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Original Article

Knowledge about prevention of Hepatitis C among patients aged 18-35 years in Adjumani General Hospital, Adjumani district. A cross-sectional study.

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ABSTRACT

Background:
The migrant population from the neighbouring and sub-Saharan African countries has inadequate knowledge about HBV and HCV to limit infection. The study aims to assess the knowledge towards the prevention of hepatitis C among patients aged 18-35 years attending Adjumani General Hospital, Adjumani district.

Methodology:
The study adapted a cross-sectional descriptive study design and targeted a population of all adult patients aged 18-35 years. Purposive sampling was done to obtain the sample. Descriptive analysis was used on the data collected. Data was collected by the use of a suitable statistical package, i.e., Microsoft Word.

Results:
More than half (52%) of the respondents were within the age bracket of 1822 years of age, whereas the minority (12%) were within the age bracket of 32-35 years of age. More than half (59%) of the respondents had ever heard about Hepatitis C. Most (42%) of the respondents knew that Hepatitis C was caused by a virus. (62%) Some of the respondents knew that Hepatitis C was transmitted through sexual intercourse. Most (35%) of the respondents knew that the Hepatitis C virus is transmitted during pregnancy and at birth.

Conclusions:
The overall results on knowledge towards prevention of Hepatitis C among the respondents were generally good, having obtained it from various sources like health facilities, media like radios and newspapers, institutions, and community outreaches.

Recommendation:
The Ministry of Health, Uganda, should emphasise and carry out community outreaches, health education on radio talk shows, and mass media like newspapers, etc., to create awareness and basic knowledge about the prevention of the Hepatitis C virus, since the disease has no vaccine available.

Keywords: *Knowledge, Prevention of hepatitis C, Patients aged 18-35 years, Adjumani general hospital.*
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Background
The migrant population from the neighbouring and sub-Saharan African countries has inadequate knowledge about HBV and HCV to limit infection. Most, 47.3%, believed that hepatitis C is not curable, the majority 98.4% did not know that an HBV vaccine existed, and only 1.6% of the migrants had been vaccinated (Saaed et al, 2022). In the University of Lahore, Pakistan, findings regarding Hepatitis C prevention among people of rural communities showed that the level of knowledge was good among people, but there was no significant association between attitude and practices, and the consequences showed a lack of understanding about disease control and prevention (Nawaz et al 2018).

In Egypt revealed that the median knowledge score of HCV infection in the survey was (50.3%). Participants had a median knowledge score of HCV. Half (50%) of the participants believed that HCV is not transmitted through sex, while (39.9%) did not know that HCV could be transmitted from a mother to her baby or infant during labour. A quarter of participants believed that the HCV vaccine is available, and (24.6%) never knew if their treatment was successful (Sultan et al, 2018).

In Bangladesh, most of the barbers had insufficient knowledge regarding modes of transmission and the different sources/risk factors of HBV and HCV. 41.2% of the barbers knew that HBV and HCV could be transmitted through the sexual route, and 33.7% knew that the viruses

could be transmitted through blood transfusion (Mumit et al, 2020).

At the Central University in South Delhi, India, results showed that the route of transmission of HBV and HCV is mainly through blood/blood products and body fluids/secretions (semen, vaginal fluids, saliva, etc). In their study,71% of the participants agreed to the mode of spread through blood, whereas 62% of the participants also believed the spread through body fluids/secretions, in contrast to participants' responses as 32.2% and 44.4%, respectively. In the present study, 66% of participants identified the reuse of needles/syringes as an important mode of transmission (Anjum et al, 2021). In a study conducted in Quetta, Pakistan, indicated that more than half (56.5%) of the respondents knew about hepatitis C, and 44.5% knew it is a viral disease, the majority (64%) believe that hepatitis C-infected people are at risk to others, and 57% think it could be caught through casual contact (holding hands) (Mengal et al, 2014). The study aims to assess the knowledge towards the prevention of hepatitis C among patients aged 18-35 years attending Adjumani General Hospital, Adjumani district.

METHODOLOGY

Study design.

The study adapted a cross-sectional descriptive study design that gathers information in the shortest time possible, and the reason as to why the design was preferred, it was that the study was able to gather information in the shortest time possible.

Study setting

The study was conducted at Adjumani General Hospital, located in Adjumani district. It's found in the northwestern part of Uganda. It is about 352km from Kampala.

It has a capacity of about 150 beds and serves a population of over 40,000 in the district.

It serves even the refugees from South Sudan, Congo, etc., who come to seek medical attention.

The facility has many departments such as ART clinic, Diabetics clinic, ENT clinic, OPD, Antenatal, medical ward, etc.

Study population.

The study targeted a population of all adult patients aged 18-35 years. The sampling frame consisted of adult patients with different conditions at the OPD and the medical ward.

Sample size determination.

The sample size for a cross-sectional study was determined using the formula below.

QR/T (Button, 1965)

Where,

Q = Total number of days spent in the data collection.

R = Maximum of respondents per day

T = Maximum time taken by the interviewer.

Therefore,

Q = 10 days

R = 6 respondents

T= ½ hours

QR/T= 10*6/1/2

60/1/2= 120 respondents.

But because of limited time and money, the study used 100 respondents.

Sampling technique.

Purposive sampling was done to obtain the sample. It involved choosing respondents based on the purpose of the study. It entailed recruiting the adult patients for the study. This method was used because it saved time, and it was quick.

Inclusion criteria.

Adults, both females and males aged between 18 and 35 years, at the OPD and medical ward. The study obtained consent from the patients for them to participate in the study.

Study variables

Attitude was the independent variable, while hepatitis C was the dependent variable.

Data collection method

Data was collected using a semi-structured questionnaire since not all patients were able to interpret the questions. The questionnaires were administered to patients upon being informed about the study. The reason for using questionnaires was that they were easy to use and saved time during data collection.

Pretesting of the questionnaire.

The study pretested the questionnaire at different facility that was Robidire Health Centre III, in Adjumani district, to determine whether it suited the research and its acceptability. After, the study proceeded with data collection at Adjumani General Hospital.

Data collection procedure.

An introductory letter to the research ethics committee of KSHS was obtained from Kampala School of Health Sciences upon clearance by the research ethics committee. The study introduced itself to the OPD and medical ward in-charges. The study obtained consent from the patients who participated in the study.

Data management

During data collection, there was close monitoring, and questionnaires were reviewed to check for errors of omission and commission. Data was stored in a double-

locking cupboard, and the key was only accessed by the study.

Data analysis and interpretation.

Descriptive analysis was used on the data collected. Information was obtained from the questionnaires, checked, and verified manually. Data was collected by the use of a suitable statistical package, i.e., Microsoft Word. In Microsoft words, software was utilised to generate different descriptive statistics depending on the variable under consideration and the specific study objectives.

Ethical Consideration.

A recommendation letter was obtained from the Kampala School of Health Sciences in order for the study to obtain permission from Adjumani general hospital to be able to carry on the research. During data collection, consent was sought from the respondents, and there was confidentiality of the information collected by storing it in a double-locking cupboard, with the key only accessed by the study.

RESULTS

Demographic data

Table 1: Shows the demographic data of the respondents, N=100

Age	**Frequency (f)**	**Percentage (%)**
18-22years	52	52
23-26years	20	20
27-31years	16	16
32-35years	12	12
Total	**100**	**100**
Sex	**Frequency (f)**	**Percentage (%)**
female	68	68
male	32	32
Total	**100**	**100**
Religion	**Frequency (f)**	**Percentage (%)**
Catholic	54	54
Protestant	16	16
Moslem	22	22
Others	8	8

Total	**100**	100
Education level	**Frequency (f)**	**Percentage (%)**
Primary	44	44
High school	26	26
Tertiary institution/university	12	12
Never went to school	18	18
Total	**100**	**100**
Marital status	**Frequency(f)**	**Percentage (%)**
single	52	52
married	37	37
divorced	3	3
separated	8	8
Total	**100**	**100**
Tribe	**Frequency(f)**	**Percentage (%)**
Madi	53	53
Lugbara	9	9
Ariinga	22	22
Others (specify)	16	16
Total	**100**	**100**
Occupation	**Frequency(f)**	**Percentage (%)**
Employed	12	12
Unemployed	18	18

Peasant	45	45
Self employed	25	25
Total	**100**	**100**

Table 1, more than half (52%) of the respondents were within the age bracket of 1822 years of age, whereas the minority (12%) were within the age bracket of 32-35 years of age. Most (68%) of the respondents were females, whereas the least (32%) were males. More than half (54%) of the respondents were Catholics, whereas the least (8%) were others (specify) like Seventh Day Adventists, Protestants, Muslims, etc. Most (44%) of the respondents had attained primary education, whereas the least (12%) had attained tertiary education. Most (45%) of the respondents were peasants, whereas the least (12%) were employed as waitresses, and self-employed. More than half (52%) of the respondents were singles, whereas the least (3%) had divorced their partners. More than half (53%) of the respondents were Madi by tribe, whereas the least (9%) were Lugbara by tribe.

Knowledge towards prevention of Hepatitis C among patients aged 18-35 years.

Table 2: Shows the distribution of respondents according to whether they had ever heard about Hepatitis C. N=100

Response	Frequency(f)	Percentage (%)
Yes	59	59
No	41	41
Total	**100**	**100**

More than half (59%) of the respondents had ever heard about Hepatitis C, whereas the least (41%) had not heard about Hepatitis C.

Figure 1: Shows the distribution of respondents according to whether they know the organism causing Hepatitis C. N=100

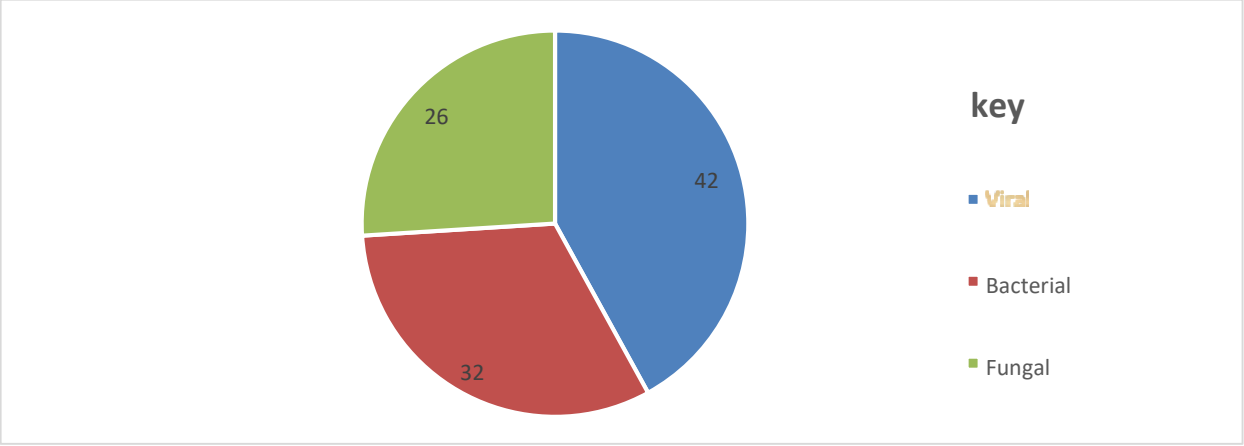

Figure 1, most (42%) of the respondents knew that Hepatitis C was caused by a virus, whereas the least (26%) knew that it was caused by fungi.

Table 3: Shows the distribution of the respondents according to whether they knew the Hepatitis C virus was transmitted through sexual intercourse. N=100

Response	Frequency(f)	Percentage (%)
Yes	62	62
No	38	38
Total	**100**	**100**

Most (62%) of the respondents knew that Hepatitis C was transmitted through sexual intercourse, whereas a minority (38%) never knew it was transmitted through sexual intercourse.

Figure 2: Shows the distribution of the respondents according to whether HCV was transmitted during pregnancy, at birth, both, and/or not sure of the route of transmission, N=100

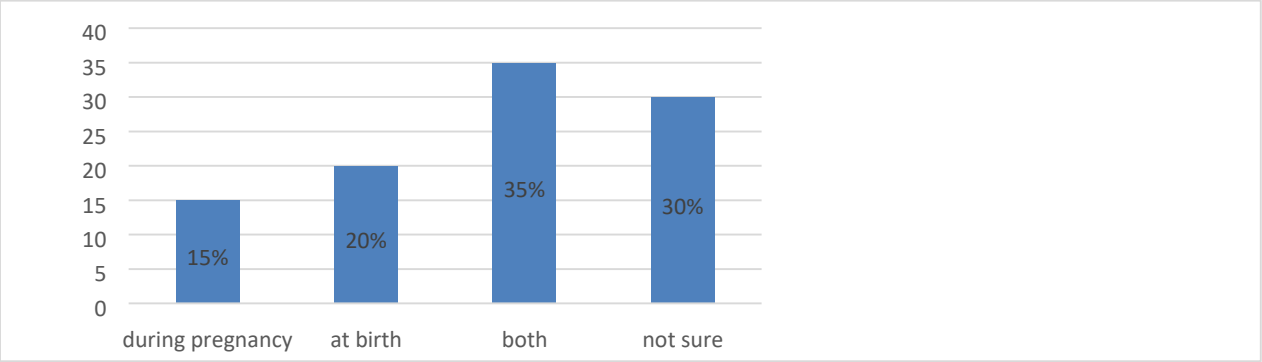

Figure 2, most (35%) of the respondents knew that the Hepatitis C virus is transmitted during pregnancy and at birth, whereas the least (15%) knew that it is transmitted during pregnancy**.**

Discussion.

More than half (59%) of the respondents had heard or knew about Hepatitis C. This implied that awareness towards the prevention of Hepatitis C was good. This could be due to health education through talk shows, radios, and televisions, community outreaches, health education at the hospitals and health centres, etc. The study results were in agreement with a study conducted in Lahore, Pakistan, by Nawaz et al. 2018, about knowledge, attitude, and practices regarding Hepatitis C, among people of a rural community. The results showed that the majority (63.%) of the respondents had ever heard about Hepatitis C.

With regards to the causative organism, most (42%) of the respondents knew the causative organism as a virus. This shows that their knowledge of Hepatitis C was relatively good, but it was still poor. This could be due to gaps in the health education at various points of service delivery, like radios, health facilities, and communities. It could also be due to poor health-seeking behaviours by the community members. The study was in agreement with a study conducted in Quetta, Pakistan, by Mengal et al. (2014) about knowledge, attitude, and practices on Hepatitis C among adolescents. Most (44.5%) of the participants knew the causative organism as a virus, as they obtained information about the virus from newspapers, radios, televisions, institutions, etc.

The majority (62%) of the respondents knew that the Hepatitis C virus was transmitted through sexual intercourse with an infected person. This shows that their knowledge

about the modes of transmission of Hepatitis C was good. This could be attributed to the increased awareness about Hepatitis C in the facilities, institutions, media like radios and newspapers, and communities. The study was in agreement with the study conducted in the Central University in South Delhi, India, by Ara et al (2021) about knowledge, attitude, and practices on HCV and HBV results showed that the majority (62%) of the participants believed that Hepatitis C was transmitted through body fluids like semen and vaginal fluid. The participants obtained their information about Hepatitis C transmissions from the following sources. i.e., media such as radios and newspapers, communities, institutions, and health facilities.

Conclusions

The overall results on knowledge towards prevention of Hepatitis C among the respondents was generally good as more than half (59%) of the respondents knew about Hepatitis C virus, most (42%) of the respondents knew the causative agent of Hepatitis C virus, majority (62%) of the respondents knew that it is transmitted through sexual intercourse with an infected person. This means that the respondents had obtained knowledge from various sources like health facilities, media like radios and newspapers, institutions, and community outreaches, which have shaped their knowledge about Hepatitis C.

Limitations

Transport means were not easy since the hospital was a bit far from the researcher's residence.
The study worked under a strict budget.

Recommendation

The Ministry of Health, Uganda, should emphasise and carry out community outreaches, health education on radio talk shows, and mass media like newspapers, etc., to create awareness and basic knowledge about the prevention of the Hepatitis C virus, since the disease has no vaccine available.

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List of abbreviations

HCV: Hepatitis C Virus.
ENT: Ear, Nose, and Throat
OPD: Outpatient Department
KSHS: Kampala School of Health Sciences
HBV: Hepatitis B virus.

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Data availability

Data is available upon request.

Author contribution

Jiek Gorong Bol collected data and drafted the manuscript of the study
Vincent Charles Kalungi supervised the study

Author biography

Bol Jiek Gorong is a student of a diploma in clinical medicine and community health at Kampala School of Health Sciences.
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REFERENCES

1. Sultan, N. Y., YacoobMayet, A., Alaqeel, S. A., & Al-Omar, H. A. (2018). Assessing the level of knowledge and available sources of information about hepatitis C infection among HCV-infected Egyptians. *BMC Public Health*, *18*(1), 747.
2. Mumit Sarkar, M. A., Saha, M., Hasan, M. N., Saha, B. N., & Das, A. (2021). Current status of knowledge, attitudes, and practices of barbers regarding transmission and prevention of hepatitis

B and C virus in the north-west part of Bangladesh: A cross-sectional study in 2020. *Public health in practice (Oxford, England), 2*, 100124. https://doi.org/10.1016/j.puhip.2021.100124

3. Anjum, Ara & Inder, Deep & Kumar, Pawan & Akhtar, Kafil. (2021). Knowledge, Attitude, and Practices for HBV and HCV (Hepatitis B Virus and Hepatitis C Virus) among the Students of a Central University in South Delhi (India) and Strategies for Prevention of Disease. Journal of Integrated Health Sciences. 9. 19-23. 10.4103/jihs.jihs_2_21.
4. Mengal MH, Tanver F, Azam M, Mengal MA, et al. (2014). Cross-sectional assessment of Knowledge, Attitude, and Practice towards Hepatitis C among Adolescents in Quetta, Pakistan. Dentistry 4: 263. doi:10.4172/2161-1122.1000263
5. Saaed, F. M., Ongerth, J. E., & Ali, M. H. (2022). Knowledge, Attitude, and Practice (KAP) Survey about hepatitis B (HBV) and C (HCV) among migrant populations from Sub-Saharan Africa. *medRxiv*, 2022-11.
6. Nawaz, K., Hussain, M.A., Majeed, I., Afzal, M., & Gilani, S.A. (2018). Knowledge, Attitude, and Practices Regarding Hepatitis C Prevention among People of Rural Community, Lahore. *International Journal of Social Sciences and Management*.

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