

**USE OF KNOWLEDGE IN THE MANAGEMENT OF HEPATITIS B BY POLICY
MAKERS IN THE FEDERAL MINISTRY OF HEALTH IN NIGERIA**

BY

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DECLARATION

I hereby declare that this dissertation entitled “ Use of Knowledge in the Management of Hepatitis B by Policy Makers in the Federal Ministry of Health in Nigeria” is my personal research work. It was never presented anywhere, either wholly or partially, for the purpose of the award of a higher degree. All the quotations and sources of information are, however, duly acknowledged by means of references.

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CERTIFICATION

This dissertation entitled: “Use of Knowledge in the Management of Hepatitis B by Policy Makers in the Federal Ministry of Health in Nigeria” by Aderonke Oluwaseun OKEOWO meets the regulations governing the award of the degree of Master in Library and Information Science at Ahmadu Bello University, Zaria, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This research work is dedicated to my parents, Dr. and Mrs. Adegoke Okeowo.

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TABLE OF CONTENTS

TITLE PAGE	Error! Bookmark not defined.
DECLARATION	ii
CERTIFICATION.....	iii
DEDICATION.....	iv
ACKNOWLEDGMENT	v
TABLE OF CONTENTS.....	vii
LIST OF TABLES.....	x
LIST OF APPENDICES	x
LIST OF FIGURES.....	xii
ABSTRACT.....	xiii
CHAPTER ONE: INTRODUCTION	
1.1 Background to the Study	1
1.1.2 Policy Makers in the Health Sector: The Federal Ministry of Health	4
1.2 Statement of the Problem	5
1.3 Research Questions	6
1.4 Objectives of the study.....	7
1.5 Significance of the study.....	7
1.6 Scope and Delimitation of the Study.....	8
1.7 Operational Definition of Terms.....	8
REFERENCES.....	9
CHAPTER TWO: REVIEW OF RELATED LITERATURE	
2.1 Introduction	12
2.2 Research Paradigm.....	12

2.3	The Socio-cultural perspective to knowledge utilization	13
2.3.1	Theory of Information Poverty	14
2.3.2	Theory of Life in the Round	15
2.4	Theoretical Framework: Theory of Normative Behaviour	15
2.5	Previous Studies of Theory of Normative Behaviour	19
2.6	Summary of the Review	23
REFERENCES.....		25
CHAPTER THREE: RESEARCH METHODOLOGY		
3.1	Introduction	28
3.2	Research Method Adopted for the study.....	28
3.3	Population of the Study	30
3.4	Sample Size and Sampling Techniques.....	31
3.5	Instrument for Data Collection.....	32
3.6	Procedure for Data Collection ?????????????????????????????????33	
3.7	Procedure for Data Analysis.....	34
3.8	Rigour in Qualitative Research.....	35
REFERENCES.....		38
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS		
4.1	Introduction	40
4.2	Types of Information Policy Makers in the Federal Ministry of Health Apply in the Management of Hepatitis B in Nigeria.....	40
4.2.1	Discussion of the Seven Emerging Categories.....	41
4.3	Problems Policy Makers in the Federal Ministry of Health Encounter in the Management of Hepatitis B in Nigeria.....	45
4.3.1	Discussion of the Six Emerging Categories.....	47

4.4	What Policy Makers in the Federal Ministry of Health Do With the Information Received in Solving the Problems Encountered in the Management of Hepatitis B in Nigeria.....	51
4.4.1	Discussion of the Four Emerging Categories.....	53
4.5	Most Critical Information Received in the Management of Hepatitis B in Nigeria	57
4.5.1	Discussion of the Four Emerging Categories.....	58
4.6	Factors that Hinder the use of Information in the Management of Hepatitis B in Nigeria. 61	
4.6.1	Discussion of the Five Emerging Categories.....	63
	REFERENCES.....	67
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS		
5.1	Introduction.....	69
5.2	Summary of the Study.....	69
5.3	Summary of Major Findings	70
5.3.1	Relationship between the use of knowledge in the management of Hepatitis B in the Federal Ministry of Health in Nigeria and Chatman’s theory of normative behavior.	71
5.4	Contribution to Knowledge	74
5.5	Conclusion	74
5.6	Recommendations.....	75
	BIBLIOGRAPHY	77
	APPENDICES	85

LIST OF TABLES

Table 4.2.1: Types of Information Applied in the Management of Hepatitis B.....	41
Table 4.3.1: Problems Encountered by Policy Makers	46
Table 4.4.1: Attempts being made to tackle the problems encountered	52
Table 4.5.1: Most Critical Information Received in the Management of Hepatitis B in Nigeria.....	57
Table 4.6.1 Factors that hinder the use of information in the management of Hepatitis B in Nigeria.....	62

LIST OF APPENDICES

Appendix I	Interview Guide	86
Appendix II	Data Analysis Step by Category and Sub-category	84
Appendix III	Coding sheet???.	94

LIST OF FIGURES

Figure 1.1: Types of information applied in the management of Hepatitis B in Nigeria..... 87

Figure 1.2: Problems encountered by Policy Makers in the Management of Hepatitis B in Nigeria ??...88

Figure 1.3: Attempt made to tackle the problems of Hepatitis B in Nigeria 89

Figure 2.1: Types of information applied in the management of Hepatitis B in Nigeria..... 92

Figure 2.2: Problems encountered by Policy Makers in the Management of Hepatitis B in Nigeria ??.....93

Figure 2.3: Attempt made to tackle the problems of Hepatitis B in Nigeria 94

Figure 2.4: Most Critical Information received in the management of Hepatitis B 95

Figure 2.5: Factors that hinders the use of information in the management of Hepatitis B 96

ABSTRACT

The Nigerian health sector has over time remained in a bad state. This study investigated the factors influencing knowledge utilization by policy makers in the Nigerian health sector adopting the Chatman' s theory of normative behavior as a theoretical framework. To achieve the objectives of this study, the study formulated three research questions. A qualitative research methodology was adopted. Interview using a recorder was the instrument used in data collection. The study focused on narratives gotten from Federal Ministry of Health officials who are directly involved in the management of hepatitis B in Nigeria. Seventy six narratives explaining factors influencing knowledge utilization by policy makers in the Nigerian health sector were identified and were further collapsed into sub-categories and categories. Findings from the study revealed the influence of socio-cultural factors such as Negligence, Selfishness, Lack of political will, lobbying and Corruption, on the use of knowledge by policy makers in the Nigerian health sector particularly in the management of hepatitis B in Nigeria. Using Chatman' s theory of normative behaviour the findings suggest that an environment that will encourage the use of knowledge should be created at all levels of Government.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Nigeria is rated as one of the countries with the highest Hepatitis B infections in the world (Emechebe, et al 2009). According to the World Health Organisation's Regional Office for South-East Asia, (World Health Organisation, 2014), Hepatitis B is a potentially life-threatening liver infection caused by the Hepatitis B virus and is fifty to one hundred times more infectious than Human Immunodeficiency Virus (HIV). It is a major global health problem and is more prevalent in developing countries (Nwokediuko, 2011). It causes chronic infection of the liver leading to cirrhosis and liver cancer (WHO, 2017).

The WHO report on Hepatitis B Virus stated that, a global mapping can categorize the world into three as regards the prevalence of chronic Hepatitis B infection. These are high (>8%prevalence), intermediate (2-8% prevalence), and low (<2% prevalence). Thus by this classification, Nigeria is a high endemic area. This makes it a major public health problem (Adeoye, 2010; Musa, et al, 2015). In Nigeria, the transmission of Hepatitis B virus occurs mainly during childhood and with pregnant women. It is estimated that about 20 million people are infected and about five million die of the consequences of Hepatitis B (Adeoye, 2010). Vaccination against the Hepatitis B virus (HBV) in Nigeria is lower than many Sub-Saharan African countries (Odaibo, 2007; Zampino, et al 2015; Ikobah, et al 2016). The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) estimated that only 41% of Nigerians were vaccinated against Hepatitis B Virus in 2013 (GAVI Alliance, 2014; Musa, Bussell, Borodo, Samaila and Femi, 2015).

Several recommendations have been made with the aim of combating the spread of Hepatitis B in Nigeria (Adeoye, 2010; Musa et al 2015). However Nigeria has remained in a precarious state plagued by deadly Hepatitis B, hence scholars have stressed the important relationship between policy making in the health sector and the use of knowledge (Sutcliffe, 2005; SWOV, 2012). Although several studies have explored the importance of the use of knowledge in policy making in the health sector in combating this disease (Davies, 2004; Daviter, 2015), there is still no remarkable improvement in the management of Hepatitis B in Nigeria. To effectively improve the management of Hepatitis B in Nigeria, it is important to explore how policy makers use knowledge in making policies that will enhance the management of Hepatitis B in Nigeria, specifically because little or no studies have explored the socio-cultural perspective to knowledge utilization by policy makers in the health sector. Exploring the social cultural perspective to the use of knowledge is important because knowledge is a product of social interaction amongst people and forms the bedrock of the norms and beliefs which dictate the acceptable behavioural standard within a given society (Vygotsky 1978; Talja, Tuominen, and Savolainen, 2005; Arias, 2016). Since man is a social being, it is important in the context of this study to explore how individuals interact with knowledge. This will provide a platform for understanding the factors which influence how policy makers in the health sector use knowledge in making policies.

Policy making and implementation is the essence, core and nitty-gritty of public oriented institution and Government in any country (Yusuf, et al 2017). For meaningful eradication of diseases, implementation of policy is key and policies cannot be made without the use of knowledge. A Policy is a deliberate system of principles, an official statement with a specific objective to guide decisions and achieve rational outcomes (Mudenda, 1989; Smith, 2002;

Abdalla, 2003). Policy-making involves those in positions of authority making choices that have a special status within the group to which they will apply. The results take many forms ranging from clinical guidelines determined by professional bodies to national health policies made by the Government (Hanney, Gonzalez-Block, Buxton, Kogan, 2003). In Nigeria, policies are easily made but the issue of proper implementation to achieve the developmental objectives is the problem that needs attention (Dahida and Maidoki, 2013).

Recent studies have shown that policy-makers in Nigeria are not as knowledge conscious as they ought to be (Aiyepoku, 1983; Yusuf, et al 2017). A country assessment conducted in Nigeria by the Research into Use (RIU) program (2013) found that knowledge outputs from the nation's 18 agricultural research institutes were not being utilized. The National Agency for the Control of AIDs (NACA, 2012), identified several factors, including political interference, poor appreciation of data, under-funding and poor management as factors which inhibits utilization of knowledge in the health sector. In order to make relevant public policies it is important for policy makers to utilize knowledge.

Knowledge is a product of research, the purpose of research is to be of use in changing current practices or confirming it. It is a set of structural connectivity patterns, the product of organization and systematic reasoning applied to data and information, whose contents have proven to be viable for the achievement of goals (Manichander, 2016). It is increasingly being recognized as very strategic to growth and development in organizations, for policy makers and institutions. Social scientists define knowledge as information that is theoretically and methodologically sound and defensible which is gotten through experience (Booth, 1988 cited in Neilson, 2001). Knowledge plays a crucial role in development in healthcare delivery and it has become the key driver of competitiveness reshaping the patterns of the world's economic

growth and activities. The use of knowledge in policy making is of fundamental importance in achieving any meaningful development in the management and delivery of healthcare services. The concept of knowledge utilization refers to the use, in practice, of various kinds of knowledge such as empirics, aesthetics, personal knowledge and ethics to name a few (Funk, Tornquist and Champagne, 1995; Dooks 2001; Van Der Weide and Smits 2001; McCaughan, Thompson, Cullum, Sheldon and Thompson, 2002; Knowledge Utilization Studies Program, 2003; Berwick 2003).

1.1.2 Policy Makers in the Health Sector: The Federal Ministry of Health

The Federal Ministry of Health has the responsibility to develop policies, strategies, guidelines, plans and program as well as implement policies that strengthen the national health care delivery system for effective, efficient, accessible and affordable delivery of health services in partnership with other stakeholders. The mandate of the Ministry is to formulate, disseminate, promote, implement, monitor and evaluate health policies of the Federal Government of Nigeria. Using the National Council on Health (NCH), the Ministry leads States and Local Governments, the Private Sector and Civil Society Organizations in formulating health policies. It is the coordinating body of the Federal Government on issues of health.

To carry out this functions, the Ministry is made up of several agencies which are under her supervision. These include: National Primary Health Care Development Agency (NPHCDA), National Agency for Food and Drugs Administration and Control (NAFDAC), National Health Insurance Scheme (NHIS), National Institute of Medical Research (NIMR), National Institute of Pharmaceutical Research and Development (NIPRD), National Agency for the Control of AIDS (NACA). The following are the major programmes of the Ministry: Malaria Control Program, National AIDS Control and National Tuberculosis Control. The following parastatals are also

under the supervision of the Ministry: Teaching Hospitals (20), Federal Medical Centres (22) and Specialty Hospitals (13). The Ministry is made up several departments such as: Health Planning, Research and Statistics, Family Health, Public health, Hospital Services, Food and Drugs and Procurement.

1.2 Statement of the Problem

The role of knowledge in enhancing healthcare delivery cannot be overemphasized; it facilitates well informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation (World Bank, 2007; Davies, 2004; Daviter, 2015). In public health, knowledge serves as a guide to the development of healthy public policy and local public health programmes, management of diseases, medical centres, budgetary estimations and allocations which leads to general improvement and equity in the health sector (Blaxter, 1990; Williams and Popay1997; Bryant, 2002; World Health Organisation, 2004; Hanney, Gonzalez-Block, Buxton and Kogan, 2002). However knowledge, use by policymakers in developing countries is still rated low despite increasing global consciousness of the importance of knowledge to development and so the health care system in these countries still remains in a deplorable state (Adeya 2000).

Despite the crucial role of knowledge in policy development and implementation in healthcare delivery, the knowledge of the burden of Hepatitis B and the availability of a safe and effective vaccines since 1982, has not been effectively utilized. The vaccines only became available to the Nigerian public in 2004, hence approximately 20 million people are currently infected by the Hepatitis B virus and an estimated 5 million die of its related causes (WHO, 2014). Even with the availability of the vaccines. Nigeria still has a high burden of Hepatitis B at a prevalence rate of 11.2% (Musa, Bussell, Borodo, Samaila and Femi, 2015, World Health

Organization, 2017). It is thus imperative to explore the attitude of policy makers to knowledge and knowledge use specifically there is a need to take the socio-cultural perspective. This study therefore explored the attitude of policy makers from the socio-cultural perspective using Chatman's Theory of Normative Behaviour.

1.3 Research Questions

In order to address the aforementioned problems and achieve the objectives of this study, the following questions were asked:

1. What types of information do policy makers in the Federal Ministry of Health apply in the management of Hepatitis B in Nigeria?
2. What problems do policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria?
3. What do policy makers in the Federal Ministry of Health do with the information they receive in solving the problems encountered in the management of Hepatitis B in Nigeria?
4. What are the most critical information received in the recent times in the management of Hepatitis B in Nigeria?
5. What factors hinder the use of knowledge in the management of Hepatitis B in Nigeria?
6. How does the constructs of Chatman's Theory of Normative Behavior, social norms, worldview, social type and information explain knowledge utilization by policy makers in the health sector in Nigeria?

1.4 Objectives of the study

The aim of this study is to explore how Policy Makers use knowledge in the management of Hepatitis B in Nigeria. To achieve the following specific objectives were set:

1. To ascertain the types of information that policy makers in the Federal Ministry of Health apply in the management of Hepatitis B in Nigeria.
2. To identify the problems policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria.
3. To ascertain what policy makers in the Federal Ministry of Health do with the information they receive in solving the problems encountered in the management of Hepatitis B in Nigeria.
4. To identify the most critical information received in recent times in the management of Hepatitis B.
5. To ascertain the factors that hinder the use of knowledge in the management of Hepatitis B in Nigeria.
6. To explore how the constructs of Chatman' s Theory of Normative Behavior, social norms, world view, social type and information explain knowledge utilization by policy makers in the health sector in Nigeria.

1.5 Significance of the study

The study explores the socio-cultural perspective to the attitude of policy makers in the Nigerian health sector towards the use of knowledge in the management of Hepatitis B. Using Chatman' s theory of normative behavior the study analyses the factors influencing the attitude of policy makers to knowledge. This study will help the Federal Ministry of Health as an

institution develop strategic ways to encourage the use of knowledge in its system. The study will also give a better understanding on the psychology behind the attitude of policy makers to the use of knowledge. Furthermore this study will help improve on the presentation of knowledge both to policy makers as well as to the general public which will in turn encourage and facilitate the use of knowledge.

1.6 Scope and Delimitation of the Study

The study centers on the policy makers in the Nigerian health sector, specifically the Federal Ministry of Health officials. The four constructs of Chatman' s theory of normative behavior (Social norms, Worldview, Social type and Information behavior) guided the study in exploring the social and cultural factors that influence the attitude of officials of the Federal Ministry of Health towards knowledge in the management of Hepatitis B in Nigeria.

1.7 Operational Definition of Terms

The following terms are defined as used for ease of understanding with respect to the study:

Knowledge: also used as information is a product of research.

Policy makers: public office holders with the responsibilities of making decisions that impact on the society.

Utilization: to use

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter is based on the theoretical framework of Chatman' s Theory of Normative Behaviour and the four constructs it provides and its application in understanding the utilization of knowledge by policy makers in the Nigerian health sector from the social and cultural perspective. The chapter reviews the interpretative research paradigm as it is most appropriate in qualitative research. The chapter is arranged as follows:

2.2 Research Paradigm

2.3 The Socio-cultural Perspective to Knowledge Utilization

2.4 Theoretical Framework

2.5 Previous Studies that adopted TNB

2.6 Summary of the Review

2.2 Research Paradigm

In research, it is very important that the research is able to justify its purpose. This can be done using different perspective which is referred to as paradigm. A paradigm is defined in Taylor, Kermode, and Roberts (2007) as a broad view or perspective of something, it is also defined as a set of beliefs and practices which regulate inquiry in a discipline by processes by which investigation is accomplished (Weaver and Olson, 2006; Taylor et al 2007). Scholars have

identified three types of research paradigm which are: interpretative, positivism and mixed methods.

The interpretative paradigm was adopted in this study. According to scholars, reality is multiple and relative. Therefore it depends on other systems for its interpretation, thereby giving room for multiple subjective meaning (Hudson and Ozanne 1988; Thomas, 2010). It is concerned with understanding the world from the point of view of individual's subjective experiences, thus using oriented methodologies, such as interviewing or participant observation, that rely on a subjective relationship between the researcher and subjects (Kaplan and Maxwell, 1994). Interpretative paradigm provides the research an opportunity to articulate concerns and practices as well as address issues relating to influence and impact, it focuses on situations as they emerge (Schwandt, 1994; Kaplan and Maxwell, 1994). Interpretive paradigm is underpinned by observation and interpretation, thus to observe is to collect information about events, while to interpret is to make meaning of that information by drawing inferences or by judging the match between the information and some abstract pattern. It is aimed at understanding and interpreting human information behaviour by discerning the voices, worries and actions of individuals in a given place and not generalizing causes and effects (Hudson and Ozanne, 1988; Deetz, 1996; Aikenhead, 1997; Neuman, 2000). The interpretative approach aims at drawing meanings of actions expressed within a social context. By engaging in one on one interview with officials of the Federal Ministry of Health, the researcher is able to understand their individual experiences regarding the use knowledge in the management of Hepatitis B in Nigeria.

2.3 The Socio-cultural perspective to knowledge utilization

The social and cultural approach to knowledge is based on the premise that knowledge is socially constructed. It is an approach to knowledge that focuses on exploring the role of socio-cultural factors such as shared practices, values and beliefs in shaping people's relationship with information, it considers social context as a factor influencing individual information user's cognitive processes regardless of an individual's psychological attributes (e.g., Chatman, 2000; Williamson, 1998). It focuses on exploring the effect of interpersonal relations in the flow of information particularly the "meanings and values associated with social, socio-cultural, and socio-linguistics aspects of information behavior" (Pettigrew, Fidel and Bruce 2001).

Chatman a foremost researcher in social approach to information is concerned with the social barriers to information; she based her study on the concept of "small world". A small world setting is a social group in which "mutual opinions and concerns are reflected by its members and in which the interests and activities of individual members are largely determined by the normative influences of the small world as a whole" (Chatman, 1999; 2000). Chatman applied gratification theory, alienation theory, and diffusion theory in exploring everyday information flow in different small world settings. In her investigation of the information practices of low-income public service employees and job seeking (1991), women living in a retirement center (1996), and inmates in a women's high-security prison (1999), Chatman found that certain social conditions of marginalization shape the information practices in highly localized ways; she described the dynamics she saw as "information poverty." Chatman's theories of Information Poverty and Life in the Round form the basis for the emergence of the theory of Normative Behaviour.

2.3.1 Theory of Information Poverty

Chatman's theory of information poverty identifies secrecy and deceptions as social barriers to the utilization of information in a small world setting. Because the social group dictates what is acceptable and not acceptable within the group, it dictates their information behaviour thus putting a restraint on the kind of information that can be used by members of the group. Another factor responsible for these social barriers is mistrust by members of the group.

2.3.2 Theory of Life in the Round

Chatman's theory of life in the round (1999) is based on her study of female prison inmates. It depicts a life where there is an enormous degree of imprecision and, an accepted level of uncertainty. If information coming from outside of a small world is able to enhance the social lives of its members, then such information is welcome, otherwise it is discarded. Information flow within the small world is based on the value and judgment of the 'insider'. She suggests that life in the round will, for everyday purposes, have a negative effect on information seeking. According to her, people will not search for information if there is no need to do so, therefore if members of a social world choose to ignore information; it is because their world is working without it.

2.4 Theoretical Framework: Theory of Normative Behaviour

A relationship has been identified between Chatman's theory of normative behavior and issues relating to use and non-use of knowledge by policy makers. The major focus of the theory is in exploring the social barriers to information as they define the relationship between an individual and information at his or her disposal. Chatman (2000) explored the ways in which individuals interact with information in the context of social and cultural perspectives of the "small world" setting. Hence a "small world" is defined as a social group, community or a

society in which mutual opinions and concerns are reflected by its members and in which the interests and activities of individual members are largely determined by the normative influences of the small world. These are social environments where individuals live and work, bound together by shared interests and expectations, information needs and behaviors, and often economic status and geographic proximity as well (Burnett, Besant, & Chatman, 2001). Luckmann (1970) suggests that it is a world defined by beliefs shared by its members: acting in accordance with the generally recognized norms and expectations that emanated from the common worldview.

According to the theory of normative behaviour, the norms and values of a given community that is a small world actually dictates the kind of information perceived and the behaviour of members of the community. The theory posits that information is not universal, but is rooted within the norms and attitudes of a particular social world. It captures the reality of the everyday life of people who share similar cultural background. Within a small world, most of the information deriving from the larger outside world has little lasting value, and if information from the outside world is used in conversations it is simply for the purpose of measuring the overall soundness of the world “out there,” to maintain a connection, or to engage in “small-talk” (Burnett, Besant, and Chatman, 2001). For as long as man operates in the context of the society, small world groups will always exist in the various facets of the society. The theory of normative behavior provides four conceptual constructs (social norms, worldview, social types, and information behavior) that aid in analyzing how individuals’ everyday worlds may shape their information actions.

Social Norms :

Social norms serve as a pointer to acceptable standards and codes of behaviour of members of a community in the public domain (Chatman 2000). It presents standards that dictate what right and wrong or acceptable behaviour is in the social conduct of members of a small world. Berger (1963) notes that a primary function of social norms is to tell “ an individual just what he may do and what he can expect of life” .

According to Burnett, Jaeger, and Thompson (2008), social norms dictate the behaviors of people, and because information is socially constructed, it also determines the value members of a small world place on information. Information coming to the small world from outside may be either “ ignored” or “ dismissed” if it is perceived to be at odds with the norms and values of the small world. It can be said that social norms directly or indirectly dictate the behaviour of people as well as their attitudes to information, the use or non-use of information. The social norms of a small world determine the value of information coming to the small world from outside. Information may be either disregarded or actively dismissed if it is perceived to be at odds with the norms and values or standards of the small world group (Abdullahi, 2013). Members of a group regulate behaviors of each other to ensure compliance with social norms, which dictate rightness and wrongness in social appearances (Chatman, 2000). Ultimately, these attitudes affect the information behavior of individuals, including their action or inaction with regard to accessing information (Burnett, Besant, & Chatman, 2001; Chatman, 1999). Social norms explain how an individual’ s actions can be redefined by popular opinion.

Worldview:

Worldview is “ a collective perception held in common by members of a small world regarding those things that are deemed important or trivial” . It represents shared understanding on issues of communal importance. The advantage is that the entire community has a common

perception regarding any important issue raised. Hence the worldview of any given community is a reflection of its social norms and values. It provides a constraint on what small world members are interested in or willing to pay attention to (Burnett et al., 2001). Not all things have equal value in an individual's perception, but when it is a communal perception it guides individuals into paying attention to such matters. According to Goffman in Pendleton & Chatman (1998), a worldview allows members to have a sense of belonging. It is a system of shared experiences that provide an outlook or point of view. According to Savolainen, (1995) the upbringing of an individual and social environment create dispositions to act, interpret experiences, and think in a particular way. Hence social norms form the platform on which the worldview of a community is built. Factors that shape worldview are “ language, values, meaning, symbols, and a context that holds the worldview within temporal boundaries” (Chatman 1999).

Information Behaviour:

Information behaviour is the reaction of an individual to information received. It involves decision like whether or not to get information. Sometimes it could be that the information is perceived as too expensive to acquire, or that it can be done without. Chatman's (1999) theory of information poverty indicates the importance and relevance of information use. When concerns and problems present themselves and when information is recognized as potentially helpful but is ignored, individuals live in an impoverished information world.

Social Type:

Social type is another concept from Chatman's (2000) theory of normative behavior that refers to the ways people are perceived and labeled in a social setting. It is the way in which people are tagged and named after certain perception and belief which emanates from generally observed characteristics and traits. Social types influence the acceptance or rejection of information

within the small-world group. According to Burnett & Nocasian (2008) “ information (even if it is accurate) coming from an individual typed as untrustworthy or from one who is seen to be at odds with the norms of the world will, often, not find an easy welcome from other members of the world” This is otherwise known as stereo-typing. Social types provide a system of generalizations about people, their roles, and the typical behavior associated with those roles (Abdullahi 2013, Chatman, 2000; Pendleton & Chatman, 1998). In every society certain individual or group are stereotyped because of certain traits and behaviour observed in them and this has an impact on their information behaviour. For instance people heading public institutions in Nigeria are typed as corrupt and self-seeking so also are politicians who are known as liars, looters of public funds. They are described as having no interest in development and only interested in access to power and privileges that come with the office (Mimiko 1998).

2.5 Previous Studies of Theory of Normative Behaviour

Several studies have been conducted applying Chatman’ s Theory of Normative Behaviour. The theory is based on the information behaviour in a small world setting. A small world is a social group in which “ mutual opinions and concerns are reflected by its members” “ the pattern of one’ s information behavior is based upon what is typical in the small world in which one lives” (Chatman, 1999; Jaeger & Thompson, 2004; Burnett, Jaeger and Thompson 2008; Burnett, 2009).

Hersberger (2003), in his study of social network, relates closely with the social type concept in Chatman’ s theory of normative behavior. Based on information transfer among homeless people in Washington, the study shows the importance of the role that social networks play in the information behaviour of the homeless community small world. The findings of the study shows that even though they do not have a robust social network, however small the size of

the network, the information behavior of the small world depends on it. This is related to the findings of Chatman (1992) in her study of information and retired women, as she discovered interpersonal relationships as more effective channel of information exchange. The studies lay emphasis on the source of information as critical to the consideration of use or non-use of information.

In a study of Normative Behaviour and Information, Burnett (2008) also adopted Chatman's theory of normative behaviour using the world-view construct in analyzing the book-banning effort in Bartlesville, Oklahoma in 1951, which led to the dismissal of the Librarian, Ruth Brown. She was challenged about her collection of liberal collection, and threatened over her job. However, she chose to hold on to the worldview of librarianship as stated by the American Library Association. This led to a conflict of worldviews in the same community when the Commission questioned Brown about the communist publications in the public library collection, asking "And you did not read all of them? Wasn't it your duty?" Brown's response, "I did not so consider it but considered my public capable of deciding what they wanted to read" (Robbins, 2000). Her perception of her role plainly reflects the ALA worldview that a librarian is to be a neutral facilitator of social access to information. In this case, Brown's small world values, at odds with the very different small world values of those in a position of authority over her, could not prevail. She allowed communist publications in the library as against the will of the town administrators since she saw the role of the librarian as an information provider not an information screener. The variance in worldviews between the two small worlds in question resulted in unresolved conflict which led to her eventual dismissal.

Adopting Chatman's theory of normative behavior, Burnett and Nocasian (2008) studied how individuals interact with information in a virtual world, using the four constructs of the

theory; worldview, social norms, social types, information behavior. The study was based on virtual community correspondence on the pages between the publishers of the Romanian magazine: formula As and its readers. The readers of this magazine are the small world group, who sought information on a variety of issues such as Romanian cultural tradition, traditional Romanian medicine, Romanians viewed from abroad, emigration, and so on. The findings of Burnett and Nocasian (2008) study indicate that the Formula As community has a worldview on maintaining Romanian values, emigration and distance from home. The social norms of the community include a culture of seeking and providing information, as well as a strong belief in the accuracy and reliability of the information offered by others (Burnett and Nocasian, 2008). Information behavior was exhibited in the way community sought for and exchange information. It was also clearly visible in the value the community placed on information which was largely based on the source and presentation of the information. The value and acceptability of information in the community was dependent on how it was presented. For example, Information based on “ lived experience” had more value and acceptability compared to information gotten through an educational background. Social typing in the community was reflected in the way the magazine was typed as an active agent that removes distances on the map; also the magazine’ s editor was typed as legendary and supernatural person.

Using a mixed-methods approach to data collection, Turner (2008) investigated the information practices of people in an online discussion group, considered a small-world setting by the researcher. The study applied the four concepts of Chatman’ s (2000) TNB (social norms, worldview, social type, and information behavior) to frame research questions and analyze data. Turner’ s (2008) findings indicated the presence of social norms in the online community studied. The social norms included politeness behaviors of conducting research on an issue

before asking questions and not chastising others. Turner identified four categories of social types: (1) readers, those who did not directly contribute; (2) questioners, those who asked questions; (3) communicators, those who asked and answered questions; and (4) answerers, experts who answered questions. Turner (2008) also identified information seeking and information avoidance among the information behaviors of the group. Problems with technology prompted information seeking. Participants avoided information that did not fit the norms of the group. The findings of the study showed that the online newsgroup was a small world with norms and members had a sense of identity among themselves, also that within the small world, information seeking is “normative for everyone while information sharing is normative for experts”.

Applying Chatman's Theory of Normative Behaviour, Abdullahi (2013) in his study of the Resistance to Polio Immunization Information in Kano State, Nigeria adopted the four constructs of the theory of Normative Behaviour (social norms, worldview, social type, and information behavior) as the frame work for exploring the reasons for the resistance. He noted that the health believes of local Kano residents which set the standards of treating illnesses and accepting orthodox health care services influence the social norm, which consequently breeds conflicting health care believes. According to the worldview construct, it was observed that the resistance was based on a worldview rooted in a collective impression that the Global Polio Eradication Initiative programs is not relevant to their needs and the vaccine capable of infecting children with HIV and/or making them sterile, thereby leading to the resistance. Using the social type construct, the researcher observed that residents in Kano stereo-typed the GPEI workers as well as their sponsors and labeled them as not trust worthy. They were perceived as wanting to

enforce birth control on them and infusing them with HIV They also stereo-typed the Nigerian Government as partners in crime with the western world.

2.6 Summary of the Review

This chapter explored the philosophical perspective on which the study is based, reviewing the research paradigm suited for the study which is the interpretative paradigm, which has been found by scholars as appropriate when conducting a qualitative research. Qualitative method is used in research when exploring the social world of individual, their values, and believes, experiences and perspectives. The chapter went on further to explore the socio-cultural perspective to the knowledge utilization using the theoretical framework of Chatman's Theory of Normative Behaviour and its four constructs: social norms, worldview, social type and information behaviour. The chapter also discussed previous studies that have used the Chatman's Theory of Normative Behaviour as theoretical framework. However, in spite of all the studies previously conducted, to the best of the researcher' s knowledge only little have explored how policy makers use knowledge in policy formulation but there is little on nothing on the socio-cultural perspective to knowledge utilization by policy makers using the theoretical framework in of this study inched on the four constructs of Social norms, Social type, Worldview and Information behavior. Hence a perspective gap has been identified in the review of literature.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this study is to understand the attitude of policy makers in the health sector to the use of knowledge in policy making from the social and cultural point of view. To achieve this purpose, this chapter discusses the research method adopted for the study, population, sample and sampling procedure used, instruments employed for data collection, validity and reliability of the research instrument, method and procedure of data collection, and analysis.

3.2 Research Method Adopted

3.3 Population of the Study

3.4 Sampling and Sampling Technique

3.5 Instruments for Data Collection

3.6 Procedure for Data Collection

3.7 Procedure for Data Analysis

3.8 Rigour in Qualitative Research

3.2 Research Method Adopted for the study

All research is based on some underlying philosophical assumptions about what constitutes 'valid' research and which research method(s) is/are appropriate for the development of knowledge in a given study. In this study qualitative method was adopted because it is a naturalistic research method which attempts to study the everyday life of different groups of people and communities in their natural setting; it involves an interpretive, naturalistic approach

to its subject matter; it attempts to make sense of, or to interpret, phenomena in terms of the meaning people bring to them (Denzin and Lincoln, 2003; Myers, 2009).

The qualitative research method allows researchers to study social and cultural phenomena and view behaviour in a natural setting, thereby achieving a depth of understanding (Creswell, 2003; Denzin & Lincoln, 2003; Morse and Niehaus 2009). The qualitative method is best suited addressing researches involving human behaviours, experiences, perspective attitudes and life circumstances. It enables the study of social and cultural behavior. According to Wimmer and Dominick (2000), qualitative analysis relies mainly on analysis of observation and verbal data which reflects everyday experiences. It seeks to understand a given research problem or topic from the perspectives of the local population it involves.

With respect to this study, qualitative research is suitable for effectively obtaining culturally specific information about the values, opinions, behaviors, and social contexts of policy makers in the health sector regarding the use of knowledge in the management of Hepatitis B in Nigeria. Therefore in the light of the subject of this study, a qualitative case study research design was deemed appropriate.

A research design is a plan that throws light on how the research will be conducted. it is referred to as "an action plan for getting from here to there, where ' here' may be defined as the initial set of questions to be answered and ' there' is some set of (conclusions) answers" (Yin, 2003). Case study research design is a component of qualitative research which focuses on identifying specific events in order to establish an in-depth study of a phenomenon. The case study method was adopted for the purpose of this study in exploring how policy makers in the health sector use knowledge in managing Hepatitis B in Nigeria. Case study research method is an empirical inquiry that investigates a contemporary phenomenon within its real-life context

(Yin 2003). It allows for an in-depth examination of events, phenomena, or other observations within a real-life context for purposes of investigation, theory development and testing, or simply as a tool for learning (Merriam, 1998). One of the advantages of the case study method is that it enables close collaboration between the researcher and the participant (Crabtree & Miller, 1999).

This study adopted the case study approach because it enables the researcher to have an in-depth understanding of human behavior, value and attitude in a social context with respect to the use of knowledge among a specific group of people.

3.3 Population of the Study

One of the component and major elements of every research is the population of the study. The population of a study is the totality of all items, objects, persons, issues or observations who share at least a common attribute or characteristic on which the research is conducted. Population of a study is made up of a well-defined collection of individuals or object known to have similar characteristics (Barreiro & Albandoz, 2001). Therefore, in this study the population is the total number of individuals with similar attributes and relevance for the study. In qualitative research the number of population is not a consideration, but the unit of analysis is essential (Yin, 2014). The unit of analysis in this study was the Federal Ministry of Health officials in the Departments of Public Health and Department of Health Planning, Research and Statistics. The justification for the choice of this group of people is that they are the focal persons for Hepatitis B in the Ministry. Therefore, they are directly involved in the management of Hepatitis B in Nigeria.

3.4 Sample Size and Sampling Techniques

The sampling method that was adopted for the study is the purposive sampling technique. Purposeful sampling is a technique widely used in the identification and selection of information-rich cases for the most effective use of limited resources. Crossman (2013) asserts that the use of purposive sampling method is premised on the knowledge of a population and the purpose of the study. It involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Patton 2002; Cresswell and Clark 2011). It involves selecting participants who are best able to help the researcher understand the problem and answer the research questions (Creswell, 2013). The research participants in this study are made up of Federal Ministry of Health officials in two departments, the department of Public Health and department of Health Planning, Research and Statistics. They form a small world sharing same norms and values. The selection of these two departments was based on their direct involvement in the management of Hepatitis B in Nigeria. Hence the sample size was six (6) Federal Ministry of Health officials from the Department of Public Health and Department of Health Planning, Research and Statistics.

In the departments of Public Health four (4) officials who were identified as the focal persons for Hepatitis B and two (2) officials identified as the focal persons for Hepatitis B in the department of Health Planning, Research and Statistics.

3.5 Instrument for Data Collection

Data collection is an important component of every research. In qualitative research, different knowledge claims, enquiry strategies, and data collection methods are employed. Data is a very key component of research, and the instrument by which data is collected is also equally important because it determines the quality and reliability of the data collected. A research instrument is a tool used by a researcher in gathering reliable data, which will later be analyzed (Aina, 2004). Qualitative data sources include observation and participant observation (fieldwork), interviews and questionnaires, documents and texts, and the researcher's impressions and reactions (Creswell, 2003; Myers, 1997). According to Alshenqeeti (2014), the advantages of interview method of data collection are:

- Direct contact with participants
- Good at obtaining detailed information
- Few participants are needed to gather rich and detailed data.

In this study the researcher employed the in-depth interviews methods of gathering information through oral quiz using a set of preplanned core questions. The use of this method enabled the researcher to get factual information based on individual perspective and establish a good rapport with the respondents as this enabled them to express their views freely without feeling under pressure and enabled the researcher get in-depth understanding of the phenomenon under study. According to (Shneiderman and Plaisant, 2005), interviews can be very productive since the interviewer can pursue specific issues of concern that may lead to focused and constructive suggestions. "A skillful interviewer can follow up ideas, probe responses and investigate motives and feelings which questionnaires can never do." (Bell, 2010). The

researcher put together a set of questions which served as a guide during the interview session and depending on the response of the participant, the research asked further probing questions so as to obtain more in-depth information.

3.6 Procedure for Data Collection

One of the first things in data collection in research is the identification of the data source and gaining access to collect data. One of the major challenges researchers face in carrying out qualitative case study research in organizations is the issue of gaining access, since it is often the case that a considerable amount of time is spent on this task (Patton, 2002). Entering into organizations can be even more difficult if the research focuses on a sensitive topic. Laurila (1997) notes that there is very limited evidence about what and how managers and organizations actually do things and in order to gain this type of data, researchers need to rely on observation periods and interviews with relevant managers and employees.

Laurila (1997) further noted that it is important for the researcher to establish a formal access by stating in clear terms; what the research is about, how and when it will be carried out. In the process of collecting necessary data for this research, the researcher identified respondents, confirmed their availability by going to their various offices and sometimes followed up with phone calls. The researcher then introduced herself and the purpose of the research through a letter of introduction. Thereafter which the researcher sought their consent to participate in the research and be interviewed while assuring them of uttermost confidentiality. The interview session lasted between 30 minutes to 1 hour with each of the respondents. The interview was completed within three weeks. With the consent of the respondents, the interview was recorded using a sound recorder.

3.7 Procedure for Data Analysis

The aim of analysis of qualitative data is to discover patterns, concepts, themes and meanings. Qualitative data analysis involves working with data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns (Bogdan and Biklin, 1998; Krathwohl 1998). Thematic analysis was used in this study. Thematic analysis is a method of identifying, analyzing, and reporting patterns (themes) within data. It enables the researcher organize and describe data set in (rich) detail. It also interprets various aspects of the research topic (Boyatzis, 1998). The steps in thematic analysis as described by Braun and Clarke (2006) are as follows:

1. Familiarization with the data: After transcribing the audio interview into written text, the researcher immersed herself in the data to the extent that she is familiar with the depth and breadth of the content. Immersion usually involves “repeated reading” of the data, and reading the data in an active way - searching for meanings and patterns.
2. Generating initial codes: This stage involves the production of initial codes from the data. Codes identify a feature of the data that appears interesting to the researcher, and refer to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis, 1998). The researcher after reading through keenly identified words, phrases, and sentences that answer each of the research questions. This formed the open codes.
3. Searching for themes: The research further sorted the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes. Essentially, the researcher then analyzed codes already generated, and considered how different codes may combine to form an overarching theme. The open codes were

further brought together to make related codes and related codes were further compressed into sub-categories and further into categories.

4. Reviewing themes: In this stage, the researcher read through all the collated extracts for each theme over and over again and consider whether they appear to form a coherent pattern and thereafter evaluate the validity of individual themes in relation to the data set, also that the meaning of the data set is accurately reflected.
5. Defining and naming themes: At this stage, the researcher identified the “essence” of what each theme is about (as well as the themes overall), and determined what aspect of the data each theme captured.
6. Producing the report: The researcher finally analyzed and wrote a report.

The study focused on the narratives gotten from the Federal Ministry of Health officials who are directly involved in the management of Hepatitis B in Nigeria. The researcher manually picked out the phrases that answered the research questions and thereafter the phrases were sorted into categories based on similarities among significant statements.

3.8 Rigour in Qualitative Research

Rigour in research is the extent to which data and data analysis are believable and reliable, it assess the soundness of its method, the accuracy of its findings, and the integrity of assumptions made or conclusions reached. Failure to assess the worth of a study, the soundness of its method, the accuracy of its findings and the integrity of assumptions made or conclusions reached could have dire consequences (Long & Johnson, 2000). According to Seale and Silverman (1997), ensuring rigour in qualitative research, involves utilization of detailed transcription techniques, schematic plan of systematic coding by means of computer programs,

as well as counting. According to Maclean, Meyer, & Estable, (2004) the combination of verbatim transcription and researcher's observation of non-verbal behavior of the respondents is contributory to the validity and reliability of qualitative data generation and also the process of interview transcript review when meticulously done enhances rigour in qualitative methods (Hagens, Dobrov, & Chafe, 2009). According to Lincoln and Guba (1985) credibility, transferability, dependability and conformability represent the best ways in ensuring trustworthiness in qualitative research.

Credibility: This can be achieved by prolonged engagement with participants; persistent observation in the field; the use of peer debriefs or peer researchers; negative case analysis; researcher reflexivity; and participant checks, validation, or co-analysis. In-order to achieve credibility in this research, the researcher adopted the prolonged engagement approach. The researcher spent quality and sufficient time engaging the participants, the close proximity of the researcher's office to the Federal Ministry of Health facilitated the entire interview process by enabling her spend sufficient time conducting the interview at the convenience of the participant. This enabled the researcher obtain rich information and where need be, ask the participant supporting questions for more clarification and in depth information.

Transferability: This refers to the extent to which the findings of the study can be generalized. It addresses the core issue of how far a researcher may make claims for a general application of the findings of the study (Gasson, 2004). Using thick description which is a method of thoroughly describing a phenomenon in details the conclusions of a study can be related to other settings, situation and people. In this study the researcher has thoroughly described the use of knowledge in the management of Hepatitis B in the Federal Ministry of Health in Nigeria in details.

Dependability: This deals with the core issue of the stability of data over time, ensuring that data collection is in a consistent manner (Guba and Lincoln 1989). According to Gasson (2004) it is “the way in which a study is conducted and is consistent across time and analysis techniques”. Thus, the process through which findings are derived should be explicit and repeatable as much as possible. This is accomplished through carefully tracking the emerging research design and through keeping an audit trail, that is, a detailed chronology of research activities and processes; influences on the data collection and analysis; emerging themes, categories, or models; and analytic memos. In order to achieve this aside from the supervisors, the researcher sought the assistance of other qualitative researchers in examining the process, finding and conclusions of the research to ensure that it aligns with the data provided.

Confirmability: This refers to the objectivity of the research. It addresses the core issue that “findings should represent, as far as is humanly possible, the situation being researched rather than the beliefs, pet theories, or biases of the researcher” (Gasson, 2004). It is based on the perspective that the integrity of findings lies in the data and that the researcher must adequately tie together the data, analytic processes, and findings in such a way that the reader is able to confirm the adequacy of the findings.

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CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the analysis of the transcribed data obtained from the interviews with the Federal Ministry of Health officials in the Departments of Public Health, Planning, Research and Statistics based on the research questions generated. In this analysis, the researcher transcribed the responses gotten from each of the respondents after which she read the narratives through over and over again highlighting words, phrases and sentences that answered the research questions following the procedure for qualitative data analysis which involves amongst other things, working with data, organizing them, breaking them into manageable units, coding them, synthesizing them, and searching for patterns (Bogdan and Biklin, 1998; Braun and Clarke 2006; Boyatzis, 1998).

Seventy-nine (76) narratives were identified as answering the research questions relating to the use of knowledge by policy makers in the management of Hepatitis B in Nigeria. Following the Krathwohl (1998) steps in coding narratives, the researcher read through the narratives picking out similarities and discovered 76 open codes. Fifty-four (54) sub-categories were identified and these were later compressed into Twenty-five (25) categories.

4.2 Types of Information Policy Makers in the Federal Ministry of Health Apply in the Management of Hepatitis B in Nigeria.

Seventeen (17) narratives emerged in response to the type of information policy makers in the Federal Ministry of Health apply in the management of Hepatitis B in Nigeria. These were highlighted and grouped into sub-categories by reason of similarities. The sub-categories were further compressed into seven (7) categories which are Vaccination (3/76, 3.95%), Burden of

Hepatitis B (5/76, 6.58%), Level of public awareness (1/76, 1.32%), Transmission (2/76, 2.64%), Health statistics (1/76, 1.32%), Funding (1/76, 1.32%) and Support (3/76, 3.95%).

Table 4.2.1: Types of Information Applied in the Management of Hepatitis B

RQ	CATEGORY	SUBCATEGORY	FREQUENCY	PERCENTAGE
What types of information do policy makers in the Federal Ministry of Health apply in the management of Hepatitis B in Nigeria?	Vaccination	Vaccination	3	3.95
	Burden of Hepatitis B	Burden of Hepatitis B	2	2.63
		Level of infection	3	3.95
		Group Total	5	6.58
	Transmission	Mother to child transmission	1	1.32
		Child to child transmission	1	1.32
		Group Total	2	2.64
		Support	Organization support	2
	NGOs who are willing to partner		1	1.32
	Group Total		3	3.95
	Health statistics	Health statistics	1	1.32
		Funding	Funding	1
	Level of public awareness		Level of public awareness	1
			GRAND TOTAL	16

4.2.1 Discussion of the Seven Emerging Categories

A. **Category One- Vaccination:** Vaccination as a category (3/76, 3.95%) depicts narratives that indicate the type of information that the Federal Ministry of Health officials gets regarding the management of Hepatitis B. According to an official of the Ministry, “ we receive information pertaining to the number of people who have been vaccinated; we receive information as to how many of those people have had either active or passive vaccination against the infection. We also

receive information about the availability of vaccines, the cost of obtaining the vaccines and every other necessary details about the vaccine” . Studies show that in the whole of Sub-Saharan Africa, vaccination in Nigeria ranks the lowest (Odaibo, 2007; Zampino et al 2015; Ikobah et al 2016)

B. Category Two- Burden of Hepatitis B: The burden of Hepatitis B category (5/76, 6.58%) is made up of two (2) sub-categories: Burden of Hepatitis B (2/76, 2.63%) and the Level of infection (3/76, 3.95%). These sub-categories are discussed below:

I. Burden of Hepatitis B: This sub-category (2/76, 2.63%) indicates narratives about the information which the Federal Ministry of Health officials receive regarding the seriousness of spread of Hepatitis B in Nigeria. One of the respondents stated that “ we learnt that Hepatitis B is in fact more wide spread than we thought it was” . Global death rate resulting from viral hepatitis alone is much more than the death rate coming from malaria, HIV and TB put together” . According to one of the respondents “ population-based study that placed the national average of viral hepatitis prevalence at 11%. 11% National average means that the projection national population for 2016 is about 192 million Nigerians then factor in 11% of 192 million. What we are saying in essence is that in 2013, there were about 20 million Nigerians that were carriers for either viral Hepatitis B” . Another respondent stated that “ We receive information about the burden of Hepatitis B through case definition analysis, and through surveillance activities across the country” .

II. Level of Infection: This sub-category (3/76, 3.95%) depicts information on the level of infection and number of people infected in a given environment. According to a

respondent “ we get information about the number of people that are currently infected with the virus” .

C. Category Three- Transmission: This category (2/76, 2.64%) is made up of two sub-categories discussing information received on the mode of transmission of Hepatitis B, namely: Mother to Child transmission (1/76, 1.32%) and Child to Child transmission (1/76, 1.32%). These are discussed below.

I. **Mother to Child Transmission:** This sub-category (1/76, 1.32%) discusses information about mother to child transmission as one of the information policy makers in the Federal Ministry of Health receive regarding Hepatitis B. A respondent said “ we receive information about mother to child transmission. If a mother has the chances are very high that the child will be infected” .

II. **Child to Child Transmission:** This sub-category (1/76, 1.32%) discusses information received by policy makers in the Federal Ministry of Health on child to child transmission of Hepatitis B. One of the respondents said “ Children to children transmission is also very high. For schools that manage kindergarten or primary there is also need to know. School approach is also very important in the control effort” .

D. Category Four-Support: The category (3/76, 3.95%) support is made up of sub-categories: Organization support (2/76, 2.63%) and NGOs who are willing to support (1/76, 1.32%).

I. **Organizations Support:** This sub-category (2/76, 2.63%) discusses information policy makers in the Federal Ministry of Health receive about organizations both local and foreign who are interested in providing support in the fight against Hepatitis B. A respondent said that “ we receive Information about organizations local and foreign who

are interested in supporting the program by funding and making vaccines available and affordable at least to a large extent” .

II. NGOs Who Are Willing to Support: This sub-category (1/76, 1.32%) discusses support from non-Government organizations. It consists of narratives that indicate the information policy makers in the Federal Ministry of Health receive regarding the non-Government organizations who are willing and ready to support the fight against the spread of viral Hepatitis B and in what capacity they are rendering their support. A respondent also noted that “ we also receive information about NGOs who are willing to partner in the fight against Hepatitis B. We learnt about the coming on board of the Yakubu Gowon Foundation in the fight against the spread of Hepatitis B in Nigeria, as well as information about the activities of the goodwill ambassador in the person of General Yakubu Gowon through his foundation” . Also a respondent stated that “ we collaborated with a clinic on Children’ s Day for public sensitization and screening, so information from such outreach about the number of people who are carriers will help in managing Hepatitis B” .

E. Category Five- Health statistics: This category (1/76, 1.32%) discusses health statistics as one of the type of information received by policy makers in the Federal Ministry of Health in the management of Hepatitis B. A respondent stated “ You know from time to time we collect health statistical report across the country which also contain statistical reports about Hepatitis B” .

F. Category Six- Funding: This category (1/76, 1.32%) discusses information received regarding funding. Respondent four (4) responding to the question said policy makers in the

Federal Ministry of Health receive information about organizations local and foreign who are willing to help in funding the fight against the spread of Hepatitis B.

G. Category Seven – Level of Public Awareness: This category (1/76, 1.32%) contains narratives which indicate information received relating to the level of awareness of the public of viral Hepatitis B. According to a respondent “ we also receive information relating to the level of public awareness of Hepatitis B” .

4.3 Problems Policy Makers in the Federal Ministry of Health Encounter in the Management of Hepatitis B in Nigeria

Fifteen (15) narratives emerged in response to the problems encountered by policy makers in Nigeria in the management of Hepatitis B. These narratives were grouped into sub-categories and further collapsed into six (6) categories emerging in response to the problems encountered by policy makers in the management of Hepatitis B in Nigeria. These are: Inadequate funding (4/76, 5.26%), Low level of knowledge (3/76, 3.95%), Lack of political will (5/76, 6.59%), Non-challant attitude (2/76, 2.64%), Selfish interest (1/76, 1.32%) and the burden of Hepatitis B (1/76, 1.32%).

Table 4.3.1: Problems Encountered by Policy Makers

RQ	CATEGORY	SUBCATEGORY	FREQUENCY	PERCENTAGE
What problems do policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria?	Inadequate Funding	Inadequate funding	4	5.26
		Low Level of Knowledge	Low level of knowledge	3
	Lack of Political Will	Lack of political will	2	2.63
		Problems in bringing NHIS on board	1	1.32
		Disease is not yet taken as priority by relevant authorities	1	1.32
		Lack of awareness of Government obligation	1	1.32
		Group total	5	6.59
	Burden of Hepatitis B	Burden of Hepatitis B	1	1.32
		Selfish Interest	Selfish Interest	1
	Non-challant Attitude	Those who know about it have not made it a priority to be committed to screening.	1	1.32
			Non-challancy by the public	1
		Group total	2	2.64
		GRAND TOTAL	16	21.08

4.3.1 Discussion of the Six Emerging Categories

Category One- Inadequate Funding: The inadequate funding category (4/76, 5.26%) consists of narratives depicting the lack of sufficient funds. According to the Federal Ministry of Health officials in the department of public health and who are directly involved in the management of Hepatitis B the lack of sufficient fund is a major challenge in the management of viral hepatitis. According to one of the respondents “ the number one hindrance we face is funding. Even when you know what to do and the funds are not available nothing can be done” . The respondent also said “ the Government place more priority to fighting other diseases they believe are more deadly and so pump more money into such areas” . There is not enough money to fund campaigns or subsidize or even make freely available to the public vaccines and drugs as even the vaccines which are available are very expensive and out of the reach of the ordinary man. A respondent lamented that “ For now it is out of pocket expenditure on health. And from World Bank report of 2015 estimated 65% of Nigerians are poor. Of the 192 million projected populations for 2016 65% of them are poor. Something needs to be done urgently. Either from the national health insurance level, state Government or making affordable accessibility to provide free or low cost. We have had consistent problems bringing the NHIS on board as part of the technical working group. It has been most challenging” .

Category Two- Low Level of Knowledge: This category (3/76, 3.95%) emerged as one of the problems policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria. According to respondent one “ another challenge we face is the low level of knowledge of patients about the disease. Another respondent who is a focal person for Hepatitis B in the Federal Ministry of Health said “ the biggest challenge we had again was the knowledge level for viral Hepatitis B is between 5 to 10% of the population, very, very low”.

Category Three- Lack of Political Will: This category (5/76, 6.59%) consists of narratives depicting the behaviour of Government and relevant authorities towards the management of viral Hepatitis B in Nigeria. This category consists of three (3) sub-categories which includes Lack of political will (2/76, 2.63%), Problems in bringing National Health Insurance Scheme on board (1/76, 1.32%), Disease not yet taken as priority by relevant authorities (1/76, 1.32%) and Lack of awareness of Government of its obligation (1/76, 1.32%). These sub-categories are thus explained:

Lack of Political Will: This sub-category (2/76, 2.63) comprises of narratives by officials of the Federal Ministry of Health explaining the lack of political will of Government in the fight against the spread of Hepatitis B in Nigeria. A staff of the Ministry said “ there is a lack of political will on the part of the Government to do anything by way of being committed to the fight against viral Hepatitis B. There is lack of willingness of the Government to carry out their obligation towards the fight against viral Hepatitis B.

Problems in Bringing NHIS on Board: This sub-category (1/76, 1.32%) emerged in response to the problems encountered by policy makers in the Federal Ministry of Health in the management of Hepatitis B in Nigeria. According to one of the respondents “ we have had consistent problems bringing the NHIS- National Health Insurance Scheme on board as part of the technical working group so as to reduce the cost of treatment and management. It has been most challenging” .

The Disease is Not Yet Taken as Priority by Relevant Authorities: this sub-category (1/76, 1.32%) consist of narratives which depict that the management of Hepatitis B is not yet a priority to authorities who ought to be at the fore-front of the fight against it. According to one of the

respondents, “ more money is put into the areas the Government considers more important” . Another respondent noted that “ the Government places more importance on projects they regard as more important” . It is very typical of the Government to neglect an issue until it heats them really hard. A respondent mentioned that “ the Government has not been able to integrate the essential medicines for the treatment of viral hepatitis in the national essential drugs list or even to bring Health Management Organizations that work directly with the National Health Insurance Scheme to know the prevalence of this disease and then to make provision for it in their payment schedule for people who are going to be tested, vaccinated and treated” .

Lack of Awareness of Government Obligation: This sub-category (1/76, 1.32%) consist of narratives which depicts the fact that Government has not been committed to the management of Hepatitis B as an obligation. There is lack of willingness of the Government to carry out its obligation towards the fight against viral Hepatitis B. A respondent says “ It has been a big challenge getting the Government to live up to their responsibility in appreciating the fact that it is the obligation of Government in quoting, or using statistics that are reliable and credible, not statistics that are simply driven by the interest of a particular stakeholder in the management of Hepatitis B” .

Category Four- Burden of Hepatitis B: The burden of Hepatitis B category (1/76, 1.32%) consists of narratives that depict the rate of infection of viral Hepatitis B in Nigeria. A staff of the Ministry noted that “ a population based study conducted recently placed the national average of viral Hepatitis B prevalence at 11%. 11% National average means that the projection national population for 2016 is about 192 million Nigerians, then factor in 11% of 192 million. What we are saying in essence is that in 2013 there were about 20 million Nigerians that were carriers of viral Hepatitis B, which is about 4 to 5 African countries put together. Viral Hepatitis

B is 10 to 100 times more infectious than HIV AIDs” . Hepatitis B is a major global health problem and Nigeria has one of the highest incidence in the world making it a high endemic area (Emechebe et al 2009, Adeoye, 2010; Musa et al 2015). According to a respondent, “ most times, if the father or mother is infected they tend to share it to their children. Children to children transmission is also very high especially in schools” .

Category Five – Selfish Interest: This category (1/76, 1.32%) emerged as one of the problems encountered by policy makers in the Federal Ministry of Health in the management of Hepatitis B in Nigeria. A respondent said “ The major challenge is actually in organizations or individuals trying to get the Ministry to cite or quote their data, regardless of whether that data is reliable or the Ministry agrees it to be reliable or not”. This depicts a high level of selfish interest pursued by some organizations and individuals at the expense of health of the general public.

Category Six – Non-Challant Attitude: This category is made up of two sub-categories: those who know about it have not made it priority to be committed to screening (1/76, 1.32%) and non-challancy of the public (1/76, 1.32%). These sub-categories are discussed as follows:

Those Who Know About it have Not Made it Priority to be Committed to Screening: This sub-category (1/76, 1.32%) discusses narratives by the Federal Ministry of Health officials on the attitude of the public towards Hepatitis B. According to a staff of the Ministry, “ there is a lack of willingness on the part of the public to go for screening so as to be aware of their status” .

Non-Challancy by the Public: This sub-category (1/76, 1.32%) discusses narratives relating to non-challant attitude shown by the public towards Hepatitis B. A staff of the Federal Ministry of Health noted that “ there is a cultural level of ignorance and non-challant attitude to health related issues by the general public such that until friends and relatives begin to die of a

particular disease the average Nigerian will not pay attention to it” . The average Nigerian does not have a prevention culture hence the public is generally unwilling to take health related issues seriously.

4.4 What Policy Makers in the Federal Ministry of Health Do With the Information Received in Solving the Problems Encountered in the Management of Hepatitis B in Nigeria.

Sixteen (16) narratives emerged in response to how the information received is used in solving the problems mentioned earlier in the management of Hepatitis B in Nigeria. These were highlighted and recorded in Table 4.3.1. Following the Krathwohl (1998) steps in coding narratives, the researcher read through the narratives picking out similarities which were compressed into sub-categories. These were further collapsed into three (3) categories emerging in response to the problems encountered by policy makers in the management of Hepatitis B in Nigeria. These are: Developing working documents (6/76, 7.91%), soliciting support (6/76, 7.91%) and creating awareness (5/76, 6.58%). These categories and their respective sub-categories are discussed below:

Table 4.4.1: Attempts being made to tackle the problems encountered

QUESTION	CATEGORIES	SUB-CATEGORIES	FREQUENCY	PERCENTAGE
What do policy makers in the Federal Ministry of Health do with the information they receive in solving the problems encountered in the management of Hepatitis B in Nigeria?	Developing Working Documents	Developing guidelines	1	1.32
		Advocacy kit	1	1.32
		Status report	1	1.32
		National policy	2	2.63
		Inclusion in the national drug list	1	1.32
		Group total	6	7.91
	Soliciting Support	Approaching National Assembly	1	1.32
		Civil society organizations	1	1.32
		Calling up Gen. Yakubu Gowon	3	3.95
		Support from NGOs	1	1.32
		Group Total	6	7.91
		Creating Awareness	2	2.63
	Creating awareness		2	2.63
	Employing mass media, film makers		1	1.32
	Intensifying public outreach		5	6.58
	Group Total		17	22.04
	GRAND TOTAL			

4.4.1 Discussion of the Four Emerging Categories

A. **Category One- Developing Working Documents:** This category (6/76, 7.91%) consists of narratives that depict what policy makers in the Federal Ministry of Health do with the information they receive towards the management of Hepatitis B. This category is made up of four (4) sub-categories these are: Developing guidelines (1/76, 1.32%), Advocacy kit (1/76, 1.32%), Status report (1/76, 1.32%), National policy (2/76, 2.63%) and Inclusion in the national drug list (1/76, 1.32%). These sub-categories are discussed as follows:

- I. **Developing Guidelines:** This sub-category (1/76, 1/32%) contains narratives which depict how policy makers use the information they have in the management of Hepatitis B in Nigeria, one of which is in developing guidelines that will be used in the management of viral Hepatitis B. A staff of the Ministry observed that until recently no guideline was in place. However, “ on the 28th of July, 2016, the day set aside for the commemoration of the World Hepatitis Day the operational (strategic plan) and the guideline were launched” . According to the respondent, “ We use the information we have in developing guidelines for the management of the disease” .
- II. **Advocacy Kit:** This sub-category (1/76, 1.32%) discusses efforts made by policy makers in the Federal Ministry of Health in the preparation of advocacy kit. According to one of the respondents, “We also use it in the preparation of advocacy kit that the ambassador will take to the various state Government” .
- III. **Preparing Status Report:** This sub-category (1/76, 1.32%) discusses one of the ways in which policy makers in the Federal Ministry of Health use the information they receive which is in the preparation of status report on the health system,

which includes status report on Hepatitis B. This gives the current statistics on the burden of Hepatitis B. One of the respondents stated that “using any new information on Hepatitis B we get becomes important when we are providing status report on the health system”.

IV. **Development of National Policy:** This sub-category (2/76, 2.63%) discusses how policy makers in the Federal Ministry of Health use information they receive in putting together draft for national policy on Hepatitis B. According to one of the respondents, “the committee was able to put up draft documents that include national policy for the control of viral hepatitis” .

V. **Inclusion in the National Drug List:** this sub-category (1/76, 1.32%) talks about the effort the policy makers in the Federal Ministry of Health have made regarding the inclusion of Hepatitis B in the national drug list. A staff of the Ministry said “we use the information we receive also in ensuring the inclusion of hepatitis B in the national essential drug list. We were able to do that in their current review and from the information I am getting when the next edition is published we would see something about hepatitis, which was not there before”.

B. **Category Two- Soliciting Support:** This category is made up of the following sub-categories as some of the ways in which policy makers in the Federal Ministry of Health use the information they receive in the management of Hepatitis B in Nigeria: Approaching the National Assembly (1/76, 1.32%), Civil society organizations (1/76, 1.32%), Calling up General Yakubu Gowon (3/76, 3.95%) and support from non-Government organizations (1/76, 1.32%). These sub-categories are discussed below.

- I. **Approaching the National Assembly:** this sub-category (1/76, 1.32%) discusses the efforts made by the Ministry in approaching the National Assembly in order to get them involved in the fight against Hepatitis B through supporting legislature. A respondent said "also we use the information we receive in approaching the National Assembly in order to see how they can come up with policy for management".
- II. **Civil Society Organizations:** This sub-category (1/76, 1.32%) depicts how policy makers in the Federal Ministry of Health use the information they receive in the management of Hepatitis B try to bring on board civil society organizations and getting them involved in one way or the other in the fight against Hepatitis B in Nigeria. One of the staff of the Ministry noted that "we also contact all the civil society organizations that work on this".
- III. **Calling on General Yakubu Gowon:** This sub-category (3/76, 3.95%) discusses the bringing on board General Yakubu Gowon as an ambassador of the fight against Hepatitis B to the various states of the Federation. Respondents discussing this stated thus, "there was also a need to give a case to the control of viral hepatitis in Nigeria and then, there was an agreement to call upon the former Head of State, General Yakubu Gowon to come on board as the national goodwill ambassador to help propagate the message of the condition about the control of viral hepatitis".
"We use the information we receive also by assigning an ambassador in person of General Yakubu Gowon who goes state to state soliciting the support of state Government in the fight against hepatitis B".

C. **Category Three- Creating Awareness:** This category is made up of 3 sub-category – creating awareness (2/76, 2.63%), employing mass media and film makers, (2/76, 2.63%), Increasing public outreach (1/76, 1.32%). The narratives in the sub-categories relates the efforts made by officials of the Federal Ministry of Health in creating awareness about the existence and prevalence of Hepatitis B in the society and especially in the rural areas. They are discussed as follows:

- I. **Creating Awareness:** This sub-category (2/76, 2.63%) discusses the activities of the Ministry geared towards using the information they receive in creating awareness. One of the respondents stated “ we use the information in creating awareness on the burden of a particular disease” .
- II. **Employing Mass Media:** This sub-category (2/76, 2.63%) discusses the involvement of the mass media in combating the spread of Hepatitis B by the Ministry using the information they receive. A respondent said “we use the information we receive by employing the mass media, film makers in communicating this message to the public especially people in the grass root”. According to another respondent “we use information we receive in increasing public sensitization through the media houses and reaching out to the people at the grass root level”.
- III. **Intensifying Public Outreach:** This sub-category (1/76, 1.32%) discusses efforts made by policy makers in the Federal Ministry of Health in intensifying public outreach through increasing sensitization. One of the respondents mentioned “we use it in intensifying public outreach by increasing public sensitization”.

4.5 Most Critical Information Received in the Management of Hepatitis B in Nigeria

Thirteen (16) narratives emerged in response to the most critical information received in the past six months which is considered helpful in the management of Hepatitis B in Nigeria. These were highlighted and grouped into sub-categories by reason of similarities. The sub-categories were further compressed into four (4) categories which are Burden of Hepatitis B, Awareness, Support and Vaccination.

Table 4.5.1: Most Critical Information Received in the Management of Hepatitis B in Nigeria

RQ	CATEGORY	SUBCATEGORY	FREQUENCY	PERCENTAGE
Please share with me the most critical information you received in the past 6 months which you considered very helpful in the management of hepatitis B.	Burden of Hepatitis B	Burden of Hepatitis B	1	1.32
		Level of infection	1	1.32
		Group Total	2	2.64
	Awareness	Level of awareness	1	1.32
		Medium for public enlightenment	1	1.32
		Hembeleme	1	1.32
		Television	1	1.32
		Celebrities	1	1.32
		Outreaches	1	1.32
		Group Total	6	7.92
	Support	Government support	1	1.32
		Gen. Yakubu Gowon	2	2.63
		Non-Government organizations	3	3.95
		Group Total	6	7.9
	Vaccination	Vaccination	2	2.63
		Grand Total	16	21.09

4.5.1 Discussion of the Four Emerging Categories

A. **Category One- Burden of Hepatitis B:** This category (2/76, 2.6%) is made up of two sub-categories: Burden of Hepatitis B (1/76, 1.32%) and the Level of infection (1/76, 1.32%).

I. **Burden of Hepatitis B:** This sub-category (1/76, 1.32%) convey narratives about information received relating to spread of the Hepatitis B virus. This information is gotten through case definition analysis and surveillance activities. According to a respondent “ Global death rate resulting from viral hepatitis alone is much more than the death rate coming from malaria, HIV and TB put together” .

II. **Level of Infection:** this sub-category (1/76, 1.32%) discusses the rate of infection of Hepatitis B as well as the number of people who are currently infected.

B. **Category Two- Awareness:** This category (6/76, 7.92%) is made up of six sub-categories: Awareness (1/76, 1.32%), Medium of public enlightenment (1/76, 1.32%), Hembelembe (Radio) (1/76, 1.32%), Television (1/76, 1.32%), Celebrities (1/76, 1.32%), Outreaches (1/76, 1.32%). consist of narratives indicating mediums through which more awareness can be made. This sub-categories are discussed as follows:

I. **Awareness:** This sub-category (1/76, 1.32%) describes information about the level of public awareness as one of the most critical information received in the last 6 months which is helpful in the management of Hepatitis B in Nigeria. A respondent said “ we get a lot of information on the level of awareness of the public” .

II. **Medium of public enlightenment:** This sub-category (1/76, 1.32%) discusses narratives on information on mediums which when explored will boost public enlightenment on

Hepatitis B as one of the most critical information received in the last 6 months on the management of Hepatitis B. A respondent stated that “ we also get a lot of information about various mediums that can be used for public enlightenment” .

- III. **Radio Program:** This sub-category (1/76, 1.32%) talks about the radio as a very viable avenue for creating awareness about Hepatitis B to the general public particularly to the grass-root with particular reference to a grass root radio program called Hembelembe which aired in Abuja. Respondent three addressing this said “ We discovered a radio program called Hembelembe. If we can have a program like that Hembelembe which can help propagate information on viral hepatitis it will be very helpful because the grassroots people listen to it a lot, from the mechanics, to drivers, to market people. The informal sector will get to know from such programs”.
- IV. **Television:** In addressing the most critical information received in the past 6 months helpful in the management of Hepatitis B, this sub-category (1/76, 1.32%) talks about the Television as one of the ways in which to increase public awareness of Hepatitis B. A respondent reiterated the importance of using the television as a medium of creating and increasing awareness.
- V. **Celebrities:** This sub-category (1/76, 1.32%) talks about how celebrities can help in spreading information on Hepatitis B to the general public. According to a respondent celebrities need to know that some of their members have died through Hepatitis B when they know this then they will be able to propagate the information “ I heard about the death of a Nollywood actor which is a complication of a swollen abdomen and my guess was if this man was possibly screened for Hepatitis B it would be positive”.

VI. **Outreaches:** This is another sub-category (1/76, 1.32%) that about information from outreaches as one of the most critical information received in the last 6 months that is helpful in the management of Hepatitis B. One of the respondents said “ We collaborated with a clinic on children’ s day for public sensitization and screening, so information from such outreach about the number of people who are carriers will help in managing hepatitis B” .

C. **Category Three- Support:** This category (6/76, 7.9%) discusses information on support as one of the most critical information received in the last 6 months. It consist of two sub-categories: Coming on board of Yakubu Gowon Foundation (2/76, 2.63%), Support of Non-Government organization (3/76, 3.95%), Government support (1/76, 1.32%). This sub-categories are discussed below:

I. **Coming on board of Yakubu Gowon Foundation:** This sub-category (2/76, 2.63%) talks about information on the coming on board of the Yakubu Gowon Foundation as one of the most critical information received in the last 6 months which is helpful in the management of Hepatitis B in Nigeria. A respondent said “ we learnt of the coming on board of the Yakubu Gowon Foundation” . Another respondent talked about information about the activities of the goodwill ambassador saying “ We also got information on the activities of the goodwill ambassador as he goes about from state to state” .

II. **Support of Non-Government Organization:** This sub-category (3/76, 3.95%) talks about information about NGOs who are willing to support in the fight against the Spread of Hepatitis B. A respondent said “Also information about some non-Governmental

organization who have indicated interest in supporting the fight against hepatitis B by funding it.

- III. **Government Support:** This sub-category (1/76, 1.32%) discusses information about support from the Government received in the last 6 months which is helpful in the management of Hepatitis B. A respondent said “we received information about the preparedness of Government at the national level to support the states to fight the disease”.

D. **Category Four- Vaccination:** Vaccination as a category (2/76, 2.63%) depicts narratives that indicating the availability of vaccines for the management of Hepatitis B and the cost implication. According to an official of the Federal Ministry of Health “ we receive information about the availability of vaccines, the cost of obtaining the vaccines and every other necessary detail about the vaccine” .

4.6 Factors that Hinder the use of Information in the Management of Hepatitis B in Nigeria.

Thirteen (15) narratives emerged in response to the type of information policy makers in Federal Ministry of Health apply in the management of Hepatitis B in Nigeria. These were highlighted and grouped into sub-categories by reason of similarities. The sub-categories were further compressed into five (5) categories which are Funding (4/76, 5.26%), Non-challancy (5/76, 6.58%), No political will (4/76, 5.26%), Selfish interest (1/76, 1.32%), others (3/76, 3.96%).

Table 4.6.1 Factors that hinder the use of information in the management of Hepatitis B in Nigeria

SUBQUESTION	CATEGORY	SUBCATEGORY	FREQUENCY	PERCENTAGE
Please share with me factors that hinder the use of information in the management of hepatitis B in Nigeria.	Funding	Funding	4	5.26
				2.63
	Non-challancy	Unwillingness of the public	2	2.63
		Non-challant attitude		1.32
		Attitude of Chief Medical Director	2	
			1	6.58
		Group Total	5	2.63
	No political will	Lack of political will	2	2.63
		Lack of awareness of Government obligation	2	
		Group Total	4	5.26
	Selfish interest	Selfish Interezt	1	1.32
	Others	Data generation	1	1.32
		National drug list	1	1.32
		Ignorance	1	1.32
		Group Total	3	3.96
		Grand Total	17	22.38

4.6.1 Discussion of the Five Emerging Categories

- A. **Category One ☒ Funding:** This category (4/76, 5.26%) discusses narratives relating the inadequacy of funding as a major hindrance to the use of information in the management of Hepatitis B in Nigeria. Even where there are brilliant ideas that could facilitate the fight against Hepatitis B but there is no sufficient financial backing no improvement will be recorded.
- B. **Category Two ☒ Non-challant attitude:** This category (5/76, 6.58%) emerged in response to the factors that hinder the use of knowledge in the management of Hepatitis B in Nigeria. The category is made up of three (3) sub-categories: Unwillingness of public (2/76, 2.63%), Non-challant attitude of the public (2/76, 2.63%) and Attitude of Chief Medical Director (1/76, 1.32%). This sub-categories are discussed below:
- I. **Unwillingness of Public:** This sub-category (2/76, 2.63%) discusses as a hindrance the lack of willingness by the public in going for screening or to get tested for Hepatitis B. One of the respondents states that “the lack of willingness on the part of the public to go for screening so as to be aware of their status is a major hindrance in the use of knowledge in the management of Hepatitis B in Nigeria”. In same vein another respondent said “another challenge is the unwillingness on the part of the public to take health issues serious enough to go and get screened and tested”.
 - II. **Non-Challant Attitude by the Public:** This sub-category (2/76, 2.63%) discusses the non-challant attitude of the public towards health related issues such that until friends and relatives begin to die of a particular disease the average Nigerian will not pay attention to it” . A respondent said “ an hindrance is the non-challant attitude of the public to health

related issues people will rather attend birthday parties and weddings than come out for screening is another major challenge we face in the management of Hepatitis B” .

III. **Attitude of Chief Medical Director:** This sub category (1/76, 1.32%) discusses the attitude of negligence by people who ought to know better, people in places of authority that are key as constituting an hindrance to the use of information to the management of viral Hepatitis B in Nigeria. “ After one of the sensitization exercise we did, the medical personnel who was to prepare the report did not for reasons of being busy therefore the report for the exercise was inconclusive and so no further progress was made in that regard” .

C. **Category Three - No political will:** This category (4/76, 5.26%) includes narratives relating to the lack of political will as a hindrance to the use of knowledge in the management of Hepatitis B. Two sub-categories make up this category to include: Lack of political will (2/76, 2.63%) and Lack of awareness of Government obligation (2/76, 2.63%). The sub-categories are discussed below:

I. **Lack of political will:** Lack of political will has been identified as a major hindrance to the use of knowledge in the management of Hepatitis B in Nigeria. Respondent 1 noted that “There is no political will on the part of the Government to do anything”. Similarly respondent 5 noted that “Another major hindrance we experience is the lack of political will on the part of the Government to do anything. The Government is pre-occupied with other areas they consider more important”.

II. **Lack of awareness of Government Obligation:** This sub-category depicts the lack of awareness of Government of its obligation as a principal hindrance to use of knowledge

in the management of Hepatitis B in Nigeria. A respondent stated that “ a major challenge is the lack of awareness of the Government in appreciating the fact that the obligation of Government is quoting, or using statistics that is reliable and credible, not statistics which are simply driven by the interest of a particular stakeholder” . This attitude of the Government to the use of knowledge in the management of Hepatitis B is largely based on their political interest and influence.

D. Category Four - Selfish interest: This category (1/76, 1.32%) presents narratives depicting quoting and citing of data regardless of whether they are reliable or not because of some personal or political interest. Respondent 2 stated that “The major challenge is actually in organizations or individuals trying to get the Ministry to cite or quote their data, regardless of whether that data is reliable or the Ministry agrees it to be reliable or not”.

- I. **Data generation:** Data generation is a sub-category (1/76, 1.32%) that also emerged as a hindrance to the use of knowledge in the management of Hepatitis B in Nigeria. According to respondent 2 “another problem that I would say is not just in the use of the data but is our ability to actually generate the data”.
- II. **Non-Inclusion in the National Essential Drug List:** This sub-category (1/76, 1.32%) emerged from narratives related to factors that hinder the use of knowledge in the management of Hepatitis B in Nigeria. Respondent 3 stated that “a challenge was having some of the essential medicines for the treatment of viral hepatitis included in the national essential drugs list”.
- III. **Ignorance:** Ignorance as a sub-category (1/76, 1.32%) emerged in response to the factors which hinder the use of knowledge in the management of Hepatitis B in Nigeria.

In responding to this respondent 4 stated that there is a "cultural level of ignorance" in the general public.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study, findings, contribution to knowledge, conclusion and recommendations. It is presented thus:

5.2 Summary of the Study

5.3 Summary of the Findings

5.4 Contribution to Knowledge

5.5 Conclusion

5.6 Recommendations

5.2 Summary of the Study

The purpose of this study was to explore the socio-cultural factors that influence the use of knowledge by policy makers in the health sector specifically in the management of Hepatitis B in Nigeria. Chapter one of this study presented the research problems as well as research questions and the objectives of the study. The chapter also discussed the significance, scope and delimitations of the study.

The second chapter of this study presented the review of related literature based on Chatman's theory of Normative Behavior, specifically her four constructs of social norm, social type, worldview and information behaviour as the parameter for exploring the use of knowledge by policy makers in the management of Hepatitis B in Nigeria. The chapter further discussed the research paradigm and previous studies that adopted the theory of Normative Behaviour.

The study adopted the qualitative research method as reflected in chapter three of this study. The research design was also discussed as well as the population of the study which was made up of the officials of the Federal Ministry of Health in the departments of Public Health and Planning, Research and Statistics who are the focal persons for Hepatitis B. They also represent the samples which were drawn using the purposive sampling method making up the sample size of 5 officials of the Federal Ministry of Health from the earlier mentioned departments. In order to collect the data necessary for the study, the researcher conducted face to face in-depth interview, hence the researcher designed questions which were administered during the interview sessions.

5.3 Summary of Major Findings

The findings of this study reveals the influence of socio-cultural factors on the use of knowledge by policy makers in the Nigerian health sector particularly in the management of Hepatitis B, these are discussed below.

1. Policy makers in the Federal Ministry of Health apply information on: Vaccination, Transmission, Burden of Hepatitis B, Support, Health Statistics, Funding and Level of Public Awareness in the management of Hepatitis B in Nigeria.
2. Problems policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria include: Inadequate Funding, Burden of Hepatitis B, Low Level of Knowledge, Lack of Political will, Selfish Interest and Non-challant Attitude.
3. Policy Makers in the Federal Ministry of Health use the information they receive in: Developing Working Documents, Soliciting Support and Creating Awareness.
4. Most critical information received in the management of Hepatitis B are information on: Burden of Hepatitis B, Awareness, Support and Vaccination.

5. Factors that hinder the use of information in the management of Hepatitis B include:
Funding, No Political will, Non-challancy and Selfish Interest.

5.3.1 Relationship between the use of knowledge in the management of Hepatitis B in the Federal Ministry of Health in Nigeria and Chatman' s theory of normative behavior.

According to Chatman' s (2000) theory of normative behaviour the concept of social norm, social type, worldview and information behaviour influence the way in which individuals use knowledge. Thus this can explain the way and manner in which policy makers in the Nigerian health sector utilize knowledge.

Social norms: According to Chatman (2000) social norms offer a standard by which individuals ought to behave within a given community. It states what the right kind of behaviour is and what is wrong. As observed in this study, policy makers in the Nigerian health sector believe that whatever does not have eminent personal benefit is not worthy to be on the front burner of their considerations and deliberations, this forms the basis of their social norm. In essence they only get to treat an issue as important when it affects them directly.

Lack of Political Will. This is evident in the negligent attitude of the Government towards the management of Hepatitis B in Nigeria. The management of viral Hepatitis B is not made priority by relevant authorities as more attention and money is put into such areas as the Government consider important. It is observed in this study that there is a lack of political will to make the management of viral Hepatitis B a national priority.

Unwillingness and non-challant attitude of the public. The average Nigerian has a cultural attitude of trivializing health matters. The average Nigerian does not place so much importance on medical care. Some do not even believe in the truth of the existence of some diseases. There is a normative belief that herbal traditional medicine is more effective in curing all kinds of

diseases; it is called ‘ all purpose’ . Therefore they have more trust in orthodox medication and care. Therefore even when an alarm is raised concerning viral infections like Hepatitis B and people are asked to go for screening, only a hand full of people would turn up. The average Nigerian would rather attend a wedding or birthday ceremony than go for a health screening at the expense of his or her wellbeing.

Worldview: Worldview is “ a collective perception held in common by members of a small world regarding those things that are deemed important or trivial” . It represents shared understanding on issues of communal importance. It carries a reflection of the social norm which operates in the community.

The collective perception of policy makers in the Nigerian health sector on the management of Hepatitis B is premise on their understanding that if a disease or infection has not killed them or persons close to them; it is not worth fretting over. This is the perception of majority of the people in places of authority in Nigeria.

Chatman in Abdullahi (2013) noted that worldview unites members of small worlds and defines the scope of a small world, including the interpretation of information and how members of the small world group make sense of information which is usually rooted in their understanding of issues and prior knowledge.

Social Type: Social type is a concept from Chatman’ s (2000) theory of normative behavior that explains knowledge utilization by policy makers in the Nigerian health sector. Social type refers to the way in which people are perceived and labeled in a small world. This study discovered two categories of social typing. One is that the policy makers have labeled the ordinary Nigerian and this informs his behavior towards them. The ordinary Nigerian is labeled as ignorant, he believes

whatever happens to man is the will of God, and that all he needs are the basics for survival, and he doesn't really need to prosper. This explains the non-challancy displayed by policy makers in the management of viral Hepatitis B. This also explains the reason for the insufficient funding in the management of Hepatitis B.

The other category is the way in which policy makers are labeled by the general public. They are labeled as selfish and corrupt who care only about themselves. It is generally believed that there is always a hidden agenda in any activity of the Government. This explains why even when the public hears that there is free screening taking place, they would refuse to attend.

Information behavior: This is another concept in Chatman's theory of normative behavior which explains the relationship between policy makers and knowledge in the Nigerian health sector. Information behavior refers to the way in which individuals use or do not use information. It refers to an individual's disposition to the information received. Policy makers in the Nigerian health sector exhibited information behavior in various ways. These include: Deception, Distrust and Selfishness.

Deception. Policy makers make empty promises thereby deceiving the public by promising during elections to intervene in the health sector by making health care accessible and affordable to the public; however once they are elected into office they shun the public and focus on themselves neglecting whatever information they have at their disposal that could help them in improving healthcare delivery. This tally with Chatman's (1996) proposition of deception and secrecy and is rooted in their worldview.

Selfishness. This is very characteristic of policy makers as whatever information they have at their disposal is used majorly for their personal gain. This is manifested in their social norm as an

acceptable way of behaviour. Hence the motive behind the use of a piece of information is that it is first and foremost of benefit to their pocket. Their use or non-use of knowledge is money motivated.

Distrust. There is a huge level of distrust by the public in policy makers in the health sector in Nigeria. The public see them as exploitative and always taking advantage of them. They believe that behind any lofty agenda and promise is a hidden agenda. This is exhibited in their worldview which is borne out of constant experience of disappointment. That is why even when they hear of free testing, screening and sensitization they do not turn up.

5.4 Contribution to Knowledge

The study has been able to establish that the:

1. Four constructs of TNB social norms, Social Type, Worldview and Information Behaviour explain factors that influence the use of knowledge by policy makers in the Federal Ministry of Health in the management of Hepatitis B in Nigeria. A better understanding of these will help in improving utilization of knowledge by policy makers in the health sector.
2. Knowledge is underutilized in the management of Hepatitis B in Nigeria and in order to facilitate the use of knowledge, management of Hepatitis B has to be made a national priority by increasing funding.

5.5 Conclusion

This study reveals the information behavior of policy makers in the management of Hepatitis B in Nigeria and the factors that influence their use of knowledge. First, the study

revealed that policy makers in the Federal Ministry of Health have at their disposal vital information which is key to the management of Hepatitis B in Nigeria. Secondly, it established that policy makers in the Federal Ministry of Health experience problems in the management of Hepatitis B in Nigeria. Thirdly it revealed that effort is been made to apply the information received by policy makers in the management of Hepatitis B. Fourthly it established that policy makers received some very key and vital information to help in the management of Hepatitis B and lastly experience some notable hindrances in the use of knowledge in the management of Hepatitis B in Nigeria.

From the findings of the study, it could be concluded that the use of knowledge by policy makers in Nigeria largely depends on the influence of the small world. Therefore the information behavior of policy makers as it concerns the use of knowledge by policy makers in the health sector is dependent on the norms of the small world. This is what informs the decision to either use or not to use and how to use knowledge which more often than not marked by selfish interest and non-challancy.

5.6 Recommendations

Based on the findings of this study and conclusion reached, the following recommendations are made:

1. More relevant information should be made available to policy makers in the Federal Ministry of Health in the management of Hepatitis B such as information on prevention
2. More funding should be channeled towards the management of Hepatitis B, public sensitization and awareness should be intensified and management of Hepatitis B should be made national priority.

3. Guidelines for the utilization of knowledge should be drafted and implemented in all Government agencies and parastatals especially in the Federal Ministry of Health.
4. Emphasis should be placed on monitoring and evaluation of the use of the information by policy makers.
5. Due to the busy nature of the job of policy makers, if information is not made simple, brief, clear and quick, there is a high tendency to neglect it. Therefore the information presented to policy makers in the health sector should be as simple clear and brief as possible so as to encourage and facilitate utilization.

Suggestions for Further Research

The study also suggests that further research should be conducted in order to better understand the information behavior of policy makers in the Nigeria health sector.

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APPENDICES

APPENDIX I: Interview guide

Department of Library and Information Science

Topic: Exploring the Socio-Cultural Factors Influencing Knowledge Utilization by Policy Makers in the Federal Ministry of Health in the Management of Hepatitis B in Nigeria.

Introduction

I am a postgraduate student in the department of Library and Information Science, Ahmadu Bello University Zaria undergoing a Master' s degree programme. I am conducting a research with the aim of exploring how policy makers in the Federal Ministry of Health use knowledge in policy making in the management of hepatitis B in Nigeria, it is for this purpose I will to engage you in a brief discussion.

The discussion is meant to last for an estimated minimum duration of 30 minutes and a tape recorder will be used in recording the interview due to the importance placed on every piece of detail provided from you. Please feel free to respond to questions as all answers will be treated with uttermost confidentiality. Thank you for obliging my request.

Questions

1. What type of information do policy makers in the Federal Ministry of Health apply in the management of Hepatitis B in Nigeria?
2. What problems do policy makers in the Federal Ministry of Health encounter in the management of Hepatitis B in Nigeria?
3. What do policy makers in the Federal Ministry of Health do with the information they receive in solving the problems encountered in the management of Hepatitis B in Nigeria?
4. What are the most critical information received in the recent times in the management of Hepatitis B in Nigeria?
5. What factors hinder the use of knowledge in the management of Hepatitis B in Nigeria?

6. How does the constructs of Chatman's Theory of Normative Behavior, social norms, worldview, social type and information explain knowledge utilization by policy makers in the health sector in Nigeria?

Okeowo Aderonke Oluwaseun

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APPENDIX II: Data Analysis Step by Category and Sub-category.

Figure 1.1: Types of information applied in the management of Hepatitis B in Nigeria

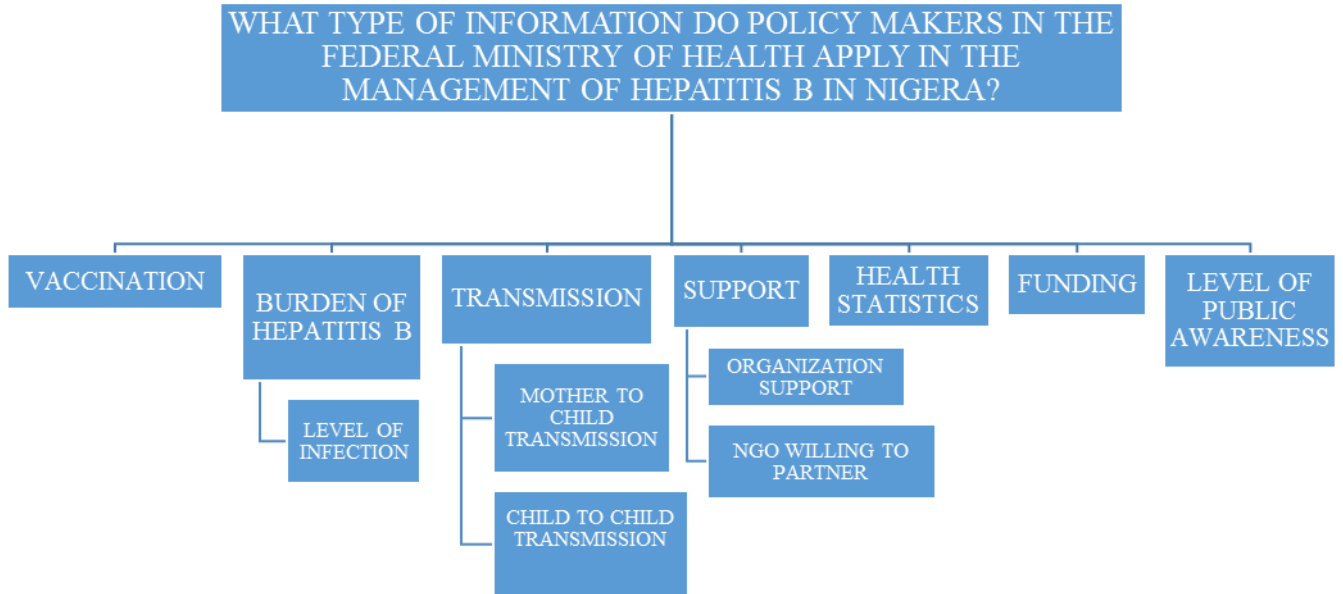


Figure 1.2: Problems encountered by Policy Makers in the Management of Hepatitis B in Nigeria

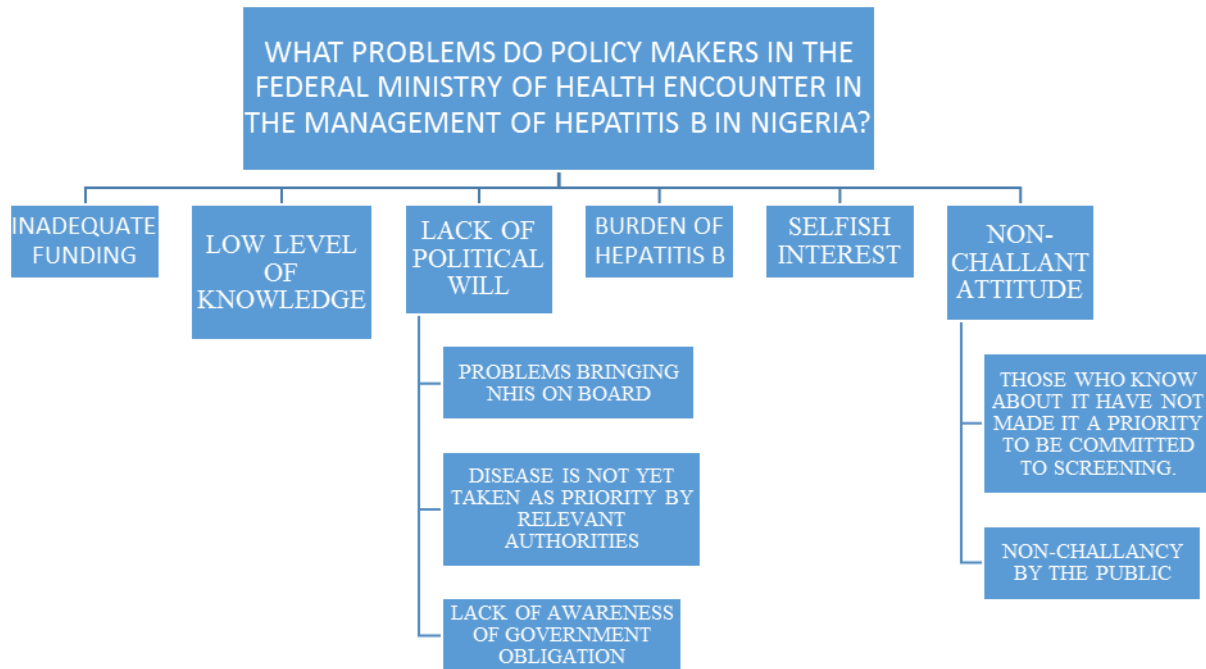


Figure 1.3: Attempt made to tackle the problems of Hepatitis B in Nigeria

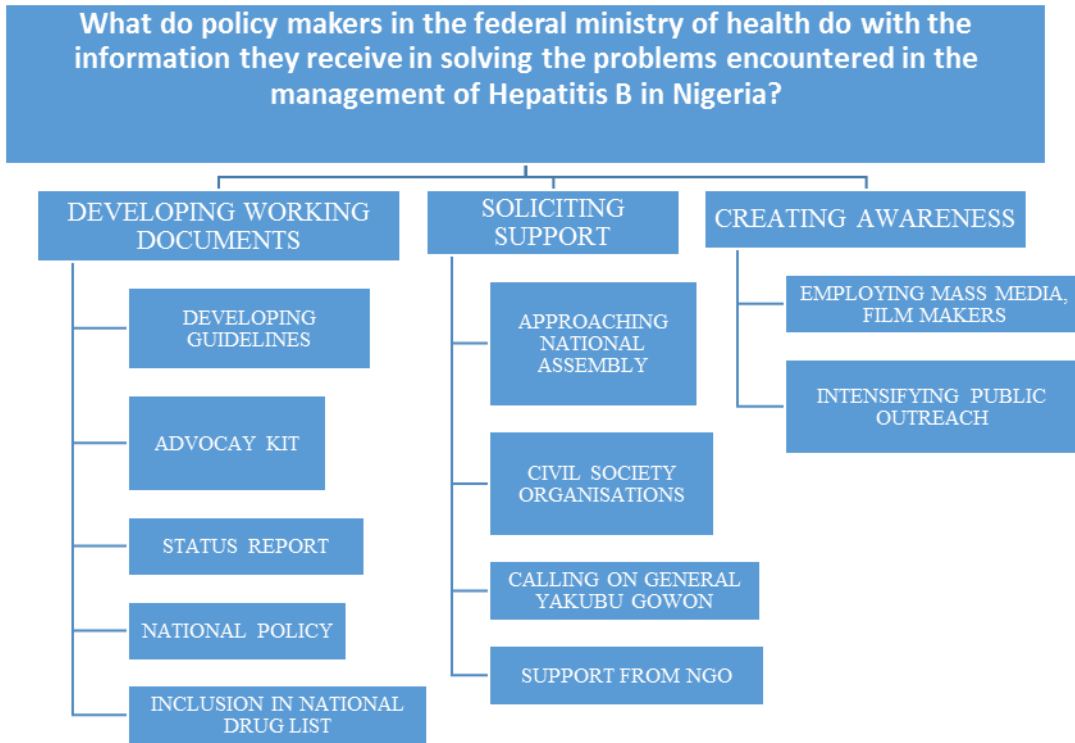


Figure 1.4: Most Critical Information received in the management of Hepatitis B

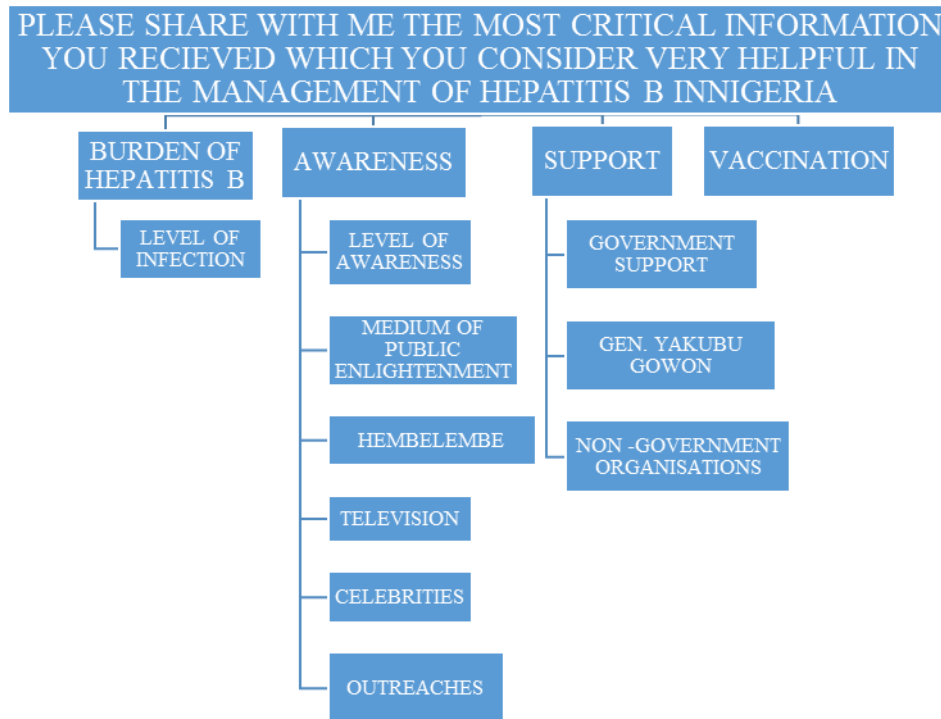


Figure 1.5: Factors that hinders the use of information in the management of Hepatitis B

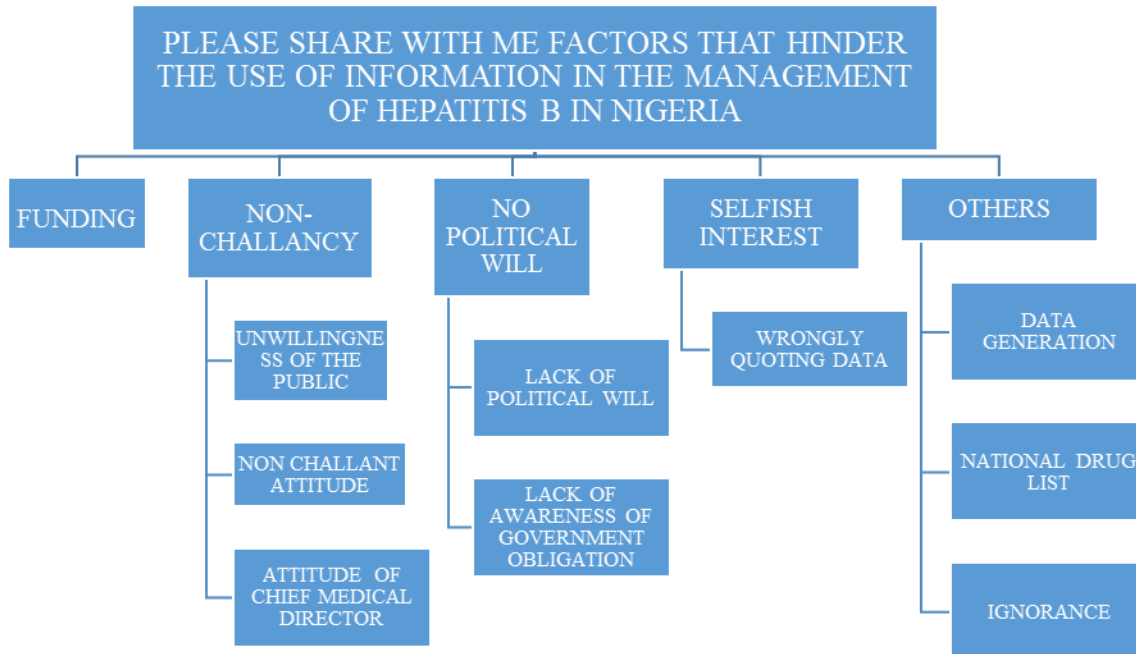


Figure 2.1: Types of information applied in the management of Hepatitis B in Nigeria

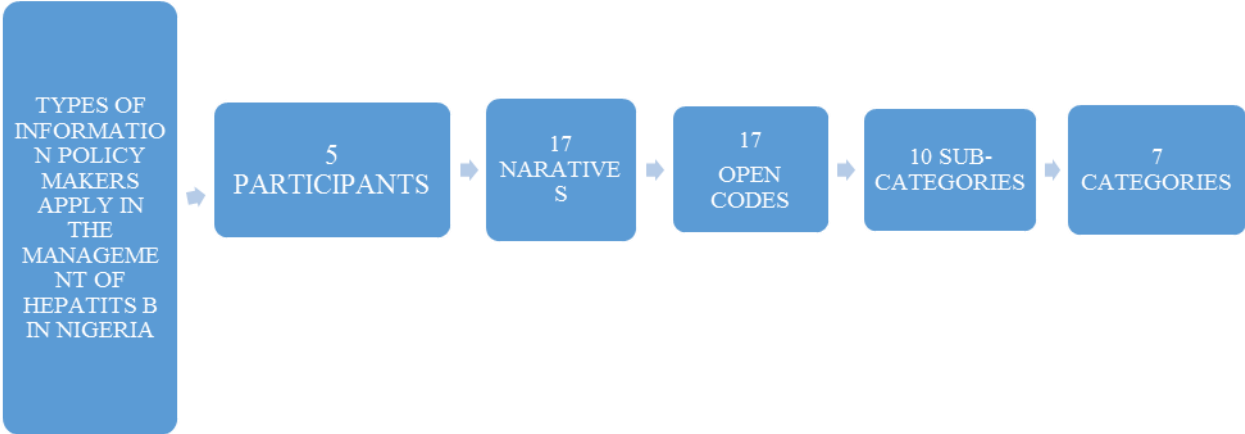


Figure 2.2: Problems encountered by Policy Makers in the Management of Hepatitis B in Nigeria

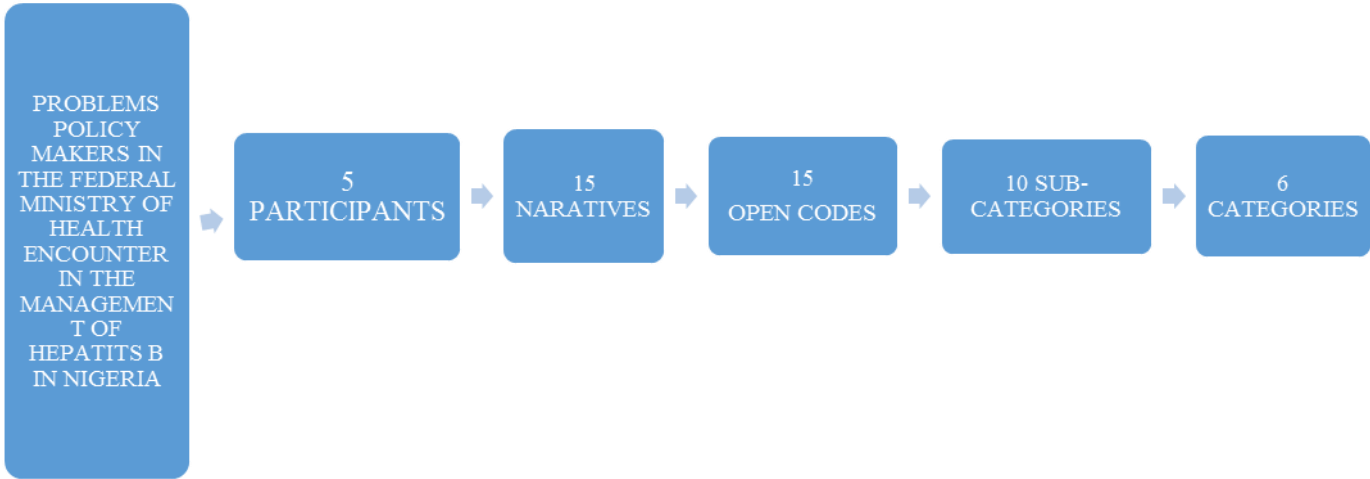


Figure 2.3: Attempt made to tackle the problems of Hepatitis B in Nigeria

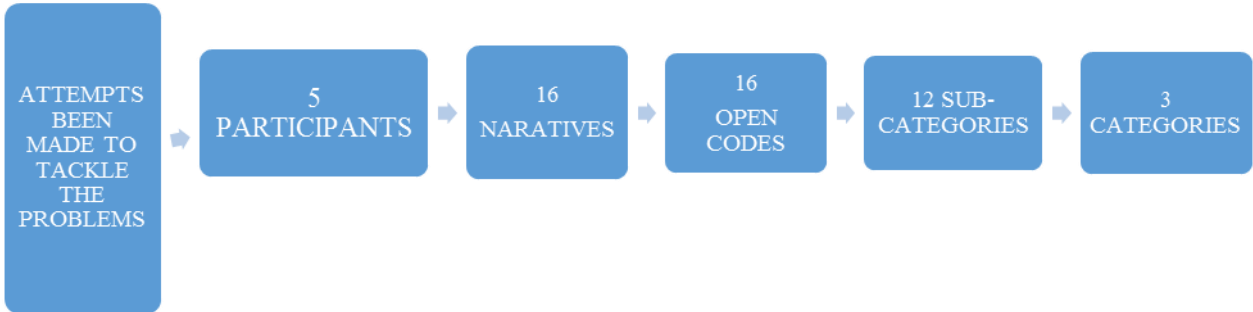


Figure 2.4: Most Critical Information received in the management of Hepatitis B

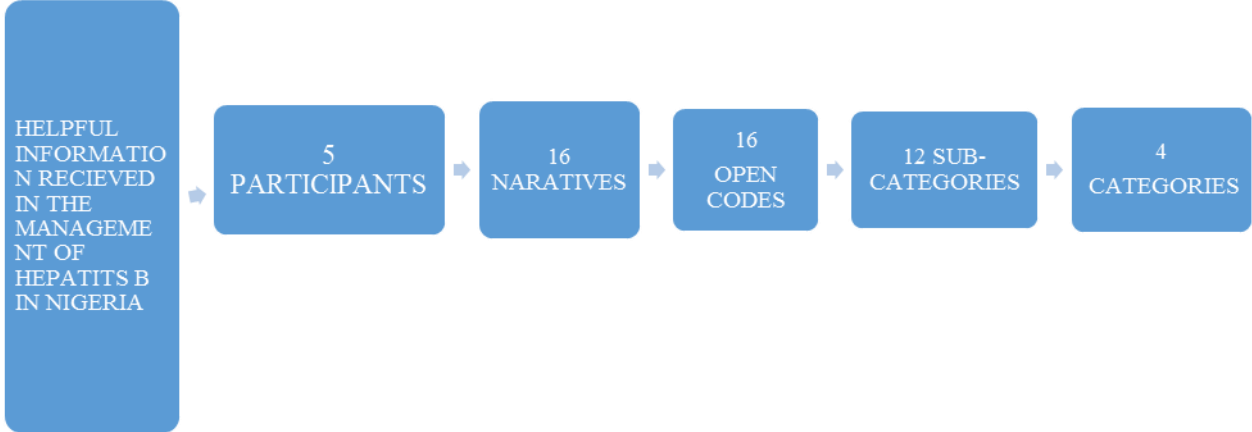


Figure 2.5: Factors that hinders the use of information in the management of Hepatitis B

