

Chapter 6

Liver Diseases and Hepatitis B: Knowledge, Attitude and Practice

This chapter exclusively focuses on Liver Disease and Hepatitis B. On the one hand, it provides evidence on the knowledge and practices of RHCPs and their users in the absence of the training programme, on the other hand it tries to analyse how many changes the training programme could bring in to the knowledge and practices of the RHCPs and their users (*i.e.*, the households)

The chapter is divided into three sections. Section 6.1 discusses evidence on knowledge and practices of RHCPs from the baseline survey. Section 6.2 portrays the awareness of the users of RHCPs about liver diseases. By comparing the experimental and control groups, Section 6.3 examines the impacts of the training programme on RHCPs and the users of RHCPs.

6.1 Knowledge and Practice of RHCPs

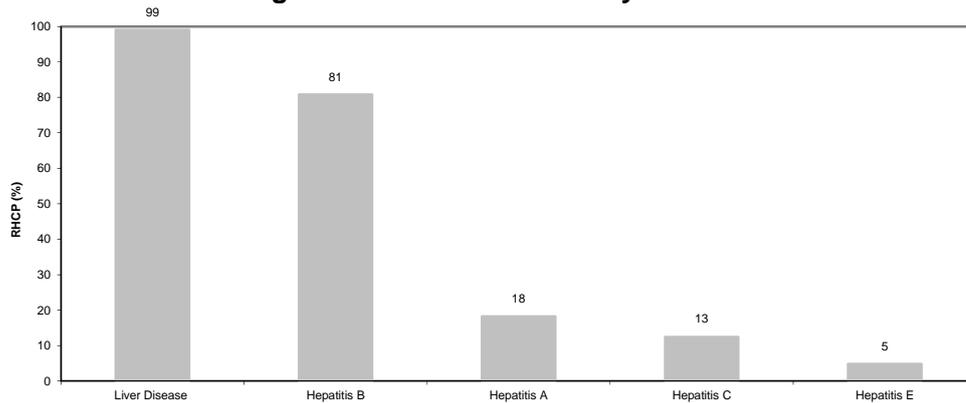
We have described earlier, our baseline data comprise of 104 RHCPs, 633 households, 48 ANMs and 188 GP members. Almost all RHCPs have reported that they are familiar with liver diseases and more than 90% of them claim to have knowledge about the possible reasons for liver disease. However, when detailed questions were asked, it becomes clear that their knowledge about liver disease and possible reasons for liver disease is encompassed with inadequate and wrong information. For example, only 36% and 44% of them have mentioned viral infection and water-borne, respectively as reasons for liver disease. Notably, as high as 60% cited excessive drinking of alcohol as one of the possible reason for liver disease, but only 2% mentioned about obesity as a possible reason. Apart from these four possible reasons listed in the questionnaire, RHCPs pointed out many possible reasons for liver disease:

The RHCPs consider yellowish eyes, stomach and abdomen pain, and yellowish urine as symptoms of liver disease. Although, only 2% (2 RHCPs out of 104) could not tell about any symptom of liver disease, one or other yellow symptom(s) was mentioned by 66% of

RHCPs. Symptoms like indigestion, loose motion and vomiting, and loss of appetite were also mentioned by some of the RHCPs as possible symptoms of liver disease.

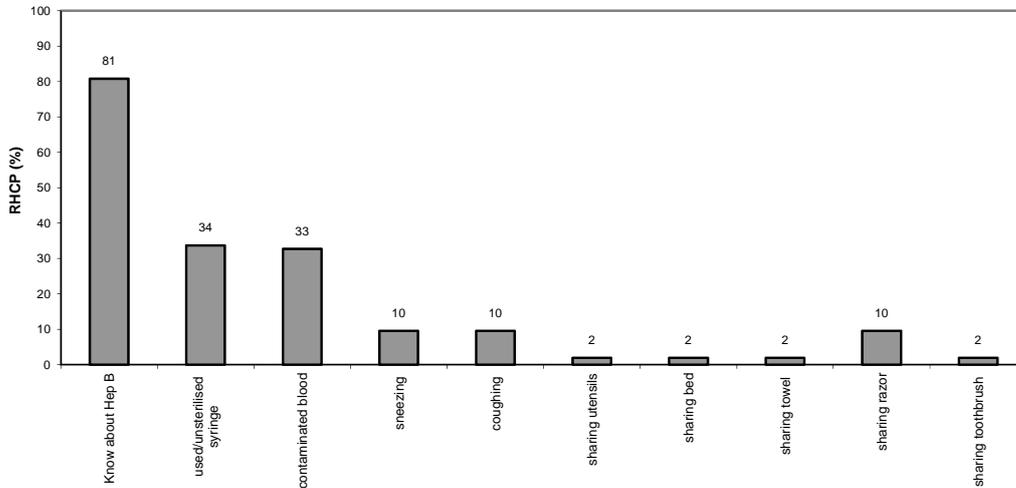
Hepatitis B is also a familiar name among the RHCPs as 96% of them revealed that they know about the disease. But when encountered with probing questions, it was clear that they did have little information beyond knowing the name of Hepatitis B. About 20% of the RHCPs we interviewed did not know that Hepatitis B was a liver disease. Out of those who have claimed to be aware of Hepatitis B, almost 70% of them have no idea about any other Hepatitis. Out of those who have heard about other hepatitis diseases other than Hepatitis B, 73% have heard about Hepatitis A, 50% have heard about Hepatitis C and 19% have heard about Hepatitis E. People's familiarity with different liver disease and Hepatitis is depicted in Figure 1.

Figure 6.1: RHCP's familiarity with Liver disease and hepatitis



The level of awareness on possible sources of Hepatitis B infection is alarmingly poor. Figure 6.2 shows RHCPs' knowledge about the possible sources of Hepatitis B infection.

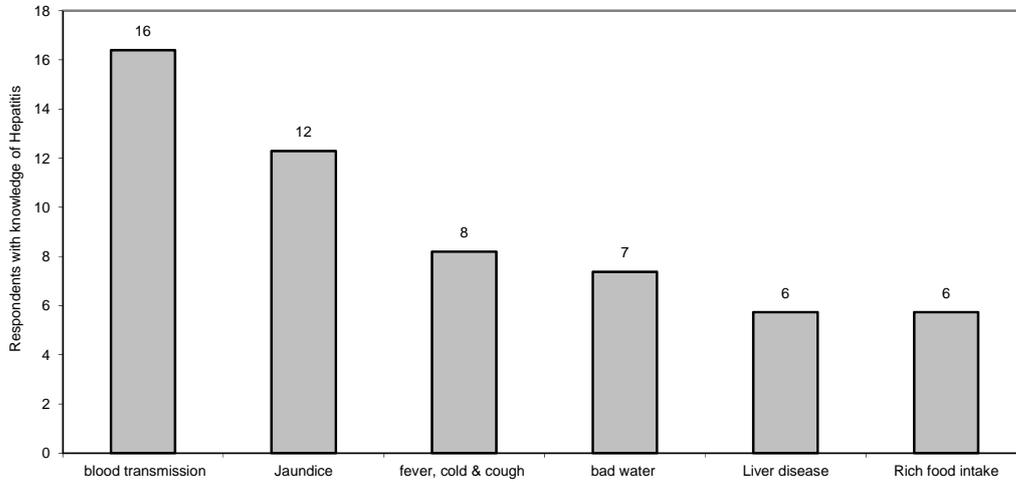
Figure 6.2: RHCPs knowledge about possible sources of Hep B infection



6.2 Awareness of the Users of RHCPs

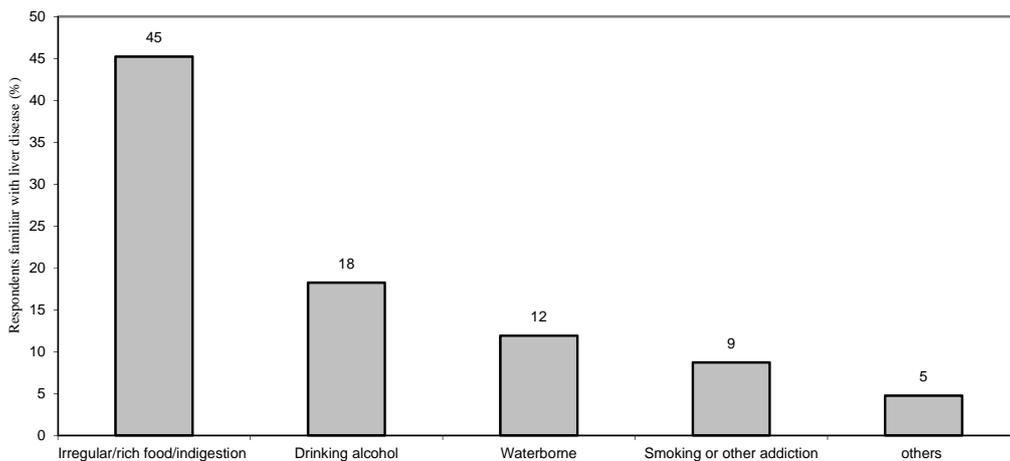
Our analysis is based on information from 765 households. Even though, about 25% of the household respondents claimed to have heard about Hepatitis B, only 17% of the household respondents could correctly mention that Hepatitis B was a liver related disease. Lack of public awareness is also surrounded by misconception about the possible sources of Hepatitis B infection. This is evident from the fact that out of even small number of household respondents who have heard about Hepatitis B, many of them think rich/spicy food, damaged kidney, fever/cold, *etc* are possible reasons for Hepatitis B. Households' perception about the possible reasons for hepatitis B is shown in Figure 6.3. The figure presents only six most frequently reasons for Hepatitis B as mentioned by the household respondents. The vertical axis measures the percentage of household respondents who cited a particular reason out of those who have heard about Hepatitis B. It is worth noticing that out of those who have heard about the disease, a large percentage of them do not have any knowledge about the possible reasons for the disease. It is equally interesting to observe that significant number of household respondents think cold/cough/fever, contaminated water, regular consumption of rich/spicy food could be possible reasons for Hepatitis B.

Figure 6.3: Households' knowledge about possible reasons for Hepatitis



The households' awareness about liver disease in general also show similar gloomy picture. Only 16% of the total respondents are consciously aware of liver related disease. Out of those who claim to be aware of the liver disease, 45% believe that irregular food habit, eating too much spicy food or having frequent indigestion problems are reasons for liver disease. Excessive alcohol drinking, drinking unsafe water, smoking or other addictions are also mentioned by the respondents (Figure 6.4).

Figure 6.4: Households' responses on reasons for liver disease



6.3 Impacts of the training programme: Case Control Design

One of the objectives of the training programme has been to improve the liver disease and Hepatitis disease related awareness among the RHCPs and the community with special focus on Hepatitis B awareness. It is expected that if the level of knowledge among the RHCPs is improved, it is likely to benefit their users, at least in the form of improved level of awareness. In this section, we first examine the change in the level of knowledge among the RHCPs by comparing the pre-intervention and post-intervention experimental and control groups – both the RHCPs and their users (*i.e.*, rural households).

6.3.1 RHCPs

To examine as to what extent the training has improved the knowledge of the RHCPs with regard to liver disease in general and Hepatitis B in particular, we compare the experimental and controlled group between pre- and post-intervention surveys. The detailed comparison is presented in Tables 6.1 and 6.2. Almost all RHCPs – irrespective of whether they belong to the experimental or control group - have claimed that they are familiar with liver diseases. When questions on reasons for liver diseases were asked, it became clear that their familiarity with liver diseases was alarmingly limited. The questionnaire had five options to record as reason for liver disease (*viz.*, viral, obesity, excess drinking, water borne and others) and investigators did not provide any answer-option to the RHCP. It is observed that ‘excess drinking’ turns out to be the most frequent reason for liver disease as expressed by the RHCPs – control and experimental. The training has been able to sensitize more about ‘excess drinking’ and ‘water borne’ as possible reasons for liver disease than other reasons such as virus and obesity. The training seems to have done a great job in removing traditional superstitious beliefs from the minds of RHCPs that any liver disease will result in what they consider as yellow symptom.

Table 6.1: The Liver Disease Related Knowledge of the RHCPs before and after the Training Programme.

	Pre-training		Post-training		Diff (exp)	Diff (cont)	Diff-diff
	Exp	Cont	Exp	Cont			
RHCPs familiar little more with liver disease (%)	100 (27)	98 (57)	100 (27)	97 (56)	0	-1	1
Reasons for liver disease							
Virus	41 (11)	31 (18)	59 (16)	28 (16)	14	-3	17
Obesity	4 (1)	2 (1)	19 (5)	0 (0)	15	-2	17
Excessive drinking	56 (15)	60 (35)	100 (27)	38 (22)	44	-22	46
Water-borne	63 (17)	52 (30)	89 (24)	41 (24)	26	-11	37
Others	56 (15)	45 (26)	52 (14)	59 (34)	-4	14	-18
Symptoms of liver disease							
Yellow symptom	74 (20)	66 (38)	31 (8)	52 (30)	-43	-14	-29
Other symptoms	26 (7)	31 (18)	69 (19)	45 (26)	43	14	29
Don't know	0 (0)	3 (2)	0	3 (2)	0	0	0

Source: Primary surveys

Almost all the RHCPs claim that they have heard of Hepatitis B. But when asked about which human organ that hepatitis B diseases were related to, not all of them did connect Hepatitis B and Liver (Table 6.2). The training did improve RHCPs' familiarity with Hepatitis B but there is still room for improving their knowledge. The training has made remarkable improvement among the experimental group RHCPs in improving their knowledge about other types of Hepatitis (*i.e.*, Hepatitis A, C and E). There is no evidence of widespread misconception among the RHCPs with regard to possible reasons for Hepatitis B, though their true understanding of possible reasons is very much limited. The training seems to have achieved limited success in improving the knowledge of the RHCPs with regard to Hepatitis B in particular.

Table 6.2: The Hepatitis Related Knowledge of the RHCPs before and after the Training Programme

	Pre-intervention		Post-intervention		Diff (exp)	Diff (cont)	Diff-diff
	Exp	Cont	Exp	cont			
RHCPs rightly know about Hepatitis B (%)	85 (23)	76 (44)	93 (25)	74 (43)	8	-2	10
RHCPs know about other Hepatitis (%)							
<i>Hepatitis A</i>	19 (5)	24 (14)	100(27)	29(17)	81	5	76
<i>Hepatitis C</i>	7 (2)	21 (12)	96(26)	24(14)	89	3	86
<i>Hepatitis E</i>	4 (1)	5 (3)	100 (27)	9 (5)	96	4	92
RHCPs' knowledge about the possible sources of Hepatitis B infection (%)							
<i>unsterilised syringe</i>	9 (33)	21 (36)	26 (96)	17 (29)	17	-4	21
<i>Contaminated blood</i>	11 (41)	17 (29)	26 (96)	15 (26)	15	-2	17
<i>Sneezing</i>	2 (7)	8 (14)	0 (0)	2 (3)	-2	-6	4
<i>Coughing</i>	1 (4)	9 (16)	0 (0)	1 (2)	-1	-8	7
<i>Used utensils</i>	0 (0)	2 (3)	0 (0)	1 (2)	0	-1	1
<i>Used bed</i>	0 (0)	2 (3)	0 (0)	1 (2)	0	-1	1
<i>Used towel</i>	0 (0)	2 (3)	0 (0)	1 (2)	0	-1	1
<i>Used razor</i>	3 (11)	6 (10)	19 (70)	1 (2)	16	-5	21
<i>Used toothbrush</i>	0 (0)	0 (0)	7 (26)	0 (0)	7	0	7

Source: Baseline and endpoint survey

6.3.2 Households

Although many components of the training programme have aimed at improving the knowledge base of the RHCPs especially on matters of maternal and child care, liver disease such as Hepatitis, it is implicitly expected that an improvement in knowledge of the RHCPs would also implicitly benefit their users, at least in the form of better awareness level. There is some evidence that users' knowledge of Hepatitis B has experienced some improvement after the training programme (Table 6.3). After their RHCPs went through the training programme, higher percentage of users are familiar with Hepatitis B and have the right knowledge that it is a disease related to liver. However, users' understanding about the possible causes of Hepatitis B is alarmingly low (Table 6.4). Awareness about liver diseases and Hepatitis B is an area where the training programme should give exclusive focus.

Table 6.3: Household Respondents' Familiarity with Liver Diseases and Hepatitis B.

	Pre-intervention		Post-intervention		Diff (exp)	Diff (cont)	Diff-diff
	Exp	Cont	Exp	cont			
Familiar with liver disease (%)							
<i>Said a clear "yes"</i>	25(56)	66(272)	49(106)	58(242)	24	-8	32
<i>Either said "no" or could not say anything</i>	75(164)	34(141)	51(110)	42(175)	-24	8	-32
Familiar with the name 'Hepatitis' (%)							
<i>Rightly said "yes"</i>	11(24)	20(82)	20(43)	18(75)	9	-2	11
<i>Wrongly said "yes"</i>	12(26)	8(31)	14(30)	7(31)	2	-1	3
<i>Either said "no" or could not say anything</i>	77(170)	73(300)	66(143)	75(311)	-11	2	-13
Rightly familiar with the name Hepatitis B (%)	10(23)	16(66)	27(59)	18(74)	17	2	15

Source: Baseline and endpoint surveys

Table 6.4: Number of Household Respondents Mentioning Different Reasons as Possible Causes of Hepatitis B.

Possible cause of Hepatitis B	Pre-intervention		Post-intervention		Diff (exp)	Diff (cont)	Diff-diff
	Exp	Cont	Exp	cont			
Alcohol	1	2	0	3	-1	1	-2
Blood/syringes	0	4	17	3	17	-1	18
Liver disease or jaundice	0	3	18	4	18	-1	19
Water borne	5	13	4	7	-1	-6	5
Virus	0	1	4	0	4	-1	5
Indigestion	0	7	14	0	14	-7	21
Others	0	0	12	1	12	1	11

Source: Baseline and endpoint surveys



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A faith-healer cum artist