

**UNIVERSITI TEKNOLOGI MARA**

**FACTORS ASSOCIATED WITH SELF-EFFICACY  
TOWARDS HEPATITIS C SCREENING AND  
TREATMENT AMONG PRIMARY CARE DOCTORS  
IN SELANGOR**

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## ABSTRACT

**Background:** Primary care doctors (PCD) play an increasingly important role in the screening and treatment of hepatitis C. PCD with good self-efficacy in HCV screening and treatment will lead to better care for hepatitis C patients. Self-efficacy is a person's belief in their ability to complete a task or achieve a goal. The study aims to determine the factors associated with self-efficacy towards HCV screening and treatment and its associated factors among PCD in Selangor.

**Method:** This was a cross-sectional study using simple random sampling. The study questionnaire was distributed online using a Google form. Sociodemographic, practice characteristics, knowledge, attitude, and self-efficacy of PCD were collected using a validated questionnaire.

**Results:** A total of 242 PCD participated, with a median age of 35 years (IQR 5). The majority are female (83.9%), Malay (71.9%) with 6 years median duration of working experience (IQR 6). The mean score for self-efficacy was 12.67 (SD±3.38). The predicted factors associated with higher level of self-efficacy for HCV screening and treatment are having prior experience in treating hepatitis C ( $\beta = 2.72$ , 95% CI 1.69, 3.76), postgraduate qualification ( $\beta = 2.25$ , 95% CI 0.74, 3.77), prior hepatitis C training ( $\beta = 1.56$ , 95% CI 0.75, 2.37), hepatitis C knowledge ( $\beta = 0.33$ , 95% CI 0.08, 0.57) and attitude ( $\beta = 0.08$ , 95% CI 0.01, 0.14).

**Conclusion:** Strategies addressing these five factors can improve the self-efficacy of PCD in hepatitis C screening and treatment to provide better outcome. PCD will benefit from continuous medical education and training on HCV screening and treatment, to pursue postgraduate qualification and to acquire more experience by treating HCV cases.

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## CHAPTER 1

### INTRODUCTION

Hepatitis C virus (HCV) is one of the major causes of chronic liver disease and has become a global public health problem (1). Chronic hepatitis C is slowly progressive and may lead to liver cirrhosis and liver cancer. About 71 million people are chronically infected with the hepatitis C virus worldwide (2). Despite the prevalence of this disease, majority remained undiagnosed and untreated (3).

Treatment of hepatitis C has evolved over the years. Prior to 2013, treatment for HCV included the use of injectable interferon, which was difficult to administer and associated with several adverse effects (4). Since 2013, the treatment for hepatitis C has improved with the accessibility of direct-acting antivirals (DAAs) which are more effective, well tolerated and given for 12 - 24 weeks (5). The primary goal of HCV treatment is to cure the infection i.e. to achieve a sustained virological response (SVR) (6). Most interferon-free DAA regimens result in a SVR in over 90% of treated individuals (7),(8). HCV treatment has been associated with reduced mortality and less likelihood of developing hepatocellular carcinoma (9). Another advancement in hepatitis C care is the availability of point of care serological and nucleic acid testing for HCV. Point of care testing (POCT) simplifies HCV care cascade and facilitate linkage to treatment (10). With the availability of DAA and POCT, primary care has become increasingly important in providing screening and treatment for HCV patients over the last few years.

The prevalence of hepatitis C infection among the Malaysian adult population is 1.9% (11). However, this could be underestimated as often those with hepatitis C are unaware of their diagnosis. They often present at a later stage of the disease with the manifestation of liver cirrhosis or hepatocellular carcinoma (12). Malaysia has been providing fully subsidized hepatitis C treatment in the public healthcare (13). In line with the World Health Organization (WHO) goal of eliminating hepatitis C by 2030, Malaysia has launched a national strategic plan for hepatitis B and C in 2019 (14). One of the main strategies employed is to incorporate primary care clinics in the management of Hepatitis C. The Ministry of Health (MOH) has developed a program that sponsors voluntary screening among those at risk at primary care