Abstract

Objective: To assess the level of knowledge and misconceptions regarding hepatitis B and C among Saudi pregnant women.

Methods: This descriptive study was carried out in the obstetric department, Mohial Asser Hospital, Saudi Arabia, from December 2010 to March 2011. The pre-designed questionnaire consisted of 35 statements about hepatitis B and C (risk factors, mode of transmission, immunization and prevention) and was completed by a total number of 126 pregnant women who were randomly selected.

Results: Out of 126 women only 34.9% had satisfactory knowledge towards HBV and HCV. There is statistical significant relation between women's level of education, number of parity and their level of knowledge (p <0.001). Misconceptions regarding HCV and HBV were very common among the study sample that 59.5%, 57.9%, 45.2% respectively consider family genetics, the general toilet in markets and foods as risk factors for infection.

Conclusion: The study findings reflect that there is unsatisfactory knowledge regarding HBV and HCV among women in the reproductive years. More efforts must be focused on correcting women's misconceptions and educating them into healthy behaviors through educational programs.

Key words: pregnant women, level of knowledge, hepatitis B, hepatitis C

Subjects and Methods
This descriptive study was carried out in the Obstetric Department Mohial Asser Hospital from December 2010 to March 2011. A total number of 126 pregnant women who were selected randomly, were included in this study after giving informed consent. The researcher developed the assessment forms and the questionnaire. A review was made of the current and past literature which related to various aspects of the problem and this was done using textbooks, scientific journals, and internet. The questionnaire was pilot-tested on ten patients, who were not included in the main study, to assess clarity and feasibility of the tool. All data
was collected on the designed questionnaire which included three parts; demographic data (age, work, residence), and 20 questions about hepatitis B and C risk factors and modes of transmission (needle stick, sharing shaving instruments, piercing ears and mouth, mother to baby, breast feeding, sexual intercourse,) and 15 questions regarding prevention (vaccination for hepatitis B, not sharing other tools, needles to have one use, condoms in sexual contact). Each question was allotted one point to the correct answer, no points to the wrong answer, with the scoring system for knowledge classified as follows; unsatisfactory knowledge for scores less than 50%, satisfactory knowledge for scores equal to or more than 50%. Data entry was done using Epi-Info 6.04 computer software package, statistical analysis was done using SPSS 12.0 statistical software packages. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables.

Results
Demographic characteristics of the study sample are presented in Table 1. The study sample mean age was 28.6 (SD+7.3), with the majority of them (84.1%) living in rural areas; 84.9% were housewives. 73.0% of them delivered their babies normally, with number of deliveries ranging from 1-5 was 81.7%. As regards educational level 31.7% had primary education but 19.0% were graduates.

Eighty two (65.1%) of women had unsatisfactory knowledge regarding hepatitis B and C mode of transmission and prevention, while approximately one third (34.9%) of them had satisfactory knowledge (Table 2).

Table 3 clarifies that 43.2% of women aged 25-34 years had satisfactory knowledge. Statistical significant relations between women’s level of education and their level of knowledge was founded. The highest percentage (37.9%) of women having unsatisfactory knowledge about hepatitis B and C are illiterate, while 40.0% having satisfactory knowledge were among secondary educated women. Seventy one (86.6%) of women who delivered 1-5 times had unsatisfactory knowledge about
As regards women’s misconceptions regarding hepatitis B and C, Table 4 shows that 45.2% of women considered foods from restaurants as risk factors of hepatitis B and C infection, 59.5% consider family genetics and 57.8% general toilets in markets, but 40.5%, 50.0%, 36.5%, 36.5% respectively did not know if drinks, water, checking hands and kissing were methods of hepatitis B and C infection or not.

Discussion
Hepatitis has become a major public health issue. Persons with HBV or HCV infection are at risk for liver disease, burden of disease due to cirrhosis and carcinoma is high and is expected to increase in the next two decades. Efforts should be made to develop and implement educational programs for the Saudi community.

Concerning women’s level of knowledge, our study revealed that nearly two thirds of the study sample had unsatisfactory knowledge regarding hepatitis B and C risk factors, mode of transmission and prevention, while approximately one third had satisfactory knowledge.
This result goes in line with a recent study (11,12) that shows the study sample awareness regarding hepatitis B was not satisfactory, and study about hepatitis C myths and awareness revealed that only 27.6% had correct knowledge.(13) Other studies show poor knowledge regarding hepatitis,(14,15) and significant lack of knowledge towards hepatitis B and C,(16) in contrast with another study that shows that more than 60% of participants were aware of both HBV and HCV. This difference in the finding might be attributed to differences in the sample educational level.(17)

In relation to women’s knowledge and their level of education the current study shows the highest percentage of women having satisfactory knowledge are secondary educated, showing a highly significant relation between women’s knowledge and their level of education. The same result was reported by several studies in different populations, that increased level of education increased level of HBV and HCV awareness.(17,18,19) The health care team plays an important role in educating people regarding hepatitis. This may explain the significant difference between women’s knowledge and number of deliveries. In the present study women who had satisfactory knowledge delivered more than five times, but more than half had unsatisfactory knowledge between women delivered who 1-5 times.

Misconceptions about hepatitis B and C transmission are common among the study sample. Most of them think foods from restaurants, family genetics and general toilets in markets as risk factors for HBV and HCV. Our findings are similar to several studies which explained misconceptions regarding foods and shaking hands(12,20) and toilets.(21) In conclusion, these findings reflect that there is lack of general knowledge regarding HBV and HCV among women in their reproductive years. Additionally, there are misconceptions about transmission such as by foods, toilet and genetic transmission. More efforts must be focused on educating women about healthy behaviors that protect the family against hepatitis infection, especially in our societies, through mass media, interactive educational sessions and health education programs.

Conclusion and Recommendation
To conclude, these findings reflect that there is lack of general knowledge regarding HBV and HCV among women in their reproductive years. Additionally, there are misconceptions about transmission such as by foods, toilet and genetic transmission. More efforts must be focused on educating women about healthy behaviors that protect the family against hepatitis infection, especially in our societies, through mass media, interactive educational sessions and health education programs.

References