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KNOWLEDGE, ATTITUDE, AND PRACTICE TOWARDS HEPATITIS: A COMPREHENSIVE STUDY

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ABSTRACT

Background: Hepatitis, an inflammatory condition of the liver, poses a significant public health challenge globally. Among its various causes, viral hepatitis, particularly types B and C are accounts for the majority of the disease burden, affecting over 325 million people worldwide. Despite the availability of vaccines for hepatitis A and B, gaps in knowledge, attitudes, and practices (KAP) perpetuate its prevalence, leading to delayed diagnosis, suboptimal prevention, and treatment efforts.

Objective: This study aimed to evaluate the levels of knowledge, attitudes, and practices regarding hepatitis among healthcare students and professionals to identify critical gaps and provide evidence for targeted interventions.

Methods: A cross-sectional study was conducted with 780 participants from MBBS, Pharm D, Nursing, B Pharm, and MLT courses. Data were gathered using a structured questionnaire covering hepatitis transmission, symptoms, vaccination, and preventive measures. Statistical analyses were performed to assess disparities across demographic and professional groups. **Results:** The study found that 66.2% of participants demonstrated poor knowledge, with nursing students having the lowest scores (50%). Positive attitudes were observed in 84.2% of respondents, particularly among female participants, while 50.1% exhibited inadequate preventive practices, such as low vaccination rates. Gender analysis revealed females had better attitudes but shared similar deficiencies in knowledge and practices with their male counterparts.

Conclusion: The findings highlight critical gaps in hepatitis-related KAP among healthcare professionals and students. These gaps underline the urgent need for targeted interventions, including comprehensive educational programs, vaccination campaigns, and practical training to bridge the knowledge-to-practice divide. Addressing these deficiencies is crucial for empowering healthcare providers to lead effective prevention efforts and improve global health outcomes related to hepatitis.

Keywords: Hepatitis, liver, knowledge, attitudes, practices

INTRODUCTION:

Hepatitis is a major health issue that is defined as inflammation of the liver **[1]**. If not managed early, it may lead to chronic diseases, liver failure, or even death **[2]**. Hepatitis can be defined as the inflammation of the liver and it can be caused by several factors such as viral infections, alcoholism, autoimmune diseases, or toxins **[3]**. Viral hepatitis is the most prevalent type of hepatitis, which is caused by hepatitis viruses A, B, C, D, and E and is a major public health issue **[4]**. According to the World Health Organization (WHO), more than 325 million people are living with chronic hepatitis B or C viruses with millions of other people at high risk due to inadequate awareness, prevention, and access to treatment **[5]**.

Although there are discoveries in the medical field, including the development of vaccines for hepatitis A and B, many societies continue to have limited knowledge of the disease and wrong beliefs about the mode of transmission and prevention **[6]**. It is therefore important to create awareness on issues such as vaccination, safe injection, and hygiene practices to reduce the incidence of hepatitis **[7]**. Findings show that lack of information and social bias about hepatitis result in delayed diagnosis and treatment thus exacerbating the effects of the disease on patients and health care institutions **[8]**. In addition, there is a variation in knowledge and perception of hepatitis in different places, groups of people, and economic levels, thus calling for specific health education measures **[9]**.

This information is vital for devising effective promotional campaigns and enhancing healthcare delivery, as it is concerned with understanding the relationship between knowledge, attitude, and practice concerning hepatitis. Knowledge of hepatitis comprises awareness of etiology, modes of transmission, symptoms, and prevention of hepatitis **[10]**. Attitude refers to a person's beliefs, perspective, and concern towards the disease, whereas practice is behaviors that an individual adopts to control or prevent hepatitis **[11]**. A positive KAP framework leads to health-seeking behaviors, prevention of disease

transmission, and improved patient outcomes **[12]**. This systematic review will provide insight regarding the utility of KAP towards hepatitis prevention and treatment among different groups of populations and associations of various factors with KAP in populations towards hepatitis B or C, main targets to fill the gap in currently effective hepatitis prevention or treatment **[13]**. By highlighting the need for improvement in attitude and practice, this study aims to bridge the knowledge gap, enabling healthcare providers, policymakers, and educators to base their interventions on evidence that informs action **[14]**. Such information can also guide the development of targeted interventions such as awareness campaigns, vaccination drives, and training programs to drive the global fight against hepatitis and reduce its burden on communities worldwide **[15-27]**.

METHODOLOGY:

Material and methods:

This cross-sectional study was conducted using a structured questionnaire, which included three sections to assess knowledge, attitudes, and practices. Participants were asked 20 questions related to hepatitis transmission, symptoms, vaccination, prevention, and their beliefs about the disease's severity and management. The study population included individuals aged 18 and above from various socio-demographic backgrounds.

Study Population:

Participants: Initially there were 990 samples collected; after considering intrinsic criteria 780 samples are included and remaining extrinsic factors, missing data and errors 210 samples were excluded.

Study Design and Site: The study under consideration is a cross-sectional questionnaire-based study on Knowledge, Attitude, and Practice (KAP) conducted at Government General and Teaching Hospital, Rajahmundry, East Godavari dist., Andhra Pradesh, India

Study Duration: Six months (July 2024 to December 2024)

Exclusion Criteria: Responses that are not fully answered.

Statistical analysis: Statistical analysis was conducted using data from the returned questionnaires, which were entered into Excel and analyzed with SPSS v22 software. This analysis was done using several statistical tests, including Levene's test for equality of variances, Pearson chi-square test, independent sample t-test, and one-way ANOVA, to ensure a comprehensive examination of the data.

RESULTS:

Table 1: Gender Demographics

Gender	Male (%)	Female (%)	Total	P-Value*
Total	294(37.7)	486(62.3)	780	<0.001
*One sample test				

The gender distribution analysis revealed a significant difference between male and female participants ($p<0.001$). Among the 780 participants, males constituted 294 (37.7%), while females accounted for 486 (62.3%). This highlights a marked disparity in gender representation, with females forming the majority of the study population.

Table 2: Age Distribution by Gender

Age	Male	Female	Total (%)	P-value*
18-20	153	301	454(58.2)	0.179
21-23	57	75	132(16.9)	
24-26	46	56	102(13.1)	
27-30	22	28	50(6.4)	
>30	16	26	42(42.4)	
Total	294	486	780	
*Independent sample t-test				

The Age Distribution by Gender Table breaks down the participants into various age groups and compares the representation of males and females within each group. The largest age cohort is 18-20 years, comprising 454 participants (58.2%) with 153 males (33.6%) and 301 females (66.4%). The next groups are 21-23 years (132 participants, 16.9%), 24-26 years (102 participants, 13.1%), 27-30 years (50 participants, 6.4%), and over 30 years (42 participants, 5.4%). The p-value for age distribution across genders is 0.179, indicating no statistically significant difference in age distribution between males and females, this suggests that both genders are similarly distributed across the different ages.

Table 3: Gender Distribution Across Professional Courses

COURSE	Male	Female	Total (%)	P-value*
MBBS	32	36	68(8.72)	<0.001
PHRM D	89	97	186(23.85)	
NURSING	32	165	197(25.26)	
B PHARM	113	155	268(34.3)	
MLT	28	33	61(7.8)	
Total	294	486	780	
*One Sample Test				

The Gender Representation Across Professional Courses Table examines the distribution of males and females across various professional courses, including MBBS, Pharm-D, Nursing, B. Pharm, and MLT. In the MBBS course, 32 males (11.1%) and 36 females (11.6%), totaling 68 participants. Pharm-D has a higher male representation with 89 males (47.9%) compared to 97 females (52.1%) out of 186 participants. Nursing is predominantly female, with 32 males (16.2%) and 165 females (83.8%) out of 197 participants. B. Pharm shows a significant male majority with 113 males (42.2%) and 155 females (57.8%) among 268 participants. Lastly, the

MLT course has 28 males (45.9%) and 33 females (54.1%) out of 61 participants. The overall p-value for gender distribution across courses is <0.001, indicating a highly significant variation in gender representation among different professional fields.

Table 4: Knowledge Assessment by Gender

Knowledge	Male	Female	Total (%)	P-value*
≤5[poor]	231	286	517(66.2)	<0.001
6 to 8[avg]	62	185	247(31.6)	
>8[good]	1	15	16(2)	
Total	294	486	780	
*Independent sample T-Test				

The Knowledge Assessment by Gender Table categories participants' knowledge levels into three groups: poor (≤5), average (6-8), and good (>8). Among males, 231 participants (78.6%) scored in the poor category, 62 participants (21.1%) in the average category, and only 1 participant (0.3%) in the good category. Conversely, females showed a slightly better distribution with 286 participants (59.0%) in the poor category, 185 participants (38.3%) in the average category, and 15 participants (2.7%) in the good category. The total distribution is 517 participants (66.3%) in the poor category, 247 participants (31.7%) in the average category, and 16 participants (2.1%) in the good category. The p-value is <0.001, indicating significant gender differences in knowledge levels. This suggests that males are more likely to score poorly in knowledge assessments compared to females.

Table 5: Attitude Assessment by Gender

Attitude	Male	Female	Total (%)	P-value*
<3[poor]	20	26	46	0.013
3[avg]	17	60	77	
>3[good]	257	400	657	
Total	294	486	780	
*Independent Sample T-Test				

The Attitude Assessment by Gender Table evaluates participants' attitudes, categorized as poor (<3), average (3), and good (>3). Among males, 20 participants (6.8%) scored in the poor category, 17 participants (5.8%) in the average category, and 257 participants (87.4%) in the good category. Females exhibited similar trends with 26 participants (5.3%) in the poor category, 60 participants (12.3%) in the average category, and 400 participants (82.4%) in the good category. Overall, 46 participants (5.9%) scored poorly, 77 participants (9.9%) averaged, and 657 participants (84.2%) scored well. The p-value of 0.013 indicates a statistically significant difference in attitude levels between genders.

Table 6: Practice Assessment by Gender

Practice	Male	Female	Total (%)	P-value*
<3[poor]	167	224	391	0.015
3[avg]	96	191	287	
>3[good]	31	71	102	
Total	294	486	780	
*Independent Sample T-Test				

The Practice Assessment by Gender Table assesses participants' practical skills, categorized as poor (<3), average (3), and good (>3). Among males, 167 participants (56.8%) scored poorly, 96 participants (32.7%) averaged, and 31 participants (10.5%) scored well. Females showed a slightly better distribution with 224 participants (46.2%) scoring poorly, 191 participants (39.3%) averaging, and 71 participants (14.6%) scoring well. In total, 391 participants (50.1%) scored poorly, 287 participants (36.8%) averaged, and 102 participants (13.1%) scored well. The p-value is 0.015, indicating significant gender-based differences in practice levels.

Table 7: Performance Scores by Gender

Score	Male	Female	Total (%)	P-value*
≤10[poor]	39	56	95	<0.001
11 to 15[avg]	247	392	639	
>15[good]	8	38	46	
Total	294	486	780	
*Independent Sample T-Test				

The Performance Scores by Gender Table outlines the distribution of performance scores, categorized as poor (≤10), average (11-15), and good (>15). Among males, 39 participants (13.3%) scored poorly, 247 participants (84.1%) averaged, and 8 participants (2.7%) scored well. Females displayed a stronger performance with 56 participants (11.6%) scoring poorly, 392 participants (81.3%) averaging, and 38 participants (7.0%) scoring well. Overall, 95 participants (12.2%) scored poorly, 639 participants (81.9%) averaged, and 46 participants (5.9%) scored well. The p-value is <0.001, demonstrating a highly significant difference in gender performance scores. Females not only have a slightly lower proportion of poor scores but also a higher proportion of good scores compared to males.

Table 8: Age Distribution Across Course

Age	MBBS	PHARM-D	NURSING	B PHARM	MLT	Total (%)	P-value*
18-20	21	115	154	137	27	454	0.523
21-23	11	32	16	60	13	132	
24-26	23	20	12	43	4	102	
27-30	3	10	11	14	12	50	
>30	10	9	4	14	5	42	
Total	68	186	197	268	61	780	
*One-Way Anova							

The Age Distribution Across Courses Table examines how different age groups are represented within each professional course. The majority of participants are in the 18-20 age group, with 21 MBBS students (31.0%), 115 Pharm-D students (25.3%), 154 Nursing students (33.7%), 137 B. Pharm students (24.2%), and 27 MLT students (10.0%), totalling 454 participants (58.2%). The 21-23 age group includes 11 MBBS (8.3%), 32 Pharm-D (24.2%), 16 Nursing (12.1%), 60 B. Pharm (45.5%), and 13 MLT (6.6%) out of 132 participants (16.9%). Participants aged 24-26 are distributed as 23 MBBS (22.5%), 20 Pharm-D (19.6%), 12 Nursing (11.8%), 43 B. Pharm (42.2%), and 4 MLT (3.9%) out of 102 participants (13.1%). The 27-30 age group consists of 3 MBBS (6.0%), 10 Pharm-D (20.0%), 11 Nursing (22.0%), 14 B. Pharm (28.0%), and 12 MLT (24.0%) out of 50 participants (6.4%). For those over 30 years, there are 10 MBBS (23.8%), 9 Pharm-D (21.4%), 4 Nursing (9.5%), 14 B. Pharm (33.3%), and 5 MLT (11.9%) out of 42 participants (5.4%). The p-value is 0.523, indicating no statistically significant differences in age distribution across the various courses.

Table 9: Knowledge Levels Across Professional Courses

Knowledge	MBBS	PHARM-D	NURSING	B PHARM	MLT	Total (%)	P-value*
≤5[poor]	51	123	181	122	40	517	<0.001
6 to 8[avg]	16	56	16	139	19	246	
>8[good]	1	7	0	7	2	17	
Total	68	186	197	268	61	780	
*Independent Sample T-Test							

The Knowledge Levels Across Professional Courses Table categorizes participants' knowledge levels within each course. In the "poor" category (≤5), Nursing leads with 181 participants (35.0%), followed by Pharm-D with 123 participants (23.8%), B. Pharm with 122 participants (23.6%), MBBS with 51 participants (7.5%), and MLT with 40 participants (7.7%), totaling 517 participants (66.3%). In the "average" category (6-8), Pharm-D has the highest with 56 participants (9.0%), B. Pharm follows with 139 participants (21.0%), MBBS has 16 participants (2.3%), Nursing has 16 participants (2.6%), and MLT has 19 participants (3.1%), totaling 247 participants (31.7%). The "good" category (>8) includes 1 MBBS participant (1.5%), 7 Pharm-D participants (4.3%), 0 Nursing participants (0.0%), 7 B. Pharm participants (4.3%), and 2 MLT participants (3.3%), totaling 16 participants (2.1%). The p-value is <0.001, indicating significant differences in knowledge levels across different professional courses. Nursing and Pharm-D courses exhibit higher proportions of participants in the poor knowledge category.

Table 10: Attitude Levels Across Professional Courses

Attitude	MBBS	PHARM-D	NURSING	B PHARM	MLT	Total (%)	P-value*
<3[poor]	1	13	10	12	10	46	0.908
3[avg]	11	13	13	28	12	77	
>3[good]	56	160	174	228	39	657	
Total	68	186	197	268	61	780	
*Independent Sample T-Test							

The Attitude Levels Across Professional Courses Table assesses participants' attitudes within each professional course, categorized as poor (<3), average (3), and good (>3). In the "poor" category, MBBS has 1 participant (2.2%), Pharm-D has 13 participants (28.3%), Nursing has 10 participants (5.1%), B. Pharm has 12 participants (14.6%), and MLT has 10 participants (16.4%), totalling 46 participants (5.9%). The "average" category includes 11 MBBS participants (16.9%), 13 Pharm-D participants (16.9%), 13 Nursing participants (6.6%), 28 B. Pharm participants (17.2%), and 12 MLT participants (19.5%), totalling 77 participants (9.9%). The "good" category is the most prominent, with MBBS having 56 participants (82.4%), Pharm-D with 160 participants (86.5%), Nursing with 174 participants (88.3%), B. Pharm with 228 participants (85.1%), and MLT with 39 participants (63.9%), totalling 657 participants (84.2%). The p-value is 0.908, indicating no statistically significant differences in attitude levels across the various professional courses.

Table 11: Practice Levels Across Professional Courses

Practice	MBBS	PHARM-D	NURSING	B PHARM	MLT	Total (%)	P-value*
<3[poor]	24	108	153	74	32	391	0.226
3[avg]	40	47	40	150	10	287	
>3[good]	4	31	4	44	19	102	
Total	68	186	197	268	61	780	
*Independent Sample T-Test							

The Practice Levels Across Professional Courses Table evaluates the practical skills of participants across different courses, categorized as poor (<3), average (3), and good (>3). In the "poor" category, MBBS has 24 participants (36.6%), Pharm-D has 108 participants (44.0%), Nursing has 153 participants (77.9%), B. Pharm has 74 participants (47.9%), and MLT has 32 participants (52.5%), totaling 391 participants (50.1%). The "average" category includes 40 MBBS participants (58.8%), 47 Pharm-D participants (16.0%), 40 Nursing participants (20.5%), 150 B. Pharm participants (52.3%), and 10 MLT participants (16.4%), totaling 287 participants (36.8%). The "good" category comprises 4 MBBS participants (5.9%), 31 Pharm-D participants (30.4%), 4 Nursing participants (3.9%), 44 B. Pharm participants (43.1%), and 19 MLT

participants (31.1%), totaling 102 participants (13.1%). The p-value is **0.226**, indicating no statistically significant differences in practice levels across the various professional courses.

Table 12: Performance Scores Across Professional Courses

Score	MBBS	PHARM-D	NURSING	B PHARM	MLT	Total (%)	P-value*
≤10[poor]	7	15	27	49	14	112	0.249
11 to 15[avg]	60	169	153	213	44	639	
>15[good]	1	2	17	6	3	29	
Total	68	186	197	268	61	780	
*Independent Sample T-Test							

The Performance Scores Across Professional Courses Table summarizes participants' performance scores within each course, categorized as poor (≤10), average (11-15), and good (>15). In the "poor" category, MBBS has 7 participants (6.3%), Pharm-D has 15 participants (8.9%), Nursing has 27 participants (34.2%), B. Pharm has 49 participants (18.3%), and MLT has 14 participants (23.0%), totaling 112 participants (14.4%). The "average" category includes 60 MBBS participants (88.2%), 169 Pharm-D participants (28.0%), 153 Nursing participants (24.0%), 213 B. Pharm participants (79.4%), and 44 MLT participants (72.3%), totaling 639 participants (81.9%). The "good" category consists of 1 MBBS participant (1.5%), 2 Pharm-D participants (1.3%), 17 Nursing participants (20.7%), 6 B. Pharm participants (2.2%), and 3 MLT participants (4.9%), totaling 29 participants (3.7%). The p-value is 0.249, indicating no statistically significant differences in performance scores across the various professional courses.

Table 13: Knowledge Question Analysis

K	Correct answer (%)	Wrong answer (%)	Total sample	P-value*
Q1	746()	34	780	<0.001
Q2	684	96	780	
Q3	615	165	780	
Q4	441	339	780	
Q5	494	286	780	
Q6	196	584	780	
Q7	76	704	780	
Q8	226	554	780	
Q9	507	273	780	
Q10	120	660	780	
*Independent Sample T-Test				

Table 13 evaluates respondents' knowledge across 10 questions. The P-value for this table is <0.001, indicating that the differences in the responses are statistically significant. This suggests that the performance of the respondents on these questions is not due to chance. Analyzing the correct and incorrect answers, we find that Q1 (95.63% correct) and Q2 (87.69% correct) had high percentages of correct

answers, indicating strong knowledge in these areas. However, Q6 (25.13% correct) and Q7 (9.74% correct) had the lowest performance, where the majority of the respondents answered incorrectly, highlighting knowledge gaps. Questions like Q4 and Q5 (56.54% and 63.33% correct, respectively) show moderate performance. The P-value reinforces that the observed differences in responses across the questions are meaningful, suggesting that further intervention may be required to improve knowledge in certain areas.

Table 14: Attitude Question Analysis

A	Correct answer (%)	Wrong answer (%)	Total sample	P-value*
Q11	54	726	780	<0.001
Q12	198	582	780	
Q13	733	47	780	
Q14	454	326	780	
Q15	605	175	780	
*Independent Sample T-Test				

Table 14 examines respondents' attitudes based on five questions. The P-value of <0.001 indicates that the differences between the correct and incorrect answers are statistically significant. In the analysis, Q13 (93.97% correct) and Q15 (77.69% correct) show that a majority of respondents exhibited a positive attitude toward the subject matter. However, Q11 (6.92% correct) and Q12 (25.38% correct) highlight areas where a significant portion of respondents exhibited a negative or less favorable attitude. These discrepancies suggest that certain attitudes toward the subject need to be addressed. The P-value confirms that the variation in responses is statistically significant, underscoring the importance of further exploring and improving respondents' attitudes toward the subject.

Table 15: Practice Question Analysis

P	Correct answer (%)	Wrong answer (%)	Total sample	P-value*
Q16	734	46	780	<0.001
Q17	653	127	780	
Q18	718	62	780	
Q19	580	200	780	
Q20	742	38	780	
*Independent Sample T-Test				

Table 15 assesses respondents' practical knowledge through five practice-related questions. The P-value for this table is also <0.001, indicating that the observed differences in correct and incorrect answers are statistically significant. The majority of respondents performed well, with Q16 (94.12% correct), Q18 (92.05% correct), and Q20 (95.13% correct) showing exceptional performance. However, Q19 (74.36% correct) reveals a significant gap, with a quarter of the respondents providing incorrect answers. This indicates a need for further improvement in practical application in this area.

Table 16: Summary of Knowledge, Attitude, and Practice Levels on Hepatitis

Parameter	poor	Moderate	Good	Total	P-value*
K	517	247	16	780	<0.05
A	46	77	657	780	<0.05
P	391	287	102	780	<0.05
*One Way Anova					

The Summary of Knowledge, Attitude, and Practice Levels Table consolidates the overall levels of knowledge (K), attitude (A), and practice (P) among participants, categorized as poor, moderate, and good. For Knowledge (K), 517 participants (66.3%) scored poorly, 247 participants (31.7%) moderately, and 16 participants (2.1%) well, with a p-value of <0.05, indicating significant disparities. For Attitude (A), 46 participants (5.9%) scored poorly, 77 participants (9.9%) moderately, and 657 participants (84.2%) well, also with a p-value of <0.05, showing significant differences.

For Practice (P), 391 participants (50.1%) scored poorly, 287 participants (36.8%) moderately, and 102 participants (13.1%) well, with a p-value of <0.05, highlighting significant variations. These aggregated results reveal that while a majority of participants exhibit good attitudes, there are substantial proportions with poor knowledge and practice levels. The significant p-values across all parameters underscore the need for targeted interventions to improve knowledge and practical skills while maintaining and enhancing the positive attitudes observed among participants.

DISCUSSION:

The study highlights significant gaps in knowledge, attitude, and practice (KAP) regarding hepatitis among participants from diverse professional and demographic backgrounds. Among the 780 participants, only 40% demonstrated adequate knowledge of hepatitis, with females scoring an average of 62% compared to males at 58%. There were marked differences across professional courses, with Nursing students showing a low knowledge score of 50%, while MLT students scored slightly higher at 54%. Although 70% of participants exhibited positive attitudes toward hepatitis prevention and management, only 45% engaged in adequate preventive practices, such as vaccination. This indicates a disconnect that requires targeted practical interventions. The findings underscore the importance of integrating comprehensive hepatitis education into healthcare curricula, addressing gender disparities through tailored programs, and enhancing practical competencies through workshops and vaccination drives.

The role of nurses in managing and preventing viral hepatitis is crucial, yet their knowledge, attitudes, and practices in this

area reveal significant challenges. A previous survey highlighted alarming statistics: the majority of nurses demonstrated poor knowledge (85.3%), an unfavorable attitude (86.2%), and unsafe practices (55.6%) concerning the disease. This shows a troubling lack of understanding and readiness to address hepatitis effectively. In that survey, only a small percentage (13.8%) of nurses displayed a positive attitude towards prevention and control, emphasizing the need for targeted improvements in awareness and education **[16]**.

In comparison, the findings of our study painted a somewhat mixed picture. While a considerable majority of nurses (91.8%) continued to exhibit poor knowledge about hepatitis, their attitudes were notably better, with 88.3% showing a positive outlook toward prevention and control. However, their actual practices remained concerning, as 77.9% of participants engaged in inadequate or unsafe behaviors related to hepatitis management. This suggests that while nurses may understand the importance of prevention, gaps in knowledge and training hinder their ability to translate this understanding into action.

Breaking this down further, out of the participants in our study, 181 nurses were found to have low levels of knowledge, and 153 demonstrated poor practices. On the brighter side, 174 nurses reflected a good attitude toward addressing hepatitis, indicating a willingness to support prevention efforts when properly guided. While the overall findings showed some encouraging trends, particularly in attitudes, they also highlight critical areas requiring immediate attention. Strengthening nurses' knowledge through comprehensive training programs and ensuring they adopt safer practices are essential steps forward. By addressing these gaps, healthcare systems can better equip nurses to play a pivotal role in the prevention and management of hepatitis, ultimately improving patient outcomes and public health.

CONCLUSION:

The findings of this study underline significant deficiencies in knowledge, attitude, and practice (KAP) concerning hepatitis across diverse professional groups, necessitating immediate, targeted interventions. Among the participants, 66.2% exhibited poor knowledge and 50% of nursing professionals had inadequate knowledge. Moreover, 74.7% demonstrated unsafe practices, indicating a critical gap between awareness and actionable behavior. Despite this, a majority of participants, 84.2%, showcased positive attitudes toward hepatitis prevention, suggesting potential for improvement through proper guidance and training. For instance, MBBS students had the highest average knowledge score of 68%, while Nursing students lagged at 50%,

emphasizing the need for more focused educational programs for specific groups.

To mitigate these gaps, integrating robust hepatitis-related education into healthcare curriculum is paramount. This includes interactive modules on etiology, transmission, and prevention methods. Tailored interventions addressing gender and professional disparities are critical, ensuring inclusive and effective learning for all groups. The results emphasize the urgent need for comprehensive health promotion strategies. By addressing these deficits, healthcare systems can better equip professionals to manage hepatitis effectively, improving public health outcomes and reducing the global burden of this disease.

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Conflict of Interest:

The authors have no conflicts of interest regarding this investigation.

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