

EFFECTIVENS OF COMMUNICATION ON HEPATITIS

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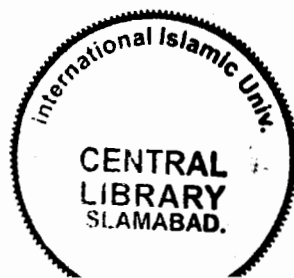
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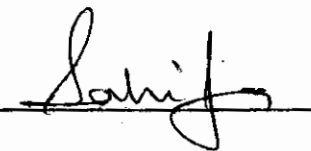
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Dedication

I dedicate this to my Parents Mr. Muhammad Sarwar (late) and Mrs. Nasra Sarwar who have been a support and inspiration of my life.

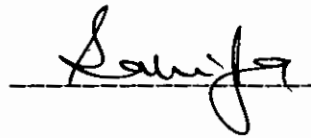
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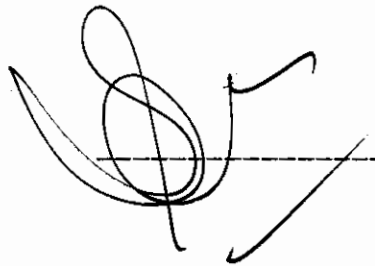
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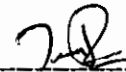
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DECLARATION

This thesis has been submitted as partial fulfillment of MSc in Media & Communication Studies to the Department of Media & Communication Studies. I solemnly declare that this is my original work and no material has been plagiarized. Any material quoted from a secondary source has been provided with proper citations and references.



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ACKNOWLEDGEMENT

This research has been possible with only ALLAH SWT's help and guidance. I am heartily thankful to my supervisor, Miss Sahifa Mukhtar, whose encouragement and support throughout enabled me to develop an understanding of the project.

Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of my research.

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ABSTRACT

The aim of the research was to find out the communication channels disseminating information on hepatitis and effectiveness of that communication at cognitive level only. Hepatitis is a very serious and increasing health problem in Pakistan and there is no proper communication campaign regarding this issue on any media channel. Study was quantitative in nature and stratified convenient method of sampling was adopted to collect the data. Questionnaire was equally distributed amongst educated and uneducated people. Sample of the study was 100 males and females of Rawalpindi and Islamabad.

Data was tabulated in SPSS and correlation test was performed to test the hypothesis. It was hypothesized that the level of information is higher in educated people. Results of the study showed that there is no statistically significant difference in cognitive level of educated and uneducated people regarding this problem.

Chapter 1

INTRODUCTION

Health is an important part of an individual's life. Without it, people can become bland, demotivated. Health communication is an art and technique of informing, influencing, motivating individuals, institutional, public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and business of health care as well as enhancement of the quality of life and health of individuals within the community. (Healthy people p.11-20)

With day by day advancement in different fields of society, Health communication is also becomes important subject-matter under researchers' discussions. This study will examine that to which extent Health Communication messages are effective in people. How people response to these messages is the main point of this research.

In everyday routines we get many messages from different communicating channels. These channels can be interpersonal, friends, family, printed material, electronic medium etc. health messages are also part of these communicating channels.

Over the past 20 years, the news media has increased attention to and coverage of health and science topics.

Health campaigns are running all around the world for betterment of the people. WHO, UNICEF, and ENGO's are prominent in this regard. Health communication plays very significant role to cope up with disease and to create healthy environment in the country. Media plays very solid role in this issue by constantly giving health messages.

Electronic media is often the main focus to examine effects of health communication in people of Pakistan.

1.1 Background

As far as Pakistan is concerned, many national health programs running in the country for awareness about different diseases. In this stare, ministry of health, NHI etc designs and implement different health campaigns like breast cancer, HIV/AIDS, Hepatitis B, C, Polio, Family Planning etc.

Hepatitis is one of the major problems of the world. Many developing countries are suffering from this disease and working for its cure. Pakistan is one of them.

It has been observed that other diseases especially AIDS can obtain a far more serious and concerned reaction from patients rather than Hepatitis.

Hepatitis is one of the 10 reportable diseases in Pakistan. Due to hepatitis, a large number of people suffered a lot with Jaundice, liver problems etc. Some even can't fight with their disease and died in early stages.

Hepatitis is swelling of liver that may be caused by different viruses, bacteria, drugs, or too much alcohol drinking. The most common causative viruses are hepatitis A, B, C, D, E, F and G. Hepatitis A and B viruses were identified before 1970. In 1977 delta agent was identified.

In cases of hepatitis under ten 60 percent of the cases are due to Hepatitis A, 30 percent HEV, 10 percent HBV. Seventy percent of the all new born have antibodies against hepatitis A that last about 8 months of age.

This disease is equally common in male and female and there is no major difference in rural and urban people.

Hepatitis A is a childhood disease. Hepatitis A has a worldwide occurrence. The occurrence of disease decreases with increasing age.

Hepatitis B is common in Africa, Eastern Europe, the Mediterranean, Asia, and South America. In these areas more than 50 percent of the population has been exposed to Hepatitis B virus.

Non A and Non B are now identified as hepatitis C virus infection. Its incubation period is 6 to 8 weeks. It causes a milder form of acute hepatitis than Hepatitis B but 50 percent individuals develop chronic infection following exposures. It may cause chronic liver disease and hepatocellular carcinoma.

It spreads through blood products, blood transfusion, organ donation, and intravenous drugs abusers.

It is endemic worldwide and has high incidence in Japan, Italy, Spain and South Africa. In Pakistan at least four percent of the blood donors have HCV antibodies.

Hepatitis E is identified as the cause of widespread transmitted water borne epidemics. HEV epidemics have been reported from different parts of Pakistan. The largest outbreak of Hepatitis E was reported in 1993-1994 in the capital city of Islamabad. It affected 3827 people and was due to contamination of water supply with sewage.

The cause was infected water supply. HEV is becoming a threat because of increasing population and the rusting of the water supply pipes.

Hepatitis C is very common in Pakistan. Lack of awareness is the cause for prevalence of Hepatitis C in Pakistan. Most important is the fact that no vaccine for Hepatitis C exists because of its viral complexity. This naturally implies that a vaccination programme similar to Hepatitis B cannot exist.

The initial symptoms of Hepatitis are mild and extremely non-specific, such as fatigue, nausea, mild tenderness, poor appetite, etc

It is extremely difficult to identify the possibility of Hepatitis C in such cases as these symptoms are merely passed off by the Pakistani community.

Hepatitis prevalence rate is so high in the population greater than 20 years of age as compared with younger individuals. Sharing of needles and needle stick injuries are important risk factors involved in causing Hepatitis.

There have been only small studies examining the risk factors associated with Hepatitis.

In some studies it has been pointed out Needles stick injuries, face shaves by a barber etc are the main cause of prevalence of hepatitis.

Dental treatment, allocation of equipment, is considered as reasons of Hepatitis in some studies. So-called trained professional, often used the same set of instruments on multiple patients without sterilization.

Multiple therapeutic injections in Pakistan have also been pointed as the reason in at least two studies. In one such study, cases were more likely to have received therapeutic injections in the past 10 years.

It has been identified that injected drug use, blood transfusion, pricked with a needle, re-use of syringes, and even being over the age of 35 years as separate independent risk factors for HCV

infection from amongst blood samples of apparently healthy people of the province of Punjab, Pakistan.

The government of Pakistan is trying to tackle this situation by cooperation of World Health Organization (WHO) to empower and strengthen the national programme for prevention and control of Hepatitis for early detection.

Pakistan is also working in the process of setting diagnosis and counselling centres throughout the country for the treatment of Hepatitis, as announced by the national programme manager on the national channel Pakistan Television.

The Sindh government has planned to vaccinate 1.4 million newborns and 245 000 adults against Hepatitis B and provide treatment to about 16 600 patients of Hepatitis C under the “Chief Minister’s initiative for Hepatitis-free Sindh” .

Human Development Promotion Group (HDPG) in association with Glaxo Smith Kline (A multinational pharmaceutical company) undertook a one-month awareness campaign (June-July, 2002) against Hepatitis B & C in the district Charsadda. HDPG survey data from the area showed that people were unaware about the basic information about this disease. The campaign concentrated on creating awareness by involving student communities, politicians, and youths. Numerous activities including gatherings, walks, placards, banners, and visiting schools were inculcated in their campaign. HDPG claim to have been successful in creating awareness in a sizeable population of Charsadda .

Most of the laboratories in Pakistan have all the necessary facilities for conducting research on hepatitis. These are comparable to the laboratories in the developed countries.

Various channels do address other healthcare issues. There is usually a limited amount of

coverage on healthcare issues on Dawn News and Geo News channels.

Regular news and reports do frequently mention the situation of healthcare in Pakistan and the associated factors as evidenced by the videos. There are also infrequent debates and discussions regarding the healthcare system of Pakistan.

The Dawn Newspaper has a section "Letter to the Editor" that may infrequently publish health-related messages expressed in the form of "Letters".

Urdu newspapers Jang and Nawai-Waqt, provides homoeopathic treatment options, not only for diseases that can be potentially cured by allopathic medications such as Hepatitis C, but also for diseases that are virtually incurable such as AIDS and diabetes mellitus.

Whereas on the other hand it has also been observed that proper implementation of programmes by National Programme for Prevention and Control of Hepatitis are not being enforced, where one out of 10 Pakistanis suffer from the virus of either hepatitis C or B. The 15 million hepatitis infected population awaits in hope of execution of any plans for the treatment of hepatitis. Unhealthy drinking water, unscreened blood transfusion and the uncontrolled use of used syringes are a reason of the spread of hepatitis, making it one of the prime concerns for the country's health managers.

Health practitioners and government representatives give contradictory statements about the occurrence rate of Hepatitis B in the country. According to their statements the prevalence rate may fluctuate from 4.8 to 5.8 percent.

Millions of Pakistanis have been infected with the deadly virus, but no public or private unit has accurate information about the number positive cases. Going by the figure of 5.8 percent occurrence rate, there may be around 8 million Hepatitis B patients in the country. Hepatitis B

and C are universal health harms as 350 million people around the world are carriers of the Hepatitis B virus. The virus causes a chronic liver disease having same form of transmission as of AIDS. Medical specialists believe that the Hepatitis B virus was spreading rapidly because of unawareness among the patients and a lack of proper precautionary measures. There are five main types of hepatitis - A, B, C, D and E - of which A and E are caused through oral infection, contaminated water and unhygienic food. Hepatitis B, C and D are caused by usage of un-sterilized syringes, sexual relation, and blood transfusion and from mother to newborn baby.

Anti-hepatitis efforts are happening with the support of the Global Alliance for Vaccines and Immunization (GAVI), where Bill and Melinda Gates Foundation support it financially.

Hepatitis is transmitted by bodily fluids such as blood, saliva, semen and vaginal secretions. It is asserted that the Hepatitis B virus is 100 times more concentrated in the blood than the HIV virus making it much easier to increase.

Hepatitis C is also known as a 'silent epidemic' and can exist in the body for decades, often showing no symptoms, while attacking the liver. Hepatitis C can lead to liver disease, liver cancer or death eventually.

The federal government has started the National Programme for Prevention and Control of Hepatitis in Pakistan.

According to The World Health Organisation (WHO) 10 million people are suffering from Hepatitis in Pakistan. WHO runs a health programme in Pakistan regarding hepatitis and the objective of the programme is to provide the Hepatitis-B vaccination to every newborn child in the country. In view of Dr Muhammad Akram Kalhu who's the Pakistan Council for Research

on Water Resources the main cause of the disease is water. Around four to five million people in Pakistan are suffering from Hepatitis B and about four to six million suffer from Hepatitis C.

Pakistani scientists, working in the area of health biotechnology are conducting research to find out cheap medicine for treatment of this fatal disease. According to Dr. Mazhar Iqbal from National Institute for Biotechnology and Genetics Engineering the prevalence of the disease in the country is an area of concern for our health policy makers. NIBGE in collaboration with western scientists is trying to make inexpensive medicines through natural compounds and chemicals for the treatment of Hepatitis C.

Hepatitis B and C are not transferred to the babies through mother's feeding.

This disease is fatal but it is a false impression that it transmits by feeding the child. According to doctors hepatitis B could be lessened in the country within five years if its vaccination is ensured at the time of birth to every child.

Unsafe Techniques

“Pakistan carries one of the world's highest burdens of chronic hepatitis and mortality rate due to liver failure and hepatocellular carcinomas.” The lack of access to medical care is a factor in this.

The alarming factor is that in many cases healthcare officials themselves are responsible for the spread of the virus due to the usage of unsafe methods. Which include the re-use of syringes and needles. According to the PMRC about 15 percent of paramedics themselves are infected by the hepatitis virus and the ratio is 7.3 percent of nurses, 6.8 percent of doctors and 5.2 percent of medical students amongst people working at major hospitals. The improper disposal of hospital

waste adds to the risks. According to PMRC deputy director Waqaruddin Ahmed sharp waste generated at hospitals and similar settings add to a minimum of 20 percent of all infections in the country. The execution of Safe Blood Transfusion Act of 2002 has failed which puts in place rules for the screening of donated blood, and has made the situation worse. One of the major issues is the strong belief among patients that injections are more effective than oral medications. People who come to clinics often demand an injection even when pills are available. This causes the spread of diseases such as hepatitis, as needles are mostly re-used at some places.

The theft and re-sale of hospital waste makes the circumstances even worse. This act of theft and re-sale is mostly carried out by the lower staff of the hospital such as nurses, workers or sweepers, who does this for some money without realizing the fatal implications of their doings.

1.2 Objectives of the Study

- To find out the communication channels used to spread awareness about hepatitis.
- To check what is the level of information in the general public about hepatitis.

1.3 Research Questions

- **R1:** What communication channels are being used to spread awareness on hepatitis?
- **R2:** What is the level of information in the public regarding hepatitis?

1.4 Hypothesis

- Level of information regarding hepatitis is higher in educated people

1.5 Significance

This study would enable us to determine the information level of people about hepatitis in Pakistan and would help us to know the difference in cognition level of educated and uneducated people regarding the disease. The study can also help to observe about the most effective communication sources which are being used to spread the information about hepatitis.

1.6 Delimitation

The focus of the study is on the knowledge level of educated and uneducated people about hepatitis. People used as sample have been chosen randomly from different areas of Rawalpindi and Islamabad so the study cannot be generalized.

Chapter 2

LITERATURE REVIEW

2.1 Theoretical Framework

2.1.1 Theory of Persuasion

One of the most basic forms of communication is persuasion. Persuasion has been defined as “attitude change resulting from exposure to information from others.” (Olson and Zanna, 1993, p.135). Attitudes are basically our predispositions towards things. An attitude refers to whether or not we like something. Attitudes are important in many areas that people are very concerned about including health purposes. The development of concepts in persuasion are similar to that of species in that development occurs in punctuated equilibria characterized by long periods of stasis interrupted by unexpected change (Hamilton, forthcoming). Beginning with the 1960s and continuing up to the present, some persuasion theories have been supplemented with secondary social cognitive models to elucidate the nature of subjective knowledge, whereas other theories of social cognition have been developed to model subjective knowledge and were later extended to apply to persuasion. The process models of the 1960s proposed that people bare to a persuasive message was driven by either a single motive or multiple motives. Regardless of the number of motives they posited, the various models showed a surprising degree of steadiness in the stages receivers were supposed to follow: exposure, perception, orientation, goal-directed evaluation, judgment, and finally information combination (labeled belief change and attitude change by some theories). What distinguished the multiple motive theories from the single motive theories from the 1960s was their assumption that (1) individuals differ on personality factors linked to motivation, (2) either the message itself (Kelman, 1960) or the social context

(Smith, et al., 1956) can increase perceived need, leading to the simultaneous activation of several sequences, each of which can influence beliefs and opinions. This principle of parallel processing implies that for most receivers under most circumstances, situational cues activate more than one sequence (Kelman, 1961; Smith, et al., 1956). The period 4 surrounding 2000 saw the emergence of multi-motive, interconnected-sequence models. In these models, processes assigned to separate and distinct sequences in dual process models are modified to be interconnected and fused at each stage of the persuasion process. Like modern information processing theory (Hamilton, 1997, 1998), the unified model of persuasion (Kruglanski, Shah, Fishbach, Friedman, Chun, & Sleeth-Keppler, 2002; Shah, & Kruglanski, 2000; Shah, & Kruglanski, 1999; Shah, & Kruglanski, 2000) proposes that the assessment of evidence to sustain message claims is influenced by a variety of motives but that the general form of this evaluation and the aim of understanding message claims is supreme.

In the developing world, the use of entertainment programming to carry persuasive messages (e.g., about population control or disease prevention) has been predominantly prominent. For example, a frequent occurring television soap opera can be used to communicate information about HIV/AIDS prevention. A number of these "entertainment education" campaigns have been especially effective vehicles for persuasion. (For a useful overview, see Singhal et al. 2004.) In addition to research and theorizing focused on specific contexts of persuasion (e.g., political advertising or changing health behavior), a number of more general theoretical perspectives on persuasion have been developed.

2.2 Conceptual Framework

2.2.1 Health Communication

Health communication has developed over the last twenty-five years as a vibrant and significant field of study concerned with the influential roles performed by human and mediated communication in health care delivery and health encouragement. Health communication inquiry has emerged as an exciting applied behavioral science research area. It is an applied area of research not only because it examines the pragmatic influences of human communication on the provision of health care and the promotion of public health, but also because the work in this area is often used to enhance the quality of health care delivery and health promotion. To this end, health communication inquiry is usually problem-based, focusing on identifying, examining, and solving health care and health promotion problems.

Information and education play vital roles in promoting health including preventing, managing, and coping with disease, and in supporting appropriate decisions across the spectrum of health care. For individuals, effective health communication can help raise awareness of health risks, provide motivation and skills to reduce them, bring helpful connections to others in similar situations, and offer information about difficult choices, such as health plans and providers, treatments, and long-term care. For the wider community, health communication can set the public and social agenda, advocate for healthy policies and programs, promote positive changes in the socioeconomic environment and health infrastructure, and encourage social norms that benefit health and quality of life. The plan emphasizes the following key points:

- In Kentucky, managed care is being introduced to most of those covered by Medicaid (481,000 people). Major portions of those living in poverty are served through the Medicaid program. The

state of Kentucky is requiring health education to be a component that the regional managed care partnerships must offer their members.

- There is increasing recognition of the contribution that communication, broadly defined, makes to public health programs. Significant advances in communication theory and research, in media technology and in the use of marketing strategies for health and social development are reported regularly. As a result, the demand for systematic persuasive communication both nationally and internationally has been far ahead of the supply of well-trained professionals with the expertise to develop, manage, implement, and evaluate communication activities.
- Effective health communication strategies are built on sound research addressing the design, planning process, implementation and outcome assessment. Three components are recommended for an effective health communication program: formative, process, and outcome evaluation.
- Recent studies confirm the strong public interest in health information and increasing access to health information. Public health and the medical community share an interest in promoting and sustaining “informed decisions” for better health.
- Kentuckians need “health literacy” to understand and evaluate increasingly complex and fragmented information about health and health services. Since literacy skills vary from individual to individual, health literacy programs should use multiple strategies and resources to communicate the complexities of health issues more effectively. Public education should empower individuals and communities to make informed decisions, resulting in fewer health problems and hospitalization costs. Public and medical libraries and other educational institutions may offer such programs in partnership with local media and other relevant entities, such as voluntary and professional organizations and schools.

- Quality assurance standards are needed to monitor the potential health impact of state and local government health related web sites. Criteria are needed to assure that Internet users receive quality health information that is accurate and appropriate. In addition, the Internet sources of health.

2.2.2 Interpersonal Communication in Healthcare

Interpersonal Communication is important because it leads directly to better health outcomes. A trail is clearly established which links processes, such as the way health care providers communicate, to immediate outcomes, such as patient satisfaction and recall, to final outcomes, such as client conformity with treatment regimes and better health results. Effective interpersonal communication between health care provider and patient is one of the most important elements for improving patient's satisfaction and compliance.

Patients who comprehend the nature of their illness and its treatment, and who believe the provider is concerned about their comfort show greater satisfaction with the care received and are more likely to comply with treatment. Despite widespread acknowledgement of the importance of interpersonal communication, the subject is not always highlighted in medical training. Over the past 30 years considerable investments have been made to enhance access to basic health services in developing countries. However, there have been comparatively few studies that investigate the quality of the services delivered, and fewer still that study the quality of interpersonal communication.

- The quality of care research that has been done shows that health counseling and provider-patient communication are consistently weak across countries, regions and health services.

- Even when providers know what messages to communicate, they do not have the interpersonal skills to communicate them most effectively. They often do not know how to communicate with their patients. Despite widespread acknowledgement of the critical importance of face-to-face communication between client and provider, there are few rigorous studies of health communication in developing countries.
- Evidence of positive health outcomes associated with effective communication from developed countries is strong. Patient satisfaction, recall of information, compliance with therapeutic regimens and appointment keeping, as well as improvements in physiological markers such as blood pressure and blood glucose levels and functional status measures have all been linked to provider-client communication.
- Thus, experience in the developed world has shown that providers can improve their interpersonal skills, leading to better health outcomes.

While many of these socio-demographic and environmental factors are beyond their control, providers can improve interpersonal communication practices in their own clinics by adopting specific behaviors and techniques which lead to distinct positive outcomes. In the short-term, improved communication leads to more effective diagnosis and treatment of health problems; in the medium term, to greater compliance with treatment programs, better utilization of services, and enhanced feelings of awareness and confidence for both client and provider; in the long term, to greater relief of symptoms, enhanced prevention and reductions in morbidity and mortality. In some cases, overall health care costs are also reduced.

2.2.3 Hepatitis

Viral hepatitis A (HAV)

It accounts for about 150,000 of the 500,000-600,000 new cases of viral hepatitis that occur each year in the United States. The hepatitis caused by HAV is an acute illness (acute viral hepatitis) that never becomes chronic. At one time, hepatitis A was referred to as "infectious hepatitis" because it could be spread from person to person like other viral infections. Infection with hepatitis A virus can be spread through the ingestion of food or water, especially where unsanitary conditions allow water or food to become contaminated by human waste containing hepatitis A (the fecaloral mode of transmission). Hepatitis A typically is spread among household members and close contacts through the passage of oral secretions or stool (poor hand washing). It also is common to have infection spread to customers in restaurants and among children and workers in day care centers if hand washing and sanitary precautions are not observed.

Viral Hepatitis B (HBV)

It was at one time referred to as "serum hepatitis," because it was thought that the only way hepatitis B virus (HBV) could spread was through blood or serum. It is now known that hepatitis B can spread by sexual contact, the transfer of blood or serum through shared needles in drug abusers, accidental needle sticks, blood transfusions, hemodialysis, and by infected mothers to their newborns. The infection also can be spread by tattooing, body piercing, and sharing razors. About 6-10% of patients with hepatitis B develops chronic HBV infection (infection lasting at least six months and often years to decades) and can infect others as long as they remain infected.

Patients with chronic hepatitis B infection also are at risk of developing cirrhosis, liver failure and liver cancer. Considerable number of HBV infected population may become asymptomatic carriers (depending upon age and immune status). Though recovery is possible but it may proceed to chronic hepatitis. Control measures for prevention of HBV infection include improved surgical practices, vaccination of at risk groups, use of high titre hepatitis B immunoglobulin when indicated, proper selection and screening of blood donors and health education regarding the mode of transmission of HBV. The contaminated sharp instruments have to be avoided at every cost. It is estimated that there are 1.2 million people in the United States and 200-300 million people world-wide who suffer with chronic hepatitis B infection. There are 200,000-300,000 new cases of viral hepatitis B (HBV) infection each year in the United States. Over 20 million people are infected annually with this virus worldwide and there are around 350 million chronic carriers worldwide. More than one million deaths occur per year which are directly related to Hepatitis B infection. Modern diagnostic serological techniques are available which can give accurate information regarding the exposure to the virus, active disease, chronicity of the disease and degree of immune status of the patient. The HBV DNA provides a clear picture of the infection. Moreover, serial testing might be important for prognostic and therapeutic purpose.

Viral Hepatitis C

It was previously referred to as "non-A, non-B hepatitis. It is spread by shared needles among drug abusers, blood transfusion, hemodialysis, and needle sticks. Approximately 90% of transfusion-associated hepatitis is caused by hepatitis C. Transmission of the virus by sexual contact has been reported, but is considered rare. An estimated 50-70% of patients with acute hepatitis C infection develop chronic HCV infection. Patients with chronic hepatitis C infection

can continue to infect others and are at risk for developing cirrhosis, liver failure, and liver cancer. It is estimated that there are about 3.5 million people with chronic hepatitis C infection in the United States. There are about 150,000 new cases of hepatitis C each year. Seventy percent patients on dialysis are also carriers of HCV. Fifty to Seventy percent of carriers progress to chronic liver disease. The progression of the disease is slow and it might take upto 20 years for a full blown disease to appear. For appropriate diagnostic purpose, biochemical test (like LFTs and serum albumin) liver biopsy, haematological parameters, (platelets count and coagulation tests like prothombin time) and virological tests based upon serology and molecular biology are all very important. The management of a case is based upon careful serial long term monitoring. Diagnosis is possible by demonstrating the presence of viral specific antibody in the serum by ELISA and viral RNA in the serum by PCR. The latter is an expensive test and may accurately be done by very few centres. No specific vaccine or protective immunoglobulin is available and treatment with interferon/Ribavirin is not only expensive but relapses do occur frequently. Monitoring requires serial PCR testing.

There are also viral hepatitis types D, E. The hepatitis D virus (HDV), also known as the delta virus is a small virus that requires concomitant infection with hepatitis B to survive. HDV cannot survive on its own because it requires a protein that the hepatitis B virus makes (the envelope protein, also called surface antigen) to enable it to infect liver cells. The ways in which hepatitis D is spread are by shared needles among drug abusers, contaminated blood, and by sexual contact, essentially the same ways as for hepatitis B. Patients who already have chronic hepatitis B infection can acquire delta virus infection at the same time as they acquire the hepatitis B infection or, alternatively, on top of a chronic hepatitis B infection. Patients with chronic

hepatitis due to hepatitis B and hepatitis D viruses develop cirrhosis (severe liver scarring) rapidly. Moreover, the combination of delta and B virus infection is very difficult to treat.

Diagnosis

Diagnosis of viral hepatitis is based on symptoms, physical findings as well as blood tests for liver enzymes, viral antibodies, and viral genetic materials.

Symptoms and physical findings

Diagnosis of acute viral hepatitis often is easy, but diagnosis of chronic hepatitis can be difficult. When a patient reports symptoms of fatigue, nausea, abdominal pain, darkening of urine, and then develops jaundice, the diagnosis of acute viral hepatitis is likely and can be confirmed by blood tests. On the other hand, patients with chronic hepatitis due to hepatitis B and hepatitis C often have no symptoms or only mild nonspecific symptoms such as chronic fatigue. Typically, these patients do not have jaundice until the liver damage is far advanced. Therefore, these patients can remain undiagnosed for years to decades.

Prevention

Prevention of hepatitis involves measures to avoid exposure to the viruses, using immunoglobulin in the event of exposure, and vaccines. Administration of immunoglobulin is called passive protection because antibodies from patients who have had viral hepatitis are given to the patient. Vaccination is called active protection because killed viruses or non-infective components of viruses are given to stimulate the body to produce its own antibodies. Prevention of viral hepatitis, like any other illness, is preferable to reliance upon treatment. Taking precautions to prevent exposure to another individual's blood (exposure to dirty needles), semen (unprotected sex), and other bodily waste (stool) will help prevent the spread of these viruses.

Chapter 3

RESEARCH METHADODOLOGY

3.1 Overview

The study conducted aimed to determine the level of information about hepatitis amongst educated and uneducated people. It was a quantitative research and survey method was taken up for the data collection. Closed ended questions were posed in the questionnaire.

3.2 Research Design

The research approach used for the research was quantitative approach and the research design was survey from the general public of Rawalpindi and Islamabad including both males and females.

Pretest

Pretesting was done to check the validity of the questionnaire. Minor changes were made after pretesting.

3.3 Sample

Sample is a subset of the population, taken to be representative of the entire population. A sample of 100 was selected, comprising of 50 educated people and 50 uneducated people, aging between 20 to 59 years. Both males and females were taken as a sample from the general public.

3.4 Instrument

The instrument for this research was a questionnaire comprising of four general questions and fourteen statements that had to be responded on the likert scale of strongly agree, agree, neutral, disagree and strongly disagree. All the statements were to check the level of information about hepatitis in people. Demographic information including age, gender and education was also a part of the questionnaire.

3.1 Table showing the statements used to measure the information level of people on hepatitis.

s/no	Statements
1.	Vaccination of hepatitis can save anyone from being the victim of the disease.
2.	Proper medication and prevention can cure this disease.
3.	Hepatitis is fatal.
4.	Sanitary cleanliness is an important prevention of hepatitis.
5.	Sharing of razors, toothbrush, and nail cutter can be a cause of hepatitis.
6.	Hepatitis is a contagious disease.
7.	Used syringes can be a source of hepatitis.
8.	Hepatitis is being treated effectively in Pakistan.
9.	Awareness campaigns regarding hepatitis are an effective way of informing people about hepatitis.
10.	Hepatitis is a hereditary disease.
11.	I take preventive measures to avoid the risk of being victimized to hepatitis.
12.	Smoking is a cause of hepatitis
13.	Intake of excessive alcohol can lead to hepatitis.
14.	Number of hepatitis patients is increasing in Pakistan.

3.5 Variables

The study involved the following variables. Independent variable is communication on hepatitis and dependent variable is knowledge level of the respondents.

- **Independent Variable**

Communication on hepatitis is taken as an independent variable.

- **Dependent Variable**

Knowledge level of respondents is taken as dependent variable.

- **Conceptual Definition of Communication**

Communication is a science and practice of transmitting information in which participants not only exchange information but also create and share meaning.

- **Operational Definition of Communication (in this research)**

Communication on hepatitis refers to the sources of information which contribute in communicating information about hepatitis in the general public.

- **Conceptual Definition of Knowledge level**

Knowledge level is defined as a person's range of information or information acquired through experience or education.

- **Operational Definition of Knowledge level**

Knowledge level in this study refers to the cognition level of any person regarding hepatitis. That how much information does a person endure about hepatitis.

Chapter 4

RESULTS

100 questionnaires were distributed all the questionnaires were returned which showed that response rate was 100%.

Out of 100 respondents 51 were males and 49 were females. Their ages ranged from 20 to 59 years. Out of 100 respondents 51 lied between the age of 20-29, 27 were between the age group of 30-39 and 11 respondents lied between the age group of 40-49 and 50-59 respectively.

The percentage of questionnaires distributed between the educated and uneducated was equal and as a result 50 percent of the total respondents were less educated and 50 percent of the respondents were highly educated.

Table: 4.1 Demographic characteristics of the respondents.

Total no. of Respondents	Age		Education	
100	20-29	51 %	Low Education	50 %
	30-39	27 %		
	40-49	11 %	High Education	50%
	50-59	11 %		

Results showed that 49 percent of the respondents got to know about the disease through interpersonal communication, whereas, for 39 percent of the respondents television was a source of information. The remaining minor percentage of the respondents got to know about hepatitis through radio and news paper and lectures/seminars.

Table 4.2: Source of information on Hepatitis.

Source of Information regarding Hepatitis	No. of respondents	%
Television	39	39%
News paper	8	8%
Radio	3	3%
Lectures/ Seminars	1	1%
Interpersonal Communication	49	49%

Researcher aimed to check the respondent's information level regarding hepatitis so all statements were about the knowledge on hepatitis. Statement one was to check whether people know that vaccination can help prevent disease or not. In response to this statement 91% claimed that they have this information while 4% responded in negatively.

Second statement was to check that according to people is proper medication and prevention important to cure the disease or not. In response to which 94% of the people thought that it can be cured by proper medication and prevention whereas, 2% people thought that it cannot be. While 4% of the people were indecisive.

Third statement was to get peoples mind that whether hepatitis is fatal or not. Results showed that 71% people thought that it was fatal, 8% people were not of this view and 21% of the people were uncertain about it.

Fourth statement was to inquire that whether sanitary cleanliness is an important prevention of hepatitis or not. In response to which 89% of the respondents agreed to it whereas, 4% disagreed to it.

Fifth statement was to check that according to the respondents does the sharing of razors, toothbrush and nail cutter can be a cause of hepatitis or not. 78% of the respondents were positive about it whereas 12% did not agree to it.

Sixth statement investigated that whether hepatitis is a contagious disease or not. 44% of the people thought that it is a contagious disease while 37% respondents were of the view that it is not a contagious disease.

Seventh statement examined the knowledge level of the respondents that whether used syringes can be a source of hepatitis or not. In response to which 89% of the people were positive about it while 4 percent people responded negatively.

Eighth statement was to check that what to people opine about hepatitis being treated effectively in Pakistan or not. 41% people thought that hepatitis was being treated effectively in Pakistan whereas; according to 43% respondent's treatment of hepatitis was not effectively done in Pakistan.

Ninth statement was to check that whether people think that awareness campaigns regarding hepatitis are an effective way of informing people about hepatitis or not. 81% were positive about the conduction of awareness campaigns as an effective way

of informing people while 8% respondents did not agree to it. 11% of the respondents were indecisive.

Another statement was to check the cognition level of people about hepatitis being a hereditary disease or not. 45% respondents were of the view that it is a hereditary disease while only 38% people knew that it is not a hereditary disease.

Number eleventh statement was posed to assess that do the respondents take preventive measures to avoid the risk of being victimized to hepatitis. In response to which 62% of the people were positive and took certain preventive measures for their safety whereas; 17% did not.

Another statement was put forward to gauge whether smoking can cause hepatitis. 44% respondents agreed to the statement, 36% gave a negative response while 20% were uncertain.

Number thirteenth statement determined the knowledge of the people that whether excessive intake of alcohol can lead to hepatitis or not. In response to which 46% of the respondents agreed to it and 29% disagreed that intake of alcohol can lead to hepatitis.

Last statement was about the increasing number of patients of hepatitis in Pakistan. 88% of the respondents responded positively agreeing to the increase of patients of hepatitis in Pakistan whereas 4% people were negative in their view.

Table 4.3: Statements measuring information level of the respondents on Hepatitis.

s/no	Statements	Percentage of Positive response	Percentage of Negative response
1	Vaccination of hepatitis can save anyone from being the victim of the disease.	91%	4%
2	Proper medication and prevention can cure this disease.	94%	2%
3	Hepatitis is fatal.	71%	8%
4	Sanitary cleanliness is an important prevention of hepatitis.	89%	4%
5	Sharing of razors, toothbrush, and nail cutter can be a cause of hepatitis.	78%	12%
6	Hepatitis is a contagious disease.	44%	37%
7	Used syringes can be a source of hepatitis.	89%	4%
8	Hepatitis is being treated effectively in Pakistan.	41%	43%
9	Awareness campaigns regarding hepatitis are an effective way of informing people about hepatitis.	81%	8%
10	Hepatitis is a hereditary disease.	45%	38%
11	I take preventive measures to avoid the risk of being victimized to hepatitis.	62%	17%

Sarwar/ Effectiveness of Communication on Hepatitis

12	Smoking is a cause of hepatitis	44%	36%
13	Intake of excessive alcohol can lead to hepatitis.	46%	29%
14	Number of hepatitis patients is increasing in Pakistan.	88%	4%

TH-82-55

4.1 Hypothesis Testing

Hypothesis

Level of information regarding hepatitis is higher in educated people.

It was hypothesized that level of information regarding hepatitis is higher in educated people. Data collected from the sample was from 50 educated males/females and 50 uneducated males and females. Pearson's correlation test was computed to evaluate the relationship between the level of information and education of a person. It was found that there was no significant correlation between the two variables. Respondent's education level had no effect on his/her knowledge level. Respondents with low education also showed positive change at cognition level. Hence the hypothesis stands unproven. Thus, there lies no significant difference in information level of educated and uneducated people regarding hepatitis.

Table 4.4 Relationship of Information level and education

	Knowledge
Education	.154

N=300

Chapter 4

DISCUSSION AND CONCLUSION

Hepatitis is a disease related to liver inflammation which if becomes chronic can lead to death. Proper medication and prevention is necessary for its cure. The rate of hepatitis patients is increasing day by day in Pakistan and the major causes are poor sanitation and poor personal hygiene standards and sexual contacts. Different health programs regarding hepatitis have been carried out in Pakistan out of which the most effective have been the distribution of free hepatitis vaccine in different areas of Pakistan.

Nowadays electronic media is a major and effective source of disseminating information or knowledge regarding any issue among the masses. It is found that very few media campaigns regarding hepatitis have taken place as a result of which not many people have the knowledge regarding hepatitis through the media. The awareness among people about the disease is majorly through interpersonal communication, which includes the information given by doctors or the people who have or are suffering from the disease. But we also find many people having forged perception about hepatitis, as they hear it from unreliable sources and develop a misconception about the disease and its cure.

According to the results collected there is no clear difference in the cognition level and perception of educated and uneducated people. The ratio of information level in educated people and uneducated people is balanced and in one way or the other both are aware about the disease generally. The basic reason of spread of information regarding hepatitis in the general public (educated and uneducated people) is the rapid

increase of the disease in the society. People are getting aware about it day by day. In some cases the cognition level of poor and uneducated people is higher than educated people because they get victimized more than the educated people, who take preventive measures for their safety before being the victim of the disease. Being a victim of a disease or having someone close suffering from the disease make them get to know more about the disease hence increasing their knowledge level.

It has been observed that not many campaigns have been conducted for the eradication of the disease. Electronic and print media both can play a major role in disseminating effective information amongst the public. Else awareness campaigns regarding hepatitis can also lead to the spread of knowledge about the disease especially till the grass root level. It is very important that the information level of people living in Pakistan increases about hepatitis, as it would result in the decrease in people being affected by it. It is essential to carry out some important practices which can help in diminishing the disease.

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APPENDIX-I

Questionnaire

Age: _____

Gender: Male Female

Education: _____

I am conducting a research on "Effectiveness of communication Hepatitis". Please fill the questionnaire with your unbiased response so I can deduce impartial results for the related study. Your co-operation would be appreciated.

➤ **Tick the appropriate answer.**

- Have you heard of the disease called hepatitis?
 - Yes
 - No
- Which part of the body is this disease related to?
 - Heart
 - Brain
 - Liver
 - Stomach
- How many types of hepatitis are there?
 - 2
 - 3
 - 5
 - 1
- What is the source of information about hepatitis for you?
 - Television
 - Newspaper/magazine
 - Radio
 - Lectures/ seminars
 - Interpersonal Communication
 - Any other

s/no	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Vaccination of hepatitis can save anyone from being the victim of the disease.					
2.	Proper medication and prevention can cure this disease.					
3.	Hepatitis is fatal.					
4.	Sanitary cleanliness is an important prevention of hepatitis.					
5.	Sharing of razors, toothbrush, and nail cutter can be a cause of hepatitis.					
6.	Hepatitis is a contagious disease.					
7.	Used syringes can be a source of hepatitis.					
8.	Hepatitis is being treated effectively in Pakistan.					
9.	Awareness campaigns regarding hepatitis are an effective way of informing people about hepatitis.					
10.	Hepatitis is a hereditary disease.					
11.	I take preventive measures to avoid the risk of being victimized to hepatitis.					
12.	Smoking is a cause of hepatitis					
13.	Intake of excessive alcohol can lead to hepatitis.					
14.	Number of hepatitis patients is increasing in Pakistan.					

