



An evaluation of hepatitis C knowledge and correlations with health belief model constructs among African American ‘‘baby boomers’’



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Received 27 June 2015; received in revised form 12 September 2015; accepted 1 November 2015

KEYWORDS

Baby boomer;
Health Belief Model;
Hepatitis C;
Knowledge

Summary

Background: Baby boomers (people born between 1945 and 1965) are responsible for three-quarters of Hepatitis C (HCV) infections in the US; however, HCV testing is distinctly underused by them.

Aim: To assess the status, predictors, and correlates of HCV knowledge among African-American baby boomers (AABBs) in Washington, DC.

Methods: A cross-sectional survey among persons aged 46–69 was conducted using audio computer-assisted self-interviewing (ACASI). Data on HCV knowledge, socio-demographics, prior history of HCV testing, health-related characteristics, HCV vulnerability and HCV treatment perceptions were collected. Descriptive statistics was used to describe the study population. Pearson correlations were used to examine linear associations between HCV knowledge and Health Belief Model constructs related to HCV. Linear regression analysis was conducted to assess the predictors of knowledge.

Results: Out of the 137 participants, about sixty percent (60.6%) were females, mean age 59 ± 6.40 ; 44.8% had at least a college education. The average knowledge score was low (48.7%). HCV knowledge was significantly correlated with constructs of perceived severity and perceived benefits. Age ($\beta = -0.10$; $p = 0.003$), and level of education ($\beta = 0.93$, $p = 0.027$) were significant predictors.

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Conclusions: Overall, respondents have a low level of knowledge. The lower level of education and older age were significant predictors of inadequate HCV knowledge. Thus, HCV education among these people may be a vital component in reducing the gaps in HCV knowledge.

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Introduction

Hepatitis C infection (HCV) became an epidemic between the 1960s and 1980s [1]. In the United States (US), more than 4 million people are currently infected with HCV. Consequently, it has become the main blood-borne infection, especially among “baby boomers” (people born from 1945 to 1965) [1–3]. Chronic HCV causes 8000–10,000 deaths every year [2,4] and accounts for approximately one-third of all liver transplants in the US [5,6]. “Baby boomers” (BBs) are responsible for three-quarters of the HCV infections in the US even though they make up only 27% of the entire population [7]. According to the final recommendations by the Centers for Disease Control and Prevention (CDC) published in August 2012, all BBs should have a one-time test for HCV. If followed, it is expected that this recommendation will help identify 800,000 new cases [7].

It is crucial to assess the current level of knowledge among African-American baby boomers (AABBs) to determine the need for HCV educational programs. African Americans (AAs) are at a greater risk of HCV than other groups [8–10], and AAs who are BBs are at additional risk. When assessing perceptions around specific diseases, the Health Belief Model (HBM) includes several constructs that are hypothesized to correlate with knowledge [11]. According to the HBM, knowledge is directly associated with individual’s perceptions of a disease or behavior and indirectly associated with the likelihood of performing a behavior due to those perceptions. Few studies have evaluated either the knowledge or perceptions of AABBs about HCV. A study of BBs by the Gastroenterological Association (AGA) indicated low knowledge of HCV and low perceived vulnerability and awareness that the infection could be cured [12]. Research in at-risk HIV populations also suggests deficient knowledge of HCV [13]. Based on a review of the literature, a gap in knowledge exists regarding AABBs’ HCV knowledge and beliefs. This study provides an evaluation of HCV knowledge and correlation with HBM constructs related to HCV among AABBs.

Participants and methods

Study population

The 137 respondent’s recruited in this cross-sectional study were AABBs visiting Howard University Hospital and the Ms. Bernice Elizabeth Fontenan Senior Wellness Center in Washington, DC. The study duration was 18 months. Inclusion criteria were as follows: participants born between 1945 and 1965 who were African Americans residing in Washington, DC. Individuals who were unable to use the audio computer assisted self-interview (ACASI) system were omitted from the study. This study was approved by the Howard University Institutional Review Board (IRB) on January 22, 2014.

Recruitment procedure

To facilitate recruitment, IRB-approved flyers were distributed in the targeted venues by the authorities of these venues. The study provided \$10 incentives to the AABBs who consented to participate in the study. Informed consent was obtained personally by the primary investigator. After informed consent had been given, the survey was administered to the participants in the designated area of the hospital.

Study variables

The main outcome of the study was HCV knowledge level. Other variables assessed included perception of susceptibility, the perception of benefits, and the perception of barriers.

Sample size calculation

A total of 137 individuals were enrolled in the study. This sample size was adequate and had 95% power to test a hypothesis based on a correlation analysis assuming $\alpha = 0.05$; an assumed effect size 0.3 (medium).

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