AN APPRAISAL OF COMMUNICATION APPROACHES OF VIRAL HEPATITIS ASSSOCIATION OF NIGERIA (VHAN) ON HEPATITIS INTERVENTION IN KADUNA STATE

BY

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DECLARATION

I hereby declare that, this dissertation is my original work, has been written by me in its entirety and has never been submitted in any previous application for a higher degree. All quotations are indicated and the sources of information are suitably acknowledged by means of references.

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Shamagana, Yusuf Ninzim **Date**

CERTIFICATION

This is to certify that this dissertation, titled " An Appraisal of Communication Approaches of Viral Hepatitis Association of Nigeria (VHAN) on Hepatitis Intervention in Kaduna State" written by SHAMAGANA Yusuf Ninzim, (P13ARTP8011) meets the requirements for the award of Master of Arts Degree in Development Communication from Ahmadu Bello University, Zaria and approved for its contribution to knowledge.

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DEDICATION

I dedicate this piece to my dear mother Mrs. Ladi Shamagana**.** For sacrificing her wrappers that I may acquire yet another gown.

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My profound gratitude goes to my creator, the Almighty God and the everlasting fountain of wisdom and knowledge. Your grace, faithfulness and favour cannot be expressed by words. I would forever praise and worship you for this unmerited love. Great is your faithfulness, and your mercy endures forever.

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ABSTRACT

This research set out to study the communication approaches used by Viral Hepatitis Association of Nigeria (VHAN), an organization that is at the forefront of the fight against viral hepatitis in Nigeria, in its hepatitis interventions in Kaduna State. The population of the study included teachers and students of ECWA Goodnews School, Narayi High Cost, Kaduna which is one of the schools that the organization has been interacting with on hepatitis issues for years. This is because the school is popular for academic excellence in Kaduna metropolis. People infected by viral hepatitis, and are receiving treatment from VHAN were also engaged in this study. The theory that underpins this research is Health Belief Model (HBM). Through the use of in-depth interview, focus group discussion and documentary observation the study found out that although the organization has made some progress, especially in engendering behaviour change amongst its patients. The study revealed that they do not involve their target audience in the conception and design of hepatitis interventions. More so, the organization does not have an organized feedback mechanism in place to accommodate its audience contributions in its activities. The study, therefore recommended the use of participatory communication approaches such as TFD, PLA tools, Volunteer Community Mobilizers to enhance community participation in VHAN's hepatitis intervention. The study further suggested the use of social media platforms and the establishment of hepatitis clubs in schools as necessary measures to be adopted by the organization in order to strengthen its existing communication approaches and achieve sustainable result.

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CHAPTER ONE

GENERAL INTRODUCTION

1.1. Background to the Study

Diseases are among the challenges confronting the human population today. The pace at which diseases have continued to spread across the globe is a pointer to the fact that the world is under a serious threat. From time to time, new diseases emerge and old ones develop new strains that task the resources, patience and knowledge of individuals, national governments, international agencies and non-governmental organizations (NGOs). This is why stakeholders have continued to map out strategies that can successfully confront them. Besides disseminating vital information about a particular disease or health threat, health communication has also been concerned about influencing people's behaviours.

However, over the years, health communicators have continued to face a lingering challenge on how to influence people to adopt positive health behaviour in a bid to combat diseases or any related health problem because of the complexity of human beings. For instance, it is not unusual to encounter an individual today with a positive disposition towards an idea or object, only to discover the following day that the same individual is at war with that same idea or object. Therefore, it is important for us to understand that this complexity of human behaviour does not emerge from a vacuum; it is usually a manifestation of a long established attitude, which is in turn being influenced by the entire human environment. Behaviour is viewed as the range of actions and mannerisms made by organisms, systems, or artificial entities in conjunction with other systems or organisms around, as well as the (inanimate) physical environment (Jegede,2014).

Wilma and Allen (2000) further reveal that Behaviour is the way an individual acts towards people, society, or objects. It can either be good or bad. It can be normal or abnormal according to societal norms. Therefore society will always try to address bad behaviour and try to bring abnormal behaviour back to normal. From this view, it is understood that one of the enduring challenges in human society is how to address attitudes and behaviours that are inimical to the collective well-being of the people. It is also important to note that in most cases, people's behaviours are the manifestations of their culture and norms, which might have been acquired over a long period of time through socialization processes. Existing societal values and norms make individuals in a particular community different from other people in different communities who also have values and mores peculiar to them.

In respect of the foregoing, any health communication strategy or approach that is targeted at behaviour change need to understand that communication forbehaviour change is a process, and not just an ephemeral event that needs to be strategically approached because individuals differ in levels of motivation or readiness to change. More so, it is important for us to note thatin a bid to achieve lasting and sustainable behaviour change through health communication, the maximum participation of the target people in the entire process is a very crucial factor. That is, the communication approach needs to be anchored on the principle of participation. Involvement of key community stakeholders, who usually constitute individuals that are able to influence other members of the community to adopt a particular behaviour or course of action, could go a long way in facilitating the emergence of and subsequent sustenance of the desired behaviour change. This is very important because the peoples' agency, which is the major motivating factor

for behavior change need to be appreciated and considered in health communication processes for the purpose of engendering sustainable behaviour change.

In other words, the local people who are usually the target beneficiaries of health interventions need to be involved in the entire process of such interventions. This is important because behaviour change communication concern trusting the people enough and believing that with the necessary motivation and support, they will adjust to the required behaviour that is friendly to their collective well-being (Chambers, 2005:167).

Premised on the foregoing therefore, a retrospective view of communication for development approaches in the third world from the modernization era till the late 1970s reveals that the initial communication approaches and strategies used in third world development drive were mostly top-down in nature which had little or no place in the cultural matrix of the local people. This is because the communication approaches were more concerned with disseminating information, than ensuring concrete and sustainable behaviour change. Consequently, they failed to engender sustainable development. Since then, international development agencies, NGOs and national governments have continued to emphasize the need for development communication to reflect local yearnings and aspiration of the people.

There is still more to be done in order to bridge some gaps traceable in development communication approaches used in the third world countries. For example, research has shown that many communication approaches used in development interventions in Africa are still more concerned with information dissemination than engendering sustainable behaviour change. As a result, they usually fail to make the desired impact among the local people. Corroborating this assertion, Nwadigwe (2012:17)

argues that “many communication projects fail to make the intended impact as the target audiences remain apathetic despite the health information being disseminated”. The implication of this statement is a disconnect between the local people’s social realities and the communication approaches which most experts deploy in health interventions. Therefore, there is an urgent need for a careful review of communication approaches and strategies used in communicating health in Nigeria. Perhaps this could be the solution to age long diseases that have continued to ravage communities in the country.

Various studies have also shown that there is a relationship between several dangerous diseases that have continued to be responsible for the deaths of many people in Nigeria (despite the huge monetary allocation being channeled to the health sector) and some of the people’s behaviours, cultural and social practices. One of such diseases is viral hepatitis which is the focus of this study.

It is important to note here that the persistent problem of viral hepatitis disease in Nigeria cannot be blamed solely on failure of communication. This is because hepatitis communication can do little or nothing concerning problems such as staggering infrastructure, epileptic health policies and corruption in the health sector. This by extension points to the limitation of health communication itself. Yet, the deployment of effective communication can play a significant role in mitigating the problem of increasing prevalence rate of viral hepatitis infection, albeit by helping in providing timely, adequate and convincing information to people yet to be infected. This assertion is corroborated by Schiavo (2007:26), who argues that:

> Health communication cannot replace the lack of local infrastructure (such as the absence of appropriate health services or hospitals) or capability (such as an inadequate number of health care providers in relation to the size of the population being attended). It cannot

> compensate for inadequate medical solutions to treat, diagnose, or prevent any disease. But it can help advocate for change and create a receptive environment to support the development of new health services…to encourage change and improve health outcomes.

Therefore, effective use of communication would not only educate the people about the most common social practices and behaviours that aid the spread of the disease in order to engender behaviour change, but can also ensure that such change is sustained. Sustainability of behaviour change among the general public is an important stepping stone to winning the war against viral hepatitis in Nigeria. What then is viral hepatitis, and how much damage has the disease done to mankind so far?

The Online Medical News Today reveals that the word hepatitis comes from the ancient Greek word 'hepar' (root word hepat) meaning "liver", and in Latin, it means inflammation. In essence, hepatitis means injury to the liver with inflammation of the liver cells. Viral hepatitis may however occur in acute or chronic forms. The most common causes of viral hepatitis are the five unrelated hepatotropic viruses: Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D and Hepatitis E. Nevertheless, Hepatitis B and C are the most chronic and the leading cause of death among the five viruses. According to the Global Burden of Disease estimates, hepatitis B and C together caused 1.4 Million deaths in 2010, including deaths from acute infection, liver cancer and cirrhosis.

To put these figures in the context of other major infectious diseases, it is estimated that Malaria caused 660000 deaths in 2010, while Tuberculosis and HIV had 1.4 and 1.7 Million deaths respectively in 2011. This is a stunning indication of the endemic nature of viral hepatitis disease as a global health problem from which no country, rich or poor is spared. (World Malaria Report, 2012, Global Tuberculosis Report, 2012, UNAIDS Report on the global AIDS epidemic, 2012, Lozano, et'al 2012).

Even though viral hepatitis has been in existence for a long period of time, it is only in 2010 that the disease attracted global attention as an endemic health threat when the World Health Assembly adopted resolution WHA 63.18 in recognition of viral hepatitis as a global health problem. The resolution emphasized the need for governments and populations to take action to prevent, diagnose and treat viral hepatitis, and tasked World Health Organization (WHO) to develop and implement a comprehensive global strategy to support these efforts. WHO's strategy was developed to address the following:

- Awareness-raising, Partnership and Resource Mobilization
- Evidence-based policy and Data for Action
- Prevention of Transmission
- Screening, care and Treatment

The 2010 resolution by World Health Assembly furthermore designated 28 July as World Hepatitis Day, envisioning this as an opportunity for Member States to promote awareness on viral hepatitis. The first official World Hepatitis Day was in 2011. The World Health Organization (WHO) encourages governments, international organizations, non-governmental organizations (NGOs) and civil society groups around the world to observe World Hepatitis Day with activities that call attention to the disease burden imposed by viral hepatitis, and to the prevention and control measures that need to be implemented. However, the extent to which WHO's aims can be achieved is largely dependent on the level of attention given to the disease by national governments, NGOs, Civil Society Groups and other related organizations across the world (WHO,2012).

Various researchers have revealed that the African continent is one of the regions of the world with an alarming number of people infected by viral hepatitis:

> The African Region is estimated to have some of the highest prevalence rates for hepatitis A globally, with over 90% of children in sub-Saharan Africa exposed to the infection at the age of 10 years. The prevalence of hepatitis E in the Region varies from less than 2% in several countries to greater than 20% in Central Africa, while that of hepatitis B is estimated at 8% in West Africa and 5% to 7% in Central, Eastern and Southern Africa. (Aggarwal, 2010, Ott, et'al 2012, Moh'd, et'al,2013, Jacobsen and Wiersma, 2010).

In Nigeria, the global outcry against the astronomical increase in viral hepatitis infection rates has not been met with corresponding efforts to tackle the menace, especially in relation to designing effective communication frameworks that will bring about concrete and sustainable behaviour change. Studies reveal that over one million Nigerians are estimated to be infected with Hepatitis B virus, making Nigeria one of the countries with highest incidence of HBV in the world. This assertion is corroborated by Olusegun (2010:02)who reveals that:

> Unlike in the United States where the incidence of acute Hepatitis B Virus (HBV) infection is declining, due to the availability of hepatitis B vaccines, Nigeria and Africa as a whole is yet to record significant decline in the incidence of viral hepatitis. About 400,000 new acute HBV infections still occur each year. Of those new infections, about 10,000 infants acquire the infection during birth from their HBV-positive mothers.

The implication of this is that, viral hepatitis is a serious health challenge confronting the nation which requires maximum attention. Yet, at the moment, there is no designated governmental unit or department in Nigeria that is solely committed to coordinating and, or carrying out viral hepatitis-related activities. What the government has is a viral hepatitis prevention and control programme that includes activities targeting specific population: health care workers (including health-care waste handlers). Consequently, the average prevalence of hepatitis B virus (HBV) in Nigeria is estimated at 13.7% with higher prevalence in rural areas than urban areas. HBV is more common and spreads more easily

than HIV, which has an average prevalence rate of 4.5% (Emechebe, 2009, Ott, et'al, 2012, Moh'd et'al 2013).

There are many transmission routes for the disease depending on the type of the virus. However, transmission routes that have contributed greatly to the spread of hepatitis over the years include exposure to infected blood via blood transfusion, unsafe injection practices, including the use of unsterile needles and syringe, eating contaminated food and drinking unclean water, indiscriminate sharing of items like toothbrush and towel, unprotected sex and contact with body fluids of the infected persons, mother to child through breastfeeding and pre-chewing of food before feeding the child among others.

In view of the above, any effective onslaught against viral hepatitis must be targeted at changing these harmful practices. People must be made to know how these practices encourage the spread of the disease. There is a need to arouse people's awareness about the existence of the disease, its nature and the concomitant dangers associated with it before any meaningful behaviour change can occur.

More so, there seems to be a dearth of information on viral hepatitis despite efforts of the government and other concerned NGOs in combating the disease. Corroborating this assertion, Dr Funmi Lesi, a Consultant Gastroenterologist at Lagos University Teaching Hospital (LUTH) reveals that "HBV is a silent killer in our environment; unfortunately the people's knowledge of the virus is very faint" (Thisday, 2014). This underscores the imperative of a re-examination of the communication approaches and strategies being deployed by NGOs and other related government ministries or departments that deal with hepatitis disease in order to seek more creative ways of strengthening them for greater efficiency. When this is done, winning the war against viral hepatitis will be a reality. To

carry out this task therefore, this study focuses on the communication approaches used by one of the organizations at the frontline of fight against viral and non-viral hepatitis in Nigeria known as Viral Hepatitis Association of Nigeria (VHAN).

Viral Hepatitis Association of Nigeria (VHAN) is a preventive and early detective consultancy medical association charged with the responsibility of advocacy and creation of awareness on viral and non-viral Hepatitis. The Association was inaugurated in Jos, Plateau State on October 31st, 2003. As an organization that was founded to promote public interest, it was formally incorporated as an organization on the 17th September, 2009 with the Corporate Affairs Commission.

The mission of the organization is to ensure a Hepatitis free nation/ Nigeria through the provision of value adding strategies for prevention of viral hepatitis infection. This is done through research, advocacy, encouraging governmental policies, seminars, and provision of products for all at risk of the disease and provision of strategic care for those infected. The vision of the organization is to see a Nigeria free of Viral and non-Viral Hepatitis infection.

The association has a list of strategic approaches it deploys in a bid to achieve its mission and vision that include: Researches, Advocacy, Professional Seminars, Public Lectures, Conferences (National, International, and Regional), Training workshops, and Publication. Much of the researches, awareness creation, screening, programmes and products administration on all the organization's beneficiaries are carried out by its medical professionals and consultants (Viral Hepatitis Association of Nigeria: Work Overview, 2014).

Enlightenment campaigns are one of the major activities of the organization nationwide. It is through this medium that VHAN gets to interact with people with the aim of creating awareness of viral hepatitis as a dangerous disease, educating them about the modes of transmission and how it can be prevented. In Kaduna, the organization carries out its campaigns to public places and institutions such as car parks, banks, schools and churches. This study therefore, did a critical study of VHAN communication approaches, that is, how the organization deploys them in creating awareness on viral hepatitis. The study has also dwelt more on the potency of these approaches not in creating awareness only, but how they have been able to engender sustainable behaviour change among the organization's target audience.

Among several interventions of VHAN, this study focuses on ECWA Goodnews School Narayi HighCost, Kaduna South LGA, Kaduna State. The school is one of the many education arms of the Evangelical Church Winning All (ECWA) that seeks to raise a Christ-conscious generation through effective teaching, discipline and the promotion of the fear of God among children. The school's mission is to nurture and train children in the fear of the Lord and instill discipline through learning. Located in the heart of Narayi HighCost, the school is housed in the compound of one of the biggest ECWA church in Kaduna metropolis: ECWA Goodnews Church, Narayi HighCost, Kaduna.

Established in 1994, ECWA Goodnews School Narayi HighCosthas both junior (JSS1-3) and senior (SS1-3) secondary sections. The school has carved a niche for itself as a beehive of academic and moral excellence as far as secondary school education in concerned in Kaduna State. Consequently, it has over the years become a regular port of call for many government and non-governmental organizations (NGOs) who seek to

interact with students in special intervention programmes. More so, the school has a long standing relationship with VHAN that is why the researcher deemed it fit to engage both its students and the teachers in this study in order to examine the efficacy of the organization's communication approaches among its target audience. The school's population cuts across both adults and children which made it a more suitable ground to carry out a study of this nature because everyone is vulnerable to viral hepatitis.

Another category of people which VHAN interacts with are those who have been infected by viral hepatitis. These people usually visit the organization for treatment and counselling on how to manage the disease. The population of these patients cut across those living within Kaduna metropolis and those from other local communities within Kaduna State. Therefore, they also form part of the study population. The organization also conducts research worldwide to improve policies, programmes and products in the area of viral and non-viral hepatitis.

The current National President of VHAN reports that, "with over ten years of operational experience, we have been able to create awareness against viral hepatitis to more than three million Nigerians. As at today, we are number one ranking as providers of services concerning Viral Hepatitis…" (Olusegun, 2010). This testimony calls for a critical reflection on the issue of viral hepatitis, especially against the backdrop of the current astronomical increase in the number of people being infected daily by viral hepatitis infection in Nigeria. Could it be that the people are aware of the existence of the disease, yet not aware of how to prevent it? Or could it be that the people are not yet fully aware of some of the harmful social practices that aid the transmission of the disease? These are some of the knotty issues that the study has set out to untie.

1.2 Statement of the Research Problem

There has been a persistent increase in the number of people getting infected by viral hepatitis worldwide. An estimated 400 million persons worldwide have been infected with Hepatitis B virus and more than 350 Million have chronic life-long and life threatening infections. Also, 1.5 million deaths have been recorded each year as a result of viral hepatitis according to the most recent statistics released by the World Health Organization to mark this year's World Hepatitis Day (28/7/2016). Emechebe et'al, (2009) reported that Hepatitis B virus carriage rate in Nigeria ranges from 9-39%, and a carrier rate above 7% in a population is classified hyper endemic.

Although various campaigns have been embarked upon by many Non-Governmental Organizations (NGOs) to create awareness on the disease, these campaigns have largely been ineffective. This is evident in the fact that the prevalence rate of people getting infected by viral hepatitis keeps on increasing by the day. This grim situation is worsened by the existence of some social practices that are common in most African societies which include among others, poor attitude to health care issues, pre-chewing of food by mothers before feeding a child, over reliance on traditional herbs instead of proper medical test, sharing of items like toothbrush, razors, nail clippers and towel, eating contaminated food and drinking unclean water, and transfusion of infected blood to patients in the hospital.

Worse still, there seem to be a dearth of public awareness about these social practices that aid the spread of the disease in rural and urban communities. Many people may have heard about viral hepatitis disease, but they are not armed with the working knowledge of the dangers that are associated with the disease. There are also communities

whose knowledge level of viral hepatitis is very low due to paucity of information about the disease.

The poor access to information on viral hepatitis, especially on the harmful social practices that aid the spread of the disease is owing to several variables, among which include the ineffective communication strategies deployed by most government and non-governmental organizations (NGOs) which do not take a holistic view of the cultural, traditional and social variables that encourage the spread of the disease.

Therefore, there is a need to re-strategize the communication approaches being used in order to make people to avoid such negative social practices. In order to achieve this, key community stake holders need to be involved in the entire communication process because it is when the people actively participate in the process that the success and sustainability of the intervention could be highly guaranteed.

This study therefore, seeks to investigate the communication approaches used by Viral Hepatitis Association of Nigeria (VHAN) with a view to determining their implications for behaviour change.

1.3 Aim of the Study

Given that viral hepatitis is a deadly disease that has continued to claim more than a million lives worldwide every year, the ultimate aim of this study is tostrengthen the viral hepatitis communication approaches used for interventions in order to realize a lasting behaviour change among the people in Nigerian communities.

1.4 Objectives of the Study

The research is set to achieve the following objectives:

i. To investigate the role played by VHAN in enhancing people's awareness and knowledge of viral hepatitis.

ii. To critically examine VHAN's communication approaches deployed in Viral Hepatitis interventions and their implications for behaviour change.

iii. To determine factors militating against communication for change on hepatitis issue.

iv. To suggest ways through which viral hepatitis disease can be effectively communicated among the local communities in Kaduna, and by extension Nigeria.

1.5 Research Questions

The study seeks to address the following questions:

i. How much do people know about viral hepatitis as a result of their engagement with VHAN?

ii. How is hepatitis being communicated by VHAN and what are the implications of the communication approaches used for behaviour change among community members?

iii. What are the factors militating against effective communication of viral hepatitis?

iv. What measures can be taken to strengthen existing communication approaches, thereby making hepatitis intervention more effective and sustainable?

1.6 Significance of the Study

The study seeks not only to increase people's awareness and knowledge on the existence of the viral hepatitis, but also to point out some of the social, traditional and cultural practices that encourage the spread of the disease. This is anchored on the belief that if the war against viral hepatitis must succeed, these harmful social practices and behaviours must be changed.

This study is also significant because it explores the potency of communication approaches employed by VHAN in improving knowledge on viral hepatitis and creating more awareness on social practices that encourage the spread of the disease. More so, it analyzes the strengths and weaknesses of these communication approaches and also suggests ways through which they can be strengthened for greater efficiency, especially in engendering sustainable behaviour change among the organization's target audience.

The alternative measures on how to consolidate the existing communication approaches of the organization suggested in study can also serve as communication templates for other government ministries and related NGOs concerned with engendering sustainable behaviour change among their target audience.

The research also contributes to the advancement of knowledge in academia and it is also hoped that policy makers and other concerned institutions will have access to the findings of this study and apply it to improve the campaign against viral hepatitis in Nigeria.

1.7 Scope of the Study

Although the campaign against viral hepatitis is a cause being championed by various NGOs across the country, the researcher focused on the mode of operation of Viral

Hepatitis Association of Nigeria (VHAN), Kaduna Chapter. The choice of Kaduna was necessitated by the findings of several research which indicate high rate of viral hepatitis infection in the state.

One of such studies was conducted in 2010 at the Department of Haematology/ Immunology, Ahmadu Bello University Teaching Hospital (ABUTH) Zaria, involving randomly selected blood donors (voluntary and commercial) between the age of 15 to 60 years, who patronize the hospital to donate blood to patients as relatives or otherwise. The findings of that study indicate a hyper prevalence rate of viral hepatitis, with the highest prevalence among men (86.6%) as against women with the prevalence rate of only 13.3%. (Alhassan, S. et'al, 2010).The implication of this is that, if this negative trend is not given due attention, the vision of achieving a Hepatitis-free nation will remain elusive.

In its bid to combat viral hepatitis in Kaduna State, VHAN carries out enlightenment campaigns in public places and institutions such as car parks, banks and schools. The organization also extends its activities to rural communities within Kaduna State. However, most of the organization's activities are restricted within Kaduna metropolis. In these places, they usually engage people in discussion about the disease with the aim of creating awareness among the general public.

Among the institutions covered by VHAN within Kaduna metropolis, the researcher restricted himself to ECWA Goodnews School Narayi HighCost, Kaduna in order to carry out a more comprehensive study of the approaches used by the organization in the case study school where some members of staff and students of the schools were engaged on the subject matter. The researcher also engaged the patients from communities

within and outside Kaduna metropolis who are currently receiving treatment in the organization.

Focus group discussions were used to elicit vital information from the patients, staff and students' groups. More so, only senior students (SS1-3) were engaged. This study is mainly concerned with the communication approaches used by the organization under study.

In other words, the study explored how enlightenment campaigns are carried out by the organization in the case study school, and how they have helped in enhancing staff and students' knowledge on viral hepatitis. The effectiveness of counseling method, which is the main communication approach used by the organization on its patients was investigated to ascertain whether it has helped in influencing their attitudes and behaviours towards hepatitis related issues among them or not. The issue of audience participation which is very crucial in health communication was also explored in this study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

The importance of communication to human existence cannot be over emphasized. This is because; at the centre of every human interaction is the ability to generate shared meanings and understanding being facilitated through the process of communication. Hargie and Dickson (2004), observe that "communication is central to our everyday functioning and can be the very essence of the human condition". Hybels and Weaver (1998:5) succinctly put it thus: "to live be to communicate; to communicate is to enjoy life more fully'. Implicit in the both assertions is the argument that communication plays a key role in human existence. In other words, to rob human beings their ability to communicate is to deny them of their status as humans. The sharing of information is critical to decision making and people often make decisions on some crucial issues of their lives based on the level of information about those issues at their disposal. Therefore, the level at which people can adjust to a certain behaviour that can enhance their health status is also determined by first, the level of the information they have on that health issue, and how the information is designed and passed to them.

Communication has been defined as a situation where messages flow between institutions, people, and media, with or without feedback, whereas 'information' is used mainly to denote the contents of a message (Hedebro, 1982:5). This means that through communication, individuals and institutions exchange meanings through a common system of symbols. Communication is therefore social interaction through messages (Mda, 1982:147). Fiske (1982:2) writes that all communication involves signs and codes that are

transmitted and made available to others and that transmitting and receiving signs and codes is the practice of social relationships. Signs are 'artifacts or acts that refer to something other than themselves, that is, they are signifying constructs'. Codes on the other hand, are a system into which signs are organized in a text. Fiske further contends that communication is central to the life of any culture, and without it culture would die. The study of communication therefore involves the study of the culture of which it is an integral part. This invariably points to the complex nature of the field of communication.

Mefalopulos (2008:05) reveals that the field of communication is multifaceted and this is evident in the different kinds of communication extant today. They include mass communication, interpersonal communication, health communication, international communication and development communication among others, which are usually found under the curricular of major academic institutions in countries around the world. He however argues that the challenge for development communication experts is the lack of clarity, and at times the confusion that many development managers display in their failure to differentiate among the various areas of communication. According to him, the practical difference are often significant and rooted not only in the rationale, functions, and applications of the different fields, but also in the theories behind those applications and the methods and techniques being used.

Furthermore, it is pertinent to state here that the operational implications of the emerging paradigm in development have broadened the scope and functions of communication in a way not yet fully understood by many of those concerned. For instance, while communication specialists are usually familiar with the different branches of communication, they seem not to always have the in-depth knowledge to apply each one

of these appropriately to different situations (Mefalopulos, 2008:06). Consequently, many development benefits that were supposed to be accruable to the people are often been compromised due to inadequate understanding of the difference between development communication and other conventional methods of communication. Therefore, it is imperative here to give a brief historical overview of development communication and what it entails.

2.1 A Brief Historical Overview of Development Communication

The modern conception of development dates back to the post World War 2 (1939-1945) era when development was seen as modernization, and has been called the dominant paradigm because of its pervasive impact on most aspects of development. The central idea of this old paradigm was to solve development problems by "modernizing" underdeveloped countries. These countries were advised to follow development templates of western developed countries. Development was equated with economic growth, and communication was associated with the dissemination of information and messages aimed at modernizing the so-called 'backward countries' and their people. Because of the overestimated belief that they were extremely powerful in persuading audiences to change attitudes and behaviours, mass media were at the centre of communication initiatives that relied heavily on the traditional vertical one-way method of communication otherwise known as top-down communication approach. This approach later failed to engender desired development in the Third world countries.

In the 1960s, strong opposition to the modernization paradigm led to the emergence of an alternative theoretical model known as the dependency theory. The proponents of this school of thought criticized some of the core assumptions of the modernization paradigm

mostly because it implicitly put the responsibility, and the blame, for the causes of underdevelopment exclusively upon the recipients, neglecting external social, historical and economic factors. They also accused the dominant paradigm of being too western-centric, refusing or neglecting any alternative route to development. Although the dependency had gained a significant impact in the 1970s, it started to loose relevance in the 1980s because it failed to provide tangible and feasible alternative development models.

When the dependency theorists failed to provide a successful alternative model, a different approach focusing on people's participation began to emerge. This participatory model is less oriented to political-economic dimension and more rooted in the cultural realities of development. The development focus has shifted from economic growth to include other social dimensions needed to ensure meaningful results in the long run. Hence, for meaningful participation to occur, there is a need for appropriate application of genuine two-way communication principles and practices.

Therefore, participation has become the fulcrum upon which contemporary development communication discourse is anchored. The new paradigm, rather than substituting for the old model, it is broadening its scope, maintaining the key functions of informing people and promoting change, yet emphasizing the importance of using communication to involve stakeholders in the development process. It is in this regard that the Development Communication Division of the World Bank (DevComm) defines development communication as "an inter-disciplinary field based on empirical research that helps to build consensus while it facilitates the sharing of knowledge to achieve positive change in development initiatives. It is not only about effective dissemination of information but also about using empirical research and two-way communication among

stakeholders" (Mefalopulos, 2008:08). Hence, it is expected that this principles should guide every communication endeavor that seeks to advance the development of third world countries, including health communication which is the primary focus of this study.

2.2Health Communication

There are various definitions of health communication from different perspectives. One of such is the definition by Healthy People (2010) which sees health communication as the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. It further adds that the scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the community. Rogers (1996:15) defines health communication as referring to 'any type of human communication whose content is concerned with health'.

It is important to note that the research on health communication surrounds the development of effective messages about health, the dissemination of health related information through broadcast, print, electronic media and the role of inter-personal relationships in health communities. At the core of this communication is the idea of health and the emphasis of health. The goal of health communication research is to identify and provide better and more effective communication strategies that will improve the overall health of the society.

According to Definition of Wellness, (2013:26), health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. It advocates the use of mass and multimedia and other technological

innovations to disseminate useful health information to the public, increase awareness of specific aspects of individual and collective health as well as importance of health development. With respect to the scope of health communication, the National Cancer Institute (2001:17) submits that:

> Health communication can increase the intended audience's knowledge and awareness of a health issue, problems or solution; influence perceptions, beliefs and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills, reinforce knowledge, attitudes, or behaviour; show the benefit of behaviour change; advocate a position on a health issue or policy; increase demand or support for health services, refute myths and misconceptions and strengthen organization relationships.

The above view is corroborated by Rimal and Lapinski (2009) who speak of the relevance of health communication for virtually every aspect of health and well- being, including disease prevention, health promotion and quality of life. The exceptional importance of health communication is located in the fact that the ignorant must be educated about positive behaviours that promote health, and other new and better preventive and curative drugs in the market. More so, Okoro and Nwachuckwu (2015:64) add that with health communication all in the society can be winners because of the immense benefits it has for all members of the society. Expatiating on the above assertion, the National Centre for Health Statistics (2012) states that:

> For individuals, effective health communication can help raise awareness of health risks and solutions; provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes. Health communication also can increase demand for appropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and programmes, promote positive changes in the socio-economic and physical environments,

> improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life.

Health communication interventions have been successfully used for many years by nonprofit organizations, the commercial sector, and others to advance public, corporate, or product-related goals in relation to health. It is also important to note here that health communication is not an independent discipline standing on its own, instead, it is a confluence point where many disciplines such as health education, marketing, social marketing, psychology, anthropology, and sociology converge for communication purposes on health related issues. This assertion is supported by Shiavo (2007:07) who defines health communication as:

> A multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes.

Another important attribute of health communication should be 'to support and sustain change'. This is because , key elements of successful health communication programmes or campaigns include long-term programme sustainability, as well as the development of communication tools and steps that make it easy for individuals, communities, and other audiences to adopt or sustain a recommended behaviour, practice, or policy change.

Furthermore, health communication can take many forms, both written and verbal, and can be directed towards individuals, communities or entire nations. In addition, health communication is an integral component of health promotion, health protection, health

education, disease prevention and treatment, and is recognized as a core competency in public health and health promotion practice playing a pivotal role in achieving public health objectives (U.S Office of Disease Prevention and Health Promotion, 2004).

Over the years, contrary views to health communication have emerged. One of such views is that of Lupton (1994:27) who critiques some of the foundational issues that underlie health communication. She argues that communication in the health context is traditionally conceptualized as a top-down approach, with communication flowing from the centres of authority to peripheral locations. This is what she refers to as 'the critical perspective that determines the relationship between the bourgeoisies and subaltern classes'. The positioning of power is critical to how problems are defined and how solutions are framed. Critical theorists argue that campaigns are dictated by the capacity of those wielding power to 'select and frame social conditions and groups as problematic, legitimizing particular approaches to their resolution'. (Mody,2000:33; Wilkins & Mody, 2001:21)

Nwadigwe (2012:15) also reveals that in recent times, particularly with the proliferation of technologically-driven information channels, health education still continues to be focused more on providing health information to the public without paying due attention to the nature of the media chosen. In the process, information and communication become hardly distinguished, thus resulting in inappropriate choice of media. Yet, there is a marked difference between information dissemination and communication.

Even though so much energy is channeled in the provision of health information to the public, there appears to be little invested into receiving feedback, which would have

allowed the target populations to take initiatives and contribute to communication plans and strategies for action. Thus, many communication projects fail to make the intended impact as the target audiences remain apathetic despite the information being disseminated. A sample study in Kenya, for instance, observes that despite the avalanche of information on the mass media, the spread of HIV/AIDS continues to rise. The study asserts that wrong communication media, language and channels are often used while vital cultural realities in Kenya and Africa are not considered in the packaging and dissemination of reproductive health information (Macharia 2005:44).

A common and insidious fallacy in media and communication practice is the tendency for information managers to presume that messages disseminated through the mass media will certainly reach target audiences and achieve the desired response. However, these have been criticized and found wanting as experiences show that mass media channels are potent in creating awareness but less effective in convincing the target audience to respond positively or adopt an innovation. The study by George and Frank Briggs (2009:17) also shows that a world of difference exists between mere awareness of disease or infection and actual compliance with the required preventive measures. This is because there are some intervening variables that influence public attitude to promoted health interventions.

2.3 Factors that Influence Attitude to Health Communication.

From the preceding discussion, it can be deduced that that the ultimate aim of health communication is to engender sustainable change among target audience. In other words, any successful health communication seeks to change people's behaviours so that

they can adopt positive health behaviours being advocated by the intervening organizations or individuals in order to address a particular health related issue or challenge. However, the task of influencing people's behaviour has not been an easy one because there are factors that have continued to militate against sustainable behaviour change among health communication audience. According to Okoro and Nwachukwu (2015:68), some of the factors that impinge on the receptivity, acceptance and adoption of health intervention include culture, efficacy of the promoted interventions, education, socio-economic factors and the nature of the message itself.

Culture is generally defined as total way of life of a people. That is, it is a gamut of a people's existence which includes tradition, worldview, philosophy, religion, politics, traditions, mores, values, beliefs, rules and assumptions that bind people together. Scholars argue that culture has a lot of influence on health campaign outcomes because it determines how people frame and understand health messages. Kreuter and McClure (2004:440) assert that the cultural characteristics of any given group may be directly or indirectly associated with health related priorities, decisions, behaviours, and/or with acceptance and adoption of health communication programmes and messages. This means that people tend to view health messages from their respective cultural prisms. This view is corroborated by McLaughlin (1998:07) who succinctly puts it thus:

> All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see diseases as a result of natural scientific phenomena, advocate medical treatments that combat micro-organisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena

> and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces.

The statement above draws our attention to the fact that people from different cultures, especially in Africa, usually have explanations for occurrences such as natural disasters, disease outbreaks, low yield of agricultural products and other related issues which is based on their understanding of the world. In other words, most people's interpretation of diseases is based on their cultural orientation, religious affiliation and psychological inclination. This assertion is corroborated by Imo (2007:32) who asserts that African "rural people's lives and approach to problem solving are determined by cultural beliefs, norms and values rather than scientific principles".

Ajala (2009:02), further explains that among the Yoruba of Western Nigeria, especially the rural communities "the belief in traditional practice is that diseases are sorts of punishment, hence health solution is in favour of appeasing the gods through libations and other related rituals". This view is aptly supported by Mburu (1977, as cited in Imo 2007:32), who argues that:

> Africans may accept the germ theory except that they attribute the infections resulting from the germs to be caused by another man or the personal omission of some rituals. He will not prevent the disease as such; rather he will protect himself from being bewitched by others or will protect himself from others by bewitching them thereby ward off all ill omens that might come to him.

The implication of this is that health interventions usually find it hard to make significant headway in such communities because the people seldom take those interventions serious. Therefore, in considering people's attitude to health communication, their beliefs about the causes of diseases, prevention and treatment must be taken into account.

It is however important to note here that this cultural barrier to health communication receptivity is not unique to Africa because another study titled "Barriers to malaria control among marginalized tribal communities: A qualitative study", carried out by Sundararjan, et al (2013:06) in India, also found that a significant barrier to early diagnosis of malaria in the Gadchiroli district of Maharashtra is tribal reliance on traditional healers or *pujari* for evaluation of malaria symptoms. These healers perform rituals to heal malaria and every illness. Tribal communities believe that any physical illness can be caused by evil spirits and unfulfilled ancestral commitments. In communicating health therefore, these cultural nuances of the people need to be recognized and creatively incorporated because they determine whether people will accept or reject the health behaviour being promoted.

The efficacy of the promoted intervention as another factor that influences people's attitudes to health communication underscores people's concern about the benefits they expect to derive from adopting a new health behaviour. For instance, when people purchase products or decide to adopt new behaviour, it is usually for the benefits they expect to get from them. Where there is no conviction that the product is efficacious, people will be discouraged from purchasing it. Perceived low efficacy has therefore become a deciding factor about health intervention outcomes. In Egypt, perceived low efficacy influenced health communication receptivity in studies on contraception and condom use (Eltomy, Saboula and Hussein, 2013:400). In another study in Ghana however, perceived high efficacy accounted for the use of Artesunate Amodiaquin in the treatment of malaria in a rural community (Asante, K.P et al, 2010:10). Other utilization-

related problems may manifest in the form of discomfort associated with the use of some products. This can negatively affect public acceptance of promoted interventions.

Education has also been identified by scholars as an important factor that influences attitude to health communication and health interventions. Citing Schyve (2007:360), Okoro and Nwachukwu (2015:71) identify both functional illiteracy and health illiteracy as barriers to health communication. They advise that the literacy level of a target audience should be taken into consideration by health communicators because it has the capacity to colour their understanding of what a disease is, its causes and cure.

Other studies abound that have established a correlation between literacy and people's perception of diseases. Example, in their 2010 study in Ghana: "Community Perceptions of Malaria Treatment Behaviour in a Rural District of Ghana", Asante, et al linked illiteracy with a high proportion of the respondents' belief that malaria is caused by standing or walking in the sun, eating contaminated and oily food. Their finding is consistent with that of another empirical work done in Cambodia in 2012 by Welch and Fuster: "Barriers in Access to Insecticide Treated Bed Nets for Malaria Prevention: An Analysis of Cambodian DHS Data" where the authors state that:

> The respondents' highest year of educational attainment, current age, the distance to health facility, the respondents wealth category and the type of residence were all found to be significant predicators of household possession of at least one insecticide treated net. As education increased, likelihood of household possession of at least one ITN increased as well".

Furthermore, Okoro and Nwachukwu (2015:72) observe that the socio-economic condition of health communication audience can also influence their acceptance of health interventions. They argue that since rural communities in the world share common traits such as high level of illiteracy, poverty, prevalence of diseases, poor infrastructural

development, distance from health facilities and health disparities, they combine to have a negative influence on rural people's access to and acceptance of health interventions. In their 2004 study on the inequalities in Purchase of Mosquito Nets and Willingness to pay for Insecticide-Treated Nets in Nigeria, Hanson and Fox-Rushly found that the poorest socio-economic groups were less likely to own an untreated net, to purchase an ITN and stated a lower willingness to for an ITN.

The last factor identified by Okoro and Nwachukwu (2015:73) is the message. They stress that message occupies an important place in health communication whether the objective is to create awareness or to effect behavioural change. Therefore, how the message is articulated and delivered has a lot of bearing on health communication/ campaign outcomes. Sometimes campaign messages fall short of their objectives or even backfire. Wakefield, et al (2010;04) reveal that some of the factors that could lead to message failure include inadequate funding, the increasingly fractured and cluttered media environment, use of inappropriate or poorly researched format (e.g. boring factual messages or age inappropriate content), or a combination of these features.

One area that message-related challenges may arise is in the area of message focus. When health messages are not properly focused, it may lead to confusion. This can create a scenario where a health campaign achieves a high level of awareness on a particular health issue without the expected behaviour change. In a study done in Fiji: "Typhoid fever: Hurdles to adequate hand washing for disease prevention among the population of a peri-urban informal settlement in Fiji", the researchers Greenwell, et al (2013:1-5) found out that though pamphlets, radio and television ads promoted the risk of typhoid, attention on the disease rather than the common risk factors such as poor hand washing, posed a serious

challenge to the intervention because it confused the focus of some participants. That is, the participants' attention was drawn more to the disease, than the factors that make them vulnerable to it such as poor hand-washing.

Similarly, another study carried out in China by Li, et al (2009:424) on mass media and HIV/AIDS in China, showed a poor knowledge of HIV modes of transmission as only 37 percent of the study participants could identify the important transmission routes. Many thought that HIV could be transmitted by mosquito bites. The researchers attributed this misinformation to the fact that the Chinese media focused more on projecting general HIV-related issues, neglecting the importance of HIV transmission knowledge. This indicates that when health messages are poorly articulated and designed, ambiguity and confusion may result which in turn might make a campaign backfire, producing negative results.

In view of the foregoing therefore, it is advised that health communicators pretest their messages in order to assess their effectiveness. In addition, the messages must be repeated over a long period of time since behaviour change does not occur over night. If health communication were to be seen as a race, it would be a marathon, not a sprint. Anyone engaged in it therefore is in for the long haul (Okoro and Nwachukwu, 2015:75).

Evidently, the main issues that need to be addressed when communicating health are those concerning the communication process itself, and how it can be designed and used for sustainable behaviour change. This is why Renata Schiavo (2007:19) draws our attention to some key issues that need to be considered when communicating for health. These include, messages being audience centred, research based, multidisciplinary strategic process oriented, relationship building and aimed at behavioural or social change.

2.4 Theories that Influence the Practice of Health Communication.

According to Schiavo (2007:18), there has been a phenomenal growth and evolution of Health Communication in the last fifty years. She attributes this growth to the influence of some key theoretical constructs on Health Communication. These theories include Diffusion of Innovation Theory, Communication for Persuasion Theory, and the emerging Participatory Communication Theory.

Diffusion of Innovation Theory was developed by Everett Rogers in 1962, and it was premised on how new ideas, concepts or practices can be spread within a community or society. The theory identifies five sub-groups on the basis of the audience characteristics and susceptibility to accept and adopt an innovation. The groups are; Innovators, early Adopters, the early majority, Late Majority and the Laggards. The above is dependent and that it occurs over time and is also determined by various stages which include: awareness, knowledge, persuasion, decision, trial or implementation and confirmation or rejection of the behaviour. This theory has been used in communicating health messages especially in the developing countries. The success of health communication here depends on factors like stages of awareness, knowledge and interest, decision, trial or implementation and confirmation or rejection of the behaviour. This writer therefore argues that whereas this theory can be effective in information dissemination, it may not be suitable in health communication that seeks to engender concrete and sustainable behaviour change. This is because, in Diffusion of Innovation theory, the local people are often expected to adopt alien practices, thereby discarding their traditional ways of approaching and solving problems.

Communication for Persuasion Theory was developed by social psychologist William Mcquire in 1984. As the name suggests, this theory outlined twelve dependable steps in the process of persuasive Communications. This steps are for one to be exposed to the message, pay attention to it, find it interesting or personally relevant, understand it, figure out how the new behaviour could fit in his or her life, accept the change that is being proposed, remember and validate the message, be able to think of the message in relevant contexts or situation, make decisions on the basis of the retrieved information or message, behave in line with that decision, receive positive reinforcement for that behaviour and integrate the new behaviour into his or his new life. Like the Diffusion of Innovation Theory, this theory concentrated too much power on the source of the information and too much responsibility on the receivers of the information. The receiver of the information is expected to go through the rigorous process of paying attention to the message so as to locate where the message can be relevant to him or her. This would not be necessary when the receivers are involved in the entire communication process because they would point out specific areas that reflect their needs. In summary, the theory also lacks people's participation which is very crucial to sustainable behaviour change.

However, this theory unlike Rogers' began to introduce the relevance of personal agency in ensuring the success of health communication. The theory believed in the ability of the individual to go through the twelve steps of persuasion for the purpose of changing his or her behaviour. It can be argued therefore that Rogers laid the theoretical foundation for self-efficacy in behaviour change communication discourse which was later crystalized by Albert Bandura in his Social Cognitive Theory.

Participatory Communication Theory is an emerging theory that is anchored on the principle of people's participation in development initiatives that concern them. Participatory communication seeks to shift power from the hand of the experts to the local people. It is built upon the process whereby the people can be intrinsically involved in the development process. Jacobson and Kolluri (1999:20) argue that whereas classical paradigm in the subfield of communication focused largely on information transfer processes from northern sources to southern recipients, the idea of participatory communication focuses, instead, chiefly on communication among local community members engaged in development efforts. In the other words, it emphasizes the endogenous dimension of dimension.

Paulo Freire sees participatory communication as a dialogic approach where subjugated people should be treated as human beings in any social or political programme. The communicator here is expected to be able to identify and analyze problems, stimulate awareness, research possibilities and ultimately stimulate action. Freire encourages oppressed community members to be treated as human beings in any process and demands respect for the autonomous personhood of each human being. Ascroft and Masilela (1994:75) corroborate this by arguing that 'if peasants do not control or share control in the process of their own development, there can be no guarantee that it is in their best interest that it is being served'. Without people's participation, health communication will be characterized by perpetual suspicion of the entire process by the local people. This will in turn constitute a serious challenge to behaviour change.

Nair and White (1993:16) observe that participation does not mean that development planners and experts have no role to play in the process. Rather, it is

important that the viewpoint of local people be considered through active involvement and interaction before decisions are made. Central to participatory communication in its radical form is a dialectical process of dialogue between researcher and people of the community. When communicating health programmes therefore, there is a need to take cognizance of important factors among which include the population, religious belief, language, sex, and traditional practice of the person (s) the health message is talking to.

Participatory communication has also been used to refer to communication between community members and outside experts, academics, and field workers, but in such instances information transfer is de-emphasized and the process of dialogue among participants is instead emphasized.

2.5 Types of Media in Health Communication.

Various communication media are used for communicating health interventions across the world. Kayode (2015:27) summarizes these media into three broad groups which include traditional media, printed and small media, and the mass media.

Traditional Media: These are ways in which communities have always shared and passed on information from one generation to the next and usually through words or visual art. Media such as storytelling, drama, fables, songs, poems, proverbs, town criers, special festive days, concerts, puppet shows and other visual arts such as painting, carvings and poetry figures could all be considered as popular and familiar ways of communicating ideas. The most important and popular characteristics of traditional media is its entertainment value which creates a more congenial atmosphere for effective learning possible action. It starts from where people are and what they know, and can communicate

messages in a way that is acceptable and understandable to them. This media is particularly useful for addressing issues affecting people's day to day lives such as marriage, religion, health and disease, family, power and authority, conflicts and communal living.

Printed and Small Media: These include posters, bill boards, leaflets, booklets, comics, slides, photographs, banners and exhibitions among others. Materials here are usually produced centrally and distributed, but where possible should be produced at State or local government level considering the special needs contexts of the area. Women, school children and young people could be encouraged to develop and produce their own materials or at least be involved in developing concepts and illustrations.

Mass Media: this is made up of channels such as radio, TV, Video, films, and newspapers. Out of all these media, radio is one of the most popular and widely accessible communication media in Nigeria followed closely by Television. Mass media can reach many people quickly and at the same time. The use of interpersonal face-to-face communication to reach everyone may not be possible within a short time. Mass media can provide continuing reminders and reinforcement of messages to encourage the sustainable behaviour change, and can be useful for raising awareness and bringing issues and new ideas to people's attention. It can also be used to build to public opinion for behaviour change by increasing knowledge or providing a forum for debate or creating debate, and to mobilize people.

2.6 A Review of Hepatitis Prevalence in Nigeria.

Before delving into general review of hepatitis prevalence in Nigeria, it is important to briefly trace the historical origin of the disease in question for better understanding. The earliest record of an epidemic caused by Hepatitis B virus was made by Lurman in 1885. An outbreak of smallpox had occurred in Bremen in 1883 and 1,289 shipyard employees were vaccinated with lymph from other people. Eight months later, 191 of the vaccinated workers became ill with jaundice and were diagnosed as suffering from serum hepatitis. Other employees who had been inoculated with different batches of lymph remained healthy. Lurman's paper, now regarded as a classical example of an epidemiological study, proved that contaminated lymph was the source of the outbreak. Later, numerous similar outbreaks were reported following the introduction, in 1909, of hypodermic needles that were used, and more importantly re-used for administering Salvarsan for the treatment of Syphilis.

The virus was not discovered until 1965 when Baruch Blumberg, then working at the National Institute of Health (NIH), discovered the Australian antigen (later known to be Hepatitis B surface antigen, or HBsAg) in the blood of Australian aboriginal people. However, according to Olusegun (2010:50) the first recorded cases of "serum hepatitis", or hepatitis B, are thought to be those that followed the administration of smallpox vaccine containing human lymph to shipyard workers in Germany in 1883 as earlier mentioned.

The role of blood as a vehicle for virus transmission was further emphasized in 1943, when Beeson described jaundice that had occurred in seven recipients of blood transfusions. After the discovery of hepatitis B surface antigen (HBsAg) in 1965, D.S Dane also discovered the virus particle by electron microscopy in 1970. Identification of

serologic markers for HBV infection followed, which helped clarify the natural history of the disease. Ultimately, HBsAg was prepared in quantity and now comprises the immunogen in highly effective vaccines for prevention of HBV infection.

Hepatitis B virus is today considered as a major public health problem worldwide is more prevalent in the developing countries. More than 2 billion people are infected with HBV world -wide while some 280 million are carriers, harboring the virus in their liver. About 2 million of these carriers die each year as a result of cirrhosis or primary liver cell cancer induced by the virus. This virus is responsible for 80% of all cases of primary liver cancer, which is one of leading causes of death in Asia and Africa. Studies done in Nigeria showed HBV carriage rate in the range of 9% to 39%. Chronic infection with HBV occurs in 90% infants infected at birth, 30% of children infected at 1-5 years and 6% of persons infected above 5years. Thus, there is inverse relationship between chronic infection and age due to maturation of the immune system (Emechebe, et'al ,2009:58).

In Awka, Ezegbudo et'al (2004:43) discovered that the prevalence of Hepatitis B surface antigen (HBsAg) among pregnant women decreases with increasing social status. Mustapha et'al (2004:78) and Seresna et'al (2002:12) in Gombe and Jos respectively reported that 57.1% of patients with primary liver cell carcinoma were positive for HBsAg. In Ibadan, a study carried out by Olubuyide et'al (1997:34) revealed that a high rate of 39% prevalence of HBsAg was associated with Surgeons and Dentists, with high potential of transmissibility. They speculated that it was due to lack of vaccination and infrequent application of universal precaution.

Further Studies in Benin carried out by Obiaya et'al (1982:56) noted that blood transfusion was harzardous in view of the high prevalence of HBsAg in donor blood. Multimer et'al (1994) found that blood transfusion clearly increased the risk of HBV infection as shown by significantly higher markers of HBV infection in subjects who were transfused. Agumadu (2002) studying 213 children with sickle cell anaemia, showed that markers of HBV infection increased with age.

Another related study carried out in eastern Nigeria by Amazigo et'al (1990:12) discovered that HBsAg carriage and exposure rate to HBV were significantly higher in rural than in urban population. This was attributed to overcrowding and clustering. They also noted a significantly higher HBsAg prevalence among prisoners which was also attributed to overcrowding and clustering. Although the above are findings from much earlier studies, one would expect that the situation is now mitigated. However, most recent studies suggest the contrary.

For example, in their study of about 100 blood donors at Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH) Bauchi, Majolagbe, et'al (2014: 24) reveal an overall prevalence rate of 18%. Out of the 100 blood donors, 2 (2%) were female while 98% were male. This prevalence rate falls in the category of high endemicity for HBV infection as defined by Uneke (2005), which states that high endemicity for HBV infection as HBsAg values greater than 7% in adult population. The occurrence ratio with regard to sex showed that all positive cases were males. A similar report (Odusanya, et'al 2005:86) accounts for significantly higher HBsAg prevalence in males. This findings of higher seroprevalence in males compared with females is also in keeping with the conclusion drawn by Chui et'al that there is a physiologic mechanism for increased vulnerability of

men to HBV infection. This may be connected with more sexual activities in males as reported by Ado et'al, (2008:51).

Another study conducted at the Department of Haematology/Immunology, Ahmadu Bello University Teaching Hospital (ABUTH) Zaria, involving 100 randomly selected blood donors (voluntary and commercial) between the ages of 15 to 60 years indicate a highest prevalence among men (86.6%) as against women with the prevalence of only 13.3%. (Alhassan,S. et'al, 2010: 26). The implication of this findings is that, there is an increase in the prevalence rate of viral hepatitis, with males as the most affected sex.

Causes of Hepatitis

Though it is earlier pointed out that hepatitis is caused by five dangerous viruses that include Hepatitis A, B, C, D and E, it is also important to know that there are also hepatitis infections that are not caused by any virus. This kind of hepatitis disease is known as non- viral hepatitis, and they are caused by immune cells, alcohol, drugs, and metabolic disorders among others. Despite this differences however, studies have shown that both viral and non-viral hepatitis share some common routes of transmission.

Hepatitis A is caused by hepatitis A virus which is an entero-virus, and forms only the acute form of hepatitis and does not have a chronic stage because usually, the patient immune systems make antibodies against the virus that confers immunity against the infection. Hepatitis A virus can affect anyone irrespective of age and it ranges from isolated cases to widespread epidemics. Hepatitis B virus (HBV) is a common and very serious infection that can cause liver cell damage leading to jaundice, Cancer and Cirrhosis. Unlike in the case of Hepatitis A, the antibodies of the patient are not enough to

clear the infection because the virus (HBV) establishes itself in the DNA of the affected liver cells.

Hepatitis C was originally known as “non A non B hepatitis”, which chronic form leads to cirrhosis and cancer of the liver. Recent studies suggested that about 85% of individuals infected with hepatitis C will have a chronic infection while about 70% of infected individuals experience chronic liver transplant as the last resort. Hepatitis D (Delta Hepatitis) is a passenger virus which can’t proliferate without Hepatitis B virus because its genome lacks certain essential genes. Its modes of transmission is same is same as that of hepatitis B virus. Unlike other forms of hepatitis, the Hepatitis E virus doesn’t lead to long-term illness or serious liver damage. Most people get well within few months. People usually get hepatitis E by drinking water or eating food that’s been contaminated by feces (stool) from someone infected with hepatitis E.

According to Olusegun (2010:54-55),the non-viral hepatitis include Drug Induced Hepatitis, Auto-Immune Hepatitis, Alcoholic Induced Hepatitis, Non-Alcoholic Steatohepatitis, Metabolic Disorders Induced Hepatitis and Ischemic Hepatitis . Drug induced hepatitis is a resultant effect of over dose consumption of some drugs or self-prescription. There were also drugs in circulation that were anti-diabetic, but later withdrawn because it was discovered that they also caused hepatitis. Typical examples are Twigltazone and Acetaminophen which were withdrawn in year 2000. Other drugs associated with the tendency of causing hepatitis include: Methyldopa (antihypertensive), Halothane (anesthetic gas), Phenytoin (antiepileptic), Rifanpicin (tuberculosis specific antibiotics), Nutritional supplement, certain herbs and Ziduvudine (antiretroviral).

However, the clinical case of drug induced hepatitis is quite variable depending on the drug and the patient's tendency to react to drugs in general.

Auto immune hepatitis is another non-viral hepatitis that occurs when the body's immune system attacks liver cells causing the liver to be inflamed. Common initial symptoms include fatigue or muscle aches and signs of acute liver inflammation including fever, jaundice, and right upper quadrant abdominal pain. Individuals with autoimmune hepatitis have no initial symptoms and the disease is detected by abnormal liver function tests. Alcoholic induced hepatitis on the other hand is gotten from Ethanol mostly found in alcoholic beverage which takes advantage of already damaged liver to exacerbate the condition of the patient. Alcohol hepatitis occurs in patients with chronic alcohol liver disease. However, researches have shown that alcohol alone does not lead to cirrhosis, but cirrhosis is prone or more common among patients history of long term alcohol consumption. Alcohol induced hepatitis mainly characterized by enlargement of the liver and development of fluid in the abdomen.

Some metabolic disorders that include hemochromatosis (due to iron accumulation) and Wilson disease (due to copper accumulation) can also cause liver inflammation and necrosis. Another cause of hepatitis is cholestasis which entails a long standing obstruction of the bile duct by gallstones or external o by cancer that leads to destruction and inflammation of liver tissues.

Another non-viral hepatitis is caused by decreased circulation to the liver cells. Usually, this is due to decreased blood pressure (or shock). Patients which ischemic hepatitis are usually very ill due the underlying cause of shock. In rare occasions, ischemic

hepatitis is caused by local problems with the blood vessels that supply oxygen to the liver (such as thrombosis, or clotting of the hepatic artery which partially supplies blood to liver cells).

Modes of transmission of HBV infection include:

- Vertical transmission as in mother to child mainly during and birth which accounts for 1.5% infection in Africa (breast feeding and pre-chewing).
- Use of unsterilized needles and syringes for injections.
- Transfusion of infected blood and blood products.
- Close body contact with patients with infection or carriers especially those with skin lesions like impetigo, scabies and cuts that enable transfer of blood and body fluid.
- Unprotected sex with infected persons and human bites.
- Sharing of tooth brushes, towels, razors, needles, nail and hair clippers. (Nigerian Medical Journal, 2015).

Many people infected with hepatitis B virus never develop signs and symptoms. However in others, it is associated with loss of appetite, nausea and vomiting, weakness and fatigue, abdominal pain, especially around the liver, dark urine, yellowing of skin and the whiteness of eyes (Jaundice), joint pain, mild fever, headache, muscles aches, diarrhea and dark coffee coloured stools (Steward and Beswick, 2005).

There are no specific treatments for the acute symptoms of hepatitis B virus infection, but in most cases, best rest, prevention of dehydration, balanced diet and avoidance of alcoholic beverages are recommended (Savel and Andelman,2005). It can

also be prevented by avoiding contact with infected and body fluids, including semen and vaginal secretions of infected individuals.

2.7 Theoretical Framework

The theory that underpins this study is The Health Belief Model (HBM). The HBM is a theory developed in the 1950s by Geoffrey Hochbaum, with further work done on it by Becker, Haefner and Maiman in 1977. It is a theory that addresses personal knowledge and beliefs and used in health promotion to design intervention and prevention programmes with a focus on assessing health behaviour of individuals through examination of perceptions and attitudes someone may have towards disease and negative outcomes of certain actions (Burke, 2013:01).

The HBM tries to explain why sometimes many people despite the advertised benefits would not participate in health programmes. The core assumptions of the theory include Perceived Severity, susceptibility, benefits and barriers. Modifying variables are discussed here to shade more light on the factors that influence the four core assumptions of the HBM.

Perceived Severity: Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences. The HBM proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviours to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may cause disability or pain) as well as broader impacts of the disease on functioning in work and social roles. For instance, an individual may perceive that influenza is not medically serious, but if he or she perceives that there would be a serious financial

consequences as a result of being absent from work for several days, then he or she may perceive influenza to be a particularly serious condition.

Perceived Susceptibility refers to subjective assessment of risk of developing a health problem. The HBM predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviours to reduce their risk of developing the health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. Others may acknowledge the possibility that they could develop the illness, but believe it is unlikely. The combination of perceived seriousness and perceived susceptibility is referred to as perceived threat.

Perceived benefits assumes that health-related behaviours are influenced by the benefits of taking action. This refers to the individual's assessment of the value or efficacy of engaging in a health-promoting behaviour to decrease risk of disease. For example, individuals who believe that wearing sunscreen prevents skin cancer are more likely to wear sunscreen than individuals who believe that wearing sunscreen will not prevent the occurrence of skin cancer.

Perceived Barrier refers to individual's assessment of the obstacles to behaviour change. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behaviour. In other words, the perceived benefits must outweigh the perceived barriers in order for behaviour change to occur.

Modifying Variables. HBM posits that individual characteristics, including demographic, psychosocial, and structural variables, can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviours.

Demographic variables include age, sex, race, ethnicity, and education, among others. Psychosocial variables include social class, personality, peer and reference group pressures, among others. Structural variables include knowledge about a given disease and prior contact with the disease, among other factors. The HBM suggests that modifying variables affect health-related behaviours indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers.

Cues to Action; the HBM posits that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviours. Cues to action can be internal or external. Physiological cues (e.g. pain, symptoms) are an example of internal cues to action. External cues include events or information from close others, the media, or health providers promoting engagement in health-related behaviours.

Self-Efficacy was added to the four components of the HBM (i.e. perceived susceptibility, seriousness, benefits and barriers) in 1988. It entails an individual's perception of his or her competence to successfully perform a behaviour. Self-efficacy was added to HBM in an attempt to better explain individual's differences in health behaviour. Developers of the mode recognized that confidence in one's ability to effect change in outcomes (i.e. self-efficacy) was a key component of health behaviour change. The HBM therefore explains why sometimes people do not respond positively to health campaigns despite the benefits derivable from the promoted interventions (Okoro and Nwachuckwu, 2015:79). Therefore, the theory is used in this study to interpret findings gotten from the field.

The Relevance of Health Belief Model (HBM) to the Study.

From the above discussion on HBM, it can be deduced that the theory attempts to explain why sometimes people do not respond positively to health campaigns despite the benefits derivable from the promoted interventions. This is relevant to this study because it is by extension providing explanations on the possible reasons why despite several campaigns being carried out by VHAN and other concerned organizations on hepatitis, there seem to be a persistent increase on the prevalence rate of the disease in the country. Perhaps, it can be that the people do not see themselves as susceptible to hepatitis disease (low level of perceived susceptibility), or there are some barriers that prevent them from taking necessary actions of going for vaccination or treatment as the case may be.

In any case, the HBM is appropriate because the study concerns people's response to hepatitis interventions and the reasons behind the response. It gives insight to how target audience's predisposed belief about hepatitis disease may likely affect their acceptance of hepatitis intervention. In other words, the theory provides us with a normative explanation on why some target audience may try by all means to ensure that they embrace hepatitis intervention by taking all necessary actions that are promoted, and also advocate them to others. Hence, HBM provides us with clearer theoretical lens through which the effectiveness of hepatitis intervention by the case study organization (VHAN) can be viewed.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology "is the organized inquiry which includes the planned and the systematic data collection, presentation, analysis and interpretation for solving identified problems" (Ihemeje, 2006:15). This chapter covers the research method, location of the study, study population, sampling method, sample size, research instrument, and justification for the adoption of the research instruments, sources of data and procedure of data analysis.

3.1 Research Design

This refers to the general layout of how the researcher intends to gather data, the tools to be used in gathering information and also how this information is going to be analyzed in line with the objectives of the study. Kerlinger (1997) describes research design "as the plan, structure and strategy of investigation conceived so as to obtain answers to research questions and control variance". Therefore, research design is important so as to determine the type of data required, how to collect and collate them as well as how to analyze and measure them. It is the overall framework of a research project, the master plan within which various data tools are used. In this study, the researcher opted for the use of qualitative research approach because it is concerned with how communication affects behaviour changewhich requires adequate engagement with the respondents.

3.2 Research Approach

Denzin and Lincoln (2003:135) explain that qualitative research involves an interpretative and naturalistic approach in which researchers study things in their natural settings, attempting to make sense of or interpret phenomenon in terms of the meaning and patterns of life and behaviours. Qualitative research approach allows the respondent to express himself more when engaging with the researcher. Data collected in qualitative research approach are discussed in a narrative way instead of presenting them in statistical terms. It is more suitable in research situations where the variables under study are dynamic and complex, example, human beings.

Qualitative data refers to some collection of words, symbols, pictures or other non-numerical records, materials, or artifacts that are collected by a researcher and which has relevance to the social group under study. The use of this data goes beyond simple description of events and phenomenon rather they are used for creating understanding, for subjective interpretation and for critical analysis as well (McNabb, 2004). Qualitative research is quite relevant in the behavioural science where the aim is to discover the underlying motives of human behaviour. Through such method, we can analyze the factors which motivate people to behave in a particular manner (Kothari, 2004). This research attempts to appraise the communication approaches of VHAN; how they are deployed, and their effectiveness in addressing Hepatitis.

3.3 Study Population

The population of this study consists of the staff and students of E.C.W.A Good News School Narayi High Cost who have been the target of VHAN's campaign against

viral hepatitis disease for many years. The participating students were drawn from senior secondary (SS1-3) level to enable the researcher have robust and more intelligible engagement. The relative maturity of this class of students added colour and richness to the discussions.

VHAN's (Kaduna Chapter) officials that include the coordinator, the chief field project officer, field project officials and field/community representatives also formed part of the study population. The field project officials are the communication experts of the organization. The aim of engaging them was to investigate how they conceive and execute the organization's hepatitis interventions. This further enhanced the researcher's understanding of the communication approaches used by VHAN, and how they implicate behaviour change.

Some hepatitis patients were also engaged in the process of this study to investigate how their interaction with VHAN has helped in increasing the level of their awareness and knowledge of viral hepatitis, and how the organization has helped in modifying their respective behaviours. They also made contributions to how VHAN can improve its communication approaches for greater efficiency.

3.4 Research Instruments for Data Collection

The following qualitative tools for data generation were used to gather information on this study:

Focus Group Discussion (FGD)

A focus group discussion could be defined as a group of interacting individuals having some common interest or characteristics, brought together by a moderator, who

uses the group and its interaction as a way to gain information about specific or focused issue. Unlike the one way flow of information in one-on-one interview, focus group generates data through the 'give and take' of group discussion. Listening as people share and compare their different points of view provides a wealth of information, not just about what they think, but why they think the way they do (Kothari, 2004).

The focus group is a discussion-based interview that produces verbal data generated via group interaction. Focus groups aim to build conversation among participants rather than conversation between the interviewer (or focus facilitator) and individual participants which would be akin to doing a 'round robin' exercise. It is the 'interaction element' that is important to understanding how focus groups can be used to generate a very different type of evidence that is possible from a one-to-one interview. Verbal data is a qualitative form of evidence and will be of analytic interest in the form of individual participant contributions and /or dialogue between individuals.

The FGD is a qualitative research tool that helps us to understand how people think, and provide a deeper insight on the phenomenon being studied. The goal of FGD is to promote self-disclosure among participants, because a group, rather than an individual, is asked to respond to questions and issues. Participants therefore take cues from the comments of others and add richness to the general discussion.

In this study, the researcher engaged six groups (i.e., small groups consisting of eight people each) in the discussions. Two groups consisted of the teachers of the study location (ECWA Goodnews School, Narayi HighCost, Kaduna), and the other two groups were exclusively structured for the students. The students were drawn from senior secondary level (i.e., SS1-SS3). The last two groups engaged by the researcher in this

study were the patients' groups. They consisted people who have been infected by viral hepatitis, and were receiving treatment in the organization under study (VHAN).

Therefore, the researcher used FGD:

i. To raise issues on the role of VHAN in enhancing people's knowledge on viral hepatitis.

ii. To build discussion around VHAN's communication interventions and approaches and its benefits to the people and

iii. Measures to be taken by the organization to strengthen the existing communication approaches.

Some of the questions raised during discussions with the teachers and students' groups are as follows:

Do you know about Viral Hepatitis Association of Nigeria (VHAN)?

What has the organization been telling you?

What specific approaches or strategies has VHAN been using to reach you on Hepatitis?

How effective are these strategies? Do you easily relate with them?

How has VHAN helped in enhancing your knowledge about viral hepatitis?

Are there challenges you face during your interaction with the organization? What are some of these challenges?

What can you say about the activities of VHAN?

What do you think VHAN can VHAN can do to improve on awareness and behaviour change on Hepatitis issues?

The above questions were not sacrosanct, instead, they only served as a guide to the discussions. Therefore many other issues emerged from these questions.

Questions raised during discussions with the patients' groups include the following:

How did you get to find out about Viral Hepatitis?

How long have you been interacting with the organization?

What was the motivation that brought you to VHAN?

How have you been faring since you started visiting VHAN?

What methods does the organization use in discussing hepatitis issue with you? How effective is the method/strategy?

To what extend has your relationship with VHAN helped you to understand viral hepatitis?

What are some of the things VHAN is asking you to embrace or avoid to ensure a hepatitis-free lifestyle? Have you been doing them?

Did you know about viral hepatitis before coming in contact with VHAN? What do you think about people's level of awareness of viral hepatitis in your respective communities?

What other ways do you think VHAN can utilize in creating more awareness on the disease?

InterviewMethod

This is the process of having a face-to-face engagement with the respondent in a research situation where the researcher basically seeks to elicit information that is in consonance with the aim and objectives of the research. Interview enables the researcher to get adequate information about the subject in question. It also provides the researcher with

ample opportunity to seek clarification from the respondent on issues he does not seem to understand.

Hollway and Jefferson (2000), state that interviewing the respondents with series of questions is one of the most common and popular qualitative methods used in social science research. This is because the findings of good interviews can highlight some real problems and show the ways to solve them, thereby benefitting a bigger section of people.

In this study, the researcher interviewed the Coordinator of VHAN, Kaduna State Chapter, to know the communication approaches of the organization and also to elicit relevant information on the administrative factors that affect the communication of viral hepatitis in the organization. The chief field project officer of the organization was also interviewed on the efficacy of the organization's communication approaches, how they (communication approaches) are designed and the challenges confronting them in the field. The three Field/Community representatives of the organization were also interviewed in order for the researcher to examine the effectiveness of the organization's campaign in rural communities since they are VHAN's representatives in those rural areas. In-depth interview was also conducted with key informants such as the Chief Field Project officer of VHAN, Kaduna and other field project officials.

Documentary Observation

The use of Documentary methods refers to the analysis of documents that contain information about the phenomenon being studied (Bailey, 1994:96). Simply put, a document is a written text. Documents are produced by individuals and groups in the course of their every day practices and are geared exclusively for their own immediate needs. They have been written with a purpose and are based on particular assumptions and

presented in a certain way or style and to this extent, the researcher must be fully aware of the origins, purpose and the original audience of the documents (Grix 2001:08).

It must also be noted that documents are not deliberately produced for the purpose of research, but naturally occurring objects with a concrete or semi-permanent existence which tells us indirectly about the social world of the people who created them (Payne & Payne, 2004). Documentary sources provide what Scott (1990) characterizes as mediate access as opposed to proximate access. Mediate or indirect access becomes necessary if past behavior must be inferred from its material traces, and documents are the visible signs of what happened at some previous time. This is in contra-distinction to proximate or direct access whereby the researcher and his sources are contemporaneous or co-present and the researcher is a direct witness of the occurrences or activities.

Documents range from public through private and personal documents. The list of public documents includes government publications such as Acts of Parliament, policy statements, census reports, statistical bulletin and so on. Private documents often emanate from civil society organizations such as private sector businesses, trade unions and non-governmental organizations (NGOs), as well of course from private individuals. They include minutes of meetings, board resolutions, advertisements, invoices, personnel records, and training manuals. The list of personal documents includes household account books, medical records, suicide notes, diaries and so on.

In this study, the researcher carefully studied documents that included posters, handbills and leaflets that VHAN uses for its campaigns against viral hepatitis. The organization's Brochures and Proposal Forms were also among the documents examined.

Other documents interacted with by the researcher were the organization's field reports and Facebook page.

The use of FGD enabled the researcher to investigate how VHAN's communication approaches are perceived amongst its target audience, and some of the challenges that still beg for attention. Through FGD, the respondents, especially, the patients groups, were able to discuss extensively on how their interaction with VHAN has exposed them to some important realities about viral hepatitis. This success was achieved by the kind of convivial atmosphere made possible by FGD which encouraged the participants to open up without fear. In other words, FGD also gave every participant equal right and opportunity to express his/her views on viral hepatitis issues.

Interviews on the other hand helped the researcher in gaining insight on the organizational structure of VHAN, and how this has affected the organization's communication activities. In other words, whereas FGD helped the researcher in eliciting information on the effectiveness of VHAN's communication approaches on its target audience, through interviews, the researcher got information about some organizational factors that militate or contribute to the success of the organization's communication approaches. More so, through the use of interviews, the researcher got to know how the organization's hepatitis interventions are conceptualized, designed and executed.

Lastly, the examination of VHAN's documents by the researcher brought to the fore how the organization crafts hepatitis messages, and the focus of those messages. The study of documents such as the Proposal Forms for instance, aided the researcher's understanding on the method used by the organization to negotiate communities' participation in its hepatitis interventions.

3.5Method of Data Analysis

Data collected and collated in this study were analyzed qualitatively using content analysis. Content analysis is the intellectual process of categorizing qualitative textual data into clusters of similar entities, or conceptual categories, to identify consistent patterns and relationships between variables or themes (Julien, 2008). It is a commonly used method of analyzing a wide range of textual data including interview transcripts, recorded observations, narratives, responses to research questions, speeches and media such as drawings, handbills, posters, photographs and video. All the data generated were discussed in response to the research questions raised by the study.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter presents and analyses information collected from the field through the use of focus group discussions, in-depth interview and documentary observation. The chapter also discusses some of the factors militating against the effective communication of viral hepatitis by the organization. Furthermore, a critical appraisal of the communication approaches used by the organization is done in order to point out the strengths and weaknesses of these approaches, with the aim of strengthening them for greater efficiency. Therefore, presentation and discussion of data in this chapter are carried out in line with the objectives of the study.

4.1 Data Presentation and Discussion.

The first objective of the study was to investigate the role played by VHAN in enhancing people's awareness and knowledge on viral hepatitis. In order to achieve this, the students' groups, teachers' groups and patients' groups were engaged in focus group discussions. Responding to the question on how much they know about viral hepatitis, and the role of VHAN in aiding their understanding of the disease, the students in the first focus group disclosed that they have never come in contact with VHAN. They further added that although they were never engaged by the organization, they know about hepatitis. All the students in this group revealed that hepatitis is a killer disease like HIV/AIDS, which does not have a cure when it reaches the chronic stage. They also mentioned sexual intercourse, blood transfusion and sharing of sharp objects such as

needles, clippers and razors with infected person (s) as some of the transmission modes of the disease. When the researcher asked them where they got this information, they replied that they got it from their HIV Club where other diseases that share some similarities with HIV/AIDs are often mentioned. They however revealed that they do not usually go deep into hepatitis issues because the club is meant for HIV discussion.

The second students' group also reported that they did not know the organization in question because VHAN has never engaged them directly on hepatitis issue, but also corroborated the submission of the first group that hepatitis is as dangerous as HIV/AIDS. Members of this group also went a step farther than their friends in the previous group by not only mentioning the three transmission modes discussed by the first group, but also recommended regular visits to the hospital for medical check-ups as a viable way of protecting one from getting infected with viral hepatitis. They advised that during medical check-ups, one could as well undergo test for viral hepatitis. `

When the researcher probed further to elicit more information about the disease, especially some common modes of transmission from the students, they admitted that they did not know more about the disease beyond what they have said. Observing that the students' knowledge of the disease was limited because they could not mention other common but dangerous transmission modes such as sleeping with infected person (s) in an over-crowded room, handshake with infected person (s) and sharing common items such as towel, sponge, toothbrush, spoons and cups with infected person (s) .The researcher then sought to know where the students usually access information on viral hepatitis since they reported that they were never engaged by VHAN. Information gleaned from the two students groups revealed that they get a handful of information about hepatitis whenever

HIV/AIDS is being discussed at their HIV Club. According to the discussants in the first students' group "We used to get a little information about hepatitis in our HIV Club since the two diseases share some similar modes of transmission. It is in the club that our teachers discuss HIV/AIDS and in the process, discuss other diseases that are similar to HIV". The students further revealed that they also access some information about the disease from the mass media such as radio, television and newspapers. Students in the first group however lamented that the information being passed across on the radio is usually not enough because it is broadcast in a form of Public Service Announcement (PSA). They explain thus:

> As we have already told you, the organization you are talking about has never discussed anything concerning hepatitis with us, but most of us here get some information about the disease from the radio. They air it in form of an advert which is aimed at telling people that hepatitis is dangerous, and that people should run to the hospital to be tested so that they can know their status. Again the advert is usually very short and does not tell us much about how one can be infected with the disease, or how the disease can be prevented. It has been long that I last heard the advert.

(*FGD Response at ECWA Goodnews School Narayi HighCost Kaduna held on 7/10/2015)*

The discussants further revealed that they did get some information about hepatitis intermittently from the television. They however stated that the information being aired out in the television is usually not comprehensive enough to equip them with adequate knowledge of the disease. One of the discussants succinctly captured this thus:

> Just as we have told you, in my own case, I got to know about hepatitis through T.V., but they do not air the programme always. Sometimes it takes up to two or three months before I would hear something again on hepatitis and the information is not usually enough. The only time I got adequate information on hepatitis was during hepatitis day celebration. It was on channels television that a doctor was invited and she discussed extensively about the disease.

(*FGD Response at ECWA Goodnews School Narayi HighCost Kaduna held on 7/10/2015)*

When the researcher further probed the students whether their teachers usually create a special time to discuss hepatitis issues with them, the discussants in both groups said no. As the discussion advanced with the members of the second students' group, the researcher asked them whether the information they heard from the mass media have propelled them to go and be tested for hepatitis or compel their parents to do so, the discussants said no because they have not yet given it a thought before their engagement with this researcher. They however, promised that they would try and do so.

From the above findings, it is evident that the students' main sources of information on viral hepatitis are the mass media. However, the information being disseminated by the mass media on viral hepatitis is usually skewed and inadequate to equip the students with a thorough knowledge of the disease, let alone influence their behaviours. For instance, although the students in both groups agreed that hepatitis is a dangerous disease, it is ironic to later find out that none of them knew his or her hepatitis status because they were not tested for the disease. Therefore, there is a need for a more effective communication approach that can trigger the students from a state of complacency to a state action. This is otherwise known as Cues to Action in Health Belief Model (Haefner and Maiman, 1977:23). Cues to action can be internal or external such as pains caused by a disease, persistent persuasion from one's 'important others and constant reminder by one's physician. Therefore, it is imperative for VHAN to start engaging the students on viral hepatitis issues. This could be the trigger needed by the students to summon the courage to go and know their hepatitis status.

From the foregoing, it is evident that there is a general low risk perception of viral hepatitis amongst the students. This is because, the students are yet to come to terms with

the practical realities of the dangers associated with the disease. Again, this can be attributed to weakness of communication because VHAN has not been interacting with students directly and the kind of information they access from the mass media has not been able to move them into making effort to knowing their hepatitis status. More so, the information they access from their HIV Club is also shallow and inadequate.

In addition, information gleaned by the researcher from both students' FGD revealed that although the mass media are their major sources of information about hepatitis, social media platforms such as Facebook and WhatsApp were identified as their most preferred media. They revealed that they spent more time chatting on Facebook, WhatsApp and also surfing information on the internet than watching television or listening to radio. They therefore suggested the use of either Facebook or WhatsApp by VHAN as a viable means of reaching out to them on viral hepatitis issue. Below is the group response:

> Most of us here don't spend much time watching television or listening to radio, except if we want to watch films. But almost every one of us here is on WhatsApp and Facebook. We spend more time on Facebook and WhatsApp than we spend watching television because we have them in our phones. We also use the internet to get other important information and also do our school assignments. So we think if your organization (VHAN) can use either Facebook or WhatsApp in their campaign against hepatitis, it will be very good because many people will be involved.

(*FGD Response at ECWA Goodnews School Narayi HighCost Kaduna held on 7/10/2015).*

Unlike the students whose knowledge of viral hepatitis is inadequate, perhaps because they have not been directly engaged by VHAN on hepatitis issue, their teachers in the same school demonstrated an in-depth knowledge of the disease during focused group discussions. They gave well-articulated and detailed explanation on viral hepatitis, bringing to the fore some reasons why the disease is said to be more dangerous than

HIV/AIDS. It is important to note here that VHAN's officials often interacts with the teachers so that they could pass the information to their students. This fact was revealed by both VHAN's officials and the teachers. In other words, VHAN uses indirect communication approach where vital information on viral hepatitis are given to the teachers, who are in turn advised by the organization to pass it to their students. However, the students revealed that their teachers do not create special time to discuss hepatitis issues with them. They further disclose to the researcher that hepatitis is only discussed casually in their HIV Club as one of the diseases that share some similarities with HIV/AIDs. This points to one of the weaknesses of indirect communication approach used by the organization.

Responding to the question on how their interaction with VHAN has helped in enhancing their knowledge about viral hepatitis, the discussants in the first teachers' group admitted that VHAN interacts with them and indeed their engagement with the organization has immensely contributed to enhancing their knowledge and understanding of viral hepatitis disease. The group explains thus:

> Our interaction with VHAN has really helped us. For instance, it was from VHAN that we knew the fact that Hepatitis is almost the same with HIV. In fact, it can even be said to be more dangerous than HIV/AIDS because in the case of hepatitis, excreta, sweat, and urine are also involved in the transmission process which is not the case with HIV/AIDS. Another thing that makes hepatitis more dangerous than HIV is that one can be infected through sharing clothes or towels with infected persons. People sleeping in a crowded room with infected person(s) are usually at risk of contracting the disease if one or more people among them are infected

(*FGD Response at ECWA Goodnews School Narayi HighCost Kaduna held on 7/10/2015).*

To further demonstrate their high level of knowledge of viral hepatitis which they alluded to their engagements with VHAN, discussants in the second teachers' group revealed that hepatitis can be managed when the infected person detects it on time. They

also opined that by the time it reaches the chronic stage, it cannot be treated because it would have caused severe damage to the liver. Discussants in the second teachers' group also explained that hepatitis is caused by five viruses known as hepatitis A, B, C, D and E. They also pointed out that hepatitis B is the most dangerous and more common in Nigeria. In their bid to justify the reason why hepatitis case should be approached with all seriousness, the discussants explained that unlike HIV/AIDS which cannot be contracted through mere handshake or hugging, hepatitis can be transmitted through these ways provided that one of the people involved is infected, and especially when both of them happen to be sweating when they engage in such actions. In other words, the major vehicle of transmission through actions like shaking hands and hugging is human sweat or other related body fluids.

When asked about some of the ways through which one can be prevented from getting infected by viral hepatitis as they were informed by VHAN, discussants in the first teachers' group unanimously revealed that the organization has always emphasized that the first step is for one to know his status by being tested, after which other relevant precautionary measures could be taken. One of the most important measures usually encouraged by VHAN according to the discussants in this group, is to ensure that even those who tested negative to hepatitis do not relent, but go ahead to the organization's office for a full dose of hepatitis vaccination which is taken three times at the intervals of three months. Those tested positive are also referred to the organization's office for further action. Other additional preventive measures usually prescribed by VHAN include the need for people to desistfrom sharing sharp objects such as razor and clippers, and also from sleeping in an over-crowded or poorly ventilated room. More so, the organization

usually counsels that people should avoid unnecessary body contacts with other people that they are not sure of their health status as revealed by the discussants in the first teachers' group.

By and large, discussions with the two teachers' groups revealed a high level of knowledge about viral hepatitis which is largely as a result of their engagement with VHAN. However, in both groups, no discussant agreed to have ever visited VHAN's office, hospital or any other related organization in order to be tested for hepatitis or to be vaccinated. Discussants in the first teachers' group revealed that VHAN's officials always carry out free test (screening) on them whenever they visit the school to ascertain their hepatitis status, and since they are usually tested negative, they did not deem it necessary to proceed to the organization's office for vaccination as always advised by VHAN's officials. The teachers in the second group pointed out that although VHAN has been magnanimous in carrying out free test on them, this magnanimity is not applicable to vaccination as one is required to pay money for it.

The third category of discussants that were engaged on the knowledge level of VHAN's target audience, and the role being played by the organization in creating awareness of viral hepatitis were the patients' groups. They are people who have been infected by disease and are coming to the organization for treatment and counseling on how to best manage their condition. One remarkable feature of these groups was that the discussants (patients) were not only people residing within Kaduna metropolis, but also those from remote communities in different local government areas of the state. This composition provided the researcher with a glimpse of how viral hepatitis is being communicated in those communities.

Responding to the role of VHAN in improving their knowledge of viral hepatitis, discussants in the first patients' group revealed that their engagement with VHAN has helped in opening the eyes of their understanding on how contagious hepatitis is and the danger it poses to the liver especially when it is not properly managed. They further disclosed that with the help of the organization, they now know which kind of foods they are expected to eat and those they should desist from eating. According to the discussants:

> Before we started coming to this place (VHAN), most of us never knew that hepatitis is as dangerous as this. We never knew that one can contract the disease through mere handshake and sharing common things like cups and spoons with an infected person. Our coming here has really helped our understanding of hepatitis. In fact I use to tell my people in our village that they need to come and be tested for hepatitis because we don't have anybody there that can do it for them. Even me, if not for my younger sister who stays here (Kaduna), I would not have known this place. She was the one that sent for me when she learnt that I have been falling sick, and she could not trust the herbs I was taking. There are so many people in our village now that no matter how you try to convince them to come here and be tested, they will not agree. They will start complaining of money and distance. Or they will tell you that they prefer to use herbs than come to the hospital because that is what most people in my village are doing.

(FGD Response at VHAN's Office Kaduna held on 19/9/2015)

From the above quotation, it can be inferred that although VHAN has been trying in enlightening their patients on the issue of hepatitis, more efforts need to be taken in extending such gestures to people in the hinterland who may not have access to health facilities, and who hold a conservative view of depending on herbs for their health needs. With this suggestion however, the researcher is not writing off the efficacy of alternative herbal medical cure, but is advocating that even when such herbs are to be used to confront diseases as delicate as hepatitis, the patient needs to first undergo a test, and also seek professional medical advice in that direction. This is because, most of these herbs, although proven to be effective in some cases, many a medical professionals have advised

that indiscriminate use of herbs can ruin people's health. One of the dangers often pointed out by medical professionals is that since many of the people who administer these herbs did not undergo any form of formal medical training, they often risk giving their patients an over dose of the herbal concoction which usually ends up complicating their situations. This is obviously another important issue that VHAN needs to address in their communication of viral hepatitis.

Discussants in the second patients group also attested that their engagement with VHAN has helped in increasing their knowledge of viral hepatitis and the concomitant dangers associated with the disease. Some of the discussants further revealed that prior to their encounter with VHAN, they often engaged in some harmful practices which they alleged, contributed to getting them infected with the disease. A female discussant in this group revealed that she used to share almost everything with her husband, until she was tested hepatitis positive. According to her,

> When I was tested and discovered to be hepatitis B positive, I was referred to this office (VHAN) by the organization's workers who administered free testing to us. It was through my regular counseling sessions that I was told to stop sharing things like spoons, cups, sponge and towel with any member of my family. This decision caused a serious problem between me and my husband because we shared almost everything together. I had to persuade him to come here and our doctor (VHAN's Coordinator) explained to him the reasons behind this decision.

(FGD Response at VHAN's Office Kaduna held with on 19/9/2015)

Another male discussant from the second patients' group by name Mr. Josiah Jeremiah also revealed that it took the dogged persistence of his younger brother to convince him to come to VHAN for medical assistance. Prior to this time, he had already started taking herbal concoctions and could not heed his brother's advice to come and undergo hepatitis

test to enable them ascertain his precise health condition. When he finally succumbed to his brother's pressure, it was almost too late. According to him:

> Whenever I am sick, I used to rely on herbs and they work for me. However, on this sickness (hepatitis) I realized that my condition kept getting worse despite the herbs I was taking. My brother insisted that we should come here but I refused… I didn't have any reason for refusing to come, I just believed that it was a condition that herbs could cure it since I was used to them. But when I finally agreed to come, we came here and I was tested. The result of the test confirmed that that I had hepatitis and that was how I started coming for counseling. Our doctor told me that my situation was almost too late. However, during counseling I was told to stop drinking alcohol which I have stopped. I tell you, my condition now has seriously improved.

(FGD Response at VHAN's Office Kaduna held on 19/9/2015)

The case of refusal to come to the organization by our discussant above despite being advised to do so, can be said to be connected with African belief systems, which most times favour the use of alternative herbal medication than modern medicine. This view is corroborated by Imo (2007:32) who asserts that African "rural people's lives and approach to problem solving are determined by cultural beliefs, norms and values rather than by scientific principles".

As the discussions advanced with the second patients' group, the discussants reeled out a barrage of instructions taught them by VHAN on how to effectively manage the disease. They revealed that regular exercise, eating more of vegetables and desisting from eating fatty foods are some of the measures recommended to them by VHAN on how to effectively manage the disease. Based on the discussion with all the groups, it was evident that there is a high level of knowledge of hepatitis amongst teachers of ECWA Goodnews School Narayi HighCost Kaduna and the patients of VHAN; courtesy of VHAN's engagements with them. The students on the other hand, lack adequate knowledge of the

disease, perhaps because their participation in VHAN's enlightenment campaigns is always being compromised.

The researcher also found out from discussions with the teachers' groups that although they have a thorough knowledge of the disease, this has not translated to changing their behaviours because all of them revealed that they did not proceed to the organization's office for vaccination as they were advised. In other words, their knowledge has failed to engender the desired behaviour change. This finding is in line with the argument of Okoro and Nwachukwu (2015:68) that the "success of health campaigns is not guaranteed by a surfeit of factual messages on any health issue. Sometimes health communication can raise public awareness on a health issue without a corresponding adoption of the promoted health intervention". This view is also corroborated by Osakue Omoera in his 2010 work : " Broadcast Media in Family Planning Matters in Rural Nigeria: The Ebelle Scenario", which found out that though 84 percent of the respondents in Ebelle community were enlightened by the media campaign on family planning, only 57 percent actually tried some of the promoted family planning methods.

The implication of the foregoing is that health communication/ health campaign does not automatically translate to general adoption of health intervention. This is because there are some intervening variables that influence public attitude to promoted health interventions. Some of the intervening factors that impinge on the receptivity, acceptance and adoption of health interventions include culture, educational level of the targeted audience, efficacy of the promoted interventions and the nature of the message. These factors invariably underscore the imperative of in-depth audience research by the intervening organization before any health intervention is carried out. More so, the

participation of the people is very crucial in the entire process because it acquaints health communicators with the people's culture, level of education and their socio-economic status which cannot be ignored in the execution of any successful health intervention. The question now is, has VHAN been able to put these factors into consideration in designing their hepatitis intervention? This leads us to the second objective of the study.

The second objective of the study is to examine the communication approaches used by the organization in hepatitis intervention and their respective implications for behaviour change among target audience. To elicit relevant information on the organization's communication approaches, the researcher engaged the coordinator of VHAN (Kaduna Chapter), the Chief Field Project Officer, Field Project Officials and the organization's three Field/ Community Representatives in in-depth interview sessions. Patients' groups and teachers' groups were also engaged through Focus Group Discussions in order to examine the strength of the organization's approaches on its targeted audience. Information gleaned from the VHAN Coordinator of the organization reveals that the major communication approaches used by VHAN are Enlightenment Campaigns, Counselling and the use of IEC materials like posters, brochures, handbills and billboards. He further explained that the organization usually takes its campaigns to public institutions and religious centres such as banks, schools and churches. According to him:

> We have basically three communication approaches we use in hepatitis interventions which are enlightenment campaigns, counseling approach and the use of IEC materials such as posters, handbills, billboards and other publications that carry important facts about viral hepatitis. We do go out on public enlightenment campaigns to places like schools, banks and churches. But before we visit these places, we usually send a copy of our proposal form to the prospective institution, indicating our intention to visit them. They will read it and respond appropriately. If they affirm that we should visit them then we get set and go. If the refuse to fill the form and return it

> back to us, then we simply assume that they are not interested and we look for another place.

(*Researcher Interview with VHAN Coordinator (Dr. Moses) at VHAN's Office Kaduna held on 20/10/2015*).

Explaining further on how the organization usually executes its enlightenment campaigns, the Chief Field Project Officer revealed that whenever they arrived a particular place for campaign, they usually start with a brief lecture session on viral hepatitis and the concomitant dangers associated with it. They also tell the people about the major transmission modes of the disease and what they are expected to do in order to protect themselves against hepatitis. This is also accompanied by free blood screening (testing) of all participants present during the campaign with the aim of ascertaining those that are hepatitis positive, and those that are negative. People found to be hepatitis positive are referred to the organization's office for further action, while those tested negative are also advised to proceed to VHAN's office for vaccination. When asked whether the organization has a comprehensive and well-designed communication strategy that guides all their communication activities, the Coordinator said they did not have such a thing.

The chief field project officer also revealed that they have different approaches to their campaigns. According to him, whenever they visit a bank, they usually ensure that they draw the attention of both the workers and customers present at the moment. He also added that their bank campaigns usually takes place early in the morning before 08:00am when business would commence. But when they go to schools, they do not engage the students. Instead, they make sure that they engage only the teachers, giving them required information about viral hepatitis and advise them to later share with their students. In his words:

> When we go for campaign in a school,we only engage the teachers not the students because children are always noisy. So we prefer to discuss hepatitis issues with their teachers. However, we always advise the teachers to share the information with their students.It is better for their teachers to engage them because they respect them and cannot afford to be noisy. Another reason why we do not involve students is because most of them are children below eighteen years and we cannot be able to screen them without their parents' consent. When we gather the teachers together, we usually commence our campaigns with a brief lecture on hepatitis, after which room is opened for questions. We then proceed to administer free test for those interested. This is the approach we use in all our schools campaigns.
> (*Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office Kaduna held on 20/10/2015*).

From the above quotation, it can be deduced that the exclusion of students who constitute the majority of the school population means that VHAN's enlightenment campaigns have limited coverage. More so, the teachers do not create special time to comprehensively discuss hepatitis issues with the students as earlier revealed in the preceding discussion. The researcher also sought to know from the chief field project officer whether the organization has a feedback mechanism that helps them in determining the strength of the organization's interventions amongst its audience. He responded thus:

> We do not have any organized feedback mechanism per se, but we have our way of determining the potency of our campaigns. For instance, when we see people asking meaningful questions during our campaigns, it tells us that they understand the message. Most of these people subsequently come with their family members for screening and vaccination as the case may be. Some people also come here and tell us that they heard about us from either friends or their relatives.
> (*Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office Kaduna held on 20/10/2015*).

Although VHAN claims that this method has helped them in determining the effectiveness of their campaigns, the researcher is of the opinion that a more carefully designed feedback mechanism would not only help the organization in assessing the number of people being reached through their communication approaches, but it will also

give the audience an opportunity to make suggestions on how they think VHAN can improve their communication approaches, thereby consolidating the effort of the organization. Unfortunately, this opportunity is yet to be seized by the organization due to absence of effective feedback mechanism. More so, when asked whether the organization involves its target audience in the preparation, design and executions of hepatitis interventions messages, the chief field project officer said they do not involve them in the preparatory stages. According to him, the reason why they do not involve their target audience is because the IEC materials they use in campaigns are produced in Abuja. He also added that other preparations are usually carried out in the office. Therefore, there is no way they can factor in the participation of their target audience in the design of those materials.

Responding to the question on how the organization reaches out to remote communities that are not necessarily within Kaduna metropolis, the chief field project officer revealed that although they are yet to commence earnest campaigns in rural communities due to logistic constraints, they have three community/field representatives permanently stationed in Kawo, Kachia and Maraban Rido. The community representative located in Kawo is expected to cover all the communities around Kawo, Maraban Jos, Jaji and Zaria. The one located in Maraban Rido is also saddled with the responsibility of covering communities within that axis, while the person in Kachia is expected to cover the whole of Southern Kaduna area. Their primary responsibility is to scout for communities that are interested in hosting VHAN's enlightenment campaign and inform the organization promptly so that it can proceed to the community in question for hepatitis intervention. The community representatives therefore, usually carry the organization's

proposal forms to the communities or target institutions and explain to them what the organization is all about. Any community or institution that approves the proposal automatically gets an opportunity to host VHAN's field project officials in an enlightenment campaign session.

On the question of how the organization uses counseling on its audience, the coordinator revealed that counseling is the communication approach the organization uses to engage those who have been infected by hepatitis, and are undergoing treatment. According to him, counseling sessions take place mostly on Saturdays and they are based on appointments. It is during counseling sessions that the patients are enlightened on how to best manage the disease. The patients are usually advised to engage in regular exercise, reduce stress-induced activities, and desist from eating foods that contain too much fats. After every counseling session, each patient is attended to individually on the issue of his or her treatment and also to check out their current condition in the light of the treatment they have so far received.

In a bid to gauge the potency of counseling as a communication approach used by VHAN, the researcher, during group discussions, asked the patients their opinion on the effectiveness of the approach. Discussants in both patients' groups testified to the efficacy of the counseling approach, bringing to the fore how it has broadened their knowledge of the disease and also how they have been able to abide by the instructions being given to them during counseling sessions. They also lamented that most of the information they now have on viral hepatitis as a result of their interaction with VHAN through counseling sessions would have been more useful if they had it before they were infected. However, they suggested that the organization would do well if it extends its enlightenment

campaigns to people that do not know much about the disease, especially those living in the rural communities. The group revealed thus:

> Most of the things we know now about hepatitis, we didn't know them before. If for example, we knew how dangerous hepatitis is, and some of the ways through which we can prevent ourselves from the disease, we are sure that most of us here would not have contracted the disease. However, we still thank God that the information we are always getting during counseling sessions is helping us seriously, especially on what we are expected to do in order to manage the disease as we continue to receive treatment. Our advice to VHAN is that they should try and take their campaigns to people who do not know much about hepatitis. For example, there are many people in villages within Kaduna State that do not know how dangerous hepatitis is, and how to protect themselves from being infected.

(FGD Response at VHAN's Office Kaduna held on 19/9/2015).

This researcher is in sync with the patients' view that it is only when people who are yet to be infected are adequately armed with relevant information about viral hepatitis, and are also mobilized and persuaded to embrace health practices that discourage the spread of the disease, that the battle against viral hepatitis can be said to be making positive headway in Kaduna State, and by extension, Nigeria. Furthermore, the researcher also discovered during group discussion with the patients group that some of them initially refused to be serious about coming for treatment in the organization, until they realized that if they did not continue coming for treatment, their lives would be in serious danger. According to another discussant in the first group:

> When I was tested and confirmed hepatitis B positive, I was advised to start coming for treatment in this organization. I started, but later stopped coming because I am not used to going to hospital for medical checkup or anything. So after three months, my condition began to deteriorate and I was advised again to start coming. When I came, I had to start the treatment all over again. But since when I resumed, my condition has improved a lot because of the advice I receive from the counseling sessions. For example, we are usually advised to take foods like salad, cucumber, spinach and to refrain from eating solid foods. Before, I didn't know about all this.
>
> *(FGD Response at VHAN's Office Kaduna held on 19/9/2015).*

Incidences like the one quoted above are a pointer to the fact that some of the patients now hearken to what they are being told by VHAN during counseling sessions because they have no other option left for them since they have been infected with the disease. Viewing this from the prism of Health Belief Model (HBM), we can argue that the patients have embraced the desired behaviour being advocated for by VHAN because they feel susceptible to the disease (perceived severity), and they are also convinced that regular counseling and treatment are required to ameliorate their condition (perceived benefits). However, the lingering challenge for VHAN is how to improve their communication approaches in such a manner that they can be able to elicit concrete and sustainable behaviour change amongst its target audience, especially those that are yet to be infected by the virus. This gap notwithstanding, the data gathered in the course of this study from both the teachers' and patients' groups suggest that counseling approach has been more effective in influencing target audience's attitudes and behaviours more than the organization's enlightenment campaigns.

Another communication approach utilized by VHAN is the Information, Education and Communication (IEC) materials such as posters, brochures, handbills, flyers and billboards. Handbills, flyers and posters are usually shared to participants of the organization's campaigns. Billboard is usually mounted in the venue of the campaign to signify the presence of VHAN's campaign team. However, the organization's brochures are sold at the rate of Two Thousand Naira only. As at the time of this research, VHAN had basically three categories of handbills which varied only in colour but bear similar information that explains what hepatitis means and how it inflames the liver of an infected person. Other important information on the handbills include the causes of hepatitis,

damaged being done by the disease in Nigeria and the world at large, modes of transmission and some few symptoms of the disease. All the three categories of handbills examined by the researcher read thus:

> Every two minutes someone dies of Hepatitis. More than 95% of the carriers of this deadly disease are not aware of it. Worldwide there is an estimated 450 million persistent Carriers of hepatitis B, 50 million of which are in Africa. About 10% of these carriers will develop chronic illnesses such as liver cirrhosis or liver cancer. Estimated 10-20 million Nigerians are carriers of the virus without knowing…Hepatitis kills faster than HIV/AIDS; be informed, tested, vaccinated and treated early…modes of transmission: unprotected sex, blood transfusion, sharing needles and sharp objects, mother to child, using utensils, sharing toothbrushes, dirty environment, exchange of body fluids. Example, kissing.

(VHAN's Handbill, 2015).

In an interview with VHAN's chief field project officer, he revealed that the handbills, flyers and posters are usually printed in English and Hausa Languages in order to address the problem of language. However, he disclosed that the Hausa copies were out of stock at the moment, and that they had already applied to the organization's headquarters in Abuja for fresh supply. When asked why the Kaduna chapter could not produce their own materials, he responded that all communication materials are produced at the organization's headquarters and sent to all the chapters across the 36 states of the nation. According to him:

> All posters and other materials we use for our campaign are designed and produced in Abuja. Besides, our partner organizations like World Health Organization and World Hepatitis Alliance contribute in sponsoring the production of those materials. We in this chapter (Kaduna) only place an order so that the materials can be provided to us whenever ours is exhausted. Like now, we do not have Hausa flyers in stock, but we have already informed them at the headquarters and they are going to send it down to us.

(*Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office Kaduna held on 20/10/2015).*

On whether the organization's IEC materials help in enhancing people's knowledge of hepatitis or not, discussants in the second teachers' group revealed that the information

on the handbills has helped them a great deal in complementing their discussion with the organization's officials during enlightenment campaign. They also revealed that the handbills did not only help them alone, but also most members of their families who read it and got vital information about viral hepatitis.This points to some of the advantages of IEC materials such as being portable, enduring, re-useable and can be read at any convenient time. The discussants in the first teachers' group however revealed that apart from the flyers and handbills being distributed to them during VHAN's campaign, they have never come across the organization's posters or billboards in Kaduna metropolis. They argued that many people do not know about the existence of the organization.

Corroborating this claim, some of the discussants in the first patients' group who were from villages that are not within Kaduna metropolis also disclosed that they have never come in contact with any of the organization's IEC materials. Most of them revealed that they got to know about VHAN through their relatives who reside in Kaduna metropolis. According to some of the discussants in the first patients' group:

> Most of us here have never seen their posters in our villages until when we started visiting the organization for treatment. But we think the handbills will be more useful to people that are yet to be infected so that they can be aware of how to prevent the disease, especially people in the villages. As for us, we have already been infected and any information we need is given to us during our counseling sessions
> *(FGD Response at VHAN's Office Kaduna held on 19/11/2015).*

Furthermore, the researcher discovered that all the organization's handbills, flyers and posters carry similar messages and pictures. The messaging is hinged more on provoking fear in the minds of the audience about the disease, thereby underscoring the need for everybody to be tested for hepatitis in order to ascertain their status. From the foregoing, we can infer that although VHAN's IEC materials carry vital information about

hepatitis, their distribution to the members of the public has been grossly erratic. More so, their virtual absence in most of the rural communities within Kaduna State as reported by the discussants in the patients' groups is another deficiency that the organization needs to address.

Another communication approach which was experimented by VHAN, but has not been sustained is the use of social media (Facebook). Although it was not mentioned among the organization's communication approaches, the researcher came across the organization's Facebook account in the course of this study, and deemed it necessary to bring it to focus for the purpose of outlining the enormous potentials it has in the 21st century society, especially now that the student discussants identified the social media as their primary sources of information. The researcher asked the chief field project officer of the organization whether he knows about the existence of the Facebook account, and he said he was aware of it. He further revealed that it was opened by one of their workers, who later left the organization. And since her departure, the organization has not been interacting with the platform

A careful study of the Facebook account revealed that it was registered in 2013, and now has a total of 115 followers, and the number of people subscribing to the page keeps increasing. The researcher also discovered that the Facebook page has been dormant since 2013 without any helpful information about viral hepatitis to cater for the organization's teaming followers. The page contains only a brief introduction of the organization and its area of specialization that reads thus:

*"*Viral hepatitis association of Nigeria (VHAN) is a preventive and early detective consultancy medical association charged with the responsibility of advocacy and creation

of awareness on viral and non-viral hepatitis…" (VHAN's Facebook Page, 2015). After this introduction, the post that followed was "learn more about hepatitis in Nigeria…" This immediately attracted the attention of a Facebook user named Jedidiah Paul who asked "please what's the drug for the cure of this hepatitis B virus?"Instead of the administrator of the organization's Facebook page to seize this opportunity and further the discussion by answering Jedidah's question, the post that followed was "Don't let hepatitis tear your life apart…know it! Confront it!"

This shows that there is no connection between the administrator of the organization's Facebook page and the online audience who are interested in knowing more about viral hepatitis. Although Jedidah's question was not answered, this did not deter people from pressing further as one Mr. Tunmbi Ibukun asked: "Where can someone get vaccinated against this infection?" (VHAN's Facebook Page, 2015). Mr. Ibukun's question has also not been answered on that platform till date.

All the above posts were done in 2013, and since then, there has not been any engagement by the organization through this platform. Interestingly, the researcher found out that despite the lack of attention given to people that seek information from the organization through the Facebook platform, the number of people liking the page keeps on increasing by the day. This is a pointer to the degree of people's thirst for more information about viral hepatitis disease, which the organization is yet to leverage on. This researcher is of the opinion that when the organization utilizes the Facebook platform, it will broaden the scope of the organization's activities and also create more room for people to participate in the discussion of viral hepatitis. The students can also have direct access to the organization via this platform without necessarily waiting for their teachers to come

and teach them what they were taught by the organization during enlightenment campaigns.

4.2 Factors Militating Against Effective Hepatitis Communication by VHAN

The third objective of the study was to determine the factors militating against communication of viral hepatitis issue. To achieve this, the researcher engaged VHAN's coordinator, chief field project officer and the three field/community representatives in interview sessions in order to elicit responses on the challenges being encountered by the organization in hepatitis intervention.

Information gleaned from the chief project officer revealed that one of the major challenges they encounter in hepatitis intervention is people's refusal to be tested for hepatitis. He lamented that people hardly come to the organization on their own volition for screening or vaccination, until when they begin to manifest symptoms of the disease before they would locate the organization. This according to him has constituted a major setback in the organization's fight against viral hepatitis because in most cases, these people usually come when they were already infected. More so, he further revealed that getting community stakeholders and target institutions to approve the organization's proposal form has proven to be very difficult over the years.

Responding to the question of the challenges they do encounter during their school campaigns, including the case study school, Mr. Julius David (Chief Field Project Officer) discloses that:

> We do encounter enormous challenges in our schools campaigns. For instance, most schools do not approve our proposal forms because they are afraid of possible financial implications. And when they finally approve it, they allocate limited time to us. So we end up not having comprehensive discussion with them on viral hepatitis due to time constraint. Another serious challenge we encounter in schools is that most of the teachers which we usually engage do not turn up for either treatment or vaccination as we always advise them to.

(Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office Kaduna held on 21/11/2015).

In a related discussion with the teachers' groups in the case study school, they revealed that the organization do not usually come at a time convenient for them. This according to them has continued to hinder their full participation in the organization's enlightenment campaigns. They also disclosed that the organization usually spends a long period of about two to three months before they would see them again proposing another campaign. Below is the group response:

> …most times, they (VHAN's Officials) do send in their proposal forms when the term is in full swing with so many activities in the school calendar. So we usually find it difficult to cope with participating in their campaigns and also teaching our students which is our primary assignments here. Also, when we interact with them, we usually spend long period of time; about two or three months before they will come again. These are some of the challenges we think hinder our interaction with the organization. But their campaigns are usually enlightening because we gain a lot of information about viral hepatitis from them.
>
> (*FGD Response at ECWA Goodnews School Narayi HighCost, Kaduna held on 21/11/2015)*

Further discussion with the organization's Chief Field Project Officer revealed that they came up with the idea of interacting with only the teachers in their schools campaigns because they perceived that students can hardly compose themselves during campaigns. He also added that since majority of the students are usually below the age of 18, the organization cannot go ahead to screen them without their parents'

consents. Therefore, they prefer to engage their teachers, so that they can in turn, interact with their students on viral hepatitis issues.

Another factor militating against VHAN's effective communication of viral hepatitis is inadequate manpower. Information elicited from the chief field project officer revealed that the organization is understaffed. He attributed the cause of this to the fact that VHAN is a non-profit organization which relies on people who can volunteer to avail themselves for the organization's work. In the absence of volunteers, the few members of staff on the organization's payroll end up with so many responsibilities. Using himself as example, Mr. Julius David revealed that besides serving as the organization' chief field project officer, a position that requires him to be present in all enlightenment campaigns, he is also the organization's secretary. In his words:

> We have shortage of manpower. You know this is a non-profit organization, so, we usually count on people who can volunteer to be helping us in our interventions. Unfortunately, they are not forthcoming. Therefore, the only option left for us is to manage the few staff we have here. This also means many works for us! Like me now, I am a field project officer, as well as the secretary of the organization. But if we had many workers here, I believe our work would have been easier. Even our community representatives are not permanent workers here. They are just been given a pittance whenever they succeed in getting a place for us to go and carryout campaign. This means that they must have other jobs because they cannot rely on this work to earn a living.

(Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office held on 20/10/2015).

Furthermore, the researcher discovered that since there is shortage of manpower in the organization, there are no people who are specifically trained for health (hepatitis) communication. This is a big gap because communication of a delicate disease as hepatitis needs to be championed by people who are armed with the working knowledge of how to

deploy participatory skills in mobilizing and persuading the target audience to adopt the desired behaviour change. Based on the foregoing therefore, this researcher argues that lack of effective training on the nitty-gritties of effective health communication could be one of the reasons why the organization has not been able to elicit maximum cooperation from their audience, especially the schools.

Inadequate funding from donor agencies who partner with VHAN was also mentioned by the organization's coordinator as another factor militating against effective discharge of the organization's responsibilities. He explains that since the organization relies mainly on the magnanimity of its partners and other international donor agencies such as the World Health Organization (WHO) and Global Hepatitis Alliance for funding, they are usually constrained by the extent to which they can use the money for other things such as hiring of more workers because the funds are usually limited, and have to be evenly allocated to all the organization's branches across the nation.

Language barrier was also pointed out by the organization's chief field project officer as one of the challenges they face during enlightenment campaigns. He disclosed that because English is the primary language used during campaigns , they usually find it difficult to interact effectively when they come in contact with audience that are predominantly non-English speakers (especially, in Hausa speaking communities). To address this challenge, he revealed that the organization resorted to the use of interpreters who are usually conscripted to carry out the task in the field. The problem that still lingered in this approach was that the interpreters ended up not giving accurate interpretation of the messages being passed across. Mr. Julius David, the organization's chief field project officer, aptly captures this thus:

> We do encounter the problem of language barrier whenever we go for enlightenment campaigns. Most of us in this office do not know how to speak Hausa fluently, so what we do is to get someone in that place who is fluent in the language, to serve as interpreter. The person therefore interprets everything we say to our audience in Hausa language. The challenge we do face in the use of interpreter is that most times, the people we get are also not that vast in English language, so they usually skip some vital information or say them incorrectly. You know this is a very serious problem because most times, it is better for one not to have the information than to have an incorrect information.

(Researcher Interview with Chief Field Project Officer (Mr. Julius David) at VHAN's Office Kaduna held on 20/10/2015).

The inability of the organization to register its presence in most rural communities within Kaduna State has also constituted a major setback to the organization's fight against viral hepatitis. The chief field project officer linked this challenge with insufficient funding. He argued that with sufficient funds at the organization's disposal, more staff would be hired that can effectively cover all the rural communities within Kaduna State. So long as the activities of the organization are restricted to only Kaduna metropolis, the battle against the disease can arguably said to be a futile venture. However, the chief project officer of the organization revealed that VHAN is planning to set up offices in all local government headquarters across Kaduna State to ensure effective coverage of rural communities.

The last challenge being confronted by the organization in hepatitis communication is its inability to produce their communication materials such as handbills and flyers. The Chief Field Project Officer revealed that because all IEC materials are produced at the organization's headquarters in Abuja, the Kaduna Chapter has to wait till whenever it runs out of these materials before fresh supplies come from Abuja, irrespective of the existing communication exigency.

Having discussed the VHAN's approaches of communicating viral hepatitis, it is imperative to do a critical reflection of the strengths and weaknesses of the approaches. In doing this, there is a need to bring into consideration the strengths of the organization's communication approaches, before delving into some of the lapses that still linger, with the aim of finding a way forward. Therefore, this study seeks to address questions such as: how much ingenuity has been brought to bear on these communication approaches and how has this helped in VHAN's interventions? Have the approaches been able to incorporate the participation of target audience? Have these approaches been able to address behavioural tendencies among target audience on hepatitis-related issues? What measures can be taken to consolidate the existing approaches?

As it has been revealed in the preceding discussion, the organization has three basic communication approaches used for hepatitis intervention: enlightenment campaigns, use of IEC materials and counseling approaches. From the interview with the organization's officials in the course of this research, it was discovered that the organization, out of the creative ingenuity of its staff, has evolved two major approaches to executing enlightenment campaigns. They are direct and indirect approaches. Direct approach is when the organization's field project officials interact directly with their target audience in institutions such as schools or banks on hepatitis issue during enlightenment campaigns. Through this approach, the audience get the opportunity to hear some basic facts directly from the organization's officials who are experts in the area of hepatitis. The direct engagement of the organization's field officials with the teachers of the case study school (ECWA Goodnews School Narayi HighCost Kaduna) is an example of direct approach.

Direct approach has succeeded in providing adequate and accurate information on viral hepatitis to the audience as testified by both teachers' groups engaged in this study. However, the approach has not succeeded in persuading them to proceed to the organization's office for vaccination as advised by VHAN's officials. In other words, it can be argued that although the approach is effective in creating awareness, it is still lacking in the capacity to influence behaviours and attitudes of the people. This is a weakness because the ultimate aim of every health intervention or communication according to Freitmuth & Quinn (2004:17) is not only to increase the audience's knowledge and awareness of health issue, but also to influence attitudes and behaviours in line with those being promoted by the health communicators.

The indirect approach on the other hand entails the process of engaging only the teachers during enlightenment campaigns, who are in turn, expected to pass the same information across to the students. Three reasons were adduced for the deployment of this approach. The first reason as revealed by VHAN's Chief Field Project Officer is that the students are usually rowdy, noisy and can hardly concentrate during enlightenment campaigns. The second reason brought to the fore was that VHAN could not screen (test) students who are mostly children below the age of eighteen without their parents' consent, and the third justification for this approach is that the teachers are the most appropriate people to engage the students because, by virtue of their status as teachers, their students are psychologically inclined to listen, respect and ultimately put into practice whatever they are told by them.

This approach would have helped in enhancing students' knowledge of hepatitis had their teachers been committed to passing across more comprehensive information to them

on the disease as expected by VHAN. However, this has not been the case because the students revealed that the teachers do not create special time to discuss viral hepatitis with them. Instead, hepatitis is mostly discussed casually in their HIV club as one of the diseases that share similar modes of transmission with HIV/AIDS. Therefore, the major lacuna noticeable in this approach is the exclusion of students on the grounds that they are noisy, rowdy and mostly underage.

The implication of excluding students is in the fact that children are denied an important avenue for self-development, while the possibility of having a future free from viral hepatitis is being mortgaged because children are expected to be adequately armed with necessary information about hepatitis so that they would grow to become responsible adults capable of embracing positive health behaviours. More so, it is important for us to know that children do not suddenly become responsible and productive citizens at a certain age. Responsibility must be learned through the everyday experiences of family and community, education and national awareness. To further underscore the significance of children participation in development process, Rogers (1995:34) opines that:

> Children's participation is a fundamental right, closely linked to democracy. It relates to power. Through participation the powerless begin taking charge of their own lives and solving their problems. Children need more opportunities to participate actively in their society. By interacting with each other children learn to understand different viewpoints and to respect the perspective of others. This helps them develop tolerance and skill for negotiation.

The above statement emphasizes the role of children's participation as a necessary panacea for behaviour formation, change and sustainable development. In addition, children's right to good health and participation in issues that concern them is also enshrined in the Convention on the Rights of the Child (CRC), an international treaty which seeks to

advance the cause of children worldwide. For example, Article 17 of the Convention emphasizes that the State should ensure that children access appropriate information (health information inclusive) and materials from a diversity of sources, and it should also encourage the mass media (and other communication outlets) to disseminate information which will benefit children both socially and culturally. Article 24 further elucidates on the right of the child to health and health services which the State is expected to facilitate through special emphasis on the provision of primary and preventive health care, public health education and the reduction of infant mortality. Therefore, the exclusion of children from hepatitis campaign is a violation of both article 17 and 24 cited above which does not augur well with the good intention of the organization whose main goal is to see the emergence of a hepatitis free nation.

Another feature of VHAN's enlightenment campaign worth discussing here is the use of community/field representatives and proposal forms to negotiate the participation of a community or institution in the organization's campaigns. Although the idea of using a community representative is a good one, there is a need to put into consideration other important variables such as the person's age, his/her level of influence in the said community and the size of the community in question. All these three variables are interwoven because they give insight to the understanding of the sociology of African communities.

For example, age in most African communities is seen as a determining factor for the kind of influence a person exerts in the community. People who are advanced in age are usually revered by all and sundry as repositories of ancient wisdom, while the youth are seen as the hope of future generation. This assertion is affirmed by Alik Shahada (2010:11)

who opines that "now and in antiquity, respect for elders has remained an unbroken cornerstone in African cultural systems". Arguably therefore, in matters that relate to persuading people's behaviour, people that are advanced in age have more social credentials to carry out such tasks than their younger counterparts.

However, VHAN's three community representatives are young men below the age of Thirty Five years who could be less qualified to effectively discharge this responsibility. More so, the areas allocated to them are too vast (geographically) to allow for effective engagement with community members. The use of proposal forms has also made the entire process too formal and unfriendly to the convivial atmosphere of most rural communities within Kaduna State. This could also be one of the reasons behind incessant disapprovals of the proposal forms by VHAN's officials.

The use of IEC materials in communicating viral hepatitis by VHAN has contributed in creating more awareness as revealed by the teachers' groups. The discussants also revealed that the IEC materials made it possible for some members of their families who were not present at the campaign venue to access vital information about viral hepatitis. However, the major weakness of these IEC materials is the uniformity of messages being passed across which have the tendency of making them monotonous and boring. This has been a serious challenge confronting many health communicators. According to Okoro and Nwachukwu (2015:73), health communicators rarely speak to homogenous audiences, but heterogeneous ones. Heterogeneity therefore demands engaging in intercultural communication. The implication of this reality is that health communicators usually face the challenge of designing messages for a culturally diverse health communication audience. The challenge lies in the fact that a homogenous message might fail to persuade

a heterogeneous audience in view of disparities in language, literacy, culture and socio-economic status. Another limitation in the use of IEC materials is that they are seldom seen within Kaduna metropolis as testified by the discussants engaged in this study.

The third communication approach deployed by VHAN in hepatitis intervention is the counselling approach. Information gleaned from discussants in the two patients' groups on whom this approach is being used revealed that counseling has not only helped in enhancing the patients' knowledge on viral hepatitis, but it has also influenced their behaviours positively. For instance, during group discussions, some patients disclosed that they have desisted from drinking alcohol, while others have stopped eating foods that are not friendly to their condition. This is a big plus to VHAN because according to Okoro and Nwachukwu (2015:66), one of the goals of every health intervention organization is to strive to create awareness, change negative health–related behaviour, get people to adopt lifestyles and behaviours that promote health and adopt new preventive and treatment measures. However, the only gap in the counseling approach is that it is being used reactively instead of proactively. In other words, it is not being used to reach out to people who are yet to be infected by hepatitis, but only those who have been infected.

Furthermore, information elicited from the chief field project officer of VHAN revealed that the organization does not involve its target audience in the preparation, design and implementation of hepatitis interventions. They are only involved as audience during enlightenment campaigns who usually serve as passive recipients of information from hepatitis experts, while asking some pockets of questions where necessary. The officer attributed this lacuna to the fact that most of their communication policies are designed at the organization's headquarters in Abuja. Be it as it may, it is important to note

that participation of target audience in the entire process of development intervention, especially health communication, is very crucial to its success and sustainability. This is because, at the core of every sustainable development intervention, is the audience sincere identification with the project in question. Malomo (2000:27) succinctly corroborates this assertion thus:

> Community or people's participation is seen as an essential ingredient in development because it is regarded as part of the culture of democracy in which the "silent majority" take an active part in decision-making. It is a radical approach to development based on a 'bottom-up" approach towards self-reliance and aims at transformation from a welfare-oriented approach with the masses as passive beneficiaries, to a community based and participatory approach aimed at helping communities to help themselves through active and direct involvement in their own affairs.

It is therefore expected that all health communication campaigns should consider people's participation as a key factor in engendering sustainable health behaviour among target audience. Cases of patients' refusal to continue with hepatitis treatment whenever they noticed a slight improvement on their health conditions and failure of people who are tested negative to proceed for hepatitis immunization as disclosed by the coordinator of the organization is a clear indication that people's negative attitudes and behaviours towards viral hepatitis are far from being changed. This by extension, is a pointer to the fact that the communication approaches being used by VHAN in the fight against viral hepatitis have not been effective enough to engender sustainable behaviour change among the majority of its target audience.

In summation therefore, it is pertinent to point out here that irrespective of the above shortcomings, the organization's communication approaches are not completely ineffective in the communication of viral hepatitis. The use of counselling approach for

example, has proven to be more efficacious in terms in terms of engendering behaviour change. Most of the infected persons interacted with in this study attested to the fact that their eyes of understanding have been enlightened on the issues of viral hepatitis. They also testified that they no longer indulge in those harmful social practices that aid the spread of the disease. The question that still linger is: how can communication be used to engender this kind of behaviour change amongst people that are yet to be infected with the disease? Addressing this question remains a major challenge to VHAN even as the organization continues with its fight against viral hepatitis in the years ahead. However, below are some of the ways through which the organization can consolidate the existing communication approaches for a more effective hepatitis communication.

4.3 Towards a Virile Hepatitis Communication.

Based on the gaps noticed in VHAN's communication approaches, this section suggests ways or measures that can be taken by the organization to consolidate its existing communication approaches for more effective result on hepatitis intervention in Kaduna state and beyond.

The first measure that can be adopted by VHAN is the proper incorporation of the social media as part of its communication approaches. This was one of the suggestions made by the students during focus group discussions. Social media such as Facebook, WhatsApp, BBM, and Instagram among others are fast becoming children's and young adults' primary communication media and source of information. This fact is validated by the findings of this study where social media is identified as the students' primary sources of information. Therefore, reviving VHAN's Facebook account that has been dormant for years will help in improving the organization's communication approaches, thereby

consolidating the achievements so far recorded in the fight against viral hepatitis by the organization. Similar groups can also be created on WhatsApp and other related social media platforms to improve the organization's communication approaches.

Adopting the use of Volunteer Community Mobilizers (VCMs) would also be a good step in the right direction. VCM is a household name in UNICEF's vibrant campaign against polio in Nigeria. They (VCMs) are people selected from their respective settlements (villages), and are trained to work as 'change agents' in the community. They are responsible for house-to-house mobilization for polio and routine immunization. More so, Interpersonal counseling on immunization and promotion of key household practices such as treatment of diarrhea, prevention of malaria, breastfeeding carried out door-to-door and person-to-person form the core of the volunteers' work. The researcher is of the view that when adopted by the organization, the VCMs would substitute community representatives. However, to effectively adopt and appropriate this strategy, VHAN needs to consider paying them (VCMs) monthly stipends and they should also be selected based on their age or degree of influence in their respective communities. The organization must also ensure that the VCMs are given adequate training. VCMs would be responsible for house-to-house enlightenment of people on viral hepatitis and also persuading them to go to the organization for hepatitis test. When people are tested positive, it would be the duty of the VCM to always encourage them to go for counseling and treatment as scheduled.

Another important innovation that VHAN can bring into its communication approaches is the introduction of radio drama. This will go a long way in addressing the problem of accessibility and also enhance rural people's interest in listening to important messages that are creatively knitted around fictional stories that are aimed at

educatingpeople about viral hepatitis. By so doing, the audience would be entertained, at the same time educated about viral hepatitis. It would also supplement the skewed and inadequate information being disseminated by the mass media through public service announcements (PSAs) and other related adverts. It is also worthy of note that as a very unique medium, radio is regarded as one of the most effective medium of communication that has a wider coverage capacity, and the ability to transcend social class and geographical barriers. It is portable and relatively inexpensive when compared with television. That is, both people in urban settings and those in rural areas can have same access to radio. Myers (2009:16) corroborates this claim by adding that radio is:

> Still the dominant mass-medium in Africa with the widest geographical reach and the highest audiences compared with television (TV), newspapers and other information and communication technologies ICTs)…there seem to have been a re-discovery of radio in the context of new ICTs, a realization that technology has made radio into a more two-way medium and it can help bridge the digital divide by providing a powerful tool for information dissemination and access, especially for hard-to-reach rural audience.

Radio drama therefore, can be said to be a dramatized, purely acoustic performance, broadcast on radio or published on audio media such as tape or CD. With no visual component, radio drama depends on dialogue, music and sound effects to help the listener imagine the characters and story. It is auditory in the physical dimension but equally powerful as visual force in the psychological dimension. From 2010 till date, radio drama has continued to experience increased relevance as advances in digital recording and internet distribution become more popular. This also means added advantage to radio drama because it can be accessed at any given time once it is uploaded in the internet. Radio drama today, more than any time in history possess more potentials for engendering sustainable development when it is utilized effectively.

Furthermore, there is a need for VHAN to deploy participatory communication methods such as Theatre for Development (TFD) and Participatory Learning and Action (PLA) tools. These methods would provide an opportunity for the local people to participate in important discussion about hepatitis and some of the negative social practices that aid the spread of the disease. Using TFD for instance, will help in utilizing some of the people's cultural and traditional beliefs in presenting a dramatic situation that is based on their existing realities. The potency of theatre as a worthy alternative mode of communication suitable for engendering community based development is captured vividly in the words of Zakes Mda (1993:02) thus:

> Theatre has been identified as having the potential of being a democratic medium, in which the audiences may play an active role in medium programming, and therefore in producing and distributing messages. It is not centralized like the technological media, and is capable of integrating indigenous and popular systems of communication that already exist in the rural areas. It has appropriate technology, since all it needs is human resources, which are plentiful in the villages. It is capable of being effective since it uses interpersonal channels which have been found to have more impact than the mediated channels of electronic and print media.

Therefore, the use of TFD would instigate meaningful debates among the locals that may ultimately culminate into sustainable behaviour change. Deployment of PLA tools (Such as Community Mapping, Social Mapping, Venn Diagram and Pair-wise Ranking) on the other hand would help VHAN's field project officials to approach their interventions with recourse to people's basic needs. PLA tools would also help in revealing previous interventions in the target communities, and factors responsible for their success or otherwise which can be leveraged by VHAN for a more successful intervention.

Another way through which VHAN can improve its communication approaches is by strengthening mutual relationship with local communities in Kaduna state. This can be

achieved through collaboration with Community Based Organizations (CBOs) and Faith Based Organizations (FBOs). CBOs are existing structures within a particular community that are committed to promoting the welfare and interest of their members. Examples of CBOs include women groups and youth associations. These are viable communication channels that VHAN can leverage on to strengthen its communication of viral hepatitis in rural communities. When this collaboration is effectively achieved, there would not be any need of using proposal forms to elicit people's participation in hepatitis intervention programmes. FBOs on the other hand are religious-affiliated groups or associations which can be utilized by VHAN to address the challenge being posed by religious beliefs. One unique feature of FBOs is that they usually appeal to religious sentiments, sympathies and principles to press home their point on any matter of immense importance to their members.

Establishment of Hepatitis Clubs/Societies in Schools will help in strengthening VHAN's enlightenment campaign approach and also avail the students an opportunity of accessing comprehensive information on viral hepatitis. This approach was suggested by the students engaged in this study. The students revealed that clubs and societies provided them with alternative learning platforms to the monotonous and 'too formal' class room setting. They further disclosed that in clubs, they are usually free to initiate programmes that are geared towards the achievement of the club's objectives. More so, they freely engage in cross-fertilization of ideas through debates, quiz competitions and discussions on diverse areas of interest. Therefore, the creation of hepatitis clubs in secondary schools should be considered by VHAN as a necessary step towards ensuring the emergence of a hepatitis-free nation.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.0 Introduction

This is the concluding chapter of the study. The chapter summarizes the research work by reviewing important aspects of the study. These aspects include a summary, the major findings as well as recommendations and conclusion.

5.1 Summary

This studywas undertaken to primarily appraise the approaches used by Viral Hepatitis Association of Nigeria (VHAN), Kaduna state chapter, in communicating viral hepatitis to its audience, with the goal of seeking ways through which the organization can strengthen them for more effective result.

Chapter one of this study painted a panoramic view of how peoples' attitudes and behaviours contribute in the spread of disease generally, thereby underscoring the need for health communication approaches to always be designed to confront human behaviours that are inimical to the well-being of the people. The prevalent rate of viral hepatitis in Nigeria, Africa and the world at large was brought into focus in the background to the study in order to establish a need for urgent and effective intervention. The chapter also covers the statement of the research problem, objectives of the study, scope and justification of the study.

Chapter two advanced the study further with a comprehensive review of related literature on communication, health communication and viral hepatitis cases in Nigeria. The chapter also brought to the fore the theoretical framework (HBM) underpinning the

study. Chapter three followed suit by unveiling the research methodology utilized for the study. That is, the chapter showed the study's research design, study population and also discussed in details the research tools used in the study.

Chapter four covered the presentation and discussion of data generated from the field through the use of the above mentioned tools. Here, the three communication approaches used by VHAN were discussed and their strengths and limitations examined. Factors militating against the effective communication of viral hepatitis by the case study organization were also discussed. A critical appraisal of these approaches was also done after which alternative measures through which the organization can strengthen its communication approaches for effective viral hepatitis intervention were suggested.

5.2 The Study Major Findings.

This study has evaluated the approaches used by VHAN, Kaduna State Chapter in communicating viral hepatitis to its target audience. Findings from the study revealed major shortcomings in the way the organization carries out hepatitis interventions. It is believed that these gaps hamper the organization from achieving its goal of effective communication of viral hepatitis. Among the findings are:

1. The study discovered that through its enlightenment campaigns, IEC materials and counseling approach, VHAN has been able to enhance people's awareness and knowledge of viral hepatitis. However, their knowledge has not translated into action of going for vaccination against the disease despite their awareness about it.
2. The study also discovered that VHAN uses direct and indirect approaches in reaching out to its audience on hepatitis issues. The organization's interaction with

teachers of the case study school through enlightenment campaign is an example of direct approach, while the organization's strategy of attempting to reach the students through their teachers is the indirect approach. Therefore, whereas direct approach has succeeded in enhancing the discussants' knowledge on hepatitis, the indirect approach has not been effective enough because the teachers do not create special time to pass the knowledge of hepatitis to their students. Consequently, student's participation is being compromised.

3. It was also discovered that VHAN does not have a carefully-designed feedback mechanism to get responses from their target audience.
4. Poor community participation in the organization's interventions was also discovered as the chief factor militating against effective communication of viral hepatitis by the organization. Through interview with VHAN's chief field communication officer, it was discovered that the organization does not involve its target audience in the preparation, design and implementation of hepatitis intervention programmes. The audience are only incorporated into the programme at the last lap of the intervention as passive receivers of hepatitis information from experts.
5. The study also found out that insufficient funding has continued to impede the organization from discharging its duties effectively. Interview with the organization's officials revealed that inadequate funds was responsible for the organization's inability to effectively extend its activities to rural communities in Kaduna State.

5.3 Recommendations

In the light of the above findings, the research makes the following recommendations which will help in strengthening the communication approaches used by VHAN, thereby enhancing the effectiveness of the organization's viral hepatitis interventions in Kaduna State, and by extension, Nigeria.

1. To move people from the stage of awareness to concrete behaviour change, the organization needs to intensify effort in engaging people through the use of existing communication channels within their reach. Examples of such channels include Women's Groups and Youth Organizations.
2. Hepatitis clubs can also be established in schools for students to be engaging in the discussion of hepatitis related issues. This will address the lingering challenge in the use of indirect approach by VHAN in reaching out to the students on hepatitis issues. That is, through Hepatitis Clubs, VHAN can directly interact with the students.
3. There is also a need for the organization to create an effective feedback mechanism in order to open a room for their target audience to participate in making some of the decisions, thereby giving them a sense of belonging. Also, with an effective feedback mechanism in place, the organization would always be checked by their target audience through constructive criticism and suggestions on how they can communicate viral hepatitis effectively.
4. To address the problem of poor community participation, the organization should engage the service of volunteer community mobilizers (VCMs) or other related individuals who can passionately help in mobilizing rural community members to begin to participate fully in its intervention programmes. Through these volunteers,

the organization should also ensure that the community members, and other target audience in schools and banks are involved in the entire process of the intervention. When this is done, it will turn the target audience from being passive recipients of hepatitis information, to active participants in the entire process of the intervention.

5. VHAN should also initiate an effective collaboration with local governments. Through this collaboration, the organization can persuade the local government leadership into funding hepatitis intervention activities in their localities thereby ameliorating the problem of funding being faced by the organization.

5.4 Contribution to Knowledge

i. The study has proven that availability of information about viral hepatitis does not equate adoption of positive health behaviour aimed at tackling the disease. Therefore, an effective health communication can be said to be one which does not only inform the audience about some basic health facts, but must also succeed in prompting them to adopt measures, behaviours or actions that are being promoted as necessary panacea towards addressing the health issue.

ii. The study has also shown that the persistent challenge in the fight against viral hepatitis is people's negative health behaviour. This is because findings from the study show that people hardly take concrete effort towards knowing their hepatitis statuses, and even when they are tested, they hardly proceed for treatment or vaccination whenever they are tested positive or negative respectively.

iii. The study revealed that people's traditional belief like over reliance on herbs can hinder the effectiveness of hepatitis intervention amongst them. This by extension points to some of the cultural factors that affect health communication.

iv. The study has also demonstrated that in a fight against viral hepatitis, amalgamation of various communication media is imperative. This is because of the diversity of target audience which cut across various age groups, social standings, economic status and cultural backgrounds.

5.5 Conclusion:

This work set out to interrogate the communication approaches of Viral Hepatitis Association of Nigeria (VHAN), and its implications for the fight against hepatitis in Nigeria. As an organization that is committed to the fight against viral hepatitis, VHAN deploys some communication approaches in hepatitis interventions among its target audience within Kaduna State. Through its enlightenment campaigns for instance, the organization has continued to emphasize the need for people to be tested for hepatitis and also take necessary actions by proceeding for treatment or vaccination. The organization also counsels its patients on how to manage the disease as they undergo treatment. By so doing therefore, VHAN has helped in enhancing people's knowledge and understanding about viral hepatitis disease.

However, this study found out that there is a persistent refusal of people to voluntarily avail themselves for hepatitis test despite their knowledge of the dangers associated with the disease. The implication of this is that there are still problems of negative health behaviours in relation to hepatitis issues that the organization needs to look into, albeit through modifying its communication approaches. More so, VHAN's exclusion of students from their enlightenment campaigns is another communication gap that needs to be addressed.

These limitations notwithstanding, the organization has been able to influence the attitudes and behaviours of its patients through regular counseling sessions. The researcher's interaction with the patients revealed that their engagement with VHAN has significantly improved their knowledge about the disease, and also influenced their behaviours in relation to hepatitis issues. This is indeed a giant stride in the right direction. Therefore, as VHAN continues with the fight against viral hepatitis in the years ahead, it is hoped that the organization will find the recommendations of this study useful in strengthening its communication approaches to consolidate the achievements so far recorded by the organization and the lapses that still linger in order to herald the emergence of a hepatitis-free nation.

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Oral Interview

Mr. Julius David (2015) Oral Interview. Kaduna: Chief Field Project Officer at Viral Hepatitis Association of Nigeria (VHAN) Kaduna State Chapter.

Dr. Moses Akindoyin (2015) Oral Interview. Kaduna: Coordinator of Viral Hepatitis Association of Nigeria (VHAN) Kaduna State Chapter.

Mr. Dominic Aboi (2015). Oral Interview. Kaduna: Field/ Community Representative of Viral Hepatitis Association of Nigeria (VHAN), Kaduna State Chapter.

APPENDIX 1
FACILITATOR'S GUIDE

CATEGORY A: ISSUES AND OBJECTIVES

To investigate the role being played by VHAN in enhancing people's awareness and knowledge of viral hepatitis.

To critically examine VHAN's communication approaches deployed in viral hepatitis intervention and its implication for behaviour change.

To determine factors militating against communication for change on hepatitis issue.

To suggest ways through which viral hepatitis disease can be effectively communicated among the local communities in Kaduna, and by extension Nigeria.

CATEGORY B: DISCUSSION FRAMEWORK.

a) **Introduction:**

The facilitator introduces himself/ herself and asks each participant to mention their name and class (in the case of the students), where they are coming from (for the patients' groups). The facilitator proceeds by explaining the purpose of the discussion (the contribution of VHAN in enhancing their knowledge on viral hepatitis and the effectiveness of the organization's communication approaches). The facilitator stimulates discussion on viral hepatitis and the dangers of the disease.

Ground Rules

Everybody's opinion is to be heard and respected.

There is no excellent or poor response.

Everybody can speak for a stipulated period of time.

Responses should be made one at a time.

Permission should be sought through raising of hand before speaking to ensure orderliness.

b) In-depth Questions and Investigations:

(Teachers and Students' Groups)

Do you know about Viral Hepatitis Association of Nigeria (VHAN)?

What has VHAN been telling you?

Which specific strategies has VHAN been using to reach you on Hepatitis?

How effective are the strategies? Do you easily relate with the strategies?

What can you say about the activities of VHAN?

What do you think VHAN can do to improve on awareness and behaviour change on Hepatitis issues?

(Patients' Groups)

How did you get to find out about VHAN?

How long have you interacting with the organization?

What was the motivation that brought you to VHAN?

How have you been faring since you started visiting VHAN?

What methods does the organization use in discussing hepatitis issue with you? How effective is the method/strategy?

To what extent has your relationship with VHAN helped you to understand viral hepatitis?

What are some of the things VHAN is asking you to embrace or avoid in order to ensure a hepatitis-free lifestyle? Have you been doing them?

Did you know about viral hepatitis before coming in contact with VHAN? What do you think about people's level of awareness of viral hepatitis?

What other ways do you think VHAN can utilize in creating more awareness on the disease?

c) Appreciation:

The facilitator thanks all the discussants for their contributions and close the session.

APPENDIX 2
INTERVIEW QUESTIONS SCHEDULE

INTRODUCTION

My name is ……, I am a post graduate student of Development Communication in Ahmadu Bello University Zaria. I am currently undertaking a research on the topic An Appraisal of Communication Approaches of Viral Hepatitis Association of Nigeria (VHAN) on Hepatitis Intervention in Kaduna State. I will be glad if you permit an interview for few minutes.

INTERVIEW QUESTIONS

i. When was this organization established, and what are its mission and vision?

ii. Who are your targeted audience and how have you been communicating hepatitis to your target audience?

iii. What are your specific methods, strategies, programmes and approaches? Why did you choose these methods? How do you deploy them?

iv. How do you conceptualize and design these approaches?

v. What has your organization been able to achieve with these approaches?

vi. In the process of framing your campaign messages, do you involve the people who are your potential audience? If yes, how? If no, Why?

vii. How does the organization get feedback from the people on its activities? How do you measure the success of the organization's activities?

viii. What are some of the challenges in the fight against viral hepatitis? What is the Organization doing to confront them?

NOTE: Questions are flexible and allow for in-depth discussions.

APPRECIATION.

Thank you sir for your contributions. I am honored by your reception and humility.

APPENDIX THREE

INTERVIEWS TRANSCRIPTS

INTERVIEW WITH MR. MOSES AKINDOYIN. VHAN COORDINATOR KADUNA STATE CHAPTER.

Question: Good morning sir, may I meet you, your full name and what you do in this organization?

Answer: *Morning, my name in Mr. Moses Akindoyin, and I am the coordinator of Viral Hepatitis Association of Nigeria (VHAN), Kaduna State Chapter. My main responsibility here is to oversee all the activities of the organization that are geared towards prevention and control of viral hepatitis disease in the state.*

Question: Alright. For how long have you engaging in this fight against viral hepatitis? When was this organization established?

Answer: *VHAN as an organization was established in 2003, but it was not incorporated until 2009 when we registered with the Corporate Affairs Commission. But before the organization was incorporated, we had already started activities on viral hepatitis since 2003 when the organization was established.*

Question: You mention activities, what are the specific things you do as an organization in relation to hepatitis?

Answer: *Basically, we create awareness on the disease because over the years we have noticed that many people are not familiar with it. So what we usually do is to reach out to them and enlighten them about it. We also encourage them to know their hepatitis status.*

After that, we advise them to come to our organization for vaccine when one is found to be hepatitis negative, or for treatment. That is for those who are found to be hepatitis positive.

Question: Who are your target audience and how have you been communicating hepatitis to them?

Answer: *Well, everybody is our target audience since everyone is susceptible to the disease. Hepatitis affects both young and old, rich and poor, rural and urban dwellers. But in order to make our work easy, we focus on reaching out to people in schools, banks, and other places of worship such as churches. These are the major areas we visit for hepatitis campaigns.*

Question: Ok. So how do you reach out to them? What methods do you use to communicate hepatitis to them?

Answer: *We have basically three communication approaches that we use in reaching out to our audience. They are enlightenment campaigns, counselling and IEC materials that include poster, handbills, billboards and other publications that carry important facts about viral hepatitis that the public needs to know. We do go out on public enlightenment campaigns to places like schools, banks and churches as I earlier said. But before we visit these places, we usually send a copy of our proposal form to the prospective institution, indicating our intention to visit them. They will read it and respond appropriately. If they affirm that we should visit them then we get set and go. If they refuse to fill the form and return it back to us, then we simply assume that they are not interested and we look for another place.*

Question: How do you conceptualize and design these approaches? Do you involve your target audience at any point during the conceptualization?

Answer: *You see, most of our campaign materials like the IEC materials we use are directly being supplied to us from our head office in Abuja. It is there that all conceptualization, design and production take place. Also, this is done with the support of our partners such as World Health Organization and World Hepatitis Alliance. They are the ones that provide the funding for the materials and in many cases, they are the ones that produce them. So as you can see, there is no way we can actually incorporate the participation of our target audience since we do not produce them here in Kaduna. And on the issue of enlightenment campaigns, we only engage our target audience in the field. However, prior to every intervention, we do send our proposal forms to them as I earlier mentioned through our Field Representatives. They are the ones that discuss with them and tell everything they to know about our organization before giving them the forms. This is also a way of involving them I think.*

Question: I your own judgment, will you say that your organization has been able to achieve success with these approaches?

Answer: *Yes, of course.*

Question: Why do you think so?

Answer: *Because we have been able to vaccinate many people and we still have a number of people that are undergoing treatment in here. Sometimes also, people do come here and tell us that they heard about this organization somewhere while others would say they were directed here by some friends or relatives. This to a large extent is a success story for*

us in this organization since the ultimate aim our campaign is try as much as possible to make people understand the dangers of the disease and also seek for medical help. And this is happening.

Question: How do you get feedback from the people on your activities? Do you have any feedback mechanism that you use to measure the effectiveness of your approaches on your target audience?

Answer: *No, we do not have an organized feedback in the sense of it. But we do know how we measure our activities. For instance, as I earlier told you, when we see many people coming to the office to seek help either to be vaccinated or treated of hepatitis, then we know that we are making progress. That is how we get our feedback.*

Question: Ok. Do you have challenges that are confronting you in the fight against viral hepatitis?

Answer: *A lot of them.*

Question: What are they?

Answer: *They are numerous, but let me mention few among them. Number one is the issue of funding. We do not get sufficient funding from our partners and the government seem not to be interested in the entire issue of viral hepatitis in the country. This has continued to hinder many of our activities. For instance, we are yet to commence a full swing campaign in rural areas across the state because we do not have enough members of staff on ground to do that. Another challenge we also encounter up till now is that there are still many people out there who do not know much about viral hepatitis, and they are not ready*

to know. That is they have continued to refuse coming to the organization for test, vaccination or treatment. I think these are the major challenges we are facing as an organization.

Question: What are doing to ameliorate these challenges?

Answer: *Well, we are still exploring alternative ways of generating adequate funds, but we yet to figure that out. We are also planning to establish our branch offices across all the local government headquarters of this state so that we can be reaching the rural areas easily. For now that is what we are planning.*

Question: Thank you very much sir. Lastly, do you think there is anything important that needed to have been captured in this interview which we omitted?

Answer: *No, I think have done justice to the subject matter.*

Question: Alright, thank you very much Mr. Moses. Am very grateful for your time.

Answer: *You are welcome.*

INTERVIEW WITH MR. JULIUS DAVID. VHAN'S CHIEF FIELD PROJECT OFFICER.

Question: Good afternoon sir. May I meet you, your name and what you do in this organization?

Answer: *My name is Mr. Julius David, I am the Chief Field Project Officer of Viral Hepatitis Association Nigeria (VHAN) Kaduna, and my key responsibility is to oversee and champion the execution of all our field activities. Basically, I am in-charge of all our field campaigns on viral hepatitis.*

Question: Ok. So these campaigns you talk about, what are the methods or approaches you use in executing them? And where do you use them?

Answer: *We have three communication approaches which we use in this organization for hepatitis intervention. They include IEC materials, counseling and enlightenment campaigns. IEC materials such as handbills, posters, stickers and leaflets are usually distributed to people whenever we go on enlightenment campaigns in places like schools, banks, and churches. While we usually mount our billboard for the period the campaign is taking place to indicate our presence. We do carry out enlightenment campaigns to schools, banks, and churches. As for counseling approach, we use it exclusively for our patients who are undergoing treatment in this organization.*

Question: How do you administer enlightenment campaigns in those places you mentioned?

Answer: *Generally, before we go to any school, church or bank, we usually seek their consent by sending them a proposal form. The form explains in details what we want to come and do and the kind of support we are soliciting from them. When they approve it, then we proceed there. We usually commence our campaign with a brief lecture on viral hepatitis. We tell people important facts about the disease, after which we open room for questions. After the questions, we then proceed to run free hepatitis test to those who are willing. Anyone that is found hepatitis positive is advised to come and meet us here in the office so that he can commence treatment immediately. Those that are tested negative are also advised to come here so that we can give them hepatitis B vaccination. That is basically how we carryout enlightenment campaigns.*

Question: Is that the method you use in banks, schools and churches?

Answer: *Yes, but our schools campaigns slightly differ. In schools, we only engage the teachers without the students. But we always advise them to create time to cascade the information they got from us to their students. That is the approach we use in schools.*

Question: Why do you not involve students in enlightenment campaigns?

Answer: *You know children are very noisy and rowdy. So we can hardly control them. So we prefer their teachers to create time and teach them about hepatitis because they will be more inclined to listen and respect their teachers more than us. Another reason why we do not involve students is that most of them are children below 18 years. Therefore, we cannot administer hepatitis test to them without the consent of their parents.*

Question: Have you ever attempted involving the students in your campaigns and you found out that they could not concentrate?

Answer: *Not really. But we usually see how they behave whenever we visit schools and you most times, we are being given limited time. So we have to utilize it effectively.*

Question: Ok. Let's talk about counseling. How do you use counseling approach?

Answer: *We use counseling exclusively for our patients. Those who have been infected by hepatitis and are receiving treatment here. Counseling sessions usually take place every Saturday on appointment and it is our boss (VHAN's Coordinator) that does that. The main focus of counseling is to encourage the patients so that they can keep their hopes alive, and also to advise them on how to manage the disease. You know as they are undergoing treatment, we advise them to take foods like vegetables and avoid foods that contain too much fats. We also encourage them to engage in regular exercises to desist from drinking alcohol. That is for those who drink among them because alcohol also contributes in worsening their condition. And you know most of them that are under treatment come from the rural areas where they take a lot of alcohol.*

Question: Does your organization reach out to those rural areas?

Answer: *Not really, but we are trying to that through our representatives which we call Community or Field Representatives.*

Question: Who are they, and what do they do?

Answer: *As the name implies, Community Representatives are people we appoint to cover communities for us. Their responsibility is scout out communities that are in need of hepatitis intervention for us.*

Question: How do they do that?

Answer: *With the use of proposal forms. They go and meet stakeholders in a community or an institution, then they tell them about hepatitis and what our organization is doing in the fight against the disease. After enlightening the people, then they give them proposal forms to be filled if they us to come and carry out our campaign in their community or school.*

Question: How many Community representatives do you have?

Answer: *Three.*

Question: Only three?

Answer: *Yes. That is one of our challenge here. We don't have adequate staff.*

Question: We are coming to that. Do these three representatives cover the whole of Kaduna State? How do they achieve that?

Answer: *We have one in Kawo who is expected to cover all communities around Kawo, to Marraban Jos, Jaji and Zaria. Then we have another community representative in Maraban Rido who is also saddled with the responsibility of scouting communities around there. Then we have another one stationed in Kachia who is mandated to cover all the communities in Southern Kaduna.*

Question: Don't you these area allocated to them are too big?

Answer: *They are. That is why I told you that our major challenge is inadequate staff. And this is also caused by insufficient funding. So for now, we are just managing the system like that.*

Question: Ok. Do you involve your target audience in the conceptualization and design of your communication approaches?

Answer: *No. all the materials we use for our campaigns such as posters, handbills and stickers are conceptualized, designed and produced in Abuja. They are usually funded by our major partners, the World Health Organization and World Hepatitis Alliance. So we cannot be able to involve them.*

Question: Why do you not produce these materials in Kaduna?

Answer: *It is still related to the problem of insufficient funding. We as an organization mainly rely on the magnanimity of our donors. And it is what they give us that we have to make do with.*

Question: What other challenges do you face in relation to hepatitis intervention?

Answer: *Apart from the problem of funding, we are seriously in need of more staff. As you can see now, I am the Chief Field Project Officer and also the organization's Secretary. I am doing double work here. Again, as you have rightly pointed out, the areas allocated to these three community representatives are too vast for them to allow for effective of coverage of rural areas. And to worsen the whole thing, they are volunteers. They are not paid salaries by the organization. They only get a pittance whenever we go out for*

campaigns and that is all. Therefore, they are not committed to the work. Another challenge we face here is that whenever we run out of materials such as posters, we have to place an order to Abuja for supply and wait irrespective how long it will take. We also have a challenge of many people and institutions refusing to sign our proposal forms. They usually think that doing that has financial implication on them. Again, we occasionally encounter the challenge of language barrier. All of us here do not know how to not know how to speak Hausa fluently and have to use interpreters whenever we go places that we need to speak with the people in Hausa. The interpreters most times do not interpret our messages accurately, and you know this is very dangerous. Our inability to launch full campaign in rural areas of this State is another serious challenge we are facing. These are some of the major challenges we are facing in our fight against viral hepatitis in this State.

Question: Are measures you are taking as an organization to address these challenges?

Answer: *Yes. We are working out modalities on how to develop an alternative and more sustainable source of funding. When this is done, all other challenges will be addressed easily because they are all related to the issue of insufficient funding.*

Question: Lastly, do you think there is anything important that we need to have talked about in this interview which we did not?

Answer: *Not really. I will also want to enjoin you to also be a hepatitis advocate in your community. Tell people about the dangers of the disease and the need for them to know their status.*

Question: *I will surely do that God's grace. Thank you very much Mr. Julius for your time. I am very grateful.*

INTERVIEW WITH MR. DOMINIC ABOI. VHAN'S FIELD/ COMMUNITY REPRESENTATIVE.

Question: May I meet you sir. Your name and what you do in this organization?

Answer: *My name is Dominic Aboi, and I am a field representative for Viral Hepatitis Association of Nigeria (VHAN).*

Question: What is your responsibility as a field representative and where do you carryout this responsibility?

Answer: *My responsibility as a field or community representative is to find places where we will go and carryout hepatitis intervention. I am the person in-charge of covering all the communities in Southern Kaduna because I reside in Kachia which is in Southern Kaduna.*

Question: How do you achieve that?

Answer: *I use proposal forms given to me by the organization. So, whenever I go to a school, church or bank, I begin with discussing the issue of hepatitis with the stakeholders. Then I tell them about our organization and what we do. After that, I give them the proposal forms to fill if they want us to come and carry out hepatitis intervention in their institution. Any institution that fills the form, we will go and carryout hepatitis campaign there. This is how I discharge my responsibility.*

Question: Have you been able to achieve success in your area of focus?

Answer: *To a large extent, I can say we are really trying. However, the main problem is that honestly many communities that I do visit, do not end up filling the form as required. For example, there is one community I called Agbak that I took the forms to the village head. After explaining everything to him, I gave him the proposal form. He asked me to come back the next day. And when I went back, he told me that they are still deliberating on the issue with some of his community elders. This was how I kept going back up to four or five times, but they never gave me any positive feedback. This is the situation at hand in many of the communities.*

Question: So you mean the approach has not been effective?

Answer: *We are still trying to improve on it.*

Question: Based on your experience so far, what is the level of people's awareness of viral hepatitis?

Answer: *Honestly, there are still many people out there who do not know much about the disease. There are many of them, especially in the rural areas.*

Question: So what do you think can be done to ensure that these people are effectively reached to?

Answer: *I think the organization needs to get more people. They need to get more workers so that we can be many. They also need to start encouraging us by giving us something every end of the month.*

Question: Something? Like What? Don't they pay you salary?

Answer: *No. they do not pay us any salary. We are three in number, and they only give us small amount of money whenever you are able to secure a campaign in your area of focus. So we have no other option than to also engage in other works so that we can support ourselves with.*

Question: Ok. What other challenges do you face in the field?

Answer: *I think the major challenge is the problem of compliance. Many people still do not comply with our advice on the need for them to know their hepatitis status, or to be vaccinated. Then the issue of inadequate staff. I think these are the major challenges we face.*

Question: Ok. Is there anything important that you will need to add concerning your work in the field?

Answer: *No. I think we have covered a lot.*

Question: Thank you very much Mr. Dominic for your time. I am very grateful.

Answer: *You are welcome.*

APPENDIX FOUR

PICTURES FROM THE FIELD.



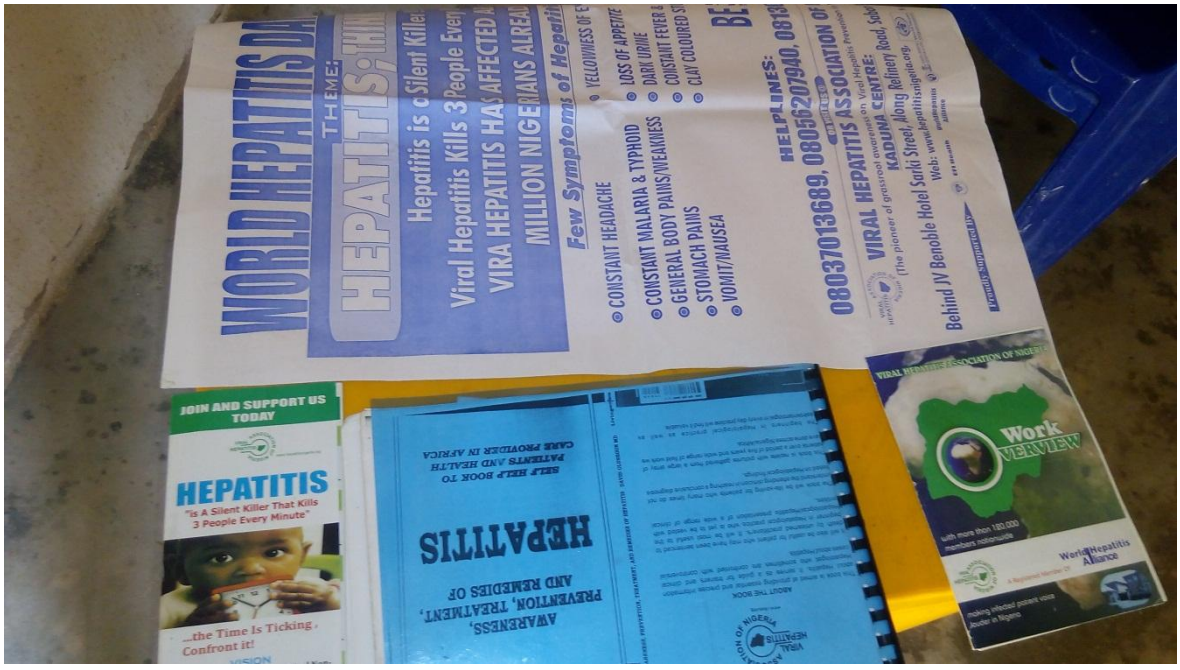
The Researcher with the Students of ECWA Good News School, Narayi High Cost, Kaduna in a Focus Group Discussion



The Researcher with the Members of Staff of ECWA Good News School, Narayi High Cost, Kaduna in a Focus Group Discussion



The Researcher with Mr Julius David VHAN's Chief Field Project Officer after an interview Session



The IEC Materials Used by VHAN in Hepatitis Intervention



The Researcher with Mr Julius David VHAN's Chief Field Project Officer in an Interview Session



The Researcher with the Patients in a Focus Group Discussion



The Researcher with the Patients in a Focus Group Discussion