

Original Article

Inputting Community Educators as Advocates of Hepatitis B Screening Uptake Among Women of Reproductive Age in Jos North Communities, Plateau State

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ABSTRACT

Background: Hepatitis B is one of the common viral hepatitis affecting persons that may not have been previously vaccinated with the antigen. It is easily prevented through a three-dose schedule of vaccination with the antigen, but unfortunately despite the accrued benefits of prevention through vaccination, there is a growing apathy towards early detection (screening) and vaccination of adults especially of women in the reproductive age group. Women of reproductive age is a good target if adequate control of Hepatitis B spread is to be achieved. Thus, the role of the community educators may be considered very crucial and timely in scaling up the willingness to screen for Hepatitis B in our communities. **Study objective:** The influence of community educators on Hepatitis B virus screening and vaccine uptake among adult females was assessed. **Materials and Methods:** The study was carried out over a period of 6 weeks. Six community educators (CE) residing in selected communities in Jos North Local Government Area of Plateau State were the research assistants, 2 in each of the selected communities. Consent was first obtained after the research was explained to the participants. The research was conducted over 6 weeks, in the first week, eligible participants were mobilized, information were obtained by interviewer-administered questionnaire after consent to participate was obtained. Information was obtained on socio-demographic characteristics, virus status and willingness to conduct a screening test. They were then encouraged, given a recorded information tag and linked to the nearest PHC for a viral screening and vaccine uptake. A feedback assessment at the PHCs was conducted over the research duration after one weekly reminder calls to participants whose information were not obtained at the PHCs. **Results:** Two hundred and thirty-four adult females were the participants; one hundred and twenty-one (51.7%) completed secondary school education. One hundred and seventy-one were between ages 18-30 years while the higher ages more than 30 years formed 26.9% of the participants. One hundred and eighty-nine were married (80.8%); 139, (59.4%) had no knowledge of their Hepatitis B status; of the 95 (40.6%) that knew, 27(11.5%) had immunization against the virus while 68 (29.1%) has had no immunization despite the previous negative Hepatitis B status. Most of them were however willing to have a routine screening for Hepatitis B while 18 (7.7%) were not sure they will subject themselves for screening for fear of the unknown. Uptake were good in all the selected communities A, B and C (66.7%, 62.2% and 84.8%) respectively. **Conclusion:** The community educators played a significant role in improving Hepatitis B screening and vaccine uptake in three selected communities in Jos North, Plateau State.

Keywords: Hepatitis B virus, screening, adult females, utilization.

INTRODUCTION

Service delivery will be considered essential if it is directed at meeting the basic and prerequisite health care

needs of the populace; the individuals, families and communities and such services, are expected to be encompassing of basic needs.^{1,2} It will also be expected to cater for the health needs that are of significance or aimed at addressing health conditions who may not out rightly have a cure but may be effectively curtailed (such as viral Hepatitis B) if there are adequate measures put in place to detect the conditions earlier in order to institute

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preventive measures to abort its occurrence. Typically, for viral Hepatitis B, this can be achieved through immunization which tends to halt its entry into the body system.

Hepatitis B is an inflammatory infection of the liver caused by the hepatitis B virus. The infection can be acute (short and severe) or chronic (long term).³ Hepatitis B is one of the common viral hepatitis affecting persons that may not have been previously vaccinated with the antigen. It is one of the most common viral hepatitis affecting individuals, especially in the sub-Saharan countries with a predilection for the liver. It is easily prevented through a three-dose schedule of vaccination with the antigen, but unfortunately despite the accrued benefits of prevention through vaccination, there is a growing apathy towards early detection (screening) and vaccination of adults especially of women in the reproductive age group.

Women of reproductive age is a good target if adequate control of Hepatitis B spread is to be achieved. When women are infected, the risk of transmission to their unborn children and other children is higher. Early screening and timely vaccination against Hepatitis B is still very low, thus, may be considered not favourable to attainment of a control for this increasingly cases of non-communicable viral hepatitis. This is now becoming a major public health challenge that requires an urgent response, the mortality caused by viral hepatitis is on the rise in the sub region of African, affecting >8% of the population in West and Central Africa, reaching 15% in some areas.^{4, 5, 6,}

In Nigeria like in many other countries, the provision of health care remains the functions of the three tiers of government: the federal, state, and local government.⁷⁻¹⁰ In furtherance to the provision of health care for the populace, the utilization of health services is equally important if an improvement in the health indices is desired. The bedrock of reducing non-communicable disease like viral hepatitis is still largely based on early detection and prevention through vaccination. This is yet-to-be the practice especially among the adults particularly women in the reproductive age group (whose positive viral status is a threat to child health). The low health preventive attitude of the populace may negatively affect health indices in the country. The role of the community educators may be considered very crucial and timely in scaling up the willingness to screen for Hepatitis B in our communities. These are persons who live in such communities, they have been involved severally in health promotive activities like immunization in such communities and thus are not alien to the people, the problems and the challenges in such communities. They can come in to bridge any existing gap between the people and the health facility.

The Nigerian health indices like in most developing countries is far from being ideal, despite all

investments made to improve delivery services and promote service utilization.^{7,11, 2} Non-communicable as well as communicable diseases which are largely preventable are still endemic in most Nigerian communities accounting for rising cases of morbidities and mortalities especially among women of reproductive age.¹³⁻¹⁴ There have been documented evidence on the non-utilization of health services for viral screening and general routine health checks. Hepatitis B vaccination is highly effective in preventing HBV infection and subsequent liver disease; however, 70% of adults in the United States self-reported they were unvaccinated few years ago.^{15, 16}

The country's progress towards cutting the number of maternal and child deaths has been largely insufficient.^{17, 18} Nigeria is one of the countries in Sub-Saharan Africa where maternal and child mortality has remained a problem. Women in some communities still practice home deliveries¹⁷ thus, increasing risk of viral hepatitis B infection with the likely non-sterilized home delivery practices.

Objective

To assess the influence of community educators on uptake of viral Hepatitis B screening among adult females in selected urban communities in Jos North local government area of Plateau State.

MATERIALS AND METHODS

The study was carried out over a period of 6 weeks. Six community educators (CE) residing in selected communities all in Jos North Local Government Area of Plateau State were the research assistants, 2 in each of the selected communities. The research assistants were trained on the content of the questionnaire to ensure uniformity. Adult females with no history of Hepatitis B screening, irrespective of marital status were included in the study.

The selected communities have had previous history of vaccine rejection.¹⁹ in every household assessed (using the numbered houses based on previous immunization exercises), each eligible adult female was selected.

Consent was first obtained after the research was explained to the participants. The research was conducted over 6 weeks, in the first week, eligible participants were mobilized, information were obtained by interviewer-administered questionnaire after consent to participate was obtained. Information was obtained on socio-demographic characteristics, virus status and willingness to conduct a screening test. They were then encouraged, given a recorded information tag and linked to the nearest PHC for a viral screening and vaccine uptake. A feedback

assessment at the PHCs was conducted over the research duration after one weekly reminder calls to participants whose information were not obtained at the PHCs.

RESULTS

Table 1 shows that two hundred and thirty-four adult females were the participants; one hundred and twenty-one (51.7%) completed secondary school education. One hundred and seventy-one were between ages 18-30 years while the higher ages more than 30 years formed 26.9% of the participants. One hundred and eighty-nine were married (80.8%).

Table 1. Social Demographics of the participants

Characteristics	Frequency (%) n=234
Level of Education	
Primary	113 (38.2)
Secondary	121 (61.8)
Age group	
18 ≤30 years	171 (73.1)
>30 years	63 (26.9)
Marital status	
Single	189 (80.8)
Married	45 (19.2)

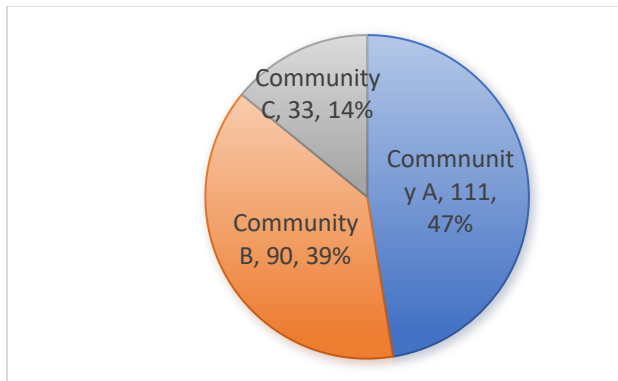


Figure 1. Distribution of the participants across the 3 selected communities.

Table 2 showed a good number (139, 59.4%) had no knowledge of their Hepatitis B status; of the 95 (40.6%) that knew of the Hepatitis B status, 27(11.5%) had immunization against the virus while 68 (29.1%) has had no immunization despite the previous negative Hepatitis B status. Most of them were however willing to have a routine screening for Hepatitis B while 18 (7.7%) were not sure they will subject themselves for screening for fear of the unknown.

Table 2: Knowledge of virus status and willingness to conduct screening

Variables	Frequency (%)
Hepatitis B status	
Known	95 (40.6%)
Unknown	139 (59.4%)
Willingness to perform viral screening	
Yes	216 (92.3%)
No	18 (7.7%)

Table 3 showed the uptake of vaccine after screening across the 3 communities.

Table 3: Pregnancy outcomes post-partum period

Communities	Vaccine uptake after health education Frequency (%)
Community A	74 (66.7)
Community B	56 (62.2)
Community C	28 (84.8)

DISCUSSION

Most maternal deaths in the sub-Saharan countries may largely be preventable if timely and adequate care is received. Several studies in the region have affirmed that mere provision of health services is not enough in addressing poor health indices but rather its utilization.²⁰ This study have brought out the importance of community health educators in immunization uptake among adult females. Community educators live and are recognized as resource persons that the communities have much regard and trust for, thus an instruction on health promotive advice will be taken as beneficial than being misunderstood for other reasons. The Daily post newspaper in 2017, published vaccine rejection in Jos North of Plateau state due to misconception of its benefits by some and the rather substitution for food to quell hunger by others.

Different approaches will need to be instituted to curtail the far growing surge of noncommunicable diseases especially viral Hepatitis B which can be prevented through early screening and vaccine uptake. The voluntary assessment of health centre for early screening is still very low due to many reasons of poverty, ignorance, poor reception at the health centre and misconceptions of the benefits of immunization. All of these and many more have affected the utilization of health centre for the uptake of Hepatitis B vaccines.

The improved uptake seen after the actions of the community educators is something of note if improved utilization of health packages is desired among members of a community.

Free medical services as a means of improving utilization through the elimination of financial barriers is fast becoming popular even among politicians. However, success in this direction has been limited due to inappropriate structures that result from poor planning and other existing problems.²¹ Socioeconomic power is among the known factors that influence health seeking behaviours among many other factors, like culture, religion, attitude of the health workers, cost, distance etc.^{22, 23} Health seeking behaviours and effective utilization of health facilities in the sub countries, is a potent driver to ensuring the health of the citizen, though this lies both on the provider of such services and the user. In Nigeria for example, the PHC under one roof (PHCUOR) policy was formulated in 2011 to address the problem of fragmentation in PHC and ensure the integration of its services under one authority; its impact is yet to be significantly felt on health status and utilization of PHC services.¹²

The problems of non/under-utilization of health facilities, especially for Hepatitis B screening and uptake among the adult population should be addressed if the health of the child is seen as paramount to the growth and development of any nation.

CONCLUSION

The community educators played a significant role in improving Hepatitis B screening and vaccine uptake in three selected communities in Jos North, Plateau State.

Conflicting Interest

No conflict of interest.

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