

Assessment of Hepatitis Virus awareness among Journalists in Ogun State, Nigeria

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Abstract: The role of Journalists in creating awareness and causing behavioral changes that will prevent the spread of the Hepatitis virus through the provision of accurate information on its causes, modes of transmission, and prevention cannot be understated estimated. Therefore, this study sought to assess the knowledge and opinion of journalists and public health practitioners in Ogun State, Nigeria about hepatitis virus reportage among journalists in Ogun State. The study adopted a qualitative research method using interviews and focus group discussion for data collection from the selected 18 health reporters and 5 public health officials. The study adopted two methods of samples, the extreme (or deviant care) sampling and convenience sampling methods of the non-probability sampling type. The research was anchored on Health Belief Model under the Theoretical framework. The data obtained were analyzed thematically. The findings show that Journalists do not make inquiries on hepatitis virus like other endemic diseases in Ogun State. It also revealed that public health officials are willing to release information on the hepatitis virus to the journalist but health journalists are not always interested in getting information about the hepatitis virus in Ogun State. The findings also show that the Rule of privacy and media ownership pattern is part of the barriers to the collection and reporting of information on the hepatitis virus in Ogun State. The study recommended that health communication programs educators should always lay more emphasis on trending global health issues to produce knowledgeable health reporters, who can deliver health information to the people. Moreover, Health workers should always invite media practitioners to their campaigns and seminars to educate both correspondences and specialized reporters on hepatitis as well as other health issues.

Keywords: Hepatitis, Virus, Vaccine, Awareness, Mass media, Reporter

I. INTRODUCTION

The mass media has evolved over the years to become one of the most important institutions in the health industry globally. It propels society, as of communication into sharing experiences and conversations, especially in a democratic setting. Research reveals a growing increase in media consumption (Tunstall, 1983), particularly news. People use technology such as mobile phones, personal computers, radio and television, newspapers, social media, or the internet, all to get some information about what is happening across the board.

Health reporting is a form of specialized reporting in mass media. Hence, Nigeria's mass media have been criticized for

generally paying less attention to the coverage of Healthcare delivery when compared with other beats such as politics, sports, commerce, crime, economy, education, etc (Van Der Veen 2010 cited in Adekanle et al 2015).

Media reportage and serious campaign about HIV/AIDs, such as, "zip up campaign", "HIV no dey show for face" and "AIDS is real" are popular in Nigeria and also geared towards the creation of awareness and sensitization of people on possible means of HIV/AIDS infection and spread as well as safe behaviors towards the pandemic (Edegoh, Asemah, Ude, 2013), Immediate media reportage and awareness campaign through mass media on how to prevent Ebola virus made Nigeria to quickly win the war against Ebola virus after it was first contacted by a health worker in Lagos through Mr. Patrick Sawyer, a Liberian who flew on a commercial plane from Monrovia to Nigeria (Babasola, Oshinowo, Odigie 2015).

However, this cannot be said to be the case with the hepatitis virus as there is little media reportage to create awareness about the mode of transmission and prevention of the hepatitis virus. The Mass media is an institution through which hepatitis virus information can get to the people and the journalists are potent instruments for providing such information.

Apart from the annual world hepatitis day marked in hospitals in Ogun State, various medical research and government policies in Ogun State have not shown any unique written policy on hepatitis control, therefore little media reportage is created to guard against the virus. (Eni, Soluade, Oshamika, Efekeemo, Igwe, & Onile-ere, 2019).

Generally, hepatitis refers to the inflammatory condition of the liver which among other things is mostly caused by infection with one of the hepatitis viruses (A, B, C, D, or E). Hepatitis is a disease caused by a blood-borne virus known as hepatitis virus (HBV). It is a contagious life-threatening disease of the liver which ranges in severity from a mild illness of a few weeks to a critical lifelong illness. The hepatitis virus has been infecting human beings since about 3000BCE. The evidence was obtained from 4,500-year-old human remains. (Mühlemann2018), the viral genomes obtained by shotgun sequencing became the oldest ever recovered from vertebrate samples.

Hepatitis virus is considered to be more easily transmitted, with a degree of infectiousness 50 to 100 times higher than Human Immuno-Deficiency Virus (HIV). An estimated number of 240 million people are chronically infected with hepatitis virus globally and a contributor to an estimation of 686,000 to 786,000 deaths worldwide each year due to its complications which include cirrhosis and liver cancer. Approximately, 5% of the world's population is carriers of hepatitis virus, defined as being positive for hepatitis surface antigen (Sharma, Saini, Chwla 2005).

The risk of contracting hepatitis virus in Nigeria is substantial, it is the commonest cause of chronic liver disease in Nigeria. In southern parts of the country, up to 58.1% of patients with chronic liver disease were found to be Hepatitis B positive. (Lesi, Kehinde, Omilabu 2004), not only due to low vaccination rates but also given that as many as 75% of the population will be exposed (Otebayo, Taiwo, Akingbola, Odaibo, Adedapo, Penugonda, Adewole, Olaleye, Murphy, Karki, (2008).

Prior reports suggest a prevalence of 10-15% in the average risk Nigerian population. Hamza, Samaila, Yakasai, Babashani, Borodo, Habib, (2013)'s study in Kano Nigeria found that among 440 HIV positive patients, 12.3% were co-positive for Hepatitis B. Although, pregnant women are generally considered low risk for hepatitis virus infection, rates as low as 11% have been reported in Nigeria.

In 2010, the World Health Assembly adopted resolution to recognise viral hepatitis as a global health problem and developed a four-prong strategy aimed at; raising awareness/mobilizing resources, policy, preventing transmission, screening and treatment. One Hundred and Eighty countries (Nigeria inclusive) included Hepatitis B vaccination as part of their routine vaccination schedule and the worldwide coverage approached 80% in 2011, disparities remain between developed and developing countries. (WHO 2014). Like HIV, there are healthy carriers who show no symptoms of hepatitis and may be unaware of their hepatitis status thereby making them a potential risk to others. Hence, the hepatitis virus is a serious health problem worldwide including in Nigeria.

Research questions

This study aimed at answering the following questions;

- 1 To what extent are Journalists in Ogun State are aware of Hepatitis infection?
- 2 What are the barriers to the collection of information on hepatitis infection?
- 3 What are the barriers to the reporting of information on hepatitis infection?

II. CONCEPTUAL REVIEW HEALTH COMMUNICATION

The term "Health Communication" was generated in 1975 when members of the International Communication

Association adopted the term as Interdisciplinary marriage between health and communication (Atkin, Charles, Silk & Kami in Stacks & Salwen 2009). The research of health communication surrounds the development of effective messages about health, the dissemination of health-related information through broadcast, print, and electronic media, and the role of interpersonal relationships in health communities "the goal of health communication research is to identify and provide better and more effective communication strategies that will improve the overall health of society". (Atkin, Charles, Silk & Kami in Stacks et Al, 2009).

Health communication is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. The purpose of disseminating health information is to influence personal health choices by improving health literacy (Beato & Telfer 2010).

Effective health communication must seek to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. Academically, health communication is a discipline within communication studies. (Gwyn 2002).

According to Freimuth & Quinn (2004), Health communication may seek to:

- Increase audience knowledge and awareness of a health issue
- Influence behaviors and attitudes towards a health issue
- Demonstrate healthy practices
- Demonstrate the benefits of behavior changes to public health outcomes
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Argue against misconceptions about health

Role of Media in Communicating Health Information

Despite high-level advancement in healthcare services, infectious diseases have remained a worrying issue for humans and this led to the emergence of health communication as an important tool for achieving public health objectives in the 21st century (Bernhardt 2004).

In periods of health risks, the media plays the role of the society's watchdog by sensitizing and mobilizing people and also can enlighten the heterogeneous audience about diseases and serve as an outlet for modifying health behavior by creating awareness on prevention and curative actions (Okorie, Oyesomi, Olusola, Olatunji & Ebenezer 2014).

The media employ single or multiple media channels such as television, radio, print media, and social media when media campaigns are prominent because of

their ability to reach out to vast and diverse audiences effectively (Freimuth, Huan, Polyxeni 2000).

While communicating health-related issues, the health communicator should take note of the following;

- The media is an indisputable purveyor of health information particularly in a period where health risks are high in any society (Okorie et al 2014).
- The media has the primary responsibility of generating awareness and knowledge, about viral hepatitis and strives to generate specific outcomes or effects in a relatively large number of individuals usually within a specified period and through an organized set of communication activities (Freimuth, Cole, Kirby, 2001).
- The health communication campaigns rely on media outlets such as television and radio public service announcements, paid commercials with print materials such as posters, booklets, brochures, as well as social media adverts or announcements. The range of these campaigns can span from entertainment programs, media advocacy, interactive health communication, and interpersonal communication on issues relating to viral hepatitis and its consequences (Freimuth, Quinn. 2004).

Significance of Health Communication Summit and Campaigns

The relevance of health campaign and summit is that it assists in providing awareness of hepatitis virus and other similar health issue and enable government to formulate guidelines and strategy for preventing people from contacting the virus. It also strives to close the gaps like low awareness fueled by myths and misconceptions, lack of available information on hepatitis, poor systems of health, high cost of diagnostic testing and out of pocket expenses for viral hepatitis treatment, low capacity of health care providers, and the proliferation of substandard treatment centres.

Health Communication Campaign

The academic discipline of communication has undergone exponential growth since it first made an appearance within universities in the United States after World War II. Scholarly and practitioner views of communication as a tool for motivating individual and social change have seen paradigmatic shifts (Rimon 2001).

Rimon (2001) characterized global health communication as passing through four distinct eras evolving from a medical-and supply-oriented model to one that is integrative and focuses on individuals and communities as producers of their health.

Sophie Rosa (2007) outlines a 12-step process for developing health communication campaigns as follows;

Get Started

Revisit Your Health Promotion Strategy

Analyze and Segment Audiences

Develop an Inventory of Communication Resources

Set Communication Objectives

Select Vehicles and Channels

Combine and Sequence Communication Activities

Develop the Message Strategy

Develop a Project Identity

Develop Materials

Implement Your Campaign

Complete Campaign Evaluation

Hepatitis Virus: Evolution and Concepts

Any infection that results in inflammation of the liver is called Hepatitis (Greek Repaticus, liver). Incidentally, not all “hepatitis” is caused by viruses. “HEPATITIS” means “inflammation of the liver”, and can also be caused by other types of infection (bacteria fungi, etc); toxic drugs; poisons; alcoholism, and so on (Evans, 1997).

Viral hepatitis as a disease is as old as human history. Hepatitis was described in the Babylonian Talmud in the fifth century BC and was referred to by Hippocratic over 2000 years ago. Despite this ancient knowledge, it was not until 1963, that the first human Repetitious virus was isolated, Hepatitis B. This was followed quickly by the purification of Hepatitis A in 1973, and more recently by the isolation of viruses C, D, E, and G. These viruses are known to infect the human liver (Anderson, Rock, Campbell 2002). However, there are more than twenty other viruses, which infect the human liver. These are not considered “Hepatitis viruses” as these other viruses tend to infect organs other than the liver more seriously’. These include common viruses such as Cytomegalovirus (CMV), Mumps, Rubella, Epstein-Barr virus (EBV) as well as rare ones such as Lassa fever and yellow fever viruses.

Hepatitis remains one of the major causes of human suffering in the world despite a thorough understanding of its transmission and prevention. Serum from undivided infected with hepatitis contains three distinct antigen particles: a spherical 22nm particle, a 42 nm spherical particle (counting DNA and DNA polymer able) called the Dane particle, and tubular or filamentous particles that vary in length. The small spherical and tubular particles are the unassembled component of the Dane particle- the infective form of the virus. The unassembled particles contain hepatitis B surface antigen (HB_sAg) whose presence in the blood is:

- An indicator of Hepatitis infection
- The basis for the large-scale screening of blood for the hepatitis virus, and

- c. The basis for the first vaccine for human use developed by recombinant DNA technology (Evans, 1997).

Classification of Hepatitis Virus

Hepatitis virus (HBV) is the prototype member of a steadily growing family of viruses called hepadnaviruses. Since the first definition of the genotypes A, B, C, and D, genotypes E, F, G, and H have also been detected. (Mason, Burrell, Casey, Gerlich, Howard, Kann, Newbold, Schaefer, Taylor, Will, Hepadnaviridae. Cited in Fauquet, Mayo, Maniloff, Desselberger, Ball 2005).

Okamoto, Tsuda, Sakugawa, Sastrosoewignjo, Imai, Miyakawa, Mayumi, (1988), classified hepadnaviruses found in both mammals (orthohepadnaviruses) and birds (avihepadnaviruses) into eight genotypes.

Sign and Symptoms of Hepatitis Infection

Acute viral hepatitis is an illness that begins with general ill-health, loss of appetite, nausea, vomiting, body aches, mild fever, and dark urine, and then progresses to the development of jaundice. It has been noted that itchy skin has been an indication as a possible symptom of all hepatitis virus types. The illness lasts for a few weeks and then gradually improves in most affected people. A few people may have a more severe form of liver disease known as a fulminant hepatic failure and may die as a result. The infection may be entirely asymptomatic and may go unrecognized (Terrault, Roche, Samuel, 2005).

According to Dienstag (1981) Symptoms outside of the liver are present in 1–10% of HBV-infected people and include serum-sickness-like syndrome, acute necrotizing vasculitis (polyarteritis nodosa), membranous glomerulonephritis, and papular acrodermatitis of childhood (Gianotti-Crosti syndrome).

The serum-sickness-like syndrome occurs in the setting of acute hepatitis B, often preceding the onset of jaundice. The clinical features are fever, skin rash, and polyarteritis. The symptoms often subside shortly after the onset of jaundice but can persist throughout acute hepatitis B. About 30–50% of people with acute necrotizing vasculitis (polyarteritis nodosa) are hepatitis virus carriers. Hepatitis virus associated nephropathy has been described in adults but is more common in children. Other immune-mediated hematological disorders, such as essential mixed cryoglobulinemia and aplastic anemia have been described as part of the extrahepatic manifestations of hepatitis infection, but their association is not as well-defined; therefore, they probably should not be considered etiologically linked to hepatitis virus (Liang 2009).

Mode of Transmission of Hepatitis Virus

The virus is a blood-borne virus and any contact with contaminated blood or bodily fluids containing infected blood through the mucous membranes or broken skin could

potentially result in transmission (Harrison, Dusheiko and Zuckerman 2009).

Other forms of Transmission

According to various researchers, other forms of transmission are as follows;

Vertical transmission

The virus can be transmitted from mother to child either in the uterus or during delivery and shortly after birth through the close contact between the infected mother and the neonate (perinatally) (Burk et al. 1994).

Transmission in the uterus is rare but its occurrence is significantly associated with high maternal viral loads in the history of threatened preterm labour (Tran 2012).

Acute infection during the third term of pregnancy can occur by the infection of endothelial cells of placenta capillaries and by cellular transfer from cell to cell (Xu, Yan, Choi, Men, Zhang, Liu, and Wang, 2002).

Transmission at birth is possible when the baby is exposed to the blood and the genital secretions of the mother in the birth canal (Ranger-Rogez and Denis 2004). Breastfeeding is not contraindicated in mothers infected with HBV except if there is a possibility of exposure to maternal blood through cracked and bleeding nipples (Tran 2012). Although the virus is detected in breastmilk this has not been shown to result in HBV transmission (Hill, Sheffield, Kim, Alexander, Sercely, & Wendel 2002).

Prevention of Hepatitis Virus Infection

There are various ways of preventing hepatitis virus infection which includes the following;

Active immunization

Hepatitis virus is a vaccine-preventable disease and a plasma-derived vaccine has been available since 1980. A safe and effective second-generation recombinant vaccine has also been available since 1986 (WHO 2009), although it was only introduced to the Nigeria EPI in 1995. (Musa, Bussell, Borodo, Samaila, Femi 2015).

The WHO recommends the use of three doses of the vaccine in all infants: at birth, four weeks, and ten weeks (WHO 2009). The efficacy of the vaccine has been demonstrated and the schedule recommended by the WHO has been shown to provide long-term immunity in healthy individuals (Viviani, Jack, Hall, Maine, Mendy, Montesano, Whittle, 1999).

Lee, Gong, Brok, Boxall & Gluud, (2006) calculated that infants who were born to HBsAg-positive mothers but were vaccinated at birth were 3.5 times less likely to become infected with HBV. Administration of the vaccine later than a week after birth has been associated with an increased risk of mother-to-child transmission of HBV infection (Marion, Pastore, Pi, & Mathias 1994).

Hepatitis B immunoglobulin

The hepatitis B immunoglobulin (HBIg) is a human immune globulin preparation with a high titre of antibody to hepatitis B surface antigen (antiHBs) used for passive immunoprophylaxis. Since it only provides immunity for about three months, it needs to be used as a supplement to the HB vaccine in preventing mother-to-child transmission of HBV.

However, the benefit of using HBIg in infants born to mothers who are infected with pre-core mutant strains of HBV may be limited in preventing vertical transmission of the virus but may reduce the risk of fulminant hepatitis in these newborns (Chen, Chang, Kong, Huang, Lee, Lin, Liu, Lee, Wu, Wu, Ni, Hsu, Chen, & Chang 2004).

The First Nigerian Hepatitis Summit

In 2016, the World Health Organization (WHO) set targets for the elimination of viral hepatitis as a public health threat by 2030 and provided a global health sector strategy (GHSS) on viral hepatitis for 2016–2021. Nigeria joined the nations who have adopted the WHO targets and organized a summit on 3rd and 4th of December, 2018 in Abuja, Federal Capital Territory, the summit has over 200 participants from different sectors in attendance. The goals of the summit were to:

- Improve health seeking behavior among Nigerians through disease awareness and, as more people become aware of the disease, help them discover their status and encourage them to seek treatment as appropriate;
- Increase local and domestic health financing, increase domestic, local responses, and allocate needed funds towards the elimination of the disease as more state governments establish state actions plans;
- Increase engagement and involvement of the private sector in accelerating the elimination goal of viral hepatitis in Nigeria and;
- Increase the capacity of health care professionals and improve health care systems to deliver quality viral hepatitis cascade of care in line with WHO and national guidelines. (Danjuma 2019).

III. THEORETICAL FRAMEWORK

The study was anchored on the Health Belief Model in line with its relevancies to the research study.

Health Belief Model

The health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service.

The model was based on an assumption that people fear diseases, and that health actions are motivated to the degree of fear (perceived threat) and expected fear-reduction potential

of actions, as long as that potential outweighs practical and psychological obstacles to taking action (Glanz, Rimer, & Lewis, 2002).

The four key constructs of the health belief model are identified as perceived susceptibility and perceived severity (two dimensions of “threat”), and perceived benefits and perceived barriers (the components of “net benefits”). More recently, scholars have added the concepts “cue to action,” a stimulus to undertake behavior; and self-efficacy, or confidence in one's ability to act.

The theory suggests that people's beliefs about health problems, perceived benefits of action and barriers to action and self-efficacy explain engagement (or lack of engagement) in health-promoting behaviour (Rosenstock, Irwin 1974).

The core concept of the original Health Belief Model is that health behavior is determined by personal beliefs or perceptions about a disease and the strategies existing to decrease its occurrence. Such strategy that determines the perception is the media (Rosenstock, Irwin (1974).).

The action and inactions of the people towards Hepatitis disease, therefore, is largely determined by a modifying factor such as the extent of information and quality of such made available by the media. In other words, the mass media can create awareness and knowledge about the danger of Hepatitis disease to positively influence the behavior and beliefs of individuals in African society.

IV. METHODOLOGY

Research design

This study adopts a qualitative research method using interviews and focus group discussion as research methods. The interview method is one of the tools for data gathering, it involves face-to-face administration of questions to members of a sample. Instead of writing the response, the interviewee gives the required information verbally in a face-to-face relationship (Ifidon, 2007).

Focus group discussion according to Bryman (2003) is probably the best method available to the researchers who are interested in collecting original data for describing a population too large to observe directly. It involves an in-depth discussion with strategically selected participants in a conducive environment in order to allow the researchers to gain an insight into the issue under discussion. Focus Group Discussion makes use of a trained moderator who moderates the activities of the participants and directs them to the objectives of the study. Most times, the researchers make available a recorder for recording of the proceedings.

The selection of the two research designs are relevant to this study because they enabled the researchers to meet up with the objectives of the study and to answer questions related to the relationship between the variables under discussion.

In this study, the populations are all health journalists and public health workers in Ogun State because this research work focused on them. In the interview segment, five public health workers were interviewed while focus group discussion consists of six health reporters from print and broadcast media in each of the three senatorial districts of Ogun State making eighteen health journalists.

Therefore, the researchers interviewed five public health workers and eighteen health journalists participated in the focus group discussion in order to gather useful information for this study.

Both the focus group and interview segment of this study uses mixed sampling of criterion and convenience sampling method to select health journalists for the focus group discussion and public health officials for the interview.

Presently, Ogun State has eighteen broadcast media organizations (both private and government owned) and six print media organizations (both private and government owned). Therefore, Ogun State has twenty-four media organisations, both print and broadcast (www.vconnect.com).

There are eleven media organisations in Ogun central senatorial district. Ogun East senatorial district also has eight media stations, while Ogun West senatorial district also has five media organizations. Presently, Ogun State has eighteen broadcast media (both private and government owned) and six print media both private and (government owned). Therefore, Ogun State has twenty-four media organisations, both print and broadcast (www.vconnect.com).

In order to reach the sample of this research, the researchers met with one of the administrative department staffs of Nigerian Union of Journalist at the Union Secretariat at IweIrohin house, Okeilewo, Abeokuta and collected the mobile contact of the health reporters in all the media organisations in the state, due to the low numbers of specialized health reporters in the state, the researcher also collected the mobile contacts of general correspondents who also reports health issues for his or her media organisations in Ogun State and contacted them on phone to schedule the discussion.

The researcher also selected one Medical Officer of Health (MOH), Three Community Health Extension Workers (CHEW) and one Virologist in Ogun State, in order to have accurate selection, each of the three Community Health Extension Workers (CHEW) were conveniently selected across three hospitals in Ogun state one from each of the three senatorial districts and one Medical Officer of Health (MOH) and one Virologist from Federal Medical Centre, Abeokuta (the only federal government postgraduate teaching hospital in Ogun State).

The group discussion spanned through three days each day for reporters from each senatorial district while the interview was done in one day. The meeting venue for the focus group

discussion was correspondence chapel of IweIrohin House, Oke-Ilewo in Abeokuta because iweirohin house is the meeting point of all journalist in Ogun State, while the interview was held immediately after general meeting of Ogun State branch of Community Health Extension Workers Union of Nigeria at Federal Medical Centre, Abeokuta.

V. FINDINGS

The two categories of the study participants, the interviewees and the focus group discussants from among the population revealed useful information that helped to give answered to the key questions that are critical for the achievement of the stated study objectives. They agreed on some issues and in some cases the participants are differ in their responses, this is as a result of differences in perception.

Research Question 1: To what extent of are Journalists aware of Hepatitis infection in Ogun State?

Journalist's enquiries on hepatitis virus

Two out of all the Public Health officers that participated in the interview (Mr F and Mrs F. A.) are yet to released information on hepatitis virus to journalists, they claimed that no journalist has ever asked them information on hepatitis virus, One respondent (Dr O.) maintained that he had released information to journalists on hepatitis virus said that the information released on the virus is just partial as he used hepatitis virus as an example when he was responding to some questions posed to him by a journalist a few years ago on the spread and prevention of Ebola virus:

When I was trying to list the ways through which one can contact Ebola virus during the outbreak of Ebola virus few years ago, I told the journalist that one can contact Ebola virus through contacting with body fluid of an infected person which is part of the ways of contacting other endemic diseases like HIV/AIDS and Hepatitis Virus Disease, but the journalist does not ask questions on either HIV/AIDS or Hepatitis Virus, He concentrated on Ebola virus.

In the focus group discussion, all the health journalists that participated said they have reported news on the hepatitis virus but majority of them said:

They don't inquire information on it like other endemic diseases like cancer, Ebola, bird flu even the newly discovered corona virus which outbreak in China in late year 2019, and has had publications on them more than hepatitis virus". Mr. A. K said he is aware of the virus when he "started working as health journalist ten years ago and has since then been reporting issues on hepatitis virus but he only reports that issue once in a year during World hepatitis day.

The relationship between the response of the respondents in both interview and focus group discussion show that journalists in Ogun State rarely request information on hepatitis virus, even when public health officials listed the virus among dangerous virus during interrogations with the

public health officials, health reporters don't care to investigate further on the virus, the above response also shows that the only health reporter Mr. A. K. who has been reporting information on hepatitis virus since ten years ago does it in once in a year for mere celebration of the World hepatitis day.

Forms of information released by health reporters to journalists on hepatitis virus and modes of reporting by health reporters

Of the three respondents who said they have released information on hepatitis virus to journalists, Dr. O. said; He mentioned hepatitis virus as an example while listing the viruses that can be contacted through bodily fluid during interrogation on EbolaVirus campaign in the year 2014 but Dr O. A. and Mr K. O. Whosaid they have released information on hepatitis virus to journalists also said, the journalists contacted them while trying to gather news to be reported on year 2018 World Hepatitis Day in a magazine under the theme, "Find the Missing Millions: Help us raise awareness for World Hepatitis by telling the world why it is important to get tested for hepatitis virus!".

Three health reporters respond in relation to the above question that, the information they reported on hepatitis virus is always in form of news while one health reporter said he has been reporting news and participating in various public health campaign on hepatitis virus during world hepatitis day since ten years ago.

In relation to the above question, the public health officials showed various forms through which they have released information on hepatitis virus to health journalists while health journalists also revealed their frequent modes of reporting of issues on hepatitis virus.

The Rate at which Information is Released to Journalists and Journalists Rate of Reporting News on General Health Issues in Ogun State.

In response to the above question, all the interview participants testified that information on health issues are always released to Journalists anytime they seek for such information especially when there is outbreak of serious health issues that publics need to be aware of;

Journalists from every part of the country always comes to elicit information on any health issue of public concern every time and to be candid, different information or new update on the prevention and spread of any health issue always prompts journalists to us (public health officers)".

The respondents of the focus group discussion also respond that they always report health issues in their various newspapers at least twice in a week because there are always outbreak of different diseases in the health sector that publics need to be aware of, therefore mass media as an essential medium to reaching the public has the responsibility of going to the hospitals and other places where new trends on

health can be gathered and then report them in order to alert the publics.

The above assertions shows high rate of releasing health information by public health officers to the health reporters and the health reporters also revealed that they always reports health issues in their various newspapers at least twice in a week which shows that the reporters reports various health issues of public concern in their mass media channels.

Knowledge of Hepatitis Virus

All of the respondents of the interview has similar views about hepatitis virus and they explained hepatitis virus is capable of inflating liver and it has five types (A,B,C,D and E), Dr. O said:

Hepatitis' refers to an inflammation of the liver commonly caused by a viral infection from poor medications, poisons, and alcohol. It is a disease that occurs when body makes antibodies against liver tissue. The condition can be self-limiting or can progress to fibrosis (scar on the liver), cirrhosis (total replacement of normal liver tissue with scarring tissue) or liver cancer.

All of the respondents of the focus group have similar view on hepatitis virus and they explained hepatitis virus thus:

As a liver disease that might show no symptoms until after it has damaged the liver to a great extent. Hepatitis virus is a disease that has five categories (A,B,C,D, and E) and each of them has ability of damaging the liver but hepatitis A and E can come and gone in anybody with good body immune systems, most of the times people with hepatitis A and E may not know that they have contacted with a virus which their immune systems has driven away.

Both the interviewee and the focus group discussants have similar knowledge of hepatitis virus and they both generalize on hepatitis disease as inflammation of the liver which can be caused by any of the five types of hepatitis virus.

The Different Hepatitis Viruses and the most Inquired Type of Hepatitis Virus

Dr. O. expatiates more on the different types of hepatitis virus and explain that;

Hepatitis A virus can be transmitted through consumption of contaminated water or food. The infection could be minor in many cases with most people making a full recovery and remain immune from further infections. That is why some people believe that body immune systems can heal hepatitis A, while Hepatitis B virus can be transmitted through exposure to infective blood, unprotected sexual intercourse, semen, and other body fluids, infected mothers can also transmits the virus to infants at the time of birth. Hepatitis C virus is mostly transmitted through exposure to infective blood. This may happen through transfusions of unscreened blood and blood products, contaminated injections during medical procedures but sexually transmission is rare. Hepatitis D virus is what we

can call the end products of hepatitis B, if hepatitis B is left untreated it could lead to hepatitis D infection, therefore the carrier of hepatitis B is at risk of Hepatitis D infection. Hepatitis E virus is a waterborne disease that leads to inflammation of the liver; it's mostly transmitted through consumption of contaminated water or food. Hepatitis A and E shares similar features, but hepatitis E is associated with severe liver damage than hepatitis A.

While responding to question posed to the focus group discussants on the most frequently inquired type of hepatitis virus, Mr. T. revealed that;

As a health reporter he relies "mostly on information from public health officers and other medical personnel while reporting information on hepatitis virus", and the

Remaining respondents responded that they don't really differentiate between the five types of the virus but they laid more emphasis on hepatitis B and C because they are the types that health officers always emphasized when interrogating them on the virus.

In relation to questions on different types of hepatitis virus Dr. O. described all the five types of hepatitis virus and also explained the modes of contacting them and the common features between all the five types of the virus while all the focus group discussant said they always laid more emphasis on hepatitis B and C than other types of the virus due to the emphasis of the public health officers on the two types of the virus when asking questions on the virus.

Source(s) of Hepatitis Virus Information

Mrs. F. A categorized the sources of information on hepatitis virus into primary and secondary sources, primary source of information on hepatitis virus is the patient and community while the secondary sources includes World Health Organisation (WHO), West African Health Organisation (WAHO), Nigeria Institute of Human Virology, and Centre for Disease Control (CDC).

A focus group respondent, Mr. Salso revealed that the source of information on hepatitis virus includes press releases from World health organization, public health officers in various hospitals, Centre for Disease control, Nigeria Institute of Human Virology and other health agencies.

There are similarities in the response of both the interviewee and the focus group discussants on the sources of information on hepatitis virus as both of them listed almost the same sources.

Reliability of the Source

With reference to the response of the respondents to the above question, an interview respondent, Mr. F.A. revealed that;

Hepatitis virus has both the primary and secondary sources that are reliable for gathering data on hepatitis virus. Primary

source of information on hepatitis virus is the patient himself because the patient is the carrier of the virus and the history of sign and symptoms of the disease can be getting from patient, community is also on the list of primary source because in case of any endemic (wide spread) disease like hepatitis virus disease, we can also get information from the host community where the outbreak first occurred.

The secondary source includes World Health Organisation (WHO),

this organization is the health section of the United Nations Organisation (UNO) WHO fights against, eradicates, educates, promotes and funds programs to prevent the occurrence of hepatitis diseases through vaccination and also treats them through ground-breaking medicines.

With reference to the response of the respondents to the above question, the focus group discussants Miss. N. revealed that;

All the sources of information listed above are reliable in getting information on hepatitis virus because all of them are medical oriented and their primary aim is to alert people on any diseases, World Health Organisation is an arm of united nations which deals with all the medical matters of the Union, Public health officers are also very reliable in getting information on hepatitis virus because they have direct access to the patient and also have face to face interaction with doctors and nurses in order to gather information on the virus, Centre for Disease Control and Nigeria institute of virology are also reliable source of getting information on hepatitis virus because their aim and objective is to prevent the spread of any viral disease which hepatitis virus is included.

There are similarities in the response of both the interviewee and the focus group discussants on the reliability of the sources of information on hepatitis virus as both of them considered the sources mentioned above as being reliable when it comes to soliciting for information on hepatitis virus and that all the sources has functions to perform in educating people on the outbreak, sign and symptoms and prevention of hepatitis virus.

Research Question 2: What are the barriers to the collection of information on hepatitis infection?

The interviewee, Mrs. F. A. revealed that;

"There are no stipulated procedures for the release of information to journalists on hepatitis virus in Ogun State, norms of releasing information on health issues are always followed in releasing news on hepatitis virus to journalists". Health issue is always confidential and there is a world-wide principle guiding medical work. This principle is the Declaration of the World Medical Association Geneva which binds the physician with the words, "The health of my patient

will be my first consideration,” and the International Code of Medical Ethics declares that, “a physician shall act in the patient’s best interest when providing medical care.” The above principles states that the information of patients must be treated as privacy and being confidential, but in case of any endemic disease that requires collection of information directly from the patients, the health reporter must first seek the consent of the patient.

Two participants from the focus group discussion Mr. A, D. and Miss. N. agreed that:

There are no unique protocol for the reporting of hepatitis virus information in Ogun State, but Miss. N. specifically said, “health reporters and various health organisations and agency always collaborates together in gathering or formulating information on hepatitis virus and other deadly diseases, but in collecting such information general medical and journalism ethics stands as barriers because ethics like privacy of the peoples who have contacted the virus, in some cases the patient to be investigated on the virus must be given prior consent and the patient should also be allowed to either allow to or refused to release information on the virus.

In relation to the above question, a interviewee, Mrs. F. A. considered;

Non availability of a unique procedure of releasing information On hepatitis virus as one of the barriers to the releasing of information onthe virus to the people because health information is confidential andthe privacy of the patient must be considered they always follows theirnormal code of medical ethics while Mr. A. D. and Miss N. also agreedthat there is no unique protocol for the reporting of information on hepatitisvirus in Ogun State as the journalist follows the normal journalism ethics while reporting any health issue in the State.

Low Level of Awareness and Demand by Media Organisations

In response to the questions on how people are aware of the virus, a Public health officer, Mr. K. O. responds that;

The demand for information on hepatitis virus by health reporters and other media personnel compared to the danger of the virus is very low

and mass media has the ability of reaching publics at their dispersedlocation because majority of the patients who are carrier of the virus had no prior knowledge of the virus through media unlike other viruswhich media always alert people on.

In response to the above question, one of the journalists that participated in the focus group discussion, Mr A. reveals the usefulness of mass media message to the people and also explains that,

Majority of the carriers of the virus being investigated especially on world hepatitis day have knowledge of hepatitis

from word of mouth from friends or relatives, after being tested positive in the hospital and during routine medical check-up, they did not have any prior knowledge of it through awareness on mass media and this happens due to low demand of information on hepatitis virus by mediaorganization and they have other health issues to report on ratherthan information on the issues that might not be welcomed by their editors.

There are links between the response of the interviewee and the focus group discussant as the interview participants publicized that there are low level of media awareness of the virus by the people as majority of their patient aware of the virus after contacting it or after their relatives has contacted it and they blame this on low demand of information on hepatitis and lack of awareness of the virus but the focus group participants blamed the low level of awareness and demand for information on the virus on the demand of their media organization and revealed that they always work according to the mode of operation of their organization and the demand of their editors.

Research Question 3: What Are the Barriers to the Reporting of Information on Hepatitis Infection?

Rule of privacy

Dr. O. A. revealed that,

People rely on mass media for information and people also believe in any information from mass media but there are a lot of barriers to the reporting of information on hepatitis infection which includes the Standards for privacy of individually identifiable health information (“Privacy Rule”) which was established in 1996 at The United State Department of Health and Human Services (“HHS”). This privacy rule standard addressed the use and disclosure of individuals’ health information called “protected health information” by organizations subject to the privacy rule called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used.

All the health reporters that participated in the focus group discussion had the same view to the above question. They said, they always faced difficulties in reporting hepatitis issue because health issues are very sensitive issue and all the information to be reported must be filtered before reporting, and all health and journalism ethics like privacy of the patient, prior consent must also be given to the patient before interrogating them on their health status and such patient can decide to reject the consent which means that the patient will not be interrogated. These and other issues are part of the barriers to the reporting information on hepatitis virus in Ogun State.

With reference to the above question, the participants of both the focus group and interview revealed that ethics and rule of privacy are part of the barriers to the reporting of information on hepatitis virus as the patient whose medical history is to be reported must be given prior consent and the patient might reject the consent and this will not make it possible to interrogate such patient.

Media Ownership pattern and International Medical Bodies Operations

In relation to the above question the Dr. O. responds that;

General guideline of the principle of the Declaration of the World Medical Association Geneva, Switzerland and other rule of privacy and confidential and other rules which binds all physician in the course of doing their job, are part of the barriers to the release of information to be reported on hepatitis virus and these barriers are tackling by following all their principles.

With reference to the above question, Mr. T. brought in, the issue of media ownership pattern as part of the problems facing reportage of hepatitis issue in Ogun State, he reveals that;

“Ownership of mass media channel always takes cognizance of what to say or publish in their channel of communication so that it will not tarnish the image of that company because people always capitalized on any message from the mass media”.

Both interviewees and focus group discussants had divergent views on the above question. The interviewee named declaration of World Medical Association in Geneva, Switzerland as what determines the mode of operation and release of health information to the people while the focus group discussants mentioned media ownership pattern as part of the problems facing reportage of hepatitis virus as the owner of the media organization will always have a say in what is to be reported in his media organization.

VI. CONCLUSIONS

The study established that reportage of information on hepatitis virus by journalist in Ogun State is not adequate. The study revealed that reportage of information on hepatitis virus in Ogun State is low compared to other health issues, even journalists whom people relied on for information seems to have had low interest in the collection and reporting of information on hepatitis virus because majority of them does not consider it as a trending issue which their editors may have interest in, these and other factors like invasion of privacy, confidentiality, general guidelines by various health agencies, editorial policy, media ownership pattern, journalism and medical ethics, has made Ogun State people to be ignorant of the mode of transmission, symptoms, and prevention of the virus from spreading from one person to another because the virus is a silent killer who always shows

symptoms in the minority and not showing symptoms in the majority of the people infected by the virus at the initial stage.

VII. RECOMMENDATIONS

Health workers should always invite media practitioner to their campaign and seminars on hepatitis virus in order to educate correspondence and specialized reporters on new trends in hepatitis virus as well as other health issues. Health reporters should also ensure adequate reportage of hepatitis virus issues as well as other global health issues and also ensure that no health issue is considered as less important.

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