

Knowledge, Attitude & Practices Regarding Hepatitis B Vaccination Coverage among Rural Area of Gujranwala

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ABSTRACT

Background: Hepatitis means inflammation of the liver cells. Fundamental driver of hepatitis is viral disease by hepatitis B infection. Hepatitis B is a genuine, worldwide, general medical issue that offers ascend to hepatocellular carcinoma with a death pace of around 600,000 individuals around the world.

Methods: A cross-sectional examination planned to assess learning, mentality and work on with respect to spread, chance elements, determination and treatment of Hepatitis B was attempted among educated (230) and non-educated (74) using a standardized Questionnaire. Calculated sample size was 304. Convenient sampling technique was applied to recruit the study population after informed consent. Study variables were demographic, variables for vaccine coverage and KAP regarding Hep. B disease

Results: According to our study 57.5 % respondents have been completely vaccinated, 13.8 % have received boosters within 10 years, 2.6% have received 1st dose, 8.9 % have received 2nd dose and 17.1% have received no vaccination.

Conclusion: This study shows that knowledge and attitude of educated people are good regarding Hep. B vaccination but the practice is not significant as compared to knowledge and attitude.

Keyword: Hepatitis B, educated, non-educated, knowledge, attitude and practices.

INTRODUCTION

Hepatitis B is an intense fundamental contamination which primarily influences the liver and is transmitted ordinarily by the parenteral course. It starts as an intense self-restricting disease, which might be either subclinical or symptomatic. Determined hepatitis B infection contamination may cause dynamic liver malady including unending dynamic hepatitis and hepatocellular carcinoma.

It is surveyed that 2 billion people worldwide have back and forth movement or past hepatitis B tainting, incorporating into abundance of 250 million unending transporters and more than 600,000 passing worldwide each year.¹ Hepatitis B is no matter how you look at it in the Asia Pacific locale and 10 to 15 million of the populace encounters the evil impacts of this sickness. They are locked in with blood transfusion, imbuements and cautious exercises in their practices. They should think about the peril included and ought to maintain a strategic distance from potential hazard in overseeing patients²⁻³.

A sheltered and powerful antibody against HBV is accessible since 20 years and is viable in forestalling disease and the genuine result of hepatitis including liver malignancy and cirrhosis when given previously or after exposure⁴. Studies are too constrained to even think about giving a reasonable image of the predominance of HBV at the National level, particularly among generally solid people^{6,7}. Most past investigations focused on various little gatherings of people with some clinical signs in this manner; these don't precisely mirror the general pervasiveness in Pakistan. In present pattern of study inquires about people attempted to investigate live Hepatitis B inclusion among people understudies upto the

degree of senior recorder; likewise got an understanding into their knowledge, attitude and works in regards to their infection. Hepatitis B infection (HBV) disease is one of the real general medical issues on the planet. As per the ongoing evaluations, around 33% of the total populace is contaminated with HBV of these; around 360 million individuals are perpetual transporters and are in danger of creating liver infections like cirrhosis and hepatocellular carcinoma (HCC)⁸. An excessively high pervasiveness of ceaseless HBV diseases exists in Southeast Asian and sub-Saharan African nations⁹. Truth be told, the hazard for unplanned presentation among the people could be higher because of their absence of experience, deficient preparing, obligation over-burden, and weariness¹⁰.

RESEARCH METHODOLOGY

This cross sectional study was conducted in rural area of Gujranwala to assess the status of Hepatitis-B vaccination coverage among Rural Area of Gujranwala and to identify the association with barriers to non vaccination during a period of 04 months from March to June 2019. Sample size was calculated upon open software using 73% prevalence of vaccine coverage among people margin of error of % + CI of 95%. Calculated sample size is 304. Sampling Technique used was convenient sampling. Study population requirement: Done through informed written consent. Data was collected by self developed structured questionnaire. Data collection and analysis was done on SPSS.

RESULTS

Total number of the respondents was 304. The male were 103(34%) and females were 201(66%). From above mentioned respondents, educated (primary to master

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degree) people were 230 (76%) and uneducated were 74 (24%).

Vaccination Status

	Frequency	%age
Complete all the 3 doses	175	57.5
Boosters within 10 year	42	13.8
Partial		
1 st dose	8	2.6
2 nd dose	27	8.9
No vaccination	52	17.1

Descriptive Statistics of Knowledge about Hepatitis B

	Yes	No	Don't know
Hep B can be transmitted through blood transfusions	280(92.1)	22(7.2)	2(0.7)
HBV can be spread by eating food that has been prepared by an infected person	104(34.2)	192(63.2)	8(2.6)
Hep B can be transmitted from mother to fetus	252(82.9)	40(13.2)	12(3.9)
Hep B can be transmitted through unsafe needles and sharps	279(91.8)	21(6.9)	4(1.3)
poor sanitation is a risk factor for Hep B	155(51.0)	136(44.7)	13(4.3)
Hep B infection can lead to liver cancer	237(78.8)	52(17.1)	15(4.9)
There is a vaccine for Hep B	240(78.9)	48(15.8)	16(5.3)
People living with hepatitis can continue having sex	122(40.1)	54(17.8)	36(11.8)
if you are vaccinated, you can still get infected with hepatitis B	106(34.9)	148(49.6)	50(16.4)
	71(23.4)	210(69.1)	23(7.6)

Descriptive statistics of Attitude

	Yes	No	Don't know
Hep B patients be allowed to do work in the kitchen	187(62.2)	103(33.9)	13(4.3)
Hep B patients can do strenuous exercises	170(55.9)	110(36.2)	24(7.9)
Hep B patients should be isolated	67(22.0)	226(74.3)	11(3.6)
Hep B patient should be allowed to have unprotected sex	27(8.9)	249(81.9)	28(9.2)
Pre-transfusion screening can decrease the risk factor of transmission	255(83.9)	26(8.6)	23(7.6)

Descriptive Statistics of Practices

	Yes	No	Don't know
Have you receive primary vaccination of hepatitis B (infancy)	186(61.2)	79(26.0)	39(12.8)
Are you willing for vaccination	264(86.8)	28(9.2)	12(3.9)
Have you been screened for Hep B?	121(56.6)	168(55.3)	14(5.0)
Are your immediate family members (parents and siblings) vaccinated for hepatitis B?	172(56.6)	96(31.6)	36(11.8)
Have you ever suffered from needle prick?	110(36.2)	184(60.5)	10(3.3)
Have you ever received unscreened blood transfusion?	16(5.3)	280(92.1)	8(2.6)

DISCUSSION

Hepatitis B is a possibly hazardous liver contamination brought about by the hepatitis B infection. Hepatitis B viral (HBV) disease is a noteworthy medical issue internationally and increasingly common in Pakistan, HBV which is the fundamental etiological operator of chronic hepatitis B, hepatocellular carcinoma and liver cirrhosis. Modes of transmission of HBV are parenteral, percutaneous, sexual, horizontal and perinatal. Treatment alternatives accessible in the nation are hepatitis B immunoglobulins, immunization and anti-viral(s). It is assessed that almost 4,000,000 individuals in Pakistan have been presented to hepatitis B infection. The Pakistan Medical Research Council attempted a national overall public study in 2007-2008 on the real frequency of hepatitis (HBsAg) with a prevalence of 2.5%. Hepatitis B inoculation is a piece of Expanded Program on Immunization (EPI) in Pakistan.

As indicated by our investigation 57.5% respondents have been finished immunized, 13.8% have received boosters within 10 years, 2.6% have gotten 1st dose, 8.9% have gotten 2nd dose and 17.1% have received no vaccination. The 57.5% immunization is like a study done among therapeutic studies in Muhammad Medicinal School, Mirpurkhas (i.e., 57%).

CONCLUSION

The present examination reasons that the informed individuals have great knowledge, information and disposition with respect to hepatitis B immunization, disease, methods of transmission and avoidance which proposes that they have allowed the chance to get familiar with hepatitis B inoculation however practices are poor when contrasted with learning and frame of mind in regards to hepatitis B inoculation. By doing that review we have come to think about learning, frame of mind and works on with respect to hepatitis B immunization among provincial zone of Gujranwala.

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