Journal of Infection and Public Health (2012) 5, 195—198

http://www.elsevier.com/locate/jiph

SHORT REPORT

Public awareness and practical knowledge regarding Hepatitis A, B, and C: A two-country survey

Rik Crutzen[a,*], **Anja S. Göritz**[b]

[a] *CAPHRI, Maastricht University, The Netherlands*
[b] *Department of Work and Organizational Psychology, University of Freiburg, Germany*

Received 1 August 2011; received in revised form 1 December 2011; accepted 23 December 2011

KEYWORDS
Hepatitis;
Public awareness;
Public knowledge

Summary
Aim: To assess the level of public awareness and practical knowledge regarding Hepatitis A, B, and C in two low-endemic countries (Germany and The Netherlands).
Methods: Two large-scale surveys ($N = 1989$ and 668).
Results: Although public awareness was high, practical knowledge regarding differences in the mode of transmission, consequences, and prevention was very low in both countries, especially among those with a lower level of education.
Conclusion: Future public health initiatives are warranted to increase knowledge as a first step to empower people, especially those with a lower level of education.
© 2012 King Saud Bin Abdulaziz University for Health Sciences. Published by Elsevier Ltd. All rights reserved.

Introduction

Hepatitis A, B, and C virus (HAV, HBV, HCV) infections have similarities, but they differ in their mode of transmission, consequences, and prevention. HAV can be transmitted through oral—fecal contact, for example, but this is not the case for HBV and HCV.

Previous studies focusing on specific target groups, such as immigrants from high- or medium-endemic countries, demonstrated low levels of knowledge [1,2]. A population-based survey regarding HBV in Hong Kong (a high-endemic area) also revealed low levels of knowledge [3]. The current study focuses on public knowledge within low-endemic countries. Although the endemic status in these countries is classified as low, it is essential that people have the necessary knowledge, because it is a prerequisite for performing pertinent behaviors (e.g., vaccination, hygiene measures). Furthermore, people may need to decide whether others (e.g., their children) should be vaccinated. Therefore, the aim of the current study is to assess

* Corresponding author at: Department of Health Promotion, Maastricht University, CAPHRI, P.O. Box 616, 6200 MD Maastricht, The Netherlands. Tel.: +31 43 3882828; fax: +31 43 3671032.
E-mail address: Rik.Crutzen@maastrichtuniversity.nl (R. Crutzen).
URL: http://www.crutzen.net (R. Crutzen).

1876-0341/$ — see front matter © 2012 King Saud Bin Abdulaziz University for Health Sciences. Published by Elsevier Ltd. All rights reserved.
doi:10.1016/j.jiph.2011.12.001

the level of public knowledge regarding HAV, HBV and HCV in two low-endemic countries (Germany and The Netherlands).

To this end, E.M. Rogers' distinction between 'awareness knowledge' and 'how-to knowledge' is employed in this study. Awareness knowledge refers to the knowledge that something exists, whereas how-to knowledge refers to the practical knowledge of how something is done (and is therefore simply referred to as practical knowledge in this study). This distinction has proven valuable for public knowledge regarding multifactorial diseases [4].

Moreover, this study considers the level of education. This consideration is based on the knowledge gap theory, which states that the increasing amount of information in a society is not evenly acquired by each of the members of the society. People with a higher educational level tend to have a better ability to acquire information and are more concerned about a possible lack of knowledge [5].

Methods

Two large-scale surveys were conducted during Spring 2011.

Participants

Survey I — Germany: Data were collected through the German online Wiso-Panel. This online resource includes demographically heterogenous participants from all walks of life. A sample of 9154 people was invited by e-mail to participate in a survey. This sample was not necessarily representative of the German population because a wide range of recruitment methods, both probabilistic and nonprobabilistic (e.g., newsletters, word-of-mouth, search engines), were used. Of those invited, 2367 participants began the survey (25.9%), and 1989 completed it (84.0%). The average age was 40 years (SD = 14), and 60.5% of the participants were women.

Survey II — The Netherlands: The data were collected through an online panel owned by a Dutch Internet research agency. From this panel, a stratified sample of 1044 people representative of the Dutch population was invited by e-mail to participate in this survey. Of those invited, 668 began and completed the survey (64.0%). The average age was 49 years (SD = 16), and 49.7% of the participants were women.

Measures

The same measures were used in both surveys. The measures were back translated, and two native speakers confirmed the translation accuracy independently.

Awareness knowledge: Five 'yes/no' items assessed awareness of similarities and differences regarding HAV, HBV, and HCV.

Practical knowledge: Fifteen 'true/false' items assessed practical knowledge. Five items were related to each of the three types of virus infections. Three of these five items were related to transmission and consequences, and two were related to prevention. The scale was balanced: seven items were 'true' and eight items were 'false'. In Survey II, a 'don't know' option was added to prevent participants from randomly guessing the answer, thereby inflating the percentage of correct answers. The content of all items was based on information from the Dutch National Hepatitis Centre.

Analyses

Multivariate analyses were conducted to assess the association between the level of education and knowledge scores, using sum scores of the number of correct answers. Knowledge scores were divided into knowledge regarding HAV, HBV, HCV, transmission and consequences, and prevention.

Results and discussion

Table 1 shows that although public awareness was high, practical knowledge was very low in both countries (i.e., just above 50% correct). These data show that people are aware of the existence of similarities and differences regarding HAV, HBV, and HCV, but they know less about the transmission, consequences and prevention of these infections. Although it may appear that practical knowledge was higher in the first survey, this apparent difference is the result of the addition of a 'don't know' option to the second survey. The first item (''Hepatitis A can be spread through food''), for example, was correctly answered by 51.3% of the respondents in the first survey but only 30.4% in the second survey. In the second survey, however, 45.8% chose the 'don't know' option. Assuming that half of those choosing 'don't know' would have guessed the answer correctly, an outcome corresponding to chance level, the results appear comparable across both surveys. Correct answers about sexual intercourse as a mode of transmission for Hepatitis B were given by 63.0% of participants in the first survey and 77.6% in the second survey. The higher proportion of correct responses

Download English Version:

https://daneshyari.com/en/article/3405966

Download Persian Version:

https://daneshyari.com/article/3405966

Daneshyari.com