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Original Research Paper

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A STUDY TO ASSESS AWARENESS, HEALTH SEEKING BEHAVIOUR AND FACTORS FOR LOW COMPLIANCE AMONG HEPATITIS B PATIENT OF DADRA AND NAGER HAVELI.

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ABSTRACT Hepatitis B Virus (HBV) remains a major global health burden, with 254 million people chronically infected in 2022. In India, diagnosis and treatment rates are very low, and awareness remains limited, particularly in regions such as Gujarat and the Union Territories of Dadra & Nagar Haveli and Daman & Diu. A non-experimental study was conducted in 2025 at a hospital in Silvassa, involving 200 HBV patients selected through convenience sampling. Data were collected using a validated questionnaire assessing socio-demographics, awareness, health-seeking behaviour, and compliance, and analyzed using SPSS with descriptive and inferential statistics. Most participants were aged 18–30 years, female, married, and educated up to school level. Awareness was inadequate in 77% of respondents, while 92% showed poor health-seeking behaviour. Economic constraints were the leading factor contributing to low compliance. Weak positive correlations were found between awareness and health-seeking behaviour and between health-seeking behaviour and compliance factors. Significant associations emerged with family history of HBV and religion.

KEYWORDS : Hepatitis B, Awareness, Health seeking Behaviour, Factors for low compliance.

Hepatitis B Virus (HBV) remains a major global health issue, with 254 million people chronically infected in 2022. Despite 2030 elimination targets, diagnosis and treatment rates are low—particularly in India, where only ~3% of infected individuals are diagnosed and <1% receive treatment. Although the National Viral Hepatitis Control Programme has expanded services, the HBV burden remains high.

In Gujarat and the Union Territories of Dadra & Nagar Haveli and Daman & Diu, HBV prevalence is 1.2%, yet awareness is limited despite effective vaccines and therapies. Misconceptions, stigma, and inadequate public education hinder prevention. Health-seeking behaviour and treatment adherence are poor due to asymptomatic infection, high diagnostic costs, limited access, and weak system support. While urban screening has improved, rural detection remains inadequate.

Vaccination and treatment uptake are further affected by low literacy, limited income, and poor access to services, with even medical groups showing suboptimal coverage. Dadra and Nagar Haveli faces additional challenges due to its tribal, rural population and lack of region-specific data-underscoring the need for targeted, locally informed interventions.

Sr.	Baseline data		Group	
			F	%
1.	Age in year	18-30	90	45.00
		31-45	68	34.00
		46-60	35	17.50
		>60	7	3.50
2.	Gender	Male	99	49.50
		Female	101	50.50
		Transgender	00	00
3.	Religion	Hindu	166	83.00
		Cristen	26	13.00
		Muslim	8	4.00
		Others	00	00
4.	Marital status	Married	186	93.00
		Unmarried	12	6.00
		Divorce/ separate	1	0.50
		Widow	1	0.50
5.	Education	Postgraduate	5	2.50
		Graduate	14	7.00
		Schooling	155	77.50
		Illiterate	26	13.00
6.	Occupation	Job	33	16.50
		Business	8	4.00
		Labour	28	14.00
		Farmer	66	33.00
		Home maker/ Housewife	65	32.50
7.	Economic Status	5 lakh	8	4.00
		3-4.5lakh	17	8.50
		2.5-3lakh	36	18.00
		2-2.5lakh	139	69.50
8.	Type of family	Nuclear	93	46.50
		Joint	107	53.50
		Extended	00	00
9.	Is anyone suffering with Hepatitis B in your Family	Parent	13	6.50
		Sibling	2	1.00
		Children	1	0.50
		Sexual partner	15	7.50
		Non of above	169	84.50
10.	Dietary pattern	Vegetarian	51	25.50
		Non-vegetarian	148	74.00
		Vegan	1	0.50
11.	Having history of anything	Blood transfusion in past		
		Yes	6	3.00
		No	194	97.00
		History of any dental procedure		
		Yes	25	12.50
		No	175	87.50
		History of any surgical procedure		

		Yes	3	1.50
		No	197	98.50
		History of tattooing		
		Yes	34	17.00
		No	166	83.00
		Place of tattoo		
		Market	5	14.71
		Shop	29	85.29
		professional artist	00	00
		Did tattoo artist changed needle		
		Yes	7	20.59
		No	27	74.41
		History of piercing		
		Yes	101	50.50
		No	99	49.50
		Place of piercing		
		Market	9	8.9
		Shop	92	91.1
		Professional artist	00	00
		Did artist change needle		
		Yes	13	12.87
		No	112	87.13

MATERIALS AND METHODS

This is a non study was conducted in 2025 at selected hospital of Dadra and Nagar haveli, Silvassa where 200 samples of Hepatitis B patient selected by non-probability convenient sampling technique. The inclusion criteria for client were informed consent, presence during the data collection period, self prepared questionnaire assessment tools. A diagnosed with Hepatitis B and not taking treatment, currently practicing or taking treatment the participation were excluded. A well designed and validated expert data collection tool was used dividing in different sections in which section of the document included socio demographic details such as age, gender, marital status, type of family, educational qualification, monthly income, years of experience, and religion collected. Second section of the document include awareness related questions the scoring adequate awareness 12-14, moderate awareness 8-11, and poor awareness 0-7, in third section health seeking behaviour adequate behaviour 12-14, moderate behaviour 8-11 and poor behaviour 0-7 and fourth section level of compliance good compliance 0-5 average 6-11, poor 12-20. The collected data were analyzed by using SPSS, the data were descriptively analyzed and inferential analysis with a significance level of 5% was performed using spearman's, t- test and chi-square test(0.05).

RESULT

The data was analysed using descriptive and inferential statistics. The majority of Hepatitis B respondent (45%) were aged 18–30 years, with most being female (50.50%), Hindu (83%), married (93%), educated up to schooling level (77.5%), engaged in farming, and living in joint families (53%). Many had history of Hepatitis B among family member or sexual partners. Regarding risk factor for Hepatitis B among respondents, piercing was a major factor for Hepatitis B. According to frequency and percentage distribution Most participants had moderate awareness of Hepatitis B (22%), (77%) respondent showing inadequate awareness. A large majority (92%) demonstrated poor health-seeking behavior, indicating a risk for poor disease management. Regarding factors for low compliance 58.5% participants belongs to having average number of factors for low compliance and 29.5% participants had high number of factors of low compliance. There were weak positive correlation between awareness and health seeking behaviour. Health seeking behaviour and factors for low compliance also had weak positive correlation. There was significant association between awareness & family history of hepatitis B and health seeking behaviour & religion. Economic factor was prominent factor for factors for low compliance among most of the Hepatitis B patient, and health seeking behaviour & religion. Economic factor was prominent factor for factors for low compliance among most of the Hepatitis B patient.

CONCLUSION

The result shows there was poor awareness, health seeking behaviour and more then half of respondent had moderate number of factors for low compliance. There were weak positive correlation between awareness and health seeking behaviour, health seeking behaviour & factors for low compliance. There was significant association between awareness & family history of hepatitis B respondents and health seeking behaviour & religion. Economic factor was prominent factor for factors for low compliance among most of the Hepatitis B patient.

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