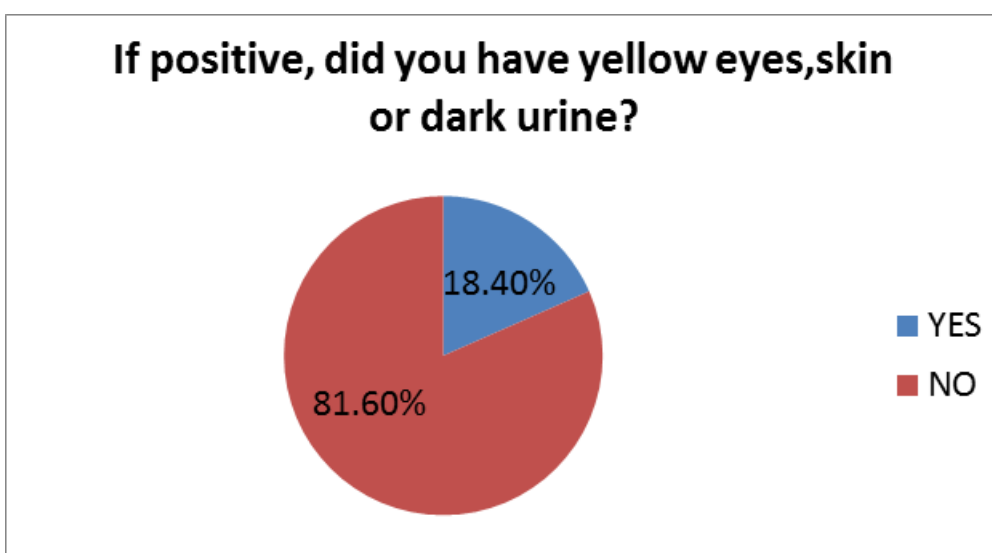
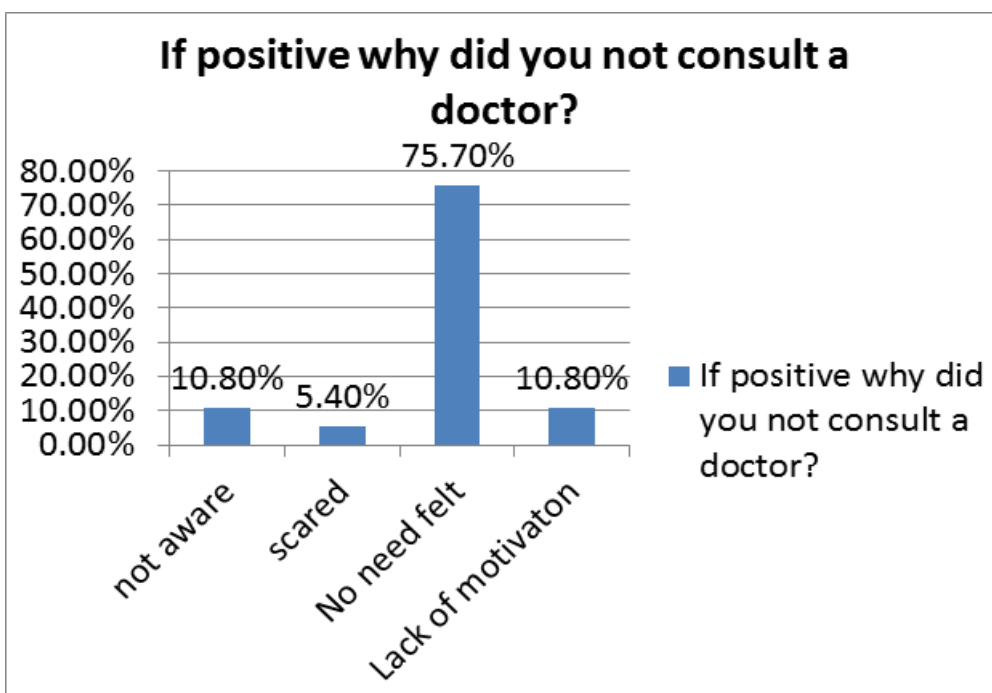
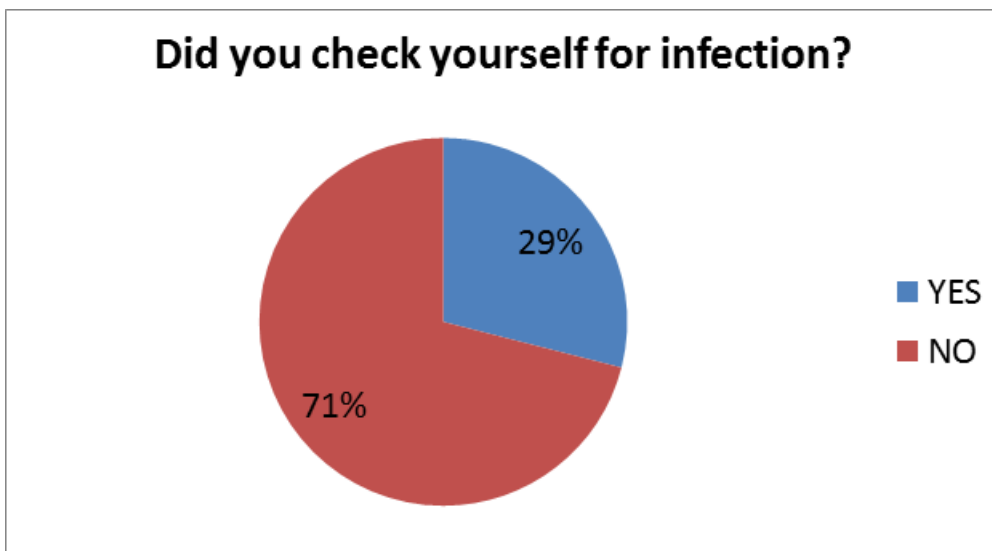


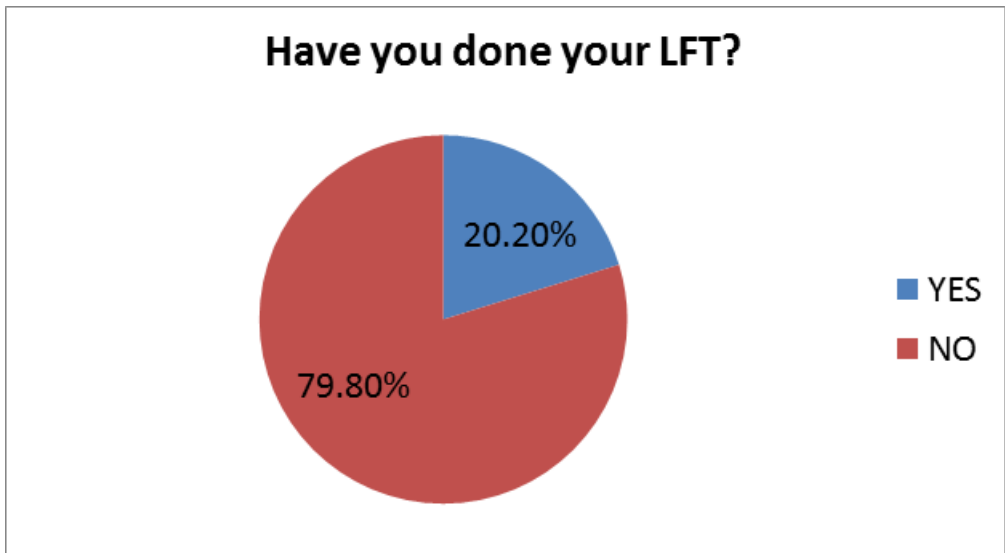
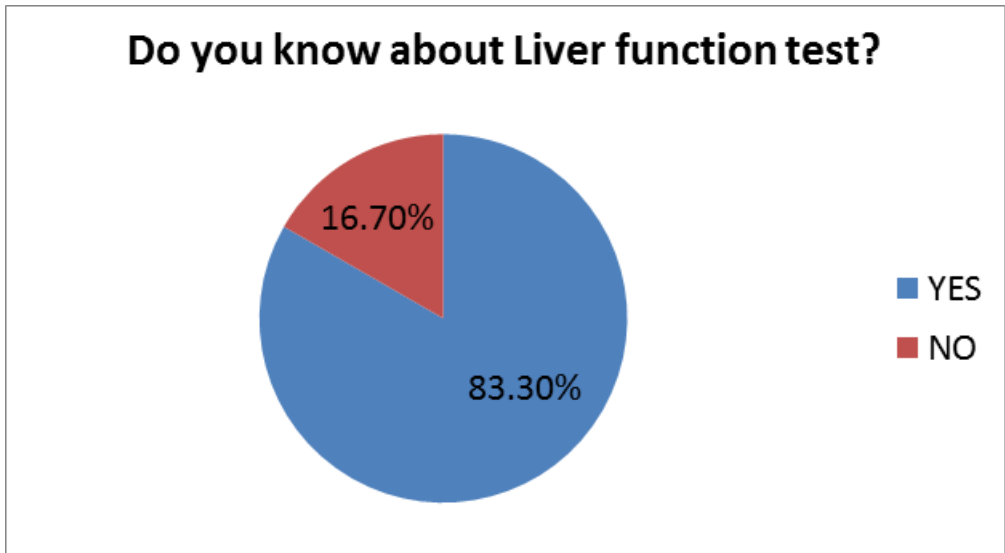
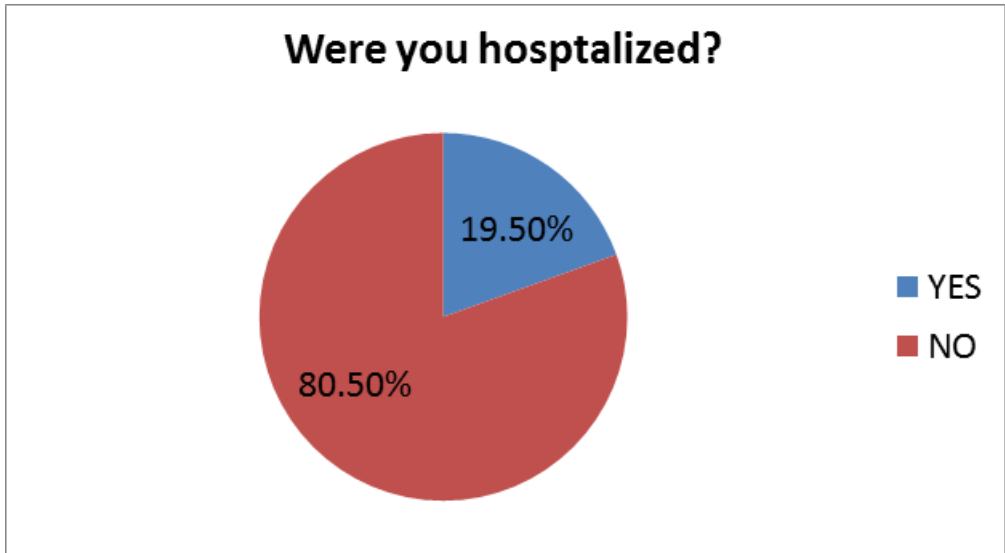


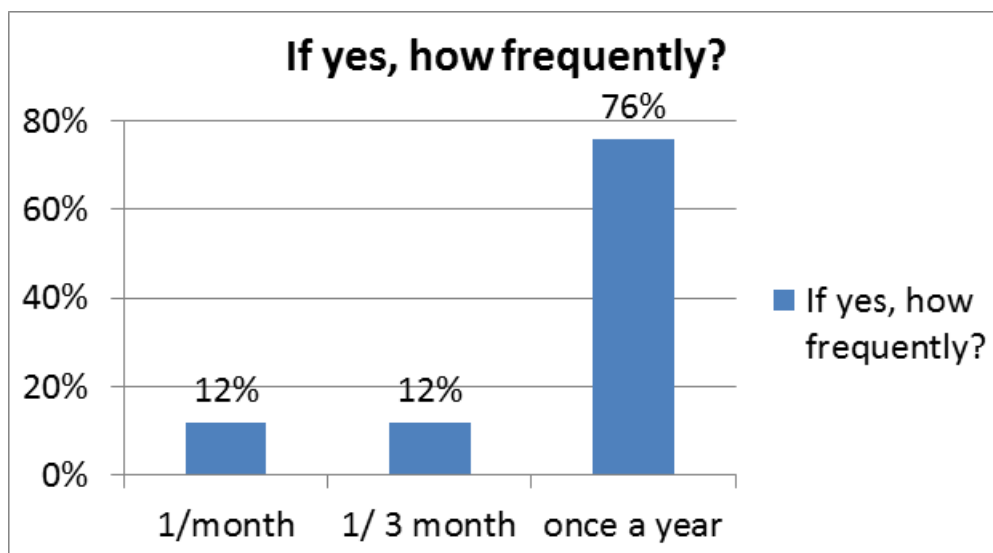












Among the respondents 48.20% were male and 51.80% were female. Their age ranges from 18 years -44 years. 88.60% were from urban area. Among the respondents 7% were students and 93% had other occupations 87.7% of the respondents were aware about hepatitis. Among them 21.90% experienced Jaundice, 45.6% fever, 20.29% abdominal pain, 29.80% uneasiness, 9.8% fatigue and 47.4% did not have any symptoms. KP SOE and others^[9] reported that a strategy addressed in the world health assembly as a framework for global action against viral hepatitis is awareness. As per Y Ramamoorthy *et al.*^[10]

Prevention of both vertical and horizontal transmission is one of the key strategies to reduce the incidence of hepatitis B and this can only succeed if community members have good knowledge and awareness. Rise in serum total bilirubin levels indicate jaundice. An inflamed liver or obstructed bile duct underlying conditions.^[11]

Acute liver failure is a devastating clinical syndrome associated with high mortality in the absence of specific treatment or liver transplantation. It is partly accompanied by the onset of hepatic encephalopathy.^[12]

The respondents of the present study revealed about the modes of spread of hepatitis as contaminated food 44.70%, dental visit 22.8%, transfusion of blood 87.80%, piercing 59.60%, alcohol 23.7%, smoking 14.9%. HBV is transmitted parenterally by contaminated blood or other body fluids through blood vessels, skin or, mucous membrane.^[13]

HCV infection and alcohol abuse are two most important causes of chronic liver disease.^[14]

CONCLUSION

The existence of a highly effective vaccine means that primary prevention through well organised immunisation

programmes remains a priority. Extensive health education should be provided in the community.

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