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RESEARCH ARTICLE

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ONHOME CARE MANAGEMENT OF HCV

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Abstract

Introduction: Patients with hepatitis C includes the home care management, reducing the demands of the liverdisease while promoting physical well-being, preventing complications of hepatitis, enhance self-concept, acceptance of situation, and providing information about the disease process, prognosis, andtreatment.

Aim: A study to evaluate the effectiveness of structured teaching programme on knowledge regardinghome care management to maintenance of health among patients of hepatitis C.

Objective: To assess the knowledge on home care management among patients of hepatitis C attendinggastroenterology OPD at PGIMS Rohtak, evaluate the effectiveness of structured teaching program on knowledge regarding homecare management among patients of hepatitis C and **t**o find out the association between knowledge on home care management among patients ofhepatitis C with demographic variable.

Method: A pre- experimental one group pre- test and post- test design was used to conduct the studyamong 100 patients of hepatitis C who were selected by convenient sampling technique forthe study. Self - structured questionnaire was used to assess the knowledge score.

Conclusion: There are positive implications of the study not only fin home based management of HCV patients but also are in relation to nursing practice, nursing education, nursing administration and nursing research.

Introduction:-

Patients with hepatitis C require home care management for promoting physical well-being, preventing complications of hepatitis, enhanceself-concept, acceptance of situation, and providing information about the disease process, prognosis,and treatment. Hepatitis C virus is a leading cause of acute and chronic hepatitis, cirrhosis, andhepatocellular carcinoma, affecting approximately 130–150 million people worldwide.**[1]**The global prevalence of HCV infection in 2015 was in the range of 0.5% to 2.3%.**[2]**Population-level effectiveness depends on the number of hepatitis C virus patients receiving directlyacting antiviral therapy (DAA). Although up to 75% of hepatitis C virus infected patients are treated atspecialized clinics but some defer therapy.**[3]** Alcohol and drug abuse

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are among the most commonreasons fortherapy refusal. [4] The asymptomatic nature of the infection,cultural mistrust, and other psychosocial and medical reasons, maymake hepatitis C virus patients hesitant to undergo DAA therapy. [5]To find possible factors, most studies were conducted with chart reviews or insurance systemreviews.[6]Hepatitis C virus infection is considered a major cause of liver-related mortality and morbidityworldwide.[7]It is estimated by the World Health Organization that 1% of population is infected with HCVglobally.[8] In 2016, the WHO released a global healthsector strategy for eliminating viral hepatitis by 2030 that includes global and country-wide targets forthe testing, treatment, and prevention of chronic hepatitis C.[9]Chronic HCV infection leads to a progressive disease, with 10%-20% of infected patients developingcirrhosis and approximately 7% of adult patients with cirrhosis progressing to hepatocellularcarcinoma.[10]The lives of millions of adolescents worldwide are at risk because they do not have the information;skills, health services and support which they need to go through sexual development duringadolescence. The epidemic of Hepatitis C virus is now progressing at a rapid pace among youngpeople. There has been a global increase in the burden of invasive infections in people who injectdrugs. It is essential that patient-centred multidisciplinary care is provided in the management of theseinfections to engage people who inject drugs in care and deliver evidence-basedmanagement andpreventive strategies. The multidisciplinary team should include infectious diseases, addictionsmedicine, surgery, psychiatry, pain specialists, pharmacy, nursing staff, social work and peer supportworkers to help address the co morbid conditions that may have contributed to the patient'spresentation. [11]. As many as 12 million people may be chronicallyinfected in India and most are unaware of it.[12]People with hepatitis C may also benefit from lifestyle changes, such as avoiding alcohol andmaintaining a healthy weight. With proper treatment, majority can be cured from hepatitis Cinfection and live healthy life. WHO recommends therapy with pan-genotypic direct-acting antiviralfor all adults with chronic hepatitis C infection.[13] HCV infection leads to chronic hepatitis in 50% to 80% ofindividuals.[14]Hepatitis B and C viruses are two common causes of chronic liver disease and permanent liverdamage.[15]The hepatitis C virus is a blood borne virus and most infection occur through exposure to blood fromunsafe injection practices, unsafe health care, unscreened blood transfusions, injection drug use andsexual practices that lead to exposure to blood.[16] India is one of the countries with the highest burden of viral hepatitis in Indiahas an estimated 0.55 crore living with Hepatitis C infection. [17]Preventive strategies aim to reduce the exposure to HCV should be based on blood testing ofindividuals, screening of blood and blood products, sterilization of reusable equipment, destruction ofpotentially contaminated disposable instruments, and promotion of barrier methods of contraceptionto prevent sexually transmitted diseases. To increase the efficacy of these interventions, it is importantthat the main risk factors for HCV infection in different populations be known.**[18]**

Aim:-

A study to evaluate the effectiveness of structured teaching programme on knowledge regardinghome care management among patients of hepatitis C attending gastroenterology OPD at PGIMSRohtak.

Objectives:-

- To assess the knowledge on home care management among patients of hepatitis C attendinggastroenterology OPD at PGIMS Rohtak.
- To evaluate the effectiveness of structured teaching program on knowledge regarding homecare management among patients of hepatitis C.
- To find out the association between knowledge on home care management among

Methodology:-

For the present study Quantitative research approach was used.Pre - experimental (one group pretest and post-test) research design was adopted for the presentstudy.

Variables Under Study

Socio-demographic variables: Included personal data of the patients such as: Age,Socioeconomicstatus, Marital status, Education, Gender, Dietary habits, area of residence, Duration of diagnosis, Lifestyle, Source of knowledge Type of co morbid disease, The family history of hepatitis C.Dependent variable: knowledge of patient independent variable: Structured teaching programmeResearch setting: Gastroenterology OPD at PGIMS Rohtak.Non-probability convenient sampling technique was adopted for the present study.

Study Population
One hundred patients of hepatitis C attending the gastroenterology OPD at PGIMS Rohtak. The inclusion criteria were confirmed hepatitis C patients who came for consultation in gastroenterology OPD at PGIMS Rohtak and gave consent for participating in the home care management. The exclusion criterion was admitted gastroenterology ward of PGIMS Rohtak and who did not give consent. Structured knowledge questionnaire was used which consists of two sections selected to collectthe data for assessing knowledge regarding home care management of HEP- C patients.

Plan for Pilot study:
Pilot study was conducted from 11/11/2024 to 16/11/2024 on patients of hepatitis C gastroenterologyOPD at PGIMS, Rohtak.The purpose of the study was explained and verbal informed consentwas obtained from study participants. Convenient sampling technique was adopted. Confidentiality wasassured to all the study subjects.In the given time period of study, pre- and post-test was conducted by a structured knowledgequestionnaire. Each written test was completed within 25-30minutes.

Procedure for data collection for final study
Permission was obtained from the Institutional Ethical Committee to conduct the study.Informed consent was obtained from all study participants in verbal and written form.Data was collected from January 1st to January 31st, 2025.

Findings of Pilot Study
The descriptive statistics reveal key insights into the impact of the intervention on patients' knowledgeof home care management for hepatitis C. The sample size of 10 ensures comparability between pretestand post-test observations. The pre-test scores showed a wide range (17) with a minimum score of 7and a maximum of 24, resulting in a mean of 16.5. This indicates a substantial variation in baselineknowledge, reflected in the high standard deviation (6.502) and variance (42.278). In contrast, the post-test scores demonstrated a significantly narrower range (4), with scores spanning from 21 to 25. Themean score increased to 23.5, suggesting an improvement in knowledge following theintervention. Additionally, the reduced standard deviation (1.509) and variance (2.278) in the post-testindicate a more consistent understanding among participants.'The paired samples t-test results evaluated the effectiveness of a structured teaching program on patients'knowledge of home care management for hepatitis C. The mean difference between pretest and post-test scores was -7.00, indicating an average improvement of 7 points in the post-test scores. The standarddeviation of the paired differences was 5.416, with a standard error mean of 1.713, reflecting theconsistency of the improvements across participants.

Plan of data analysis
Frequency and Percentage was computed to describe the demographic data.Mean and Standard Deviation of scores were calculated from knowledge and awarenessquestionnaire.Paired t-test was used to assess the effectiveness of home care management of HEP-Cpatients.Chi-square test was used to associate the knowledge of patients with selected demographicvariables.

Analysis of data
The14 patients (14%) were diagnosed to be suffering from HCVin last one month which represents thesmallest group, likely reflecting new or recently identified cases.28 patients (28%) were diagnosed within 1 to 3 months, that accounts formore than a quarter of the sample. A significant proportion, 41 patients (41%), were diagnosed between 3 to 5months ago which is the largest group in the sample, indicating that many patients have arelatively recent but not very early diagnosis.17 patients (17%) were diagnosed over 5 months ago which representsindividuals with a longer history of the condition.19 patients (19%) gained their knowledge from mass media. This grouprepresents a smaller proportion, suggesting that while mass media plays a role, it is not thedominant source of information for these patients.The vast majority, 73 patients (73%), received their knowledge fromhealthcare providers which highlights the significant role that healthcare professionals play ineducating patients about hepatitis C.8 patients (8%) learned about hepatitis C through family members who had theillness. This is the smallest group, indicating that family experiences are less common as asource of knowledge.The data shows that healthcare providers (73%) are the primary source of information for patientsabout hepatitis C, reflecting the importance of medical guidance and education in managing thecondition. While mass media and family illness play a role, their impact is less significant incomparison. These findings suggest that there is need of reinforcing patient education through healthcare providers. 17 patients (17%) had hypertension as a co-morbid disease which is moderate proportion of the

sample.8 patients (8%) suffered from diabetes mellitus, making it a less common co-morbid disease in this sample.14 patients (14%) have both hypertension and diabetesmellitus.A significant majority of patients (61 individuals, 61%) have thyroid-related or other unspecified co-morbid diseases. 8 patients (8%) have a family history of hepatitis C which indicated that a smallproportion of the patients in the sample have inherited or been influenced by family-relatedrisk factors for hepatitis C. 92 patients (92%) do not have a family history of hepatitis C. This suggests that themajority of the patients' cases of hepatitis C are not linked to familial patterns.In Pre-test knowledge level, 34 patients (34%) had inadequate knowledge about home caremanagement prior to the teaching program. This group represented a significant portion of thesample, indicating a clear gap in knowledge before the intervention. 64 patients (64%) had moderate knowledge about home caremanagement. This suggests that while most patients had some understanding, it was insufficientor incomplete.Only 2 patients (2%) had adequate knowledge before the structuredteaching program which highlights that very few patients had a solid understanding of home caremanagement before the intervention. In Post-test Knowledge Levels, after the structured teaching program, 0% of patients had inadequateknowledge. This indicates a complete elimination of inadequate knowledge, showing theeffectiveness of the teaching program.22 patients (22%) had moderate knowledge after the program. Thisgroup decreased substantially compared to the pre-test, reflecting some improvement inunderstanding.78 patients (78%) had adequate knowledge after the structured teachingprogram. This was a significant increase, showing that the majority of patients gained a solidunderstanding of home care management as a result of the intervention.The structured teaching program proved to be highly effective in improving knowledge on home caremanagement among hepatitis C patients. The increase in the proportion of patients with adequateknowledge (from 2% to 78%) and the elimination of inadequate knowledge (from 34% to 0%)demonstrated the success of the intervention in enhancing the patients' understanding of how to managetheir condition at home.

The descriptive statistics for the knowledge on home care management among hepatitis C patientsbefore and after the structured teaching program revealed a significant improvement in patientsunderstanding. In the pre-test, the mean score was 12.09, with a high standard deviation of 3.9,indicating that the patients had moderate knowledge but with considerable variability in theirunderstanding. The range of scores was 16, spanning from a minimum of 5 to a maximum of 21. Afterthe teaching program, the mean score increased to 21.88, reflecting a substantial enhancement inknowledge. The standard deviation decreased to 1.876, demonstrating that the scores were more closelygrouped around the mean, signalling less variability in knowledge levels post-intervention. The rangein the post-test was reduced to 9, with scores ranging from 16 to 25, further indicating that the programwas successful in improving knowledge and standardizing it across the patient group. Overall, thesestatistics tell the effectiveness of the structured teaching program in improving hepatitis Cpatients' knowledge on home care management.The paired samples t-test was conducted to evaluate the effectiveness of the structured teaching programon improving the knowledge regarding home care management among hepatitis C patients. The meandifference between the pre-test and post-test scores was -9.790, indicating a significant improvement inknowledge after the intervention. The standard deviation of 4.174 suggests some variability in theimprovement across patients, but the 95% confidence interval for the difference (-10.618 to -8.962) didnot include zero, further supporting the conclusion that the change was significant. With a t-value of -23.5 and a p-value of 0.000, which is less than the 0.05 significance level, the null hypothesis wasrejected, confirming that there was a statistically significant difference between the pre-test and post-test scores. These findings indicate that the structured teaching program effectively enhanced thepatients' knowledge of home care management. The results of chi-square tests to assess the association between pre-test knowledgeon home care management and various demographic variables among hepatitis C patients showed that chi-square value is 5.29 with a p-value of 0.507, which is greater than 0.05, indicatingthat there is no significant association between pre-test knowledge and age.The chi-square value is 3.615 with a p-value of 0.164, which is also greater than 0.05,suggesting no significant relationship between pre-test knowledge and gender.The chi-square value is 11.214 with a p-value of 0.082, which is slightlyabove the 0.05 threshold, indicating no significant association between pre-test knowledge andeducational status.The chi-square value is 7.552 with a p-value of 0.273, which is above 0.05,suggesting no significant association between pre-test knowledge and occupation.The chi-square value is 2.106 with a p-value of 0.349, indicating that maritalstatus does not have a significant impact on pre-test knowledge.The chi-square value is 1.905 with a p-value of 0.386, showing no significantassociation between pre-test knowledge and lifestyle (smoking or alcohol consumption).The chi-square value is 3.479 with a p-value of 0.176, suggesting that areaof residence (rural or urban) does not significantly influence pre-test knowledge.The chi-square value is 6.709 with a p-value of 0.349, indicating nosignificant relationship between pre-test knowledge and the duration of hepatitis C diagnosis.The chi-square value is 4.166 with a p-value of 0.384, indicating nosignificant association between pre-test knowledge and the source of information abouthepatitis C. The chi-square value is 2.997 with a p-value of 0.809, showingno significant association between pre-test knowledge and the type of co-morbid

diseases.The chi-square value is 0.208 with a p-value of 0.901,indicating no significant relationship between pre-test knowledge and a family history ofhepatitis C.All the p-values for the chi-square tests are greater than 0.05, suggesting that there is no significantassociation between pre-test knowledge on home care management and any of the demographicvariables tested, including age, gender, educational status, occupation, marital status, lifestyle, area ofresidence, duration of diagnosis, source of knowledge, type of co-morbid disease and family history ofhepatitis C.The effectiveness of the structured teaching program was evaluated through pre-test and post-testknowledge assessments. The pre-test results indicated that 34% of patients had inadequate knowledge,64% had moderate knowledge, and only 2% had adequate knowledge regarding home caremanagement. After the structured teaching program, the post-test results showed a significantimprovement: 78% of patients had adequate knowledge, and 22% had moderate knowledge, with nopatients retaining inadequate knowledge. The paired samples t-test confirmed a significant differencebetween pre-test and post-test scores, with a mean difference of -9.790 (p-value = 0.000), indicating theeffectiveness of the educational intervention.Regarding the association between knowledge and socio-demographic variables, age was found to havea significant association with post-test knowledge, as older age groups showed better knowledgeacquisition (Chi-square = 9.353, p-value = 0.025). However, there were no significant associationsbetween knowledge scores and other socio-demographic factors such as gender, educational status,occupation, marital status, lifestyle, area of residence, duration of diagnosis, source of knowledge, typeof co-morbid disease, or family history of hepatitis C.These findings highlight that the structured teaching program was effective in significantly improvingknowledge, particularly among older patients. However, the socio-demographic factors, aside from age,did not play a significant role in determining the improvement in knowledge levels.

The results of chi-square tests to assess the association between post-test knowledgeon home care management and various demographic variables among hepatitis C patients showed that chi-square value is 9.353 with a p-value of 0.025, which is less than 0.05, indicatinga significant association between post-test knowledge and age. This suggests that age has animpact on the knowledge of home care management after the structured teaching program. The chi-square value is 1.439 with a p-value of 0.23, which is greater than 0.05, indicating that there is no significant association between post-test knowledge and gender.The chi-square value is 5.052 with a p-value of 0.168, which is greaterthan 0.05, suggesting no significant relationship between post-test knowledge and educationalstatus.The chi-square value is 0.746 with a p-value of 0.862, which is much greater than0.05, indicating no significant association between post-test knowledge and occupation. The chi-square value is 0.457 with a p-value of 0.499, indicating no significantassociation between post-test knowledge and marital status.The chi-square value is 0.182 with a p-value of 0.67, suggesting no significantrelationship between post-test knowledge and lifestyle (smoking or alcohol consumption). The chi-square value is 0.325 with a p-value of 0.569, indicating nosignificant association between post-test knowledge and area of residence (rural or urban).The chi-square value is 2.364 with a p-value of 0.5, indicating nosignificant association between post-test knowledge and the duration of hepatitis C diagnosis. The chi-square value is 1.148 with a p-value of 0.563, indicating nosignificant relationship between post-test knowledge and the source of information abouthepatitis C.The chi-square value is 2.471 with a p-value of 0.481, indicatingno significant association between post-test knowledge and the type of co-morbid diseases. The chi-square value is 0.046 with a p-value of 0.831,suggesting no significant relationship between post-test knowledge and family history ofhepatitis C.The only significant association found was between age and post-test knowledge, with a p-value of0.025. This suggests that age plays a significant role in post-test knowledge regarding home caremanagement among hepatitis C patients. For all other variables, the p-values were greater than 0.05,indicating no significant associations between post-test knowledge and gender, educational status,occupation, marital status, lifestyle, area of residence, duration of diagnosis, source of knowledge, typeof co-morbid disease, or family history of hepatitis C.

Knowledge of Patients Regarding HEP-C

To achieve the first objective of this study, the respondents were assessed for their knowledgeregarding HEP-C.The findings revealed that overall mean knowledge score of patients in the pre-test, the mean score was12.09 and the standard deviation was 3.911. In pretest 34 patients (34%) had inadequate knowledge,64patients (64%) had moderateknowledge, 2 patients (2%) had adequate knowledge regarding hepatitis. In post-test the overall mean knowledge score of patients were 21.88 and standard deviation was1.876. In post-test 34 patients (34%) had inadequate knowledge, 64 patients (64%) had moderateknowledge and 2 patients (2%) had adequate knowledge regarding HEP-C.

Association Of Knowledge With The Selectedsocio-Demographic Variables

The third objective of this study was to find out the association between knowledge with selecteddemographic variables:All the p-values for the chi-square tests are greater than 0.05, suggesting that there is no significantassociation between pre-test knowledge on home care management and any of the demographicvariables tested, including age, gender, educational status, occupation, marital status, lifestyle, area ofresidence, duration of diagnosis, source of knowledge, type of co-morbid disease and family history ofhepatitis C.The only significant association found was between age and post-test knowledge, with a p-value of0.025. This suggests that age plays a significant role in post-test knowledge regarding home caremanagement among hepatitis C patients. For all other variables, the p-values were greater than 0.05,indicating no significant associations between post-test knowledge and gender, educational status,occupation, marital status, lifestyle, area of residence, duration of diagnosis, source of knowledge, typeof co-morbid disease, or family history of hepatitis C.The paired samples t-test confirmed a significant difference between pre-test and post-test scores, witha mean difference of -9.790 (p-value = 0.000), indicating the effectiveness of the educationalintervention.Regarding the association between knowledge and socio-demographic variables, age was found to havea significant association with post-test knowledge, as older age groups showed better knowledgeacquisition (Chi-square = 9.353, p-value = 0.025). However, there were no significant associationsbetween knowledge scores and other socio-demographic factors such as gender, educational status,occupation, marital status, lifestyle, area of residence, duration of diagnosis, source of knowledge, typeof co-morbid disease, or family history of hepatitis C.These findings highlight that the structured teaching program was effective in significantly improvingknowledge, particularly among older patients. However, the socio-demographic factors, aside from age,did not play a significant role in determining the improvement in knowledge levels.

Major Findings of the Study

In this study, result shows that among 100 patients of hepatitis C majority of patients were in39–48 years age group 44 patients (44%) indicating a potential age-related risk factor, in 29–38 years age 27 patients (27%), in above 49 years age 16 patients (16%) and in 18–28 yearsage 13 patients (13%).The data shows that males are more frequently affected by hepatitis C (57%) compared tofemales (43%) in this sample.The majority of 47 patients (47%) have completed secondary education, graduate 36 patients(36%) are graduates, postgraduate 15 patients (15%), while the proportion of illiterateindividuals is minimal (2%). This distribution indicates that hepatitis C affects individualsacross various educational levels but is most prevalent among those with secondary education.The highest proportion of hepatitis C patients (61%) is employed in private jobs, indicating thisgroup may be more exposed to potential risk factors related to their work environment orlifestyle. Farmers (17%) and those in government jobs (13%) also represent notableproportions, while the unemployed group (9%) forms the smallest share.The data highlights that most hepatitis C patients 92 (92%) are married, and unmarried 8patients (8%) are unmarried.The data shows that the entire patient sample is vegetarian 100 patients (100%), which mayreflect regional, cultural or lifestyle characteristics specific to the population studied. Since novariation in dietary habits exists in this sample, dietary factors are unlikely to directly influencethe prevalence of hepatitis C among these patients.The data shows that majority of 54 (54%) patients are smokers and 46 (46%) patients consumealcohol, indicating that both smoking and alcohol use are prevalent among patients withhepatitis C.The data shows that majority of hepatitis C is more commonly observed in rural residents 63patients (63%) compared to urban residents 37 patients (37%).The majority of patients 41 (41%) were diagnosed between 3 to 5 months, in 1- 3 month 28patients (28%), in above 5 month 17 patients (17%), and 0 – 1 month 14 patients (14%).The data shows that majority of healthcare providers 73 patients (73%) are the primary sourceof information for patients about hepatitis C, in mass media 19 patients (19%) and family illness8 patients (8%).The data shows that majority of 61 patients (61%) of patients have thyroid-related or other co-morbid conditions, in hypertension 17 patients (17%), hypertension / diabetes mellitus 14patients (14%) and diabetes mellitus 8 patients (8%).The data shows that the vast majority (92%) of hepatitis C patients in this sample do not havea family history of the disease, and 8 patients (8%) have a family history of hepatitis C.Regarding the association between knowledge and socio-demographic variables, age was found to havea significant association with post-test knowledge, as older age groups showed better knowledgeacquisition (Chi-square = 9.353, p-value = 0.025). However, there were no significant associationsbetween knowledge scores and other socio-demographic factors such as gender, educational status,occupation, marital status, lifestyle, area of residence, duration of diagnosis, source of knowledge, typeof co-morbid disease, or family history of hepatitis C.These findings highlight that the structured teaching program was effective in significantly improvingknowledge, particularly among older patients. However, the socio-demographic factors, aside from age,did not play a significant role in determining the improvement in knowledge levels. The paired samplest-test confirmed a significant difference between pre-test and post-test scores, with a mean differenceof -9.790 (p-value = 0.000), indicating the effectiveness of the educational intervention.

Conclusion:-

This study aimed to evaluate the effectiveness of a structured teaching program on improvingknowledge regarding home care management among patients with hepatitis C attending thegastroenterology outpatient department (OPD) at PGIMS Rohtak. The results of the socio-demographicprofile and the evaluation of the program's effectiveness through pre-test and post-test knowledgeassess.

Nursing Implications

The implications of the study are in relation to nursing practice, nursing education,nursing administration and nursing research.In Nursing practice there can be development ofstructured teaching program self on HEP-C which canserve as guide for patients and helps in providing quality care to the HEP-C positive person.Patients' knowledge regarding HEP-C can help to provide better preventive care to themselves.A piece of literature generated by the present study will be used by future researchers.The findings of the present study will help the patients inmotivating the patients to impart more in-depth health education regarding HEP-C, motivating the patients to seek more healthcare facilities available and tocommunicate the findings to the higher authorities to develop and implement bettereducational strategies. In field of Nursing education, it will re-in force the fact of providing knowledge regarding psychological aspect related to HEP-C. This study can be used as reference purpose.Health care provider can impart current information regarding HEP-C among patients.The methodology also gives guidelines to reach people for collecting information.The primary task is to help the patients to master at basic level and evaluate the update contentas an ongoing future. Itenables the student to prepare themselves to give health education more effectively based onknowledge and social background of people. In relation to Nursing administration, our study will re-emphasize the need of evaluating the knowledge of staff taking care of person suffering from HEP-C. Nurseadministrators should develop in- service education program so that recent change can becommunicated to them and motivate them for caring in good manner. Nursing administrators can plan an in-service education program to take leadership role in educatingpatients regarding HEP-C. Nursing administrators inculcate interest in educating these teachers duringtheir hospital visits and disseminate information on HEP-C. Nurses should take up responsibility topublish more information booklet and other health education packages. The nursing administrators should focus on health promotion through outreach and mass healtheducation program, etc. health workers can be given training on HEP-C, the nursing administratorsshould train the patients and staffs in the handling the HEP-C positive patients while providing care.Nurse administrators should take up leadership roles in providing health education program to patients, so that patients can actively participate.Professional interaction between the nurse and the public will help to improve professional standardsand create better image. In field of Nursing research, our study highlights the need of Nurse researcher to conduct interactive session regarding HEP-C among patients forpromoting their knowledge.The study will serve as a variable reference material for future investigators. The finding of the study can be presented in various local, state or national conferences.Compared to other aspects of health, there is need for extended and intensive nursing research on theareas of preventive health care among patients using better methods of teaching and effective teachingmaterials. So that they can use their knowledge in every field of nursing.

Recommendations:-

Based on the findings of the study, a study can be replicated on larger sample to validate thefindings of the study.Similar study can be conducted for general population. Acomparative study can be done on knowledge regarding patients in ward admitted and OPDattending patients.The study can be done in different districts and different states of India as the knowledge mayvary.Experimental study can be done using structured teaching program on knowledge.The short-term training programme and its effectiveness can be analysed through a pre andpost-test method

Limitations of Study:-

The study was confined to small number of subjects participating in the study. It was limited only to assess the knowledge of patients regarding HEP-C reporting in gastroenterology OPD at PGIMS, Rohtak only.

References:-

1. World Health Organization. Guidelines for the Screening Care and Treatment of Persons withChronic Hepatitis C Infection: Updated Version; World Health Organization: Geneva,Switzerland, 2016.
2. World Health Organization. Hepatitis C. Available online: www.who.int/news-room/fact-sheets/detail/hepatitis-c (accessed on 6 June 2021).
3. Kramer, J.R.; Knawel, F.; Richardson, P.; Giordano, T.P.; Petersen, L.A.; El-Serag, H.B.Importance of patient, provider, and facility predictors of hepatitis C virus treatment inveterans: A national study. Am. J. Gastroenterology. 2011, 106, 483–491.
4. Lin, M.; Kramer, J.; White, D.; Cao, Y.; Tavakoli-Tabansi, S.; Madu, S.; Smith, D.; Asch, S.M.;El-Serag, H.B.; Kanwal, F. Barriers to hepatitis C treatment in the era of direct-acting anti-viralagents. Aliment. Pharmocol. There. 2017, 46, 992–1000.
5. Elvir, S.; Anugwom, C.; Connor, E.K.; Giama, N.H.; Ndzengue, A.; Menk, J.; Mohamed, E.A.;Roberts, L.R.; Hassan, M. Barriers in Hepatitis C Treatment in Somali Patients in the DirectActing Antiviral Therapy Era. J. Natl. Med. Assoc. 2018, 110, 556–559. [CrossRef] [PubMed]
6. Richmond, J.A.; Sheppard-Law, S.; Mason, S.; Warner, S.L. The Australasian HepatologyAssociation consensus guidelines for the provision of adherence support to patients withhepatitis C on direct acting antiviral. Patient Prefer. Adherence 2016, 10, 2479–2489.
7. Indolfi G, Easterbrook P, Dusheiko G, El-Spayed MH, Jonas MM, Thorne C, Bulterys M,Siberry G, Walsh N, Chang MH, Meyers T, Giaquinto C, Wirth S, Chan PL, Penazzato M.Hepatitis C virus infection in children and adolescents. Lancet Gastroenterol Hepatol 2019; 4:477-487 [PMID: 30982721 DOI: 10.1016/S2468-1253(19)30046-9]
8. Stanaway JD, Flaxman AD, Naghavi M, Fitzmaurice C, Voss T, et al. The global burden ofviral hepatitis from 1990 to 2013: findings from the Global Burden of Disease Study 2013.Lancet 2016; 388: 1081-1088 [PMID: 27394647 DOI: 10.1016/S0140-6736(16)30579-7]
9. World Health Organization. Global Hepatitis Report, 2017. Geneva: World HealthOrganization, report2017/en/. Accessed May 17, 2020.
10. Schmelzer J, Dugan E, Blach S, Coleman S, Cai Z, et al. Global prevalence of hepatitis Cvirus in children in 2018: a modeling study. Lancet Gastroenterol Hepatol 2020; 5: 374-392[PMID: 31954439 DOI: 10.1016/S2468-1253(19)30385-1]
11. Mahore R, Mahore SK, Mahore N, Awasthi R et al. A study to assess knowledge andawareness about the Hepatitis B and C among nursing college students of Central India. Journalof evolution of medical and dental sciences. 2015 Apr 9;4(29):5033-9.76
12. Verma R, Behera BK, Jain RB, Arora V, Chayal V, Gill PS. Hepatitis C, a silent threat to thecommunity of Haryana, India: a community-based study. Australas Med J. 2014 Jan 31;7(1):11-6. doi: 10.4066/AMJ.2014.1883. PMID: 24567761; PMCID: PMC3920471.
13. Jack K, Barnett J, Holiday A, Heard G, Thomson B. Hepatitis C therapy at home: a hospital andhome care partnership. Br J Nurse. 2013 May 9-22;22(9):518-23. doi:10.12968/bjon.2013.22.9.518. PMID: 23752623.
14. Pham TTH, Nguyen TTL, So S, Hoang THV, Nguyen TTU, Ngo TB, Nguyen MP, Thai QH,Nguyen NK, Ho TQAL, Tran QP, Mai TS, Toy M, Pham MK. Knowledge and Attitude Relatedto Hepatitis C among Medical Students in the Oral Direct Acting Antiviral Agents Era inVietnam. Int J Environ Res Public Health. 2022 Sep 28;19(19):12298. PMID: 36231600; PMCID: PMC9565151.
15. Dhiman RK, Satsangi S, Grover GS, Puri P. Tackling the Hepatitis C Disease Burden in Punjab,India. J Clin Exp Hepatol. 2016 Sep;6(3):224-232. doi: 10.1016/j.jceh.2016.09.005. Epub 2016Sep 7. PMID: 27746619; PMCID: PMC5052426.
16. Tyler D, Nyamathi A, Stein JA, Koniak-Griffin D, Hodge F, Gelberg L. Increasing hepatitis Cknowledge among homeless adults: results of a community-based, interdisciplinary intervention.J Behav Health Serv Res. 2014 Jan;41(1):37-49. doi: 10.1007/s11414-013-9333-3. PMID:23616250; PMCID: PMC7738001.
17. Lin YC, Chiu WN, Chang TS, Huang TJ, Chen MY. Liver Health Literacy and Health StatusAmong Adults with Hepatitis C: Implications for the Nursing Profession as Part of the 2030Global Elimination Goal. J Nurs Scholarsh. 2020 Mar;52(2):128-135. doi: 10.1111/jnu.12533.Epub 2019 Nov 21. PMID: 31750620.
18. Chikovani I, Ompad DC, Uchaneishvili M, Sulaberidze L, Sikharulidze K, Hagan H, VanDevanter NL. On the way to Hepatitis C elimination in the Republic of Georgia-Barriers andfacilitators for people who inject drugs for engaging in the treatment program: A formativequalitative study. PLoS One. 2019 Apr 29;14(4): e0216123. PMID: 31034530; PMCID: PMC6488087.