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# KNOWLEDGE AND AWARENESS ON HEPATITIS B VACCINATION AMONG PARAMEDIC AND NON-PARAMEDIC STUDENTS IN DISTRICT GUJRANWALA PUNJAB LAHORE

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**Abstract:**

***Background:*** *Hepatitis is a significant contamination of the liver with true pathology due to hepatitis B infection (HBV). A number of patients will never eliminate the infection and may cause intense and interruptible contamination, while liver cirrhosis with malignant growth may occur many years after the liver or liver.* ***Objective:*** *Investigation of information on HBV contamination, transmission between paramedics and medium-sized non-paramedics* ***Strategies:*** *From March to April 2015, a cross-sectional study was conducted in District Gujranwala punjab Pakistan. 184 students were enrolled in a paramedical course (pharmacy, general medicine and nursing) using an unrestricted and convenient test method. Non-paramedical areas (PC design and structural building). Information was collected through meetings organized using an organized and semi-organized questionnaire.* ***Results:*** *Of the 184 participants, 92 had paramedical and non-paramedical areas. The median age of paramedics was 18.6 (SD = 1.54), 19.5 (SD = 1.17) among non-paramedics. Most paramedics (64.1%) were women rather than men (79.3%), most of them were not paramedics. More than 80% of paramedics (98.9%) and non-paramedics (84.3%) found that hepatitis is a communicable disease transmitted through risky sexual contact, dangerous blood transfusions, ink staining and drug abuse. It is possible that the size of information is higher among paramedics than among non-paramedics.* ***Conclusion:*** *There is the potential for healthcare professionals to tackle issues related to vertical light and learning HBV projects, as in the case of web-based life in the nation.*

***Key words:*** *hepatitis B, knowledge, awareness, paramedics, non-paramedics, Nepal*

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## INTRODUCTION:

Hepatitis B infection (HBV) is a potentially dangerous generalized disease that affects more than 350 million HBV carriers on the planet (1). The predominance of HBV is notable in Sub-Saharan Africa and East Asia, where, according to the World Health Organization (WHO), 5-10% of the adult population is constantly stained. It is estimated that 15-25% of patients with solid HBV cause true liver deception, including cirrhosis, liver degeneration, and liver cancer (2).

HBV usually spreads from the mother to the young during childbirth (perinatal transmission) or through direct transmission (sexual contact, needles, unintentional inguinal barren wounds and presentation with stained blood) (3-4). (5). Another study, conducted on nasal and sharp wounds between HBV vaccination status and medical school contracts in Nepal, found a 4.4% partnership (6). The well-being of the profession is broadly associated with many word risks, including the risk of preventing HBV, which is the most common blood-borne disease in stained patients (7-8). When satisfactory preventive measures are taken, their well-being and well-being can be seriously impaired (9). Such an expectation requires an accurate learning of the dangers and, according to the program, should be based on predictions of the world (8, 10-11). In this way, everyone should be familiar with comprehensive occupational safety measures identified by the Centers for Disease Control (HBZ), Hepatitis C Infection, Human Immunodeficiency Infection (HIV) Infection and Bloodborne Contamination (12). The HBV antibody offers three-step insurance. The antibody is produced from the recombinant yeast culture and not from human blood or plasma, and the risk of staining with blood-borne HBV pathogens is lower (9). However, immunization awareness is extremely weak among social workers, as is the case with specialists in non-human services in developing countries (13-14). In particular, it suggests that young people's specialists are due to the hazard behavior of HBV, such as abuse of intravenous drugs, dangerous sexual practices and weakening in coloration. In all these lines this test. At the two-word meeting in Pakistan, HBV disease was used to assess information about the method of transmission and the countermeasures.

## METHODS:

Between March and April 2015, a cross-sectional survey was carried out in District Gujranwala punjab, Pakistan. A pre-structured questionnaire (yes or no and different decisions) was used, which included forty open and completed inquiries. The survey was conducted in English and interpreted in the near Urdu language.

The information center was collected by the creator and analyzed using SPSS variant 20 (Statistical Package for Social Sciences). Illumination measurements were used by the overarching organization to break the information. In addition, the authority was taken over by the regional social welfare office. The reason for the investigation was clarified and the consent of each member was obtained before the meeting.

## RESULTS:

Of the 184 people who met, there were 92 health workers and non-paramedics. They matured 16-22 years. The average duration of paramedics was 18.7 years (SD = 1.54), compared to 19.5 (SD = 1.17) among long-term non-paramedics. Most paramedics were women (64.1%) compared to non-paramedics (79.3%). The main sources of learning about hepatitis B are educators, social workers, online networking, family / companions and disturbing material.

In terms of HBV learning, all para-physicians have recovered from hepatitis and its varieties; 90.2% for non-paramedics,

only 50.5% for hepatitis and different variants (Table 1). 91.6% of all physicians and health care workers had hepatitis in the liver, but 88% of health care professionals and 60.2% of non-health workers had jaundice, fever, and longing. Occurrence as major side effects of the disease of the gastric region, disease and hepatitis B. With the exception of 15.7% of non-paramedics, we noted that the purchase of HBV began from one person to another. In HBV, 96.7% of health professionals and 84.3% of non-healthcare workers were trained in the prevention of hepatitis. Among the non-paramedics, only one couple noted that hepatitis was estimated using condoms (17.1%). Needles (4.3%), gloves (4.3%) and finished ink (5.7%) or penetration into the body. Interestingly, 92.1% of physicians knew all the preventative techniques. 86.7% of paramedics and non-paramedics considered the availability of immunization against HBV. There were 71.7% and 22.9% of vaccines for paramedical and non-paramedical vaccines, which were immunized separately with HBV immunization. In terms of HBV contamination, 84.8% of health professionals and 74.7% of health professionals considered definitive treatment. The hepatitis A disease was caused by a non-paramedical contamination of two paramedics and five non-paramedical patients and hepatitis B.

**Table 1. Distribution of the participants according to their knowledge of hepatitis B virus (N=175)[1]**

| Knowledge | Paramedics | | Non-Paramedics | | Total | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| **Organ affected by hepatitis** | | | | | | |
| Liver | 92 | 100.0 | 76 | 91.6 | 168 | 96.0 |
| Kidney | - | - | 2 | 2.4 | 2 | 1.1 |
| Brain | - | - | 2 | 2.4 | 2 | 1.1 |
| Lungs | - | - | 3 | 3.6 | 3 | 1.7 |
| **Symptoms of hepatitis** | | | | | | |
| Jaundice | 11 | 9.8 | 21 | 25.3 | 32 | 18.3 |
| Fever | 2 | 2.2 | 17 | 20.5 | 19 | 10.9 |
| Loss appetite | - | - | 3 | 3.6 | 3 | 1.7 |
| Abdomen pain | 2 | 2.2 | 10 | 12.0 | 12 | 6.9 |
| All above symptoms | 81 | 88.0 | 50 | 60.2 | 131 | 74.9 |
| No response | - | - | 2 | 2.4 | 2 | 1.1 |
| **Mode of transmission** | | | | | | |
| Yes | 91 | 98.9 | 70 | 84.3 | 161 | 92.0 |
| No | 1 | 1.1 | 13 | 15.7 | 14 | 8.0 |
| **Hepatitis is preventable** | | | | | | |
| Yes | 89 | 96.7 | 70 | 84.3 | 159 | 90.9 |
| No | 3 | 3.3 | 13 | 15.7 | 16 | 9.1 |
| **Availability of vaccine** | | | | | | |
| Yes | 92 | 100.0 | 72 | 86.7 | 164 | 93.7 |
| No | - | - | 8 | 9.6 | 8 | 4.6 |
| No Response | - | - | 3 | 3.6 | 3 | 1.7 |
| **Availability of treatment** | | | | | | |
| Yes | 78 | 84.8 | 62 | 74.7 | 140 | 80.0 |
| No | 14 | 15.2 | 21 | 25.3 | 35 | 20.0 |
| **Vaccinated** | | | | | | |
| Yes | 66 | 71.7 | 19 | 22.9 | 85 | 48.6 |
| No | 26 | 28.3 | 59 | 71.1 | 85 | 48.6 |
| No response | - | - | 5 | 6.0 | 5 | 2.9 |
| **Incidence of hepatitis** | | | | | | |
| Yes | 2 | 2.2 | 5 | 6.0 | 7 | 4.0 |
| No | 90 | 97.8 | 78 | 94.0 | 168 | 96.0 |

[1]Of the total sample of 184, only those who have heard about hepatitis are included.

## DISCUSSION:

Our study has shown that paramedics have more information than non-paramedics and are the foundation of well-being as a positive indicator. The findings from the various studies are excellent, as the drug or paramedics are higher than those of non-paramedics (15-18).

A larger part of the paramedics knew different types of hepatitis as opposed to non-paramedics. In addition, health workers are more likely to have information on HBV than the most dangerous hepatitis contamination compared to non-paramedics. In a study in Pakistan, which conducted a study of Quetta, showed a low level of knowledge about HBV contamination among its members (19).

In our study, the dominant group of paramedic and non-paramedic patients found that intravenous drug use, dangerous sexual practices, maternal hepatitis B infants, and regular blood transfusions were hepatitis B risk bundles. Interestingly, a series of research in Nepal has shown that people in human services lack information about needle stick threats and the use of preventive measures (20-22). However, the tests of these studies were limited to human service units and research centers.

The majority of the members of our review found that HBV is an avoidable disease (90.9%). A Bangladeshi review also found comparative discoveries (23). Regardless of the information, our study shows that only 48.7% were vaccinated against HBV. Therefore, such a vaccination was much higher among paramedics (71.7% of paramedics and 22.9% of non-paramedics). Although the scope of application of non-paramedics is much lower, this is the same as the investigation from Bangladesh (23). These results have also been shown in various studies, e.g. For example, in paramedics, it is good that information on HBV has been linked to extended HBV screening and immunization (24-26) and concluded that learning controls HBV-related behavior.

Then, with the decrease in the likelihood of HBV screening, the embarrassment defined by HBV was observed (27). It is not yet rated in this exam. This requires further investigation to differentiate the goals of bad vaccines. for example, embarrassment and frequent difficulties in HBV testing in work environments in Pakistan. Our exam also had some limitations. Due to time constraints, we collected information from a locale using targeted tests. It is reliable that the situation is almost equivalent in different areas.

## CONCLUSIONS AND RECOMMENDATIONS:

Our study has shown that information such as preventive studies on hepatitis B among healthcare professionals who are against non-paramedics are greatly improved. The problem is HBV problems due to vertical projects and life on the Internet among non-wealthy experts in the country.

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