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Media Public Enlightenment Campaign and Awareness of Hepatitis B in Lokoja Metropolis of Kogi State; Nigeria

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Abstract: This study investigated media public enlightenment campaign and awareness of Hepatitis B in Lokoja metropolis. A cross-sectional survey design was employed. The study used convenience sampling method. The population of study is 195, 261 which are the people living in Lokoja metropolis with a sample of 400 arrived at by applying Taro Yamane formula. Questionnaire served as the instrument for data collection. The 376 retrieved questionnaires were analyzed using both univariate and bivariate technique of analysis. Findings reveal that majority of the respondents have the knowledge of Hepatitis B, through different media which include: health workers, television etc. Despite the level of knowledge gained, majority are yet, to be vaccinated. Results also showed that there is a moderate positive and statistically significant ($r = 0.474$, $p<0.001$) correlations between the degree of awareness and test behaviour of the participants. It was revealed that there is a statistically significant relationship ($p<0.001$) between age subgroup and respondents test behaviour as more respondents between age group (26-35) responded more to test than the other subgroups due to their proactive nature. The study showed that many of the respondents believe that the awareness on Hepatitis B is minimal and preferred medium for the awareness are social media, radio, television, etc. The study recommended that the government should sponsor different media awareness campaign geared towards the prevention of the transmission of "Hepatitis B Virus" (HBV) and the use of vaccine as a major alternative for prevention.

Key words: Health communication, Hepatitis B, enlightenment, awareness, knowledge, media public

INTRODUCTION

The wellbeing of the society is an important gateway to a nation's wealth. According to Okpoko "health is essential for the satisfaction of human needs and to improve the quality of life". The illness of some individuals in a society would possibly affect the smooth running of such society.

According to the Anonymous (2012) Hepatitis B is the world's most common liver infection which is caused by a DNA-virus, the Hepatitis B Virus (HBV) is capable of causing chronic infection and considered highly contagious, 50-100 times more infectious than HIV and is transmitted between people through blood, semen, vaginal fluids and mucous membranes. Hepatitis B is a potentially life threatening liver infection a global health problem that has put people at high risk of death from cirrhosis and liver cancer. Hepatitis B Virus (HBV) infection is considered as a serious health problem worldwide.

In preventing widespread of Hepatitis B virus, adequate enlightenment campaign is needed to inform, educate and protect the masses. Mass media campaign can raise awareness of an issue, enhance knowledge and beliefs and reinforce existing attitude. Health communication campaigns are arguably the most utilized and effective method for spreading public health messages, especially in endorsing disease prevention (Hepatitis B) and general health promotion and wellness. Yamuah (2005) rightly put it, "without good health, families, individuals, communities and nations cannot hope to achieve their social and economic goals". Hence, the study seeks to investigate public enlightenment campaign and awareness of Hepatitis B in Lokoja metropolis.

Statement of problem: Hepatitis B enlightenment is meant to sensitize, inform and warn the public about existing dreadful and killer disease, taking precautionary measure to avoid its infection or transmission. In some society,

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media campaigns are at times not given necessary attention by the masses, as the public either reacts positively or negatively to media campaigns depending on the quality or powerful influence of the content.

The mass media enlightenment function could be a cause for concern, considering the way the public perceives the message communicated and knowledge acquired from the media and as such identified problems associated with public enlightenment campaign and awareness of Hepatitis B are the level of awareness and its impact in reducing the disease. Consequently, in order to ameliorate the aforementioned this current study seeks to investigate the role public enlightenment campaign plays in creating awareness of Hepatitis B in Lokoja metropolis so as to minimize the spread of this deadly disease.

Literature review

Theoretical framework: This study is anchored on the health belief model.

Health belief model: The theoretical underpinning of this study is based on the Health Belief Model (HBM). The HBM theory was propounded by Geoffrey Hochbaum with further research by Becker, Haefner and Maiman in 1977. The concern of this theory is to address personal knowledge and beliefs that are used in health promotion to design intervention and prevention programmes with focus on assessing health behaviour of individuals through examination of perception and attitudes someone may have towards disease and negative outcomes of certain actions as put by Burke. This theory also tries to explain the reason why sometimes many people despite the advertised inherent benefits would not participate in health programmes.

Although, the theory has some key assumptions which include: perceived severity, susceptibility, benefits and barriers and modifying variables. In addition, in this study as championed by the study of Sharma and Romas it is a cognitive model which posits that behaviour is determined by a number of beliefs about threats to an individual's well-being and the effectiveness and outcomes of particular actions or behaviours. As a matter of fact, the HBM theorizes that people's belief about whether or not they are at risk of a disease or health problem and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action.

According to Okpoko HBM is based on the understanding that a person will take a health-related action if that person:

- Feels that a negative health condition can be avoided
- Has a positive expectation that by taking a recommendation action he/she will avoid a negative health condition
- Believes that he/she can successfully take a recommended health action

For instance, Nisbet and Gick (2008) see the model as "in order for behaviour to change, people must feel personally vulnerable to a health threat, view the possible consequences as severe and see that taking action is likely to either prevent or reduce the risk as an acceptance cost with few barriers. In addition, a person must feel competent (have self-efficacy) to execute and maintain the new behaviour. Some trigger, either internal or external is required to ensure actual behaviour".

Nevertheless, the advantage of the model is three it illustrates the impact of mass media on health behaviour, focuses on the perceptions and beliefs of clients that can be altered to enhance certain health behaviours. There is also an opposite of this model which is true. When an individual perceives a threat as not serious or themselves as unsusceptible to it they are unlikely to adopt mitigating behaviours, low benefits and high costs can have the same impact.

The theory is relevant to the study because people will do everything to prevent any health threat and a persuasive enlightenment message will help change people's opinion and behaviours in either preventing or to reduce the risk of being infected with the disease.

Review of empirical evidence: Odimayo *et al.* (2015) examined the level of awareness of Hepatitis B viral infection among a subset of Markurdi community in Benue State in Nigeria. A cross sectional design was adopted using the members of Benue State University (BSU) community in Markurdi as the population of study. Questionnaires were distributed among the population of the study as an instrument for data collection. Total 728 participants were used for the study. The study revealed that the respondents were aware of Hepatitis B virus infection and that it can be transmitted from infected mother to child during delivery, through sexual contact with an infected partner, through use of HBV infected blood product and use of needle contaminated with HBV. Majority of the respondents knew that HBV is not transmitted through dirty toilet, drinking contaminated water or hugging infected individuals. The researchers concluded that there were significant awareness on Hepatitis B virus infection and its transmission among study population; however, some misconceptions which

can result in stigmatization of HBV infected individuals existed and later recommended the strengthening of ongoing health educational programme on HBV in the environment.

Similarly, Ndako *et al.* (2011) assessed the sero-prevalence of Hepatitis B surface Antigen (HBsAg) and associated risk factors among students of a secondary school in Jagindi Tasha, Kaduna State, Nigeria. The 190 students were screened and sera samples obtained were separated and analyzed for HBsAg with a commercially available Enzyme Linked Immunosorbent Assay (ELISA)-based kit (Dialab). Structured questionnaire was used to obtain Information for risk factors. The study revealed that some of the samples screened were sero-positive. Subjects aged 13-15 years recorded 6.8% positivity ($x^2 = 1.084$; $p>0.05$) and male subjects had 25.5% positivity compared to 10.9% positivity for females ($x^2 = 6.768$; $p<0.05$). Risk factors such as blood transfusion were 32.0% among male subjects compared to 30.0% in females ($x^2 =18.07$; $p>0.113$). The findings furthered showed that alcoholic consumption, the predominant life style of the youths in this community was 20.0% among male subjects as compared to none in females. Unfortunately, the prevalence of HBV appeared high among the studied population. The suggested that public awareness on the virus be accorded urgent attention while vaccination programme be improved in the community.

In the same vein, Majolagbe *et al.* (2014) investigated the prevalence and awareness of Hepatitis B infection among blood donors in Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Bauchi, Nigeria. The researcher's findings showed that about very few percentage of blood donors examined were reactive to Hepatitis B surface antigen and had never heard of Hepatitis B and very large percentages had never ever been vaccinated with Hepatitis B vaccine. Having an infected family member and being a trader by occupation was found to be the major risk factors of having the disease. Hence, the study concludes that the general public should be properly educated on Hepatitis B infection and all susceptible individuals especially those with infected family members and traders should be vaccinated.

Consequently in order to achieve the key objective of this research, the study hopes to provide answers to the following questions which include: what percentages of people in Lokoja metropolis are aware of the Hepatitis B diseases? What is the level of knowledge of the people of Hepatitis B virus in Lokoja metropolis? What are the percentages of people who had undertaken the Hepatitis B test in Lokoja metropolis? Does knowledge of Hepatitis B disease affect test behaviour of the participants?

Objective of the study: The study is generally aimed at investigating the knowledge and attitudes of the public towards Hepatitis B enlightenment campaigns and awareness while specifically the study set out to:

- Identify the percentages of people aware of the disease Hepatitis B in Lokoja metropolis
- Determine the level of knowledge of the disease Hepatitis B virus by the people in Lokoja metropolis
- Ascertain the percentages of people who had undertaken the Hepatitis B test in Lokoja metropolis
- Evaluate the knowledge of Hepatitis B disease on participants test behaviour

MATERIALS AND METHODS

Population of study: This study was carried out in Lokoja metropolis, the state capital of Kogi State. According to the 2006 census, the total population of Lokoja local government area is 195, 261 which include male and female from the age grade of 15 and above. Therefore,the population of the study is 195, 261. In this research, well known hospitals in Lokoja metropolis are purposively selected as a location for the distribution of a questionnaire: the researchers with the aid of research assistants distribute the questionnaire systematically at the reception of the hospitals. The various hospitals visited are specialist hospital, Federal Medical Center (FMC) Jecillal Hospital, Honey Gold Hospital, Helping Hands, Zenith Hospital, Ankuri Hospital, Niger Hospital as well as many populated areas in the metropolis these are Adankolo, Kabawa, workers village, army barracks, Zangodanji, GRA, Mount Pati where specific junctures are located which serves as a major route in and out of the areas were used for the distribution of the questionnaire to achieve balancing.

Research designs: Cross-sectional survey was adopted for this study. Cross-sectional surveys are studies aimed at determining the frequency (or level) of a particular attribute such as a specific exposure, disease or any other health-related event in a defined population at a particular time. The cross sectional survey is located in the variant of a longitudinal survey. This was adopted for the study because public attitude on the exposure to a disease based on their opinion would be the main source of primary data collection.

Sample size: The sample size consisted of 400 respondents which were generated by application of Taro Yamane formula. In generating the above mentioned sample size, the researcher put into consideration the population size, the constant and level of precision, respectively to arrive at the derived value as contained in the Taro Yamane formula. Nevertheless, the questionnaire was administered during 8 weeks period between the months of July and September in the year 2015 to collect information about the knowledge, attitude, awareness and test for Hepatitis B disease. The questionnaires were made to be filled in front of the investigator to avoid any kind of discussion or consultation amongst the respondents. Confidentiality of identity was assured to all the respondents and their verbal consent was obtained. The researchers hope to see if there is any correlation between knowledge of Hepatitis B and the test behaviour of the respondents.

Research instrument: A questionnaire-based study was conducted in Lokoja metropolis to analyze media public enlightenment campaign and awareness of Hepatitis B in Lokoja metropolis which comprises of both open and close ended questions. The study instrument was distributed across the metropolis covering teaching hospitals, university of higher learning, commoners among others. Selection of respondents from different areas of the metropolis was based on the convenience sampling technique. Prior permission was taken from heads of relevant departments of the institutions. Permission and clearance were taken from the institution's ethics committee. The questionnaires were protested for validity and reliability. A close-ended and open ended questionnaire containing fifteen questions inclusive was distributed among the respondents. The questions pertained to information regarding knowledge and awareness, clinical attitudes and behaviour for Hepatitis B infections. Demographic data including sex and age were asked. Knowledge about the vaccine against this infection and a source of knowledge about the vaccine against Hepatitis B were asked. Apart from the above, questions included are questions on awareness regarding Hepatitis B infection and the respondents were supposed to mark if they knew about the Hepatitis B infection.

In addition, two questions with subparts were used to explore on transmission modes and misconception of transmission modes. The first question under here was based on modes of transmission of Hepatitis B infection. Which included options such as blood and blood products, sharps and needles, sexual intercourse, hospital acquired infection and feco-oral route as a mode of transmission. On the other hand, the second question was based on the misconceptions of transmission modes. All the questions were close ended questions.

Data collection: Primary data collection is adopted in the study where questionnaire was employed as an instrument for data collection. Convenience sampling technique was adopted in this research. Convenience sampling is one of the non-probability sampling methods and it is a type of sampling where the first available primary data source will be used for research without additional requirement. It involves getting participants wherever is convenient in this study all subjects are invited to participate as there are no inclusion criteria identfied for selection of subjects. Moreover, the key reason why this study adopted this sampling method is because it does not create room for discrimination with regards to the participants especially when the researcher may not have a large budget or the time and resources that would allow for creation of a large, randomized sample. In its basic form, convenience sampling method can be applied by stopping random people on the street and asking them questions regarding the subject matter of the questionnaire.

In particular, 400 questionnaires were administered to respondents with the aid of research assistants trained specifically for this purpose which 376 were duly completed and retrieved. The questionnaire was distributed from one hospital to another systematically with the help of the trained research assistants. Each of the questionnaires was given to each respondent using the reception as a place for distribution. Some of the respondents filled it immediately while some promised to return it to the location some returned while some did not.

Data analysis technique: Data obtained from this study would be analyzed by means of descriptive statistics using both univariate and bivariate analysis for the purpose of simplicity and clarity. The univariate analysis includes, the use of frequency tables and percentages. While the bivariate include the use of Chi-square, ANOVA test and correlation analysis.

Ethical issues: In carrying this study the major ethical concern was that of confidentiality. The questionnaires were completed privately and anonymously. However, all records and important materials are kept under lock and

key to avoid divulging of obtained information. Furthermore, ethical clearance was obtained from Ethics and Research Committee of Kogi State University. Anyigba, Kogi State Teaching Hospital, etc. In addition, written informed consent was equally obtained from the participants.

RESULTS AND DISCUSSION

Demographic characteristics of respondents: Indications, on the demographic characteristics of the collected data show that 46.81% of the respondents which amounted to 176 were male and 53.19% (200) were female. Furthermore, approximately 64% of the overall respondents were found to be married while the other 36% are single. The age distribution showed that about one-third (120) of the study population fell within the age brackets of 26-35 years (31.9%) followed by 19.2, 17 and 14.9% of the respondents with 72, 64 and 56 who fell within the age bracket of 50 and above, 26-45, 46-55 and 15-25, respectively. Table 1 also revealed that approximately 85% of the respondents have tertiary education, constituting 320 of the respondents while the remaining 15% were found to have attained O-Level (56) which amounted to in the response.

Information, knowledge and measure of knowledge on Hepatitis B disease: From Table 2 it was discovered that 80.85% accounting for 304 of the respondents have gotten information about Hepatitis B disease while the remaining 19.15% (72) has no information about it. Similarly, the analysis made public that most (66.22%) of the respondents constituting 249 have knowledge of the disease Hepatitis B while 33.78% (127) were found not to have knowledge. This may be possibly because this set of participants was conscious of the awareness created by various enlightenment avenues regarding the repercussion of this deadly disease. In addition, it was opened that half of the respondents 49.7% (187) got the information through health workers, 81 (21.6%) got the information through one-on-one communication, 41 (10.9%) got the information from hospital posters, 4.8% (18) got the information from the television, respectively. The implication of the above is that about 50% of the respondents opened their heart to receive the campaign message that was passed by the health workers while the remaining 50% of the respondents were shared among other awareness measures who possibly might have exhibited some nonchalant attitude or that they failed to perceive the likely danger that is inherent in this disease. Regarding awareness of respondents on Hepatitis B it was discovered that approximately 64% of the respondents had one way or the other had awareness of this killer disease. Although, the remaining 36% pinpointed that they have no prior awareness of the disease. Particularly, the former group identified that they had awareness through the following modes; Hospital posters, banners and oral medium. With regards to whether respondents have carried out test on Hepatitis B, evidence shows that 68.35% majority of the respondents i.e., 257 have not gone for this test. While, only 31.65%

Table 1: Demographic characteristics of respondents

Variables	Frequency (n = 376)	Percentage
Gender		
Male	176	46.81
Female	200	53.19
Marital status		
Single	136	36.20
Married	240	63.80
Divorced	-	-
Age grade (years)		
15-25	56	14.90
26-35 yrs	120	31.90
26-45 yrs	64	17.00
46-55 yrs	64	17.00
56- Above	72	19.20
Education		
No formal education	289	53.00
Primary	-	-
Secondary	56	14.90
Tertiary	32	85.10

Table 2: Respondent on information and knowledge of Hepatitis B disease

Option	Frequency (n = 376)	Percentage
Information on Hepatitis B disease		
Yes	304	80.85
No	72	19.15
Knowledge of the disease Hepatitis B		
Yes	249	66.22
No	127	33.78
Medium of acquiring knowledge of disease		
One-on-one communication	81	21.60
Radio	11	2.90
Television	18	4.80
Pamphlet	21	5.60
Health workers	187	49.70
Others		
Reading books/Magazines	17	4.50
Hospital posters	41	10.90
Awareness of disease		
Yes	239	63.60
No	137	36.40
Level of participation in hepatitis test		
Yes	119	31.65
No	257	68.35
Knowledge of how the disease is infectious		
Yes	253	67.29
No	123	32.71
Rate at which respondents have been vaccinated		
Yes	41	10.90
No	335	89.10
Awareness effectiveness		
Yes	131	34.80
No	245	65.20

Table 3: Modes of transmission and misconception about modes of transmission

Options	Relative frequency SA	A	U	D	SD	Total respondents	Mean score
Avenues in which Hepatitis B can be transmitted							
Blood product	181	128	67	-	-	376	4.303
Mother to child during delivery	120	169	89	07	-	376	
Sexual contact with partner	145	136	95	-	-	376	4.133
Contaminated needle	126	153	97	-	-	376	3.670
Saliva	81	187	144	-	14	376	3.720
Total	107	151	113	05	-	376	3.962
Ways in which hepatitis cannot be transmitted							
Dirty Toilet	104	112	127	24	09	376	3.739
Drinking contaminated water	104	87	161	12	12	376	3.781
Hugging infected person	144	83	131	09	09	376	3.226

Computed from field survey (2015)

(119) have gone for it. Furthermore, approximately 67% of the overall respondents believed that the disease is infectious while the others constituting 123 (32.71%) have a contrary conviction. Analysis of the number of respondents that have been vaccinated against Hepatitis B shows that majority of the respondents have not been vaccinated which amounted to 335 (89.1%) while only few have been vaccinated (41, 10.9%). In consonance with the above, it was revealed that 131 (34.8%) respondents are of the view that Hepatitis B disease awareness is effective while 245 (65.2%) respondents believe that the awareness is not.

However, respondents preferred medium for the public enlightenment campaign and awareness of Hepatitis B which among others include: Door-to-door sensitization, outdoor bill board, television, radio, social media, pamphlet, seminars on health issues, health talks in school and religious gathering and health organization enlightenment programme, respectively.

Avenues of transmitting Hepatitis B disease and misconceptions: From Table 3 it was discovered that the knowledge and extent of awareness on what can transmit Hepatitis B to human recorded a mean score of 4.303 which implies that 82.6% of the respondents agree that Hepatitis B can be transmitted through blood product. Furthermore, analysis from a mother-to-child delivery showed a mean score of 4.045. Meaning that, 76.1% of the respondents agree on mother-to-child delivery transmission. With regards to sexual contact with a partner with a mean score of 4.133 which implies that 78.3% of the respondents agree that transmission can be through sexual contact with partners. Moreover, the mean score of 3.670 implies that 66.8% of respondents agree that the Hepatitis B virus can be transmitted through the use of contaminated needles. With the mean score of 3.720, it implies that 68.0% agree that saliva can transmit Hepatitis B. Menstrual, vaginal and seminal fluid with the mean score of 3.962 implies that 74.1% agree on the transmission. The respondent's advice towards the enlightenment campaign and awareness of Hepatitis B are as follows:

- Media houses should be highly engaged in Hepatitis B awareness campaign
- Government should increase the level of awareness
- Social media should be adopted in the awareness campaign
- Door-to-door awareness should be employed by health workers
- And public sensitization by NGOs and other health agencies

In addition, Table 3 also shows the knowledge and extent of awareness of the respondents on what can not transmit Hepatitis B virus to human: 15.5% of respondents agreed that dirty toilet cannot transmit Hepatitis B virus with mean score of 3.739, the mean score of 3.781 means that 68.0% of the respondents agreed that Hepatitis B cannot be contacted through drinking of contaminated water with the mean score of 3.226 implies that 55.7% of the respondents agrees that Hepatitis B cannot be transmitted through hugging of infected persons.

Degree of awareness and test behaviour: It was surmised from the outset of this study that there is no significant difference between degree of awareness and test behaviour of the respondents. However, as can be seen from Table 4 the Pearson correlation coefficient (r) equals 0.474, indicating that a moderate positive and statistically significant correlation exist ($r = 0.447$; $p<0.001$). Meaning that there is a statistically significant relationship between the degree of awareness of Hepatitis B disease and the test behaviour of the participants. Furthermore, ANOVA test was conducted to ascertain whether there are no difference between the age subgroups and test behaviour of the participants. Evidence of the results showed that there is a statistically significant difference between age

Table 4: Correlations result on degree of awareness versus test behaviour

Variables	Awareness of hepatitis	Test behaviour
Awareness of hepatitis		
Pearson correlation	1.000	0.474**
Sig. (2-tailed)		0.000
N	376.000	376.0
Test behaviour		
Pearson correlation	0.474**	1.000
Sig. (2-tailed)	0.000	
N	376.000	376.0

**Correlation is significant at the 0.01 level (2-tailed); Computed from field work (2015)

group 26-35 and test behaviour with p-value of ($p<0.001$) which was reflected their readiness and the manner in which they partook in hepatitis test.

Indication from this study and previously carried out studies shows that Hepatitis B are major health problems globally directing a gigantic burden on the health-care system, a major source of patient's misery and an impediment to the country of patients at large as put by Hulsenboom *et al.* (2007) and Thomas *et al.* (2003). As a matter of fact, they are key causes of hepatocellular carcinoma and are likely to remain a serious health problem resulting in substantial morbidity and mortality for several decades to come (Araoye, 2004). Therefore, this study has been carried out with a motive to investigate the status of media public enlightenment campaign and awareness of Hepatitis B in Lokoja metropolis by assessing the knowledge regarding the hepatitis infection and help in increasing the awareness level for the benefit of the entire country and medical fraternity.

We found that a good number constituting 81% of the respondents are aware of this deadly disease. Only 19% of them are not aware of it. This may possibly be because of the high rate of enlightenment that was given by the health workers. Although, some of the participant equally got knowledge from other sources such as one-to one communication, hospital poster, pamphlet to mention few. Hence, contradicting the study carried out in Karachi (Pakistan) where the respondents demonstrated a very low knowledge and awareness of Hepatitis B infection according to Shahen. However, the finding of this study tends to support previous studies like that of Odimayo *et al.* (2012) and Samuel *et al.* (2009) where it was discovered that majority of the participants have awareness and knowledge of Hepatitis B disease. Hence, indicating that most of the people in Lokoja metropolis are aware of Hepatitis B virus disease.

The foremost sources of awareness of the Hepatitis B disease of the respondents were through the health workers possibly because during their school days it was part of the course (curricula) which they offered and hence accounted for 31.65%. On the other hand, 68.35% of the respondents came across the awareness of Hepatitis B through mediums such as hospital posters, banners, orally, health workers and through blood tests. This contradicts with reports of a study conducted among adolescents in North Western Nigeria in which the major sources of information were school lessons, mass media and health magazines as put by Aliyu and that conducted in Thailand in which the major sources of information were school internet and hospital/clini. The reality that electronic media are the major source of information is due to the fact that most people have access to transistor radios and adolescents especially have cell phones sets with in-built radios. These give them continuous access to the news.

Surprisingly, despite the large number of the participants that is aware of the deadly disease only few (10.9%) actually that went for vaccinated while others were unvaccinated even at any of the general hospital. However, the outcome of the study was consistent with the results of a similar study conducted by Singhal. though, contradicted the study by Carvalho in Brazil where about 96% of the respondents were vaccinated. This means that most of the participants would be susceptible to the killer disease despite their level of awareness.

Regardless of the fact that majority of the respondents have knowledge of Hepatitis B, there were still misconceptions about modes of transmission. Thus, pinpoint that the disease cannot be transmitted through drinking of contaminated water, dirty toilet, hugging of infected persons, etc. which is actually an issue in the past studies according to Gunson and Saffar respectively. Instead, it can be transmitted through blood product, mother-to-child during delivery, sexual contact with infected partners, contaminated needle, saliva and menstrual, vaginal and seminal fluid to mention a few. This finding however is at variance with another study done in Karachi (Pakistan) where the respondents demonstrated a very low knowledge of Hepatitis B infection. Although, the respondents demonstrated that the most vulnerable mode of transmitting Hepatitis B is through unprotected sexual intercourse. This outcome is consistent with the study of Vu which confirmed that HBV can be highly transmitted through unprotected sex. While the other modes of transmission confirms the study of Odimayo *et al.* (2012) which reveals that the disease can be transmitted through transfusion of blood product, sexual contact with infected partners, mother-to-child delivery and others which provides answer to the third research question. Worrisome to the researchers, was the attitude of the respondents with respect to test their behaviour. As exhibited by the

result, only one-third of the participants partook in the test for Hepatitis B despite their knowledge. This has an implication on the extent to which the disease would be spread across the metropolis. Although, the above findings contradicted the study by Taylor *et al.* (2005) which pinpointed that the people who have knowledge of Hepatitis B have equally got tested for HBV to corroborate their knowledge of the disease.

CONCLUSION

Despite the awareness by various means of communication, the behaviour of the people never changed. A lot of respondents acquired Hepatitis B knowledge from health workers which explain that more enlightenment and sensitization are done by the health workers. There by suggesting that the media needs to come up with a more powerful measure/message that would ensure a change of behaviour and opinion on the people.

RECOMMENDATIONS

Communication is the vital tool for health communication delivery, using every means of communication in reaching out to people far and near. The Hepatitis B virus is a deadly disease, more dreadful than the popular HIV; without treatment or symptoms. Necessary precaution needs to be taken. In view of this the study recommends the following:

- The government should sponsor different media enlightenment campaign to prevent the transmission Hepatitis B Virus (HBV) and the use of vaccine as a major alternative for prevention
- The medical practitioners should make it compulsory for the test of Hepatitis B virus before commencement of treatment for patients and should be carried out for free or at an affordable price
- The World Health Organization (WHO) should recruit people, train and orientate them on Hepatitis B and engage them in a door-to-door enlightenment and awareness
- Awareness cannot be left alone in the hands of the government and health workers. Individuals should also be ready to save lives by promoting the campaign of Hepatitis B virus in the society

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