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ORIGINAL RESEARCH

EDUCATION EFFECT OF ACUTE HEPATITIS IN UNKNOWN CAUSES ON KNOWLEDGE OF HEALTH WORKERS AND STUDENTS

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ABSTRACT

Acute hepatitis is one of the world's health problems, especially in children whose exact cause is unknown. Cases of acute hepatitis continue to increase, but due to unknown causes, the introduction and treatment of this case are relatively new in the community and among health workers. The purpose of this study was to determine whether education affects acute hepatitis in children whose cause is unknown to the knowledge of health workers and students. The sample in this study amounted to 167, consisting of health workers and students. The results showed a change in the mean before being given acute hepatitis education to children whose cause was unknown and after. There is an effect of acute hepatitis education in children whose cause is not known to the knowledge of health workers and students

Keywords

Acute hepatitis, children, knowledge, health workers

INTRODUCTION

Cases of acute hepatitis in children cause several clinical symptoms. In contrast, the most common clinical signs are fever, jaundice, nausea, vomiting, diarrhea, abdominal pain, loss of appetite, and pale stools (Schaefer & John, 2022)

The disease is divided into three phases of the disease course, namely in the early phase, with clinical symptoms of diarrhea, nausea, vomiting, fever, abdominal pain, and respiratory symptoms. The advanced stage is characterized by jaundice or icteric, SGOT/SGPT > 500 IU/L, concentrated BAK, and putty defecation. The latter is a fulminant hepatitis phase with signs of decreased consciousness, positive INR > 1.5/PT > 15 seconds, cannot be corrected by vitamin K or without a decrease in consciousness, INR is greater than two or PT is greater than 20 seconds (Siswanto, 2020). Cases of acute hepatitis in children have several hypotheses that cause by; common adenovirus, new variant adenovirus, post-infection syndrome SARS-CoV-2, exposure to drugs/environment/toxins, new pathogens, alone or co-infection, a new variant of SARS-CoV-2 (kemenkes 2022).

There were 169 cases of acute hepatitis in children reported by WHO; as for the

countries where there were cases until April which WHO recorded, only 11 countries, namely: the United Kingdom of Great Britain and Northern Ireland (the United Kingdom) (114), Spain (13), Israel (12), the United States of America (9), Denmark (6), Ireland (<5), The Netherlands (4), Italy (4), Norway (2), France (2), Romania (1), and Belgium (1). The prevalence every month is increasing and spreading in various countries until data is obtained in May 2022, with as many as 650 cases worldwide (WHO, 2022).

Based on data from the Ministry of Health, 91 suspected cases of acute hepatitis have been examined in Indonesia. Of these, 35 are probable, seven are pending, and 49 are discarded. Cases of acute hepatitis are spread in 22 provinces. Not all regions in Indonesia have hepatitis cases. Of these 22 provinces, the most cases are in DKI Jakarta, with 12 probable cases and three pending cases, DIY 3 probable cases, and 0 pending cases, and Central Java 2 probable cases and two pending cases. Male gender 0 to 5 years (Kemenkes RI, 2022)

METHOD

The research design used by the researcher is descriptive with the type of research used, namely quantitative, with data sources.

The data taken in this study are primary, using a purposive sampling technique. The number of samples in this study was 167 people.

Educational activities take place at one time and are carried out online. Before educational activities related to acute hepatitis in children are carried out, all respondents are given a questionnaire to measure their knowledge first. After the education is completed, the research respondents are given the same questionnaire to gauge their knowledge after education.

RESULTS

The results of this study obtained data on the characteristics of the respondents and the level of knowledge related to acute hepatitis in children.

Table 1 characteristics of respondents by age

Age	Frequency	Percent
17-25	126	75.45
26-35	29	17.36
36-45	8	4.79
46-55	1	0.6
56-65	3	1.8
Total	167	100.0

The results showed that the age groups were quite diverse, but the majority of the ages involved were aged 17-25 years, namely 75.45% or 126 people, while the least was at the age of 46-55 years, namely 0.6% or one person.

Tabel 2 characteristics of respondents by occupation

Occupation	Frequency	Percent
Lecturer	14	8.4
Doctor	8	4.8
Nurse	13	7.8
Student	123	73.7
Pharmacist	8	4.8
Student	1	.6
Total	167	100.0

Karakteristik responden mayoritas di ikuti oleh mahasiswa yaitu sejumlah 73.7% atausebanyak 123 orang, sedangkanjumlah paling sedikit di ikuti oleh pelajarsebanya 0.6% atau 1 orang. Characteristics of respondents, the majority were followed by students, namely 73.7% or 123 people, while 0.6% of students or one person followed the least number.

Tabel 3 characteristics of respondents by gender

Occupation	Frequency	Percent
Man	46	27.5
Female	121	72.5
Total	167	100.0

Before being given education in this activity, research respondents were given a questionnaire to measure their level of knowledge. After the education had been done, the research questionnaire was given back. The results of the participants' knowledge level are as follows.

Table 4 Knowledge level of respondents before and after education

	PRE	POST	p-value
Mean	5.59	9.25	0.000
Minimum	0	8	
Maximum	10	10	

The results of the level of knowledge before being given education had a mean value of 5.59. The lowest score before being educated was 0, while the highest was 10.

The results of the level of knowledge after being given education had a mean value of 9.25, which increased from before being given education. The lowest score after being educated was 8, while the highest was 10.

DISCUSSION

This activity involved 167 participants, the majority of which were women. According to (Normadewi, 2012) different perceptions might be formed by the sexes, thus affecting the knowledge and attitudes that differ between men and women. Whether men and women differ in how they make ethical and cognitive decisions is a matter of debate.

Research (Kuo-Ming et al., 2012) states that women have a higher knowledge score on preventing and managing sports injuries than men (Wang et al., 2012).

The majority of participants in the activity are 19 years old, based on Hurlock's opinion, stating that age affects an individual's level of knowledge; as a person's age increases, his knowledge and experience also increase (Ajhuri, 2019)

According to Piaget, quoted in a book entitled developmental psychology (Jahja, 2011) that in adolescence, there is cognitive maturity, namely the interaction of the brain structure that has been perfected, and the broader social environment for experimentation allows adolescents to think abstractly. Piaget called this stage of cognitive development the formal operational stage (Jahja, 2011).

Most of the participants who took part in the activity were still students. When viewed from the level of education, of course, most of the participants are individuals who have a good level of education, that is, have entered college. According to Sandha dan Sari (2017) education is related to one's knowledge about the disease. The higher the level of education, the better the reception of information about the condition. Acceptance and understanding of the information received by someone with higher education are better than someone with low education (Corneles, 2015).

According to (2015) the type of work can also affect the level of knowledge individuals possess (Yeni, 2015). Another study by Sule, et al (2018) showed a relationship between the employment status of pregnant women and the process of receiving health education related to nutrition. A person's employment status shows differences in the level of prior knowledge. The level of knowledge of someone who works will be higher than the group who does not. Thus, the education process will significantly impact the level of education in the non-working group

compared to the working group (Aktaç et al., 2018).

Another study by Ray, et al (2019) also stated that there were differences in knowledge and attitudes based on one's job status. The level of knowledge is better on whitecollar or explicitly referring to office workers with fixed wages every month, compared to blue collar, which refers to unskilled laborers with hourly wages with a low average monthly accumulation (Basrowi et al., 2019).

CONCLUSIONS

Health education activities with the theme "Acute Hepatitis in Children" were conducted online, and measuring the level of knowledge at one time showed that most respondents were students. The results of this activity indicate that online health education positively impacts increasing knowledge.

The evaluation in this activity shows that the provision of health education is given widely, especially among the lower middle socioeconomic class. This is done so that the achievement of information about acute hepatitis in children can be spread evenly, thereby increasing the potential for reducing the number of events that can lead to uncontrolled events.

Overall, online health education activities regarding acute hepatitis in children were followed by students. The results of this educational process indicate differences in the level of knowledge about acute hepatitis in children among health workers and students.

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