CHAPTER FOUR

RESULT

A total of 160 questionnaire was administered to respondents in this study, and all of them responded with complete questions, giving a response rate of 100%, the analysis was therefore based on the total respondents and the findings as described below.

4.1 SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 4.1: Respondent's sociodemographic data. **N=160**

Socio-demographic data	Frequency	Percentage
Age		
Under 20	10	6.3
20-25	57	35.6
26-30	50	31.3
31-35	27	16.9
36-40	10	6.3
40 Above	6	3.8
Mean$\pm$SD = 27.56 $\pm$ 5.809		
Marital status		
Single	20	12.5
Married	140	87.5
Divorced	0	0.0
Widowed	0	0.0
Level of education		
None	3	1.9
Primary	23	14.4
Secondary	73	45.6
Tertiary	51	31.9
Postgraduate	4	2.5
Quranic	6	3.8

The average age of the respondents is 27 years, where of which more than one third 57(35.6%) of the respondents are age group 20-25 years, majority 140(87.5%) of the respondents are married, close to half 73(45.6%) have a secondary school educational background and 3(1.9%) of the respondents have no educational background.

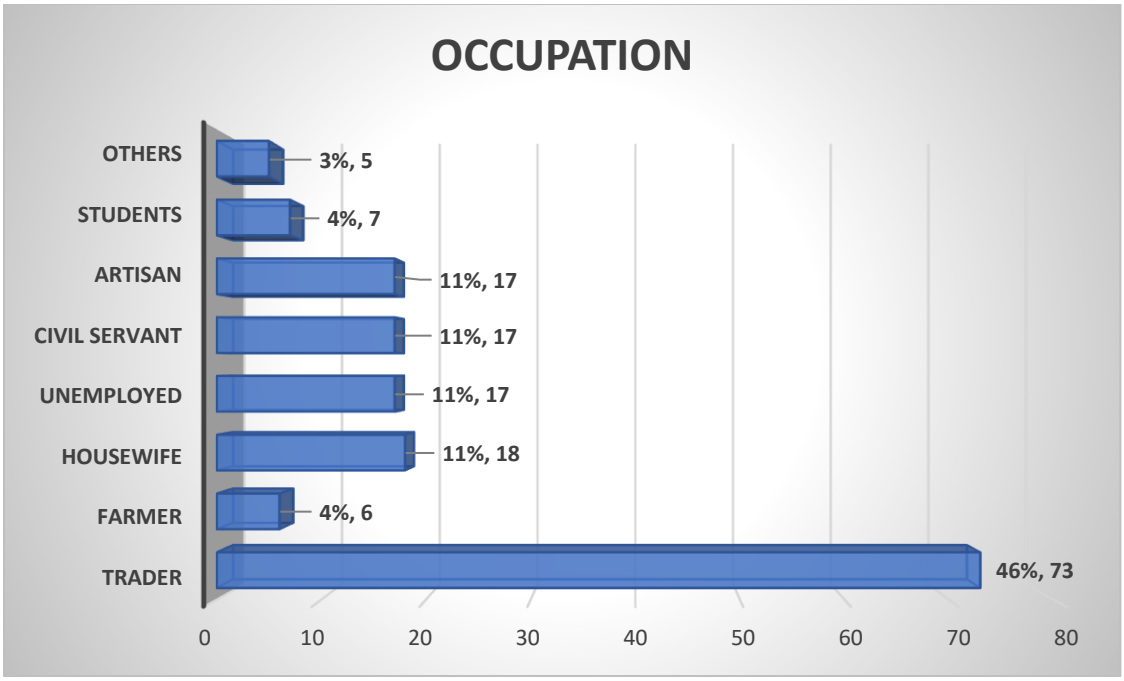

Figure 1: Respondent's occupation

Close to half 73(46%) of respondents are traders and less than one tenth 7(4%) of the respondents are students.

4.2 KNOWLEDGE OF MOTHER TO CHILD TRANSMISSION OF HEPATITIS B VIRUS AMONG PREGNANT WOMEN

Table 4.2: Knowledge of MTCT of HBV **(N=160)**

Statement on Knowledge of HBV	Frequency	Percentage
Ever heard of a disease caused by HBV		
Yes	71	44.4
No	89	55.6
Can HBV be transmitted from mother to child		
Yes	81	50.6
No	79	49.4
Scarification with unsanitized equipment can lead to transmission of HBV		
Yes	88	55.0
No	72	45.0
Risky reuse of manicure and pedicure equipment can lead to transmission of HBV		
Yes	87	54.4
No	73	45.6
Can HBV affect all age group		
Yes	90	56.3
No	70	43.8
The use of unsanitized equipment for circumcision, tattooing, uvulectomy, ear/nose piercing, local surgery can lead to HBV infection		
Yes	94	58.8
No	66	41.3
HBV can be transmitted through contaminated blood		
Yes	97	60.6
No	63	39.4
HBV can be transmitted through unprotected intercourse		
Yes	99	61.9
No	61	38.1
HBV is curable		
Yes	71	44.4
No	89	55.6
HBV can be transmitted through sweat		
Yes	60	37.5
No	100	62.5
Vaccination is available for HBV		
Yes	90	56.3
No	70	43.8

More than half 89(55.6%) of the respondents have not heard of a disease caused by HBV before, of which half 81(50.5%) believe that HBV can be transmitted from mother to child, more than half 88(55.0%) believe that scarification with unsanitized equipment can lead to transmission of HBV,

more than half 87(54.4%) indicated that risky reuse of manicure and pedicure equipment can lead to transmission of HBV, more than half 90(56.3%) of the respondents believe that all age group can get infected by HBV, 94(58.8%) believe that the use of unsanitized equipment for circumcision, tattooing, uvulectomy, ear/nose piercing, local surgery can lead to HBV infection, two third 97(60.6%) of respondents indicated that HBV can be transmitted through contaminated blood, two third 99(61.9%) believed it can be transmitted through sexual intercourse, more than half 89(55.6%) indicated that HBV cannot be cured, two third 100(62.5%) does not believe HBV can be transmitted through sweat and close to two third 90(56.3%) indicated that vaccination for HBV is available.

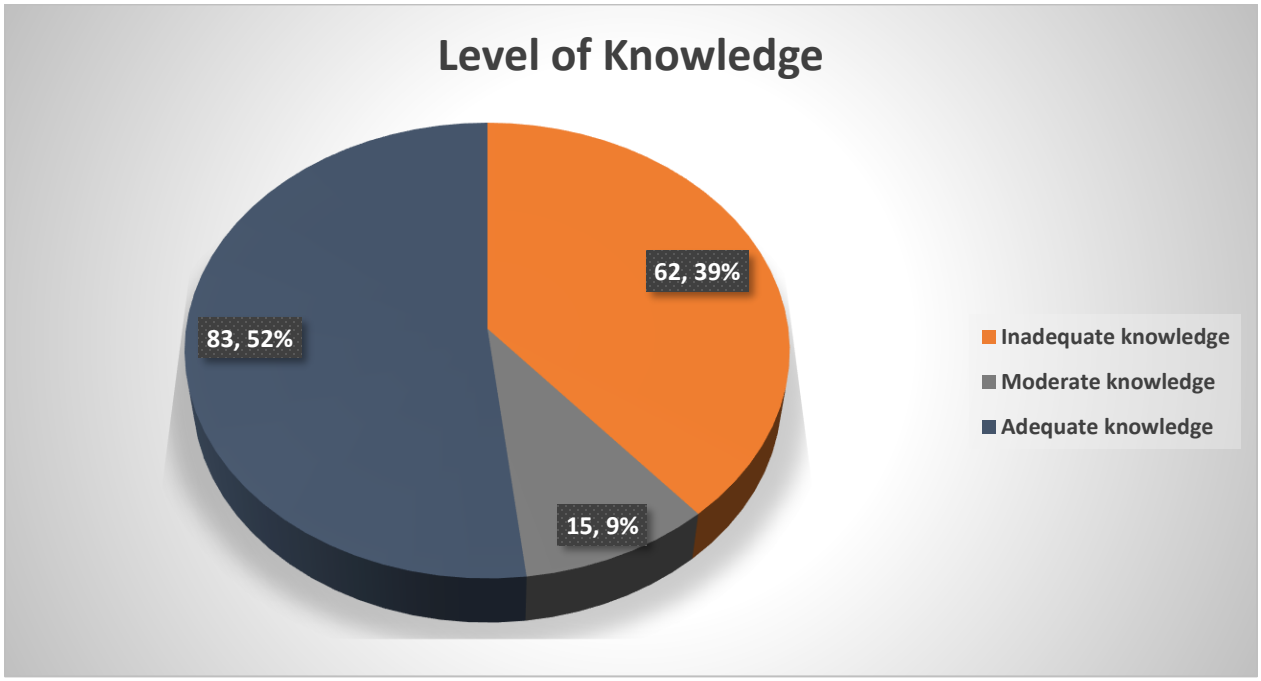

Figure.2: Respondent's level of knowledge.

More than half 83(52%) of the respondent have adequate knowledge on HBV, close to one tenth 15(9%) of the respondent's moderate level of knowledge and more than one third 62(39%) of respondents have inadequate knowledge on HBV.

4.3 ATTITUDE OF PREGNANT WOMEN TOWARDS MOTHER TO CHILD TRANSMISSION OF HEPATITIS B VIRUS

Table 4.3: Attitude of pregnant women towards MTCT of HBV **(N=160)**

Statement on Attitude	Frequency	Percentage
Do you think you can get HBV		
Yes	85	53.1
No	75	46.9
What would be your reaction if you found that you have HBV		
Fear	7	4.4
Sadness	29	18.1
Go to health facility	114	71.3
Do nothing	10	6.3
Who should an HBV positive person tell after discovery		
Physician	117	73.1
Parent	12	7.5
Husband	26	16.3
Friends	3	1.9
No one	2	1.3
What would you do if you have HBV symptoms		
Go to health facility	147	91.9
Go to traditional healer	5	3.1
Self-medicate	3	1.9
Visit the clergy	3	1.9
Will not go anywhere	2	1.3
If you had symptoms of HBV, at what stage would you go to health facility		
As soon as I realized the symptoms	142	88.8
After 2-4 weeks	9	5.6
After self-medication fails	4	2.5
Will not go to health facility	5	3.1
Diagnosis and treatment of HBV will be expensive		
Agree	56	35.0
Disagree	21	13.1
I don’t know	83	51.9

More than half 85(53.1%) of the respondents think they can get infected by HBV, three quarter 114(71.3%) indicated that their first reaction will be to go to health facility, if found positive, three quarter 117(73.1%) of the respondents indicated that the first person they will inform is a physician, majority 147(91.9%) indicated that they will visit health facility if they discover HBV symptoms, majority 142(88.8%) indicated that they will visit the visit health facility as soon as they realized the symptoms and more than one third 56(35.0%) of the respondents agreed that diagnosis and treatment for HBV will be expensive.

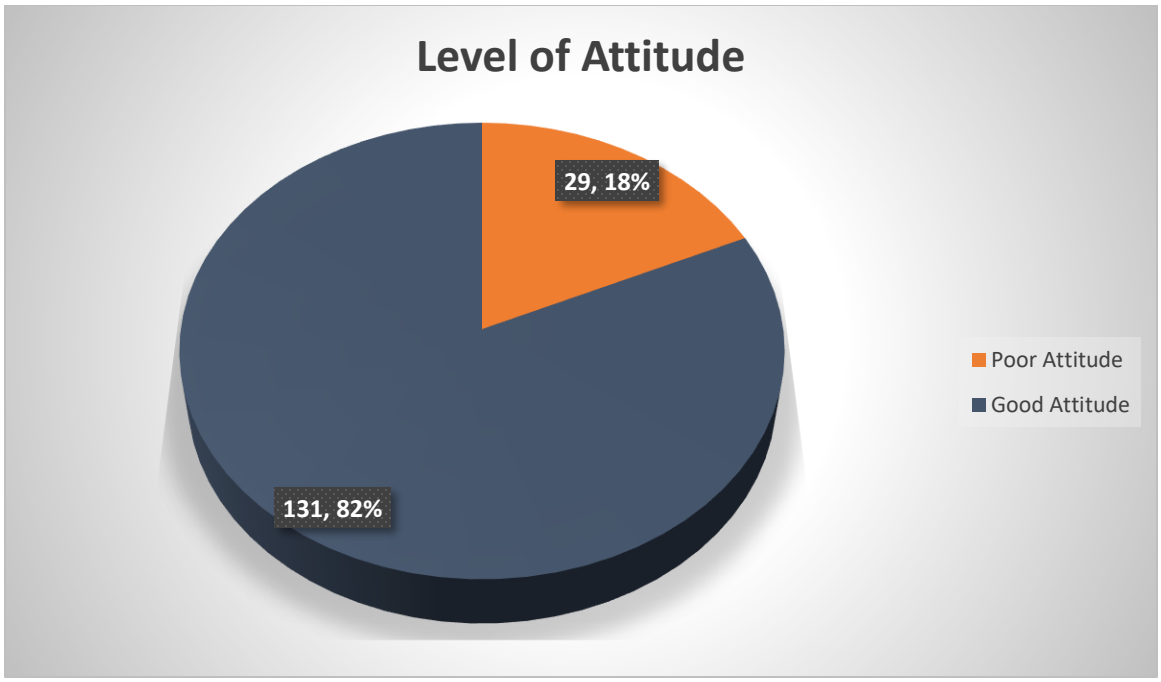

Figure 3: Level of attitude on HBV

Majority 131(82%) of respondents have good attitude while more than one tenth 29(18%) of respondents have poor attitude on hepatitis B virus.

4.4 FACTORS ASSOCIATED WITH UTILIZATION OF THE PREVENTION OF MTCT OF HBV

Table 4.4: Factors associated with the utilization of Mother-to-Child transmission of hepatitis B virus. **(N=160)**

Factors associated with the utilization of MTCT prevention of HBV	**Agree**		**Undecided**		**Disagree**	
	Freq	%	Freq	%	Freq	%
Regular accessibility of services	129	80.6	17	10.6	14	8.8
Support from spouse	124	77.5	22	13.8	14	8.8
Fear of stigma if positive after diagnosis	116	72.5	19	11.9	25	15.6
Religious belief	64	40.0	34	21.3	62	38.8
Availability of vaccination	125	78.1	22	13.8	13	8.1
Delivering baby at home affects the utilization of MTCT of HBV prevention services	115	71.9	31	19.4	14	8.8
Health workers attitude influence the utilization of MTCT of HBV prevention services	106	66.3	33	20.6	21	13.1

Majority 129(80.6%) of the respondents agreed that regular accessibility of HBV MTCT preventive services impact utilization, more than three quarter 124(77.5%) of respondents agreed that support from spouse impact utilization, close to three quarter 116(72.5%) agreed that fear of stigma if positive after diagnosis is a factor associated with the utilization of MTCT of HBV prevention services, 62(38.8%) agreed that religious belief influence utilization, more than three quarter 125(78.1%) of respondents agreed that availability of vaccination impact utilization, close to three quarter 115(71.9%) of respondents agreed that delivering baby at home affects the utilization of MTCT HBV prevention services and more than two third 106(66.3%) of the respondents agreed that health workers attitude influence the utilization of MTCT of HBV prevention utilization.

4.5 PREVENTIVE PRACTICE AGAINST MOTHER TO CHILD TRANSMISSION OF HEPATITIS B VIRUS AMONG PREGNANT WOMEN

Table 4.5: Frequency distribution on question related to HBV preventive practice **(N=160)**

Statement of Preventive Practice of HBV	Frequency	Percentage
Have you been screened of HBV		
Yes	50	31.3
No	110	68.8
Have you been vaccinated against HBV		
Yes	45	28.1
No	115	71.9
Do you share sharp object with anyone		
Yes	63	39.4
No	97	60.6
Do you share handkerchief, towel or cloths with anyone		
Yes	64	40.0
No	96	60.0
Do you ask for safe equipment when piercing your ear or nose		
Yes	82	51.2
No	78	48.8
Do you avoid meeting HBV patients		
Yes	50	31.3
No	110	68.8
Do you take all preventive precaution against HBV infection		
Yes	80	50.0
No	80	50.0

More than two third 110(68.8%) of the respondents have not been screened for HBV, close to three quarter 115(71.9%) of the respondent have not been vaccinated for HBV, two third 97(60.6%) do not share sharp object with anyone, two third 96(60.0%) do not share handkerchief, towel or cloths with anyone, close to half 78(48.8%) do not ask for safe equipment when piercing their ear or nose, more than two third 110(68.8%) do not avoid meeting HBV patients and half 80(50.0%) of respondent do not practice all preventive precautions against HBV infection while others do.

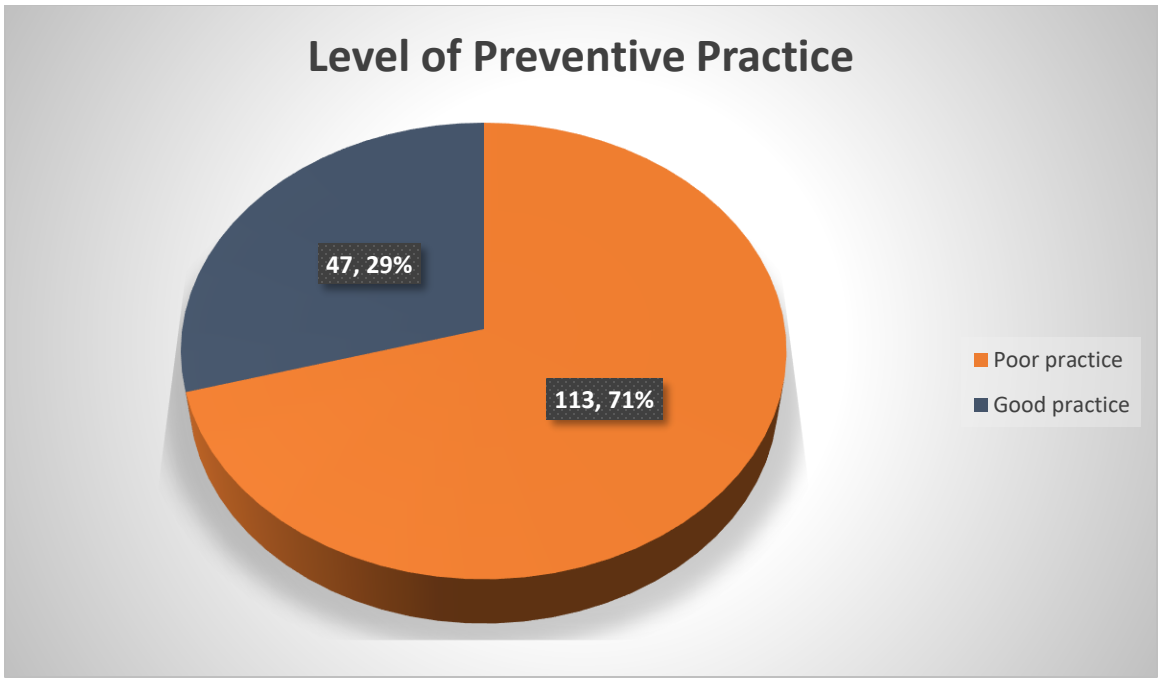

Figure 4: Level of preventive practice of MTCT of HBV

Close to three quarter 113(71%) of the respondents had poor HBV preventive practices, while close to one third 47(29%) of respondents had good preventive practice.

4.6 RELATIONSHIP BETWEEN THE SOCIODEMOGRAPHIC CHARACTERISTICS AND THE KNOWLEDGE OF MTCT OF HBV

Table 4.6: Association between the sociodemographic characteristics of respondents and the level of knowledge on HBV. **(N=160)**

Socio-demographic Characteristics	Level of Knowledge						Total	df	X^2	p-value
	Insufficient		Moderate		Sufficient					
	Freq	%	Freq	%	Freq	%				
Age										
Under 20	6	60.0	1	10.0	3	30.0	10(100%)			
20-25	30	52.6	2	3.5	25	43.9	57(100%)			
26-30	15	30.0	6	12.0	29	58.0	50(100%)	10	19.15	0.038
31-35	6	22.2	2	7.4	19	70.4	27(100%)			
36-40	4	40.0	2	20.0	4	40.0	10(100%)			
40 Above	1	16.7	2	33.3	3	50.0	6(100%)			
Marital status										
Single	12	60.0	2	10.0	6	30.0	20(100%)			
Married	50	35.7	13	9.3	77	55.0	140(100%)	2	4.782	0.092
Divorced	0	0.0	0	0.0	0	0.0	0			
Widowed	0	0.0	0	0.0	0	0.0	0			
Level of education										
None	2	66.7	0	0.0	1	33.3	3(100%)			
Primary	7	30.4	4	17.4	12	52.2	23(100%)			
Secondary	42	57.5	3	4.1	28	38.4	73(100%)	10	38.32	<0.001*
Tertiary	10	19.6	4	7.8	37	72.5	51(100%)			
Postgraduate	0	0.0	1	25.0	3	75.0	4(100%)			
Quranic	1	16.7	3	50.0	2	33.3	6(100%)			
Occupation										
Trader	35	47.9	6	8.2	32	43.8	73(100%)			
Farmer	2	33.3	1	16.7	3	50.0	6(100%)			
Housewife	7	38.9	4	22.2	7	38.9	18(100%)			
Unemployed	9	52.9	2	11.8	6	35.3	17(100%)	14	25.048	0.034
Civil servant	1	5.9	0	0.0	16	94.1	17(100%)			
Artisan	4	23.5	1	5.9	12	70.6	17(100%)			
Students	3	42.9	0	0.0	4	57.1	7(100%)			
Others	1	20.0	1	20.0	3	60.0	5(100%)			

Using Chi-square level of significant association (2-sided) of p-value <0.025. There is significant association between the significant association between the educational background and the level of knowledge on MTCT HBV at p-value <0.001. Therefore, the null hypothesis is rejected and the alternate hypothesis is accepted.

4.7 RELATIONSHIP BETWEEN THE SOCIODEMOGRAPHIC CHARACTERISTICS AND THE ATTITUDE OF MTCT OF HBV.

Table 4.7: Relationship between the sociodemographic characteristics and the attitude of MTCT of HBV **(N=160)**

Socio-demographic Characteristics	Level of Attitude				Total	df	X^2	p-value
	Poor		Good					
	Freq	%	Freq	%				
Age								
Under 20	2	20.0	8	80.0	10(100%)			
20-25	17	29.8	40	70.2	57(100%)			
26-30	8	16.0	42	84.0	50(100%)	5	12.762	0.026
31-35	0	0.0	27	100.0	27(100%)			
36-40	2	20.0	8	80.0	10(100%)			
40 Above	0	0.0	6	100.0	6(100%)			
Marital status								
Single	4	20.0	16	80.0	20(100%)			
Married	25	17.9	115	82.1	140(100%)	1	0.054	0.762
Divorced	0	0.0	0	0.0	0(100%)			
Widowed	0	0.0	0	0.0	0(100%)			
Level of education								
None	1	33.3	2	66.7	3(100%)			
Primary	2	8.7	21	91.3	23(100%)			
Secondary	16	21.9	57	78.1	73(100%)	5	8.212	0.145
Tertiary	7	13.7	44	86.3	51(100%)			
Postgraduate	0	0.0	4	100.0	4(100%)			
Quranic	3	50.0	3	50.0	6(100%)			
Occupation								
Trader	14	19.2	59	80.8	73(100%)			
Farmer	1	16.7	5	83.3	6(100%)			
Housewife	5	27.8	13	72.2	18(100%)			
Unemployed	3	17.6	14	82.4	17(100%)	7	5.489	0.601
Civil servant	0	0.0	17	100.0	17(100%)			
Artisan	3	17.6	14	82.4	17(100)			
Students	2	28.6	5	71.4	7(100%)			
Others	1	20.0	4	80.0	5(100%)			

Using Chi-square at significant level (2-sided) of p-value <0.025, there is no significant association between the sociodemographic characteristics of respondents and the attitude of pregnant women on MTCT of HBV. Therefore, the null hypothesis is accepted.

4.8 RELATIONSHIP BETWEEN THE SOCIODEMOGRAPHIC CHARACTERISTICS AND THE PREVENTIVE PRACTICE OF MTCT OF HBV.

Table 8: Relationship between the sociodemographic characteristics and the level of preventive practice. **(N=160)**

Socio demographic Characteristics	Level of Preventive Practice				Total	df	X^2	p-value
	Poor		Good					
	Freq	%	Freq	%				
Age								
Under 20	8	80.0	2	20.0	10(100%)			
20-25	44	77.2	13	22.8	57(100%)			
26-30	33	66.0	17	34.0	50(100%)	5	4.542	0.474
31-35	17	63.0	10	37.0	27(100%)			
36-40	8	80.0	2	20.0	10(100%)			
40 Above	3	50.0	3	50.0	6(100%)			
Marital status								
Single	17	85.0	3	15.0	20(100%)			
Married	96	68.6	44	31.4	140(100%)	1	2.277	0.190
Divorced	0	0.0	0	0.0	0(100%)			
Widowed	0	0.0	0	0.0	0(100%)			
Level of education								
None	3	100.0	0	0.0	3(100%)			
Primary	19	82.6	4	17.4	23(100%)			
Secondary	58	79.5	15	20.5	73(100%)	5	13.709	0.018*
Tertiary	28	54.9	23	45.1	51(100%)			
Postgraduate	2	50.0	2	50.0	4(100%)			
Quranic	3	50.0	3	50.0	6(100%)			
Occupation								
Trader	56	76.7	17	23.3	73(100%)			
Farmer	6	100.0	0	0.0	6(100%)			
Housewife	14	77.8	4	22.2	18(100%)			
Unemployed	14	82.4	3	17.6	17(100%)	2	22.065	0.002*
Civil servant	5	29.4	12	70.6	17(100%)			
Artisan	9	52.9	8	47.1	17(100%)			
Students	5	71.4	2	28.6	7(100%)			
Others	4	80.0	1	20.0	5(100%)			

Using Chi-square level of significant level (2-sided) at p-value <0.025 there is significant association between the educational background and the occupation of respondents on the level of preventive practice of MTCT of HBV. Therefore, the null hypothesis is rejected and the alternative hypothesis is accepted.