

**Knowledge, attitude and practice regarding hepatitis B infection among Nurses
in public hospitals of Niger state, Nigeria.**

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ABSTRACT

Aim: This is a cross sectional descriptive study that evaluated knowledge, attitude and practice regarding HBV infection among nurses in public hospitals in Niger State North Central part of Nigeria.

Study design: The study consisted of 1085 nurses working in 23 secondary health care facilities in the state. Distribution of nurses was based on the size and workload of each hospital. Ethical clearance was obtained from ethical committee of the Ministry of health Niger state.

Methodology: A multi stage probability sampling method was used in selecting participants for the study. 283 nurses of the 350 questionnaires distributed were used. Data were analyzed using SPSS version 22.

Results: The results of the study showed that, the mean Age of respondents was $45 \pm S.E$ 0.6 years with 35.7% males and 64.3% females. Significant percentage (82.3%) of the respondents had diploma as their highest qualification. And 58.3% had adequate knowledge of HBV. Majority (96.5%) used hand gloves and 70.1% do not recap needles after injection compared to 27.9% that still recap needle after use. However, no significant difference was observed between knowledge of HBV and use of hand gloves or re-capping of needle [X^2 (3) = 1.727, P value = 0.911 and X^2 (1) = 1.191, P value = 0.285. There were 65% of respondents that had HBV screening and 6 % were HbsAg positive. As much as 35% of respondents never had HBV screening. Furthermore, 62.9% of the respondents had vaccination while 37.1% remained at risk for not been vaccinated. No significant relationship between knowledge of HBV and screening or vaccination [X^2 (1) = 1.781, P value = 0.182 and X^2 (1) = 2.692, P value = 0.105].

Conclusion: Educational programmes based on hepatitis B - its causes, mode of transmission, prevention, adherence to universal precautions and complication like wise adherence or compliance to infection control policy in the hospital are essential to nurses and other health care workers to prevent risk of contact and spread of hospital acquired HBV infection

36 **Keywords;** *Hepatitis B, Nurses, Knowledge, Practice, Screening, Vaccination*

37 **1. INTRODUCTION**

38
39 Hepatitis B infection is an important form of both acute and chronic viral hepatitis (Prescott *et*
40 *al.*, 2002). Worldwide, approximately 240 million people are living with chronic hepatitis B
41 infection. The disease is mostly endemic in East Asia and sub-Saharan Africa, where 5 to 10
42 percent of the adult population is chronically infected (WHO, 2008). It has caused epidemics
43 in parts of Asia and Africa. Hepatitis B virus (HBV) infection is endemic in China and various
44 parts of Asia (Williams, 2006). Chronic viral hepatitis is a global public health problem with
45 more than two billion people worldwide living with it (Long *et al.*, 2008). Previous studies
46 undertaken indicated that, HBV prevalence in sub-saharan African general population
47 ranges between 10-20% (WHO, 2002). Current estimates suggest that around 350 million of
48 these have developed to chronic HBV infection (Tillmann *et al.*, 2012). Nigeria is classified
49 among the countries that are endemic for the infection with infected population of 18 million
50 people (Ojo and Anibijuwon, 2009). It has also been reported that, despite the existence of a
51 safe and effective vaccine, Nigeria has remained a hyper-endemic area for HBV infection,
52 with an estimated 12% of the population being chronic carriers (Jatua and Yahaya, 2009).
53 HBV has been classified as an important occupational hazard for workers who are exposed
54 to blood and blood products (WHO, 2008). Needle prick injuries are common among health
55 care workers but are under-reported and yet a significant, risk of exposure to potentially fatal
56 blood-borne viruses. Health care workers therefore, represents one of the largest risk groups
57 for HBV infection worldwide (Krishnan, *et al.*, 2007; Djeriri, 2008; Kermode, *et al.*, 2005).
58 Primary Healthcare workers are higher risk group, because of poor compliance to standard
59 universal precautions measures (Garcia, 2009 and Sadoh *et al.*, 2006). HBV is a well-known
60 occupational hazard of health care workers and are considered to be at substantial risk for
61 acquiring or transmitting the virus because of occupational contact with blood, blood
62 products and other body fluids (Kohn *et al.*, 2003). Among the health care personnel, HBV is
63 transmitted by skin prick with infected, contaminated needles and syringes or through

64 accidental inoculation of minute quantities of blood during surgical and dental procedures
65 (Othman *et al.*, 2014). Fortunately, HBV infection is preventable with a safe vaccine that is
66 up to 95% effective especially when given during childbirth (WHO, 2008; Emechebe *et al.*,
67 2009). Nurses are at high risk of contracting HBV, since they are the first point of contact
68 between patients and medical care and are expected to undertake activities related to
69 patient care in clinical settings. In view of this, therefore, there is need to study and
70 determine the knowledge, attitude and practice regarding HBV infection among nurses.
71 Nurses should have complete knowledge of HBV infections including treatment and
72 prevention, since they are more exposed to the risk when compared to other health care
73 workers. Therefore, this study was conducted to evaluate the Knowledge, attitude and
74 practice of Nurses regarding Hepatitis B infection in public hospitals in Niger State, North
75 central Nigeria.

76 **2. METHODOLOGY**

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78 **2.1. Study design.**

79 This is a cross sectional descriptive study on knowledge, attitude and practice of nurses
80 regarding HBV infection in public hospitals, Niger state, North Central Nigeria. The study
81 population consisted of a total of 1085 nurses as at the time of collection of this data, who
82 are working in 23 secondary health care facilities in the state. It is understood that, the
83 distribution of nurses to the hospitals varies, based on the size and workload of each
84 hospital.

85 **2.2. Sampling method**

86 A multi stage probability sampling method was used in selecting participants for the study.
87 The sampling consisted of three stages.

88 **2.2.1. Stage1.** Out of 23 hospitals, six hospitals were randomly selected using simple
89 random sampling technique by balloting. These hospitals included those located in Minna,
90 Suleja, Bida, Wushishi, Kuta, Lapai and Agaie local government areas of Niger state.

91 **2.2.2. Stage 2.** A list of wards was requested in each of the hospital, and the wards were in
92 turn selected at random depending on the size of the hospital and the number of nurses
93 working in that hospital.

94 **2.2.3. Stage 3.** This involved recruitment of nurses in each of the selected wards which was
95 also done through simple random sampling technique.

96 Sample size – The sample size was determined using a single proportion formula by taking
97 the knowledge of nurses on HBV infection to be 67% as reported from a previous study
98 (Olusegun *et al.*, 2015) and considering assumption of 95% confidence level and 5% level of
99 precision. The calculated sample size was arrived at 339 nurses.

100 **2.3. Data collection technique**

101 A self-administered closed ended questionnaire was distributed to nurses in each of the
102 hospital selected for the study. The first page contained information on instruction of how to
103 fill the questionnaire and that the participation was made voluntary. The questionnaire had 4
104 sections that included demographic characteristics of the respondents, knowledge of HBV
105 infection, attitude and practice towards HBV infection. Confidentiality of information was
106 protected because there was no identity of the respondents on the data collection tool. This
107 was done in order to ensure that information was given accurately and without bias. The
108 filled questionnaires were retrieved from various hospitals by the investigator. Out of the 350
109 questionnaires distributed, a total of 283 were successfully filled and returned, giving a
110 response rate of 84.5%.

111 **2.4. Ethical issues**

112 Ethical clearance was sought and obtained from the ethical committee of the Ministry of
113 health Niger state under the directorate of Medical services. Verbal consent was obtained
114 from the respondents prior to administration of questionnaires. All information was secured
115 to ensure confidentiality and no names of respondents were recorded on the data collection
116 tool for the purposes of ensuring anonymity.

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118 **2.5. Data analysis**

119 The data was entered into the Software package for social sciences (SPSS) version 22 for
120 analysis. Univariate analysis was used to determine the characteristics of the respondents.
121 Bivariate analysis was used to determine the association with independent variables

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124 **3. RESULTS AND DISCUSSION**

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126 **Demographic characteristics of respondents.**

127 From the result of the study, the mean Age of respondents was $45 \pm \text{S.E } 0.62035$ years with
128 males making up 35.7% and females 64.3% of the respondents. Majority (82.3%) of the
129 respondents had their highest qualification as diploma, with only 17.3% having degree and
130 postgraduate certificates. Among the respondents, 58.3% (a little above half) had adequate
131 knowledge of HBV infection based on categorized five statements i.e. cause of hepatitis,
132 modes of transmission, prevention, complication (whether HBV infection can lead to cancer
133 of the liver) and if they consider HBV infection to be a sexually transmitted infection (STI).
134 The median score was used to determine the knowledge of respondents. Those with score
135 at the median or above were considered as having adequate knowledge. The remaining
136 41.7% had a score below the median and therefore considered as having inadequate
137 knowledge of HBV. The result of the study also showed that, there was no significant
138 relationship between knowledge of HBV and educational level of the respondents, such that,
139 there was no statistically significant difference on knowledge HBV between those with
140 diploma and higher degrees [$\chi^2 (1) = 0.072$, $P = 0.789$]. These results are shown in table 1

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Table 1. Educational level of respondents based on knowledge category

Descriptive						Statistic	Std. Error
Mean age						42.2049	.62035
Gender * Educational level							
Gender	Male	% within respondent's gender	diploma	degree	postgraduate	Total	
			87	7	7	101	
	86.1%		6.9%	6.9%	100%		
	Female		146	22	14	182	
80.2%		12.1%	7.7%	100%			
Total			233	29	21	283	
			82.3%	10.2%	7.4%	100%	
Gender * knowledge categories							
Gender	Male	%within respondent's gender	Adequate knowledge		Inadequate knowledge		
			57	44	101		
	56.4%		43.6%	100%			
	Female		108	74	182		
59.3%		40.7%	100%				
Total			165	118	283		
			58.3%	41.7%	100%		

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151 Use of universal precautionary measures.

152 Table 2 showed that, 96.5% of the respondents use hand gloves for procedures with only
 153 3.5% not making use of hand gloves. Similarly 70.1% do not recap needles after injection
 154 compared to 27.9% that still recap after use. However, there is no statistically significant
 155 relationship between adequate knowledge of Hepatitis B infection and use of hand gloves
 156 during procedures such as injection and collection of blood specimen and needle recap after
 157 use [$\chi^2 (3) = 1.727$, P value = 0.911 and $\chi^2(1) = 1.191$, P value = 0.285 respectively].

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161 **Table 2.** Knowledge level and use of universal precautionary measures
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Knowledge categories		Use of gloves for injection/blood collection		Total
		Yes	No	
Adequate knowledge	% within adequate and inadequate knowledge	158 95.8%	7 4.2%	165 100%
Inadequate knowledge		115 97.5%	3 2.5%	118 100%
Total		273 96.5%	10 3.5%	283 100%
		Needle re-cap after injection		Total
		Yes	No	
Adequate knowledge	% within knowledge categories into adequate and inadequate knowledge	42 25.5%	123 74.5%	165 100%
Inadequate knowledge		37 31.4%	81 68.6%	118 100%
Total		79 27.9%	204 70.1%	283 100%

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164 **Respondents that have been screened for HIV and HBV.**

165 Table 3 showed that, 65% (184) of the respondents had screening for HBV infection while
 166 the remaining 35% (99) have never had screening at all. Out of those that had screening, 6
 167 %(11) were positive (HbsAg positive). Furthermore, 62.9% of the respondents have had
 168 hepatitis vaccination while 37.1% remain at risk. There was also no significant relationship
 169 between knowledge, hepatitis screening and vaccination{ $X^2(1) = 1.781$, P value = 0.182 and
 170 $X^2(1) = 2.692$, P value = 0.105 respectively}.

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174 **Table 3** Knowledge level and Screening for HIV and HBV
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Knowledge categories		Respondents that had HIV screening		Total
		Yes	No	
Adequate knowledge	% within adequate and inadequate knowledge	102 61.8%	63 38.2%	165 100%
Inadequate knowledge		82 69.5%	36 30.5%	118 100%
Total		184 65.0%	99 35.0%	283 100%
		Respondents that had hepatitis vaccination		Total
		Yes	No	
Adequate knowledge	% within adequate and inadequate knowledge	109 66.9%	54 33.1%	163 100%
Inadequate knowledge		67 57.3%	50 42.7%	117 100%
Total		176 62.9%	104 37.1%	280 100%

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177 Health care workers, especially physicians and nurses are always in direct contact with

178 patients for blood transfusion, injections and surgical operations during the course of their

179 practice and are therefore, at high risk and vulnerable to HBV infection. Assessing people's

180 knowledge could be a useful step in assessing the extent to which an individual or

181 community is in a position to adopt a disease risk-free behavior for this disease (Al-Serouri

182 *et al.*, 2002). Adequate knowledge is very vital for the control of HBV infection. A number of

183 studies have shown that, along with access to vaccine, knowledge is one of the primary

184 determinants of compliance in HBV preventive programs (Chaudhari *et al.*, 2009; Daboer *et*

185 *al.*, 2013). In this study, 58.3% of the respondents had an adequate knowledge regarding

186 HBV infection with 41.7% having no adequate knowledge of the infection. This finding is far

187 lower when compared to other previous studies that reported, an awareness level of HBV
188 among healthcare workers in Nigeria to be 96% and 94% respectively (Olusegun *et al.*,
189 2015; Okwara *et al.*, 2012). It was however observed in this study that, the difference in
190 knowledge between gender and educational level of respondents was not statistically
191 significant, this could be due to large concentration of respondents in the lower educational
192 cadre (diploma). Among the respondents, 96.5% with or without adequate knowledge of
193 HBV infection **use hand gloves as a precautionary measure"** while 70.1% avoided needle
194 re-cap. This may be considered as a good practice that could reduce the risk of transmission
195 of HBV through skin prick. This is because HBV, and HCV are reported to be transmitted
196 through skin prick with contaminated needles and syringes or through accidental inoculation
197 of minute quantities of blood during surgical and dental procedures (Setia *et al.*, 2014).
198 Another study also reported that, Physicians, dentists, nurses, laboratory staff, are at high-
199 risk of acquiring infection via contact with blood and other body fluids in the course of their
200 work (Kemode *et al.*, 2005). In the present study, a significant percentage of the respondents
201 (65%) claimed that, they had HBV screening, even though the percentage of those that
202 never had screening (35%) is high and therefore becomes alarming when we consider the
203 level of knowledge and educational qualification among the respondents. This means that,
204 the 6% HBsAg positive results among the respondents may not be absolute as it might have
205 only indicated the percentage of those that were screened. This is contrary to a finding in a
206 study which reported that, nurses were among healthcare workers with high proportion of
207 HBsAg positivity following serum sample screening (Khakhtar *et al.*, 2012). We also found
208 from our study that, 37.1% of the respondents never had HBV vaccination and this means
209 that, a significant percentage of them are at high risk of getting infected since vaccine it has
210 been reported that, vaccine is 95% effective way in preventing infection and development of
211 chronic diseases and liver cancer due to hepatitis B (WHO, 2015). Our finding in this study
212 also corroborates with other studies that reported, a significant number (41.7%) of health
213 care workers were unvaccinated at a tertiary healthcare center in India (Singh *et al.*, 2011).

214 Also a similar finding was reported from a study conducted at some University hospitals in
215 Sindh, Pakistan, that the frequency of immunization was highest in doctors (92.4%) and
216 lowest (18.9%) among nursing assistants (Muhammad *et al.*, (2007).

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218 **4. CONCLUSION**

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220 HBV infection is a common occupational hazard in which health care workers such as
221 nurses are at increased risk of contact. Therefore, educational programmes based on hepatitis
222 B - its causes, mode of transmission, prevention, adherence to universal precautions and
223 complication like wise adherence or compliance to infection control policy in the hospital are
224 essential to nurses and other health care workers to prevent risk of contact and spread of
225 hospital acquired HBV infection

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228 **COMPETING INTERESTS**

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230 We declare that we have no conflict of interest.

231

232 **AUTHORS' CONTRIBUTIONS**

233 'Author A and B' designed the study, 'Author 'A and B' collected the data. 'Author 'A and B'
234 performed the statistical analysis, 'author A' and C' managed the literature searches 'Author
235 C' wrote the literature, 'Author A' wrote the first draft of the manuscript. 'Author B' and C'
236 proof read the manuscript and made some corrections. 'Author A' wrote and formatted the
237 final draft of the manuscript. All authors read and approved the final manuscript."

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239 **CONSENT (WHERE EVER APPLICABLE)**

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241 A self-administered closed ended questionnaire and participation was made voluntary.
242 Confidentiality of information was protected because there was no identity of the
243 respondents on the data collection tool. This was done in order to ensure that information
244 was given accurately and without bias.

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247 **ETHICAL APPROVAL (WHERE EVER APPLICABLE)**

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249 Ethical clearance was sought and obtained from the ethical committee of the
250 Ministry of Health Niger State, Nigeria under the directorate of medical services.
251 Verbal consent was obtained from the respondents prior to administration of
252 questionnaires. All information was secured to ensure confidentiality and no names
253 of respondents were recorded on the data collection tool for the purposes of
254 ensuring anonymity

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