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LIVING WITH HEPATITIS C; PERSONAL EXPERIENCES OF INFECTED YOUNG PATIENTS: A QUALITATIVE STUDY OF SOUTH PUNJAB, PAKISTAN

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Abstract

The prevalence of HCV is a major problem of concern, and the elimination of HCV as a public health problem by 2030 has recently been set as a global target by the World Health Organization (WHO). In the global ranking, Pakistan is second to Egypt in possessing the highest number of Hepatitis C infections with wide-ranging financial, social, and psychological consequences. This study aims to explore the challenges faced by young patients to gain in-depth insight into psychological, emotional, physical, and social traumas. A phenomenological research design was used to obtain data from 12 participants following the principle of data saturation. One-on-one detailed interviews were conducted using a purposive sampling technique. Interviews were tape-recorded, transcribed, and analyzed using the thematic analysis framework method. Illness experiences and insufficient healthcare facilities were major themes that emerged after the thematic analysis. To deal with stressful situations, participants reported strategies of mind diversion, self-motivation, religious practices, and lifestyle modifications as effective tools to develop adaptability. The present study's findings are helpful for policymakers to prevent, cure and rehabilitate the patients, their families, and the community at large.

Keywords: Hepatitis C, Experience, Young patients, Pakistan with Stigmatization.

Background

Hepatitis is a major public health concern around the globe. It has a significant impact on the lives of patients, their partners, and their families. This illness has major physiological, social and psychological implications on the quality of life of the patients; besides that, the consequences of living with a highly stigmatized disease with an uncertain course and unpredictable outcomes must bring into consideration while devising treatment plan (Dehkordi et al., 2016).

Hepatitis is an inflammatory liver disorder that can cause a variety of health issues and can be disastrous. The hepatitis virus has five major clinically important strains which are classified as: Hepatitis A, B, C, D, and E. All five strains induce liver ailments, strain B and C in particularly enroute for chronic conditions in millions of people and are the primary source of hepatitis-associated deaths. Along with this, many persons with hepatitis C have just mild to moderate or no symptoms at all. However, each strain of the virus has the potential to cause more severe clinical manifestations. Fever, malaise, nausea, loss of appetite, diarrhea, abdominal distress, dark urine, and jaundice (yellowish skin and/or eye whitening) are all possible warning signs related to hepatitis. In some circumstances, the virus can also cause a long-term hepatic infection that can progress to cirrhosis (liver scarring) or liver cancer (W.H.O, 2020). Patients with hepatitis C face discriminatory or biased behaviors, marginalization and stigmatization in the workplace. Besides, such behaviors are being exhibited by family members and by members of their communities as well. In addition, these biased practices are due to lack of awareness, which may lead to undesirable attitudes toward these kinds of illnesses (Lafferty et al., 2020).

Hepatitis C and its manifestations continue to have a significant negative influence on overall health-related quality of life. A lack of social ties is a substantial risk factor for general morbidity and mortality. Another important aspect to consider is the stigma attached to HCV, which may heighten anxiety and fear of spreading the infection. This fear could cause social isolation and create problematic intimate relationships among sexual partners (Barreira et al., 2019).

The experiences of Hepatitis C patients, their physical, financial, social, and psychological challenges, and different modes to gain resilience after being diagnosed with such a debilitating illness, can be thoroughly studied in a qualitative study using a phenomenological approach. The published literature suggests that no previous research on this theme had been carried out in Pakistan, this study was carried out to highlight the challenges faced by young patients with Hepatitis C during the course of ailment. As the published research literature lacks such studies in Pakistan, the study was also conducted thoughtfully to bring attention to the issue.

Literature Review

Global HCV infection prevalence was 1.0 percent in 2015, while the Eastern Mediterranean Region had a peak prevalence of 2.3 percent, trailed by Europe (1.5 percent). The annual death toll from HCV-related health complications is estimated to be around 700,000 (Omran et al., 2018). At present, 71 million people are infected with hepatitis C virus. A sizeable number of those who have chronic infections, can develop liver cirrhosis. Nearly 3, 99,000 people died from hepatitis C in 2015 only, mostly from liver cirrhosis and hepatocellular malignancy. The high prevalence of HCV captured the attention of health agencies as World Health Organization has set a global objective of elimination of HCV by 2030.

An analytical cross-sectional study conducted at Suez Canal University in Egypt reported that, in 155 (59.6 percent) of the HCV patients, there was at least one stigmatizing feature. Among them, 53 (20.4 percent) reported that they are not like the other people, 54 (20.8 percent) feel dirty, and 112 (43.1 percent) sense they are bad persons. Participants also established that people having hepatitis C disease are unpleasant and unwanted, with 55 (21.2%) and 64 (24.6%) agreed correspondingly. Peoples' reactions have harmed 67 people (25.8 percent) because of their behaviors, 52 (20%) of them stopped hanging around with others, 53 (20.4%) lost friends, and 55 (21.2%) were concerned that others might find out about their disease. In 134 (51.5 percent) of individuals, the diagnosis of hepatitis had an impact on their marital relations. Married younger subjects had greater stigma scores than unmarried. Smokers felt more humiliated and were upset by other people's reactions than non-smokers. They had lost to more friends and were more concerned that others would find out about their disease (Soltan et al., 2018). Similarly, a cross-sectional study conducted in Brazil also identified malnutrition as a key contributor to low quality of life in patients with Hepatitis C disease. Throughout the course of the disease, patients were observed to possess low health-related quality of life scores. The importance of three factor – nutritional status, physical activity, and psychological well-being should be stressed while formulating treatment plans (Silva et al., 2017). In Pakistan, Hepatitis C is a key health issue, with acute and chronic infections accountable for liver damage, liver cirrhosis, and hepatocellular cancer. According to the Human Development Index, Pakistan is placed in 134th position out of 174 countries owing to its poor standards for health. Among infected patients. The prevalence of HCV is 11.55 percent in the adult population, 10.10 percent in blood-donating persons, 4.65 percent in expecting females, 1.6 percent in children, 24.97 percent in patients with various disorders, and 51.0 percent among people who inject drugs (Arshad and Ashfaq, 2017). A recent cross-sectional correlational study conducted in Islamabad Pakistan reported that the stigmatization of those with hepatitis C also causes great distress among patients who are on jobs. Such patients have been reported to experience more stigmatization in the workplace because, at that time, they are more vulnerable to abuse from their superiors than they would be under normal circumstances. Biased behavior, miserable health, and deficiency of resources can all have a direct influence on an employee's efficiency (Nemati et al., 2021). The literature suggested that exploring experiences of patients with Hepatitis C, widespread awareness campaigns may change the bad health consequences into good ones and infected patients may be able to spend unbiased life along with their communities. National literature lacks in researches regarding personal experiences of patients and particularly the young patients which have different important roles and responsibilities in families as compared to elderly patients, thus this study is intended to explore the challenges faced by the patients after diagnosis of Hepatitis C among the most vulnerable population of South Punjab, Pakistan.

Methods

The current study was conducted with qualitative phenomenological design. The primary goal of qualitative phenomenological research is to recover individuals' real experiences and meanings, exactly as they expressed them. The phenomenological study approach was utilized to capture, analyze, and examine the essence of participants' experiences and adaptive behaviors from the perspective of participants. This approach can be used as a first-rate qualitative technique to define the reality that one has associated with events and experiences (Richards and Morse, 2012). The primary source of data in all qualitative phenomenological studies are the persons who actually experienced the phenomenon (Prosek and Gibson, 2021). In current study, patients who were diagnosed with Hepatitis C at least 3 months before the study and who were undergoing treatment for active Hepatitis C infection were the target population. The current study was carried out at the University of Health Sciences in collaboration with Hepatitis Clinics in the following tertiary care Hospitals in three administrative Divisions of South Punjab.

1. Nishtar Hospital Multan Pakistan
2. Bahawal Victoria Hospital Bahawalpur Pakistan
3. District Headquarter Hospital (DHQ) Dera Ghazi Khan Pakistan

There is no firm rule to decide sample size in phenomenological study, however phenomenological study can address the issue well with 5-25 participants (Consorti et al., 2020). An important indicator for suitable sample size in qualitative research is realizing saturation, a yardstick after which observing more data will not result in the discovery of more information relevant to the study (Lowe et al., 2018). It was expected initially that at least 15 subjects will be included in the study. However, saturation of data was achieved at 10 participants and no new information was being obtained. Two participants were further interviewed to avoid losing any important or significant information. Purposive sampling has a long evolving history, and many people believe it is basic, unassuming, truthful, and honest. Purposive sampling is used to better match the sample to the purposes and objectives of the research study (Campbell et al., 2020). So, the respondents were included in by applying non probability purposive sampling technique.

Sample Selection Criteria:

Following criteria were recruited as per the aim of the study.

Inclusion Criteria:

- Young adult Patients (Both Male and Female) having ages between 17 – 30 years - age classification criteria (Jagtap and Kokare, 2016)
- Patients undergoing treatment after PCR confirmed diagnosis of Hepatitis C.
- Patients who were diagnosed at least 03 months before the interview.
- The patient having no known documented psychiatric disorder.

Exclusion Criteria:

The patients having any co-morbid disease other than Hepatitis C.

Interview Process:

Self-introduction to participants was given by primary researcher. Study purposes and objectives were communicated to individual participant. Both verbal and written consent were sought from participants. Interview was scheduled with timing feasibility of participant. One-on-one, in person, in-depth and detailed interviews were conducted with help of study guide to obtain the desired data. All the essential information was given to the participant for their deliberate participation. The respondents were made sure that the confidentiality of obtained data will not be breached at any point of time. The participants' freedom to withdraw from the research at any time was fully communicated without stating any cause. Separate sitting was arranged to conduct interviews and to assure patients' comfort and privacy. After taking informed written consent, participants were asked about demographic information to build rapport. Interviews were tape recorded with consent of participants so that any piece of information may not be missed during analysis phase. Field notes were taken to note down any changes in facial expression. All the collected information was transcribed verbatim. Transcriptions were again verified with the audio tape recordings.

Data Collection Tool

Selection and application of appropriate data gathering tool enhances the worth and credibility of the research and its implications (Griffin, 2019). A self-designed interview guide was incorporated as an instrument for collection of data. The primary researcher designed interview guide with his own experience as clinical nurse in Hepatitis clinic, relevant literature searches and experts' reviews.

An interview guide was formulated of two sections. First section consists of demographic profile of the patient including name, age, marital status, education level, occupation, family medical history and duration of diagnosis & treatment. Second section of interview guide comprised of open-ended questions to explore personal experiences of young infected patients and their adoptive behaviors with debilitating illness of Hepatitis C in detail. However, these open-ended questions were used as guide, further probing questions were asked from participant to fully to disclose the events they want to share. The questions were well-thought-out on the basis of previous literature. Researcher had the opportunity to further explore the information obtained through in-depth face to face interviews. The questions focused on experiences and psychological, physical, social and economic challenges of patients.

Data Analysis

Qualitative research data analysis starts simultaneously with data collection. The results of the current phenomenological study were described and analyzed using thematic analysis approach. A six steps inductive data analysis approach developed by Braun and Clarke (2019) was applied to analyze the data. Privacy of all the audio files of interviews was maintained through assigning IDs and were saved in personal computer. Interviews were transcribed verbatim. Interview's transcriptions were vigilantly and wisely read and re-read to find out important and relevant ideas. For coding, key phrases, sentences, or words were underlined and tagged which present meaning units. Themes and sub-themes were created based on the meaning, ideas, connectedness, coherence, and significance of the codes. Finally, the information was displayed in both plain text and tabular format.

To recapitulate, the following ladders were taken to investigate the data.

1. **Transcription:** From audio tape to verbatim written form
2. **Coding:** Marking significant information
3. **Categories**: Categories constructed actually represent the spirit of data.
4. **Themes**: Cores of themes, the chief impression of the data, true essence in form of themes and sub-themes, and overall report.
5. **Define themes**
6. **Write up**

As the code structure was generally inductive, rather than approaching the data with preconceived codes (deductive coding), codes were assigned based on the facts as expressed by respondents. Data was first examined line by line, and as an idea developed, it was assigned a code. As additional data was analyzed and new concepts kept on emerging, new codes were assigned. This technique was repeated until all lines, paragraphs, and sections were underlined and coded appropriately. Codes were altered and reallocated after comparing and contrasting each portion until segments that expressed the same ideas had the same codes. The codes were then grouped into sub-themes and finally themes were generated. Themes and subthemes were then compared to the coded segments to confirm that the topic was relevant to the data in the segment**,** and finally, themes were given names. Table 1 shows the demographic profile of the participants of the study who were actively being treated for the disease. The average age was 27 years ranging from 18 years to 29 years. Majority of the participants, around 67%, were married. Half of the participants (50%) were educated up to graduation level whereas 25% (3/12) of the participants did not receive any formal education at all. All the patients were registered candidates of Hepatitis C and were getting oral anti-viral therapy from the government hospitals of respective areas.

Characteristics	Categories	Results
Age		25-29 years, Mean= 27 SD= ± 2.82
Gender	Male	08
	Female	04
Marital Status	Single	04
	Married	08
Qualification	Uneducated	03
	Primary	01
	Secondary	02
	Graduation and above	06
Duration of Diagnosis	3 months	05
	4 months	03
	5 months	01
	6 months	01
	7 months	02

Analysis of obtained qualitative data depicted that the experiences of young infected patients with HCV were originated within following themes.

1) Illness Experiences.
2) Insufficient Healthcare facilities.

Theme 1: Illness Experiences

Participants described how hepatitis C affected various aspects of their lives, not only physically, but also psychologically, socially, professionally and financially as well. Stigma, fear of rejection, fear of disclosure and biased behavior and lack of proper understanding about hepatitis C appeared to be interconnected, influencing persons living with this disease. Personal experiences of patients are described under the theme of “Illness Experiences”.

1.1) Sub-theme: Physical challenges

Physical challenge was the first sub-theme emerged out of major theme of illness experiences. Throughout the narratives, most of the participants communicated about physical challenges. Participants often expressed these physical signs as causes of concern and predisposing factors to diagnosis of debilitating illness. Majority of participants talked about bodily pains, fever, malaise, lethargy, and lack of appetite. A considerable range of responses were obtained during the interview phase which are stated below.

“Fatigue, dizziness and body aches – I developed such symptoms. I lost interest in activities of daily living and felt fatigued all the time” *(ID 2, ID 4,).*
“I had back ache and felt sense of pulsation on liver” (ID 11).

Participants explored that they didn’t have any clinically significant sign or symptom before diagnosis which is a major cause of unawareness of infective stage amongst individuals suffering from the situation. Some of the participants were on carrier stage of infection and experienced no clinical symptom at all. They came to know about the infectious condition when they had to undergone screening for some other purposes.

“I was unaware about it, I went to donate blood to my friend’s wife, blood group was matched but they informed me that you cannot donate blood, I asked the reason why cannot I donate blood? They said that you have Hepatitis C” (ID 6).
“I went to laboratory for medical tests to go abroad for job. When I received my reports then I came to know that I have Hepatitis C and I could not go abroad (ID 12).

1.2) Sub-theme: Psychological disparities

A wide range of psychological responses were recorded from respondents. Healthcare professionals are at risk of contracting infections from patients because of close physical contact to infected patients. Needle stick injuries are one of the major causes of spread of infection from infected patients to multidisciplinary health care providers. One of the participants stated that he was not worried much because it was anticipated due to nature of his job at liver clinic.

“*I was not much worried as I used to work in Hepatitis clinic, so it was in my mind that I used to work very hard. I used to do screenings and samplings. When I got pricked, I had an idea that sooner or later I will catch Hepatitis” (ID 1).*

Participants of the study pointed out that they were psychologically disturbed. Though it was difficult to measure the level of anxiety but it varied among the participants. On contrary, some participants were not much concerning while other displayed extreme apprehension regarding the diagnosis. Their responses are quoted below:

“I was very much worried that what has happened with me, I was very tense and anxious,” *(ID 2, ID3, ID 10).*

“Not much, I was a little bit worried” (ID 4, ID 5, ID 6, ID 9).

One of the participants showed surprisingly positive attitude towards the disease prognosis and showed a ray of hope and strong belief since the beginning of the illness when asked about feelings at the time of listening bad news of Hepatitis C. Quote unquote:

"I was hopeful that everything will be fine by taking medicine. If God's will, everything will be in order" (ID 11).

1.3) Sub-theme: Financial constraints

In developing countries like Pakistan, healthcare sector receives minimal fiscal share due to poor economy and there is lack of organized financial support system for underprivileged population. Some of the participants discussed about the financial limitations because of the limited availability of resources. Furthermore, it was revealed that frequent visits and travelling expenses were a cause of extra financial load. They responded as:

"*My family is not strong financially, I belong to poor family, I had to undergone some tests privately, some tests from government as well, I have to face lot of financial problems" (ID 9, ID 10).*

"It is financial burden that I have to come again and again and sometimes medicines are not available and frequency of visits increase" (ID 12).

The notion of financial check was not equally applicable for all participants. Some of the participants were satisfied with the existing commodities at the hospitals and stated that they did not have to face any sort of financial curb. They exclaimed it as:

"I did not have to face any financial difficulty because treatment is free of cost in government hospitals," *(ID 1, ID2, ID3 and ID4).*

Sub-theme: Social limitations

Some of the participants were unaware about the means of spread of disease and took unnecessary and irrelevant measures to halt spreading infection. Reduced social interaction was also reported. Participants highlighted that they started taking measures to distance themselves from the family members and close friends in different ways after the diagnosis and start of treatment in an order to save themselves from contracting the infection.

"I used to take care of the thing that if I am eating in some utensil that should not be used by others" (ID1).

"I was very sad and reduced my interaction with friends, I became limited" (ID 10).

Conversely, some of the participants were well aware about the infection transmission and adopted prompt and essential steps that were vital in stopping the spread of disease. Participants also revealed that they refrain themselves from donating blood but they showed a concerning behavior towards others as they were not able to donate blood in the time of need. They responded as:

"When I caught Hepatitis C, then a man said to me that his wife needs blood and you have B positive blood group, kindly donate. The moment he requested me I really felt pain and I wished I would not have Hepatitis C, I would definitely have donated" (ID 1).

"I used to donate blood on and off earlier, then I came to know that it transmits through blood. I was cautious about it, and did not get any injection as well as I used to think that, same syringe may not get reused as this will transfer to any other person" (ID 4, ID 10).

Sub-theme: Career Curbs

Negative Screening for Hepatitis C is currently the requirement for international travel for the purpose of job or study. One has to face hurdles in pursuing dream careers because of the development of the Hepatitis C disease. Two participants reported that they were not able to pursue their career advancements. They stated as:

"For now, I am not pursuing for my scholarship to study abroad because of my treatment, difficulties are there, if it is diagnosed" (ID 9).

"I went to laboratory for medical tests to go abroad for job. When I received my reports then I came to know that I have this issue and I could not go abroad" (ID 12).

Encountering stigma

Although there were numerous examples throughout the interview narratives of how the majority of participants did not suffer stigma, there were also viewpoints that demonstrated stigma and biasness towards the contagious state of Hepatitis C. The responses are quoted below:

"There was nothing like that, in fact my family took more care of me when I told them. There was no such biased behavior from the people of my surrounding" (ID 6, ID 7, ID 8, ID11, ID 12).

"When I was diagnosed, my friends came to know about it, one of them said to another that do not sit with him as he has Hepatitis C. Maybe they were making fun or they said it casually but I used to be tense that they know I have an issue that is different" (ID 1).

"Some people were there in the family (close relatives) who showed a little bit changed attitude or behavior." (ID 2, ID 5).

Furthermore, some participants did not disclose their diseased status due to fear of rejection by friends and family and to avoid chaos in the family. The responded as,

"I have not informed anyone in my family, even my mom. After my father, who died 7 or 8 months ago, I was diagnosed with this, so I didn't want to make her more worried. So, I kept my medicine in separate place confidentially and treated myself". (ID 1).

"I did not disclose this to any one so I did not face any problem (stigma) of that sort" (ID 4).

Theme 2: Insufficient Healthcare facilities

The level of overall health improvement attained by public health services is not as satisfactory as may be desired. Vast portions of the world's population have minimal or no access to health services; underprivileged communities across the world have no access to healthcare. Some participants of the current study also talked about the inadequate healthcare facilities at clinical settings. Two sub-themes were extracted from this theme that are being discussed below.

Lack of testing facility:

Hepatitis C requires some routine and specific laboratory tests for confirmation of infectious state and for surveillance of overall health status. Scarcity of healthcare facilities is also a cause of concern in under privileged areas. It is revealed by the participants that testing facility is available at public sector hospitals but some hospitals have inadequate testing facility. They point out as:

"My family is not strong financially, I belong to poor family, I had to undergone some tests privately, some tests from government as well, I had to spend a lot of money" (ID 9, ID 10).

Lack of medicines

Treatment of hepatitis C requires 6 to 9 months in general. It is highlighted by the participants that the medicinal supply in the hospital was deficient. Their frequency of visiting the hospital for receiving medicine increased due to limited supply which posed an extra economic affliction. It is also revealed by a participant that inadequate medicinal availability was a source of travel restriction as well. He was compelled to stay at hometown to receive medicine in short intervals. The responses of the participants are quoted below:

"I have to come from far away to take medicine. I am taking medicine since last four months. Now I only got medicine for 15 days due to lack of supplies" (ID 12).

"Now I had to stay, I had to go to other city for internship purpose for 3 months but I had to stay here because my medicine is about to end. Again, the pharmacy will issue for fourteen days only." (ID 9).

Table 2 Emerging theme

Theme: 1 Illness experiences

Theme	Sub-themes	Determinants
Illness experiences	***Physical challenges***	➢ Fever
		➢ Fatigue
		➢ Malaise
		➢ Loss of appetite
	Psychological disparities	➢ Worry, Stress
		➢ Fear of impending death
		➢ Denial, Regret
		➢ Hopelessness
		➢ Fear of cross infection
	Financial constraints	➢ Financial limitations
		➢ Poor family background
		➢ Burdensome travelling expenses
	Social limitations	➢ Refrain from blood donation
		➢ Social marginalization
		➢ Social isolation
		➢ Clearing misconceptions
	Career Curbs	➢ Loss of overseas job opportunity
		➢ Loss of international study scholarship
	Encountering stigma	➢ Social downgrading
		➢ Biased behavior
		➢ Fear of disclosure
		➢ Fear of rejection
Insufficient Healthcare facilities	***Lack of testing facility***	➢ Lack of testing facility due to inadequate resources
	Lack of medicines	➢ Insufficient medicinal supplies

Discussion

Our findings showed that patients with chronic hepatitis C virus (HCV) infection frequently have physical issues i.e. somatic (body aches, sleep disruption), gastrointestinal (abdominal pain, nausea/vomiting, diarrhea), and neuropsychiatric (depression, anxiety, irritability, stress) symptoms supported (Evon et al., 2019). This causes an impairment in health-related quality of life (Goñi Esarte et al., 2019).

Theme 1: Illness Experiences:
It is revealed in the current study that participants faced a range of symptoms. Some participants were asymptomatic while others experienced generalized feelings of discomfort and uneasiness, body aches, fever and loss of appetite (Mattingly et al., 2019). Moreover, another relevant study conducted by Goutzamanis et al., (2021) also highlighted the similar findings related to physical manifestations of patients having Hepatitis C infection. Finding of the present study showed the extended and wide spread psychological responses from participants with some being casual with the diagnose while others having grave concerns regarding disease and diagnosis. Parallel finding was reported (Barreira et al., 2019). Some of the subjects of current study were at the infection-carrier stage and had no clinical symptoms. They came to know about the infectious condition when they were subjected to screening for numerous other purposes. This is relevant to the study conducted (Viejo et al., 2018).
It was also explored in current study that needle stick injuries are a primary source of infection transfer from sick patients to healthcare personnel. As young healthcare workers working at bedside having close contact with infected patients put themselves at risk for infection. These findings are advocated (Mengistu et al., 2021).

It is expressed in the current study that financial constraints for Hepatitis C sufferers were major issue due to the limited availability of resources. It was also shown that frequent follow up visits and travel costs contributed an additional financial burden. These financial burdens are not covered by any government funding or social support. Likewise, funding for global elimination of hepatitis C is low of (Pedrana et al., 2020).

Furthermore, current study results revealed that some individuals didn't have ample awareness regarding disease dissemination and made needless attempts to stop its spread. It is also reported that after diagnosis and treatment, participants distanced themselves from family and close friends in a deliberate effort to spread cross infection. These finding are pertinent with (Shehata et al., 2018).

On contrary, some of the participants of the present study were well-informed about the spreading of the virus and took appropriate, firm and crucial measures to halt its spread. This is consistent with the study conducted (Harrison et al., 2019). Moreover, a study conducted in Scotland also yielded the same findings by stating that among 2623 participants who tested positive for HCV, 79% were aware of HCV treatment, causes and modes of spread (Valerio et al., 2018.

Findings from current study results reported that diagnosed with Hepatitis C was a source of hindrance in achieving career goals. The similar findings were reported by Eletreby et al (2022) lack of employment opportunities was only because of their diseased status i.e., HCV. Similarly present study highlighted that the participants largely did not have to face stigma, a few of them actually encountered humiliation and disgrace. The findings are congruent with another study by (Krzeczkowska et al., 2021).

Theme 2: Insufficient Healthcare facilities
It reported by the findings of current study that availability of some routine and specific tests for Hepatitis C is deficient in few clinical settings which is supported by the study conducted in Canada (Kronfli et al., 2019). One more relevant study conducted at in Aga khan university also reported lack of access to central testing facilities and suggested the dire need of increasing testing capability and increased testing facilities (Abid et al., 2021)..

Similarly, it is also revealed in current study that stock of medicine related to Hepatitis C is limited in some settings. Due to deficient stock of medicine, patient have to visit pharmacy frequently which escalates economic burden too. These findings are also supported (Eletreby et al., 2022). Another study conducted in Pakistan by Mansha et al., (2017) also highlighted the same findings by stating that, imbalance between demand and supply or production, insufficient or intermittent supply, unavailability of product at any given time and unavailability of whole dosing regimen, are some of the major difficulties currently affecting Pakistan's healthcare system.

Equally findings of the current study are also supported by a study conducted in US which reported that facilities related to Hepatitis C treatment and elimination needs to be improved. Due to the chronicity of disease, sufficient funds are required and testing facilities are essential to be upgraded (Socias et al., 2019).

Conclusion and Recommendations

The study concluded in a way that patients experienced a wide range of physical, psychological and emotional distresses during this phase of ailment. i.e., stress, anxiety, depression etc. The patients also narrated in detail about the role of belief system, daily exercise, proper diet, social and emotional support from friends & family and proper guidance and counselling from healthcare personnel plays a pivotal role in voyaging across the journey of the diagnosis and treatment. Delay in diagnosis due to limited testing facilities, lack of medicines in public sector hospitals and inadequate healthcare facilities put an add on effects of psychological health which are otherwise can be avoided through proper allocation of resources. These loopholes negatively affect adaptability among patients of Hepatitis C. Meanwhile, the aspect of psychological health is hugely ignored alongside physically treating the patients which plays a pivotal role in improving overall quality of life of patients with Hepatitis C. Our study is beneficial in several ways;

- Enhancing the knowledge regarding personal experiences of patients suffering from debilitating illness of Hepatitis C.
- Knowing the adoptive behaviors patients can cope up with the stress associated with diagnosis and treatment of Hepatitis C.
- Augmenting healthcare professional’s knowledge regarding the holistic aspects of care of the disease i.e., Hepatitis C.
- Devising policies at government level to incorporate improvements in current health practices.

The study results recommend counseling and education to rule out the presence of negative emotions in patients with Hepatitis C. Consequently, demanding to encourage psychological wellness while also improving social support and effective coping over the course of the disease. Likewise, wide range screening programs should be planned and implemented in order to timely capture the disease so that treatment success rates could be increased. Furthermore, awareness campaigns should be arranged in general public to incorporate knowledge regarding the high-risk behaviors which are associated with disease development and transmission. Moreover, mass level studies should be conducted to gain insight on national perspectives regarding the issue.

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