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Assessment of Knowledge and Perception of Hepatitis Disease Among Hospital Attendants at Lagos State University Teaching Hospital, Ikeja Lagos

Lawrence Folasade Odunola
Faculty of Nursing Science, Department of Nursing, Lead City University Ibadan, Oyo State

Abstract: Background: Viral hepatitis remains a major global public health concern, contributing significantly to liver-related morbidity and mortality despite the availability of effective preventive measures and treatment options. Knowledge and perception of hepatitis diseases play a crucial role in influencing health-seeking behaviour, uptake of screening services, vaccination, and disease prevention. This study assessed the knowledge and perception of hepatitis diseases among hospital attendants at Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos. Methods: A descriptive cross-sectional survey design was adopted for the study. A total of 250 hospital attendants were selected using a simple random sampling technique. Data were collected using a structured, researcher-administered questionnaire comprising sections on socio-demographic characteristics, knowledge, perception, and sources of information on hepatitis diseases. The instrument was validated by experts and its reliability established using the test–retest method. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics, including frequencies and percentages, were used to summarize the data, while Chi-square analysis was employed to determine associations between variables at a significance level of $p < 0.05$. Results: The respondents had a mean age of 34.8 ± 10.2 years, with the majority (39.2%) aged 25–34 years. Overall, 70.4% of the respondents demonstrated good knowledge of hepatitis diseases, while 75.6% exhibited a positive perception toward hepatitis diseases. Most respondents correctly identified the liver as the organ primarily affected by hepatitis and recognized infected blood, unprotected sexual intercourse, mother-to-child transmission, and sharing of sharp objects as important routes of transmission. The majority also acknowledged the importance of hepatitis B vaccination and early diagnosis in preventing disease complications. Significant associations were observed between respondents' age ($\chi^2 = 10.842$, $p = 0.028$), educational status ($\chi^2 = 19.486$, $p < 0.001$), occupation ($\chi^2 = 13.227$, $p = 0.021$), and knowledge of hepatitis diseases. Similarly, age ($\chi^2 = 9.734$, $p = 0.045$), educational status ($\chi^2 = 15.968$, $p = 0.001$), and occupation ($\chi^2 = 11.684$, $p = 0.039$) were significantly associated with respondents' perception of hepatitis diseases. Furthermore, a significant relationship was found between knowledge and perception ($\chi^2 = 45.621$, $p < 0.001$), indicating that respondents with good knowledge were more likely to have positive perceptions toward hepatitis diseases. Conclusion: Hospital attendants at Lagos State University Teaching Hospital demonstrated generally good knowledge and positive perceptions regarding hepatitis diseases. However, misconceptions regarding certain aspects of hepatitis transmission remain among a proportion of respondents. Continuous public health education, targeted awareness campaigns, and strengthened hospital-based health promotion programmes are recommended to improve knowledge, correct misconceptions, promote hepatitis screening and vaccination, and support efforts toward the elimination of viral hepatitis as a public health threat.

Keywords: Hepatitis diseases, knowledge, perception, hospital attendants, viral hepatitis, LASUTH, Nigeria.

Introduction

Hepatitis refers to inflammation of the liver resulting from infectious and non-infectious causes, with viral hepatitis accounting for the majority of cases worldwide. The five major hepatitis viruses hepatitis A, B, C, D, and E differ in their modes of transmission, clinical manifestations, and disease outcomes. Among these, hepatitis B virus (HBV) and hepatitis C virus (HCV) are responsible for most cases of chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma, making them significant contributors to global morbidity and mortality. Despite the availability of effective vaccines for hepatitis B and highly effective antiviral therapy for hepatitis C, viral hepatitis continues to impose a substantial public health burden, particularly in low- and middle-income countries where access to preventive and treatment services remains inadequate. According to the World Health Organization, over 304 million people are living with chronic hepatitis B or C infections globally, with approximately 1.3 million deaths occurring annually from hepatitis-related liver diseases [1].

Sub-Saharan Africa remains one of the regions most affected by viral hepatitis, accounting for a significant proportion of global hepatitis B infections. Nigeria is classified as a high-endemic country for hepatitis B, with community-based studies reporting prevalence estimates ranging from 8% to 12% among the general population. The high prevalence has been attributed to inadequate public awareness, poor vaccination coverage among adults, unsafe healthcare practices, delayed diagnosis, and limited access to routine screening services. Furthermore, studies have shown that a considerable proportion of infected individuals remain unaware of their hepatitis status until advanced liver disease develops, thereby reducing treatment opportunities and increasing the risk of transmission within communities.

Knowledge and perception of hepatitis diseases are essential determinants of preventive health behaviours and influence individuals' willingness to participate in screening, vaccination, and treatment programmes. Adequate knowledge promotes the adoption of protective behaviours such as avoiding risky practices, receiving recommended vaccinations, and seeking prompt medical attention, whereas poor knowledge and negative perceptions often contribute to misconceptions, stigmatization, delayed healthcare utilization, and continued disease transmission. Perception also affects how individuals assess their susceptibility to hepatitis infection and the seriousness of the disease, thereby influencing their engagement with preventive health services. Consequently, improving public knowledge and correcting misconceptions remain critical components of the World Health Organization's strategy for eliminating viral hepatitis as a public health threat by 2030. Several studies conducted across developing countries have reported inadequate knowledge and poor perception of hepatitis among different population groups, including university students, market traders, pregnant women, healthcare workers, and the general public. In Nigeria, misconceptions persist regarding the modes of transmission, availability of vaccines, treatment options, and the contagious nature of hepatitis infections, despite increasing public health campaigns. These misconceptions often lead to discrimination against infected persons and discourage individuals from accessing screening and treatment services [2]. Previous research has also demonstrated that educational attainment, previous exposure to health information, occupation, and contact with healthcare facilities significantly influence hepatitis-related knowledge and perception.

Hospital attendants constitute a strategically important population for hepatitis education because they comprise patients, caregivers, relatives, and visitors who frequently interact with healthcare providers and health information systems. Their presence within healthcare facilities presents opportunities for health promotion and disease prevention interventions. Moreover, hospital attendants often disseminate health information to family members and communities, making them valuable agents for improving community awareness of hepatitis prevention and control. Assessing their level of knowledge and perception is therefore necessary to identify existing information gaps and inform the design of effective hospital-based educational programmes capable of increasing hepatitis awareness, promoting vaccination and screening, reducing stigma, and improving healthcare-seeking behavior.

Although numerous studies have assessed hepatitis knowledge among healthcare workers and students, limited research has specifically focused on hospital attendants attending tertiary healthcare facilities in southwestern Nigeria. Lagos State University Teaching Hospital (LASUTH), Ikeja, serves one of the largest and most diverse patient populations in Nigeria, providing an ideal setting for evaluating public knowledge and perception of hepatitis diseases. Evidence generated from this study will provide valuable information for healthcare administrators and policymakers in designing targeted health education interventions aimed at improving hepatitis literacy among hospital users. Therefore, this study seeks to assess the knowledge and perception of hepatitis diseases among hospital attendants at Lagos State University Teaching Hospital, Ikeja, Lagos, with the ultimate goal of contributing to improved hepatitis prevention and control efforts in Nigeria.

Viral hepatitis remains a major global public health problem, with hepatitis B and C accounting for most cases of chronic liver disease, liver cirrhosis, and hepatocellular carcinoma. Knowledge of hepatitis refers to an individual's understanding of its causes, transmission, prevention, and treatment, while perception reflects beliefs and attitudes that influence health-seeking behaviour. Adequate knowledge and positive perception are associated with increased uptake of screening, vaccination, and early treatment, whereas poor knowledge contributes to misconceptions, stigma, and delayed healthcare utilization. Previous studies have reported varying levels of hepatitis knowledge across different populations. Maamor et al. found that knowledge of viral hepatitis among healthcare workers and the general population remains inadequate in many low- and middle-income countries. Similarly, Alabi et al. reported that although awareness of hepatitis B was relatively high among healthcare workers, misconceptions regarding its transmission and prevention still existed. In Nigeria, Adekanle et al. observed significant gaps in knowledge and vaccination practices despite moderate awareness of hepatitis B infection.

Among hospital attendants, knowledge and perception of hepatitis remain underexplored, particularly in tertiary healthcare facilities. Since hospital attendants regularly interact with healthcare providers and often serve as sources of health information within their communities, assessing their knowledge and perception is essential for identifying educational gaps and developing effective health promotion interventions.

Methods

This study adopted a descriptive cross-sectional survey design, which was considered appropriate for assessing the knowledge and perception of hepatitis diseases among hospital attendants. The design enabled the collection of quantitative data from respondents at a single point in time without manipulating any study variables. It provided an opportunity to evaluate the existing level of knowledge and perception of hepatitis diseases among hospital attendants attending Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos, and to identify areas requiring health education and public health intervention.

Study Area

The study was conducted at Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos State, Nigeria. LASUTH is one of the foremost tertiary healthcare institutions in southwestern Nigeria, established in 1955 as a cottage hospital before being upgraded to a teaching hospital in 2001 following the establishment of the Lagos State University College of Medicine. The hospital is located in Ikeja, the capital city of Lagos State, and serves as a major referral centre for patients within Lagos and neighbouring states. LASUTH provides comprehensive specialist healthcare services, medical education, and research across various clinical specialties. The hospital receives a high volume of patients, caregivers, relatives, and visitors daily, making it an appropriate setting for assessing knowledge and perception of hepatitis diseases among hospital attendants.

Study Population and Sampling

The study population comprised hospital attendants, including patients' relatives, caregivers, and visitors attending Lagos State University Teaching Hospital during the study period. A total of 250 respondents were recruited for the study. Participants were selected using a simple random

sampling technique through balloting to ensure equal chances of participation and to minimize selection bias. Only attendants aged 18 years and above who consented to participate were included in the study.

Data Collection and Analysis

Data were collected using a structured, researcher-administered questionnaire developed after reviewing relevant literature on hepatitis knowledge and perception. The questionnaire consisted of four sections. Section A elicited respondents' socio-demographic characteristics; Section B assessed knowledge of hepatitis diseases; Section C evaluated respondents' perceptions of hepatitis diseases; while Section D obtained information on respondents' sources of hepatitis-related information. The questionnaire was subjected to test–retest reliability, using respondents with similar characteristics outside the study area, and demonstrated satisfactory consistency. Content validity was established through expert review by specialists in Public Health and Epidemiology.

Data collection was conducted within designated waiting areas of the hospital after explaining the objectives of the study and obtaining informed consent from participants. Completed questionnaires were retrieved immediately after administration to minimize missing data. The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics, including frequencies, percentages, means, and charts, were used to summarize respondents' socio-demographic characteristics, knowledge, and perception of hepatitis diseases. Inferential statistics were performed using the Chi-square test to determine associations between selected socio-demographic variables and respondents' knowledge and perception. Statistical significance was established at $p < 0.05$.

Ethical Consideration

Ethical approval for this study was obtained from the Health Research Ethics Committee of Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos State. Permission to conduct the study was also obtained from the hospital management. The objectives and procedures of the study were clearly explained to all participants, and written informed consent was obtained before data collection. Participation was entirely voluntary, and respondents were assured of anonymity and confidentiality. No personal identifiers were collected, and all information obtained was used solely for academic and research purposes. Participants were informed of their right to decline or withdraw from the study at any stage without any consequences.

Result

Table 1. Sociodemographic Characteristics of Respondents

Demographic Characteristic	Frequency (n)	Percentage (%)
Age (years)		
18–24	36	14.4
25–34	98	39.2
35–44	72	28.8
45–54	30	12.0
55 years and above	14	5.6
Mean ± SD	34.8 ± 10.2 years	
Religion		
Christianity	158	63.2
Islam	86	34.4
Traditional	6	2.4
Ethnicity (Tribe)		
Yoruba	166	66.4
Igbo	48	19.2
Hausa	22	8.8

Demographic Characteristic	Frequency (n)	Percentage (%)
Others	14	5.6
Marital Status		
Married	152	60.8
Single	58	23.2
Divorced	22	8.8
Widowed	18	7.2
Educational Status		
No Formal Education	12	4.8
Primary	34	13.6
Secondary	82	32.8
Tertiary	122	48.8
Occupation		
Civil Servant	74	29.6
Trader	68	27.2
Self-employed/Business	46	18.4
Student	24	9.6
Artisan	20	8.0
Unemployed	18	7.2

Table 1 presents the socio-demographic characteristics of the 250 hospital attendants who participated in the study. The respondents had a mean age of 34.8 ± 10.2 years. The highest proportion of respondents (39.2%) were aged 25–34 years, followed by those aged 35–44 years (28.8%). Respondents aged 18–24 years accounted for 14.4%, while 12.0% were between 45 and 54 years. Those aged 55 years and above constituted 5.6% of the study population. In terms of religion, 63.2% of the respondents were Christians, 34.4% practiced Islam, while 2.4% practiced traditional religion. Regarding ethnicity, 66.4% of the respondents were Yoruba, 19.2% were Igbo, 8.8% were Hausa, and 5.6% belonged to other ethnic groups.

Concerning marital status, 60.8% of the respondents were married, 23.2% were single, 8.8% were divorced, while 7.2% were widowed.

The educational status of the respondents showed that 48.8% had tertiary education, 32.8% had secondary education, 13.6% had primary education, and 4.8% had no formal education. With respect to occupation, 29.6% of the respondents were civil servants, 27.2% were traders, 18.4% were self-employed or business owners, 9.6% were students, 8.0% were artisans, while 7.2% were unemployed.

Table 2. Respondents' Knowledge of Hepatitis Diseases (N = 250)

Knowledge Variable	Yes n (%)	No n (%)	Don't Know n (%)
Have you ever heard of hepatitis diseases?	232 (92.8)	10 (4.0)	8 (3.2)
Hepatitis is an infection that affects the liver.	214 (85.6)	18 (7.2)	18 (7.2)
Hepatitis B can be transmitted through infected blood.	206 (82.4)	24 (9.6)	20 (8.0)
Hepatitis can be transmitted through unprotected sexual intercourse.	188 (75.2)	34 (13.6)	28 (11.2)
Hepatitis can be transmitted from an infected mother to her baby.	176 (70.4)	38 (15.2)	36 (14.4)
Sharing sharp objects can transmit hepatitis.	212 (84.8)	20 (8.0)	18 (7.2)
Hepatitis can spread through casual contact such as handshaking.	52 (20.8)	166 (66.4)	32 (12.8)
A vaccine is available for Hepatitis B.	190 (76.0)	28 (11.2)	32 (12.8)

Knowledge Variable	Yes n (%)	No n (%)	Don't Know n (%)
Hepatitis can be prevented through vaccination.	198 (79.2)	24 (9.6)	28 (11.2)
Early diagnosis and treatment reduce complications of hepatitis.	204 (81.6)	18 (7.2)	28 (11.2)

The findings showed that the majority of the respondents (92.8%) had heard of hepatitis diseases, while 4.0% had not, and 3.2% were unsure. Most respondents (85.6%) correctly identified hepatitis as an infection that affects the liver, whereas 7.2% gave incorrect responses and another 7.2% did not know. Regarding the modes of transmission, 82.4% correctly identified infected blood as a route of hepatitis B transmission, while 9.6% disagreed and 8.0% were unsure. Similarly, 75.2% recognized unprotected sexual intercourse as a means of transmission, whereas 13.6% responded negatively and 11.2% did not know. In addition, 70.4% correctly indicated that hepatitis can be transmitted from an infected mother to her baby, while 15.2% disagreed and 14.4% were uncertain. A large proportion of respondents (84.8%) also correctly identified the sharing of sharp objects as a risk factor for hepatitis transmission, while 8.0% answered incorrectly and 7.2% did not know.

With respect to misconceptions, 66.4% correctly stated that hepatitis cannot be spread through casual contact such as handshaking, while 20.8% incorrectly believed that it could be transmitted through such contact, and 12.8% were unsure. This finding indicates that although most respondents possessed correct knowledge, misconceptions regarding the transmission of hepatitis still existed among a notable proportion of participants. Concerning prevention, 76.0% of the respondents were aware that a vaccine is available for hepatitis B, while 11.2% reported otherwise and 12.8% did not know. Likewise, 79.2% correctly indicated that hepatitis can be prevented through vaccination, whereas 9.6% disagreed and 11.2% were uncertain. Furthermore, 81.6% of the respondents acknowledged that early diagnosis and treatment can reduce complications associated with hepatitis, while 7.2% answered negatively and 11.2% were unsure.

Table 3. Overall Knowledge Score

Knowledge Level	Frequency	Percentage (%)
Good Knowledge (≥70%)	176	70.4
Poor Knowledge (<70%)	74	29.6
Total	250	100.0

Table 3 presents the overall knowledge score of the respondents regarding hepatitis diseases. The findings revealed that 176 (70.4%) of the respondents had good knowledge of hepatitis diseases, while 74 (29.6%) had poor knowledge. Overall, the results indicate that the majority of the respondents possessed good knowledge of hepatitis diseases, although nearly one-third demonstrated poor knowledge, highlighting the need for continuous health education and awareness programmes to improve public understanding of hepatitis prevention, transmission, and control.

Table 4. Respondents' Perception of Hepatitis Diseases (N = 250)

Perception Statement	SA n (%)	A n (%)	N n (%)	D n (%)	SD n (%)
Hepatitis is a serious public health problem.	128 (51.2)	82 (32.8)	18 (7.2)	14 (5.6)	8 (3.2)
Anyone can become infected with hepatitis regardless of age or gender.	106 (42.4)	94 (37.6)	20 (8.0)	18 (7.2)	12 (4.8)
I am personally at risk of contracting hepatitis.	78 (31.2)	96 (38.4)	32 (12.8)	28 (11.2)	16 (6.4)
Early screening helps prevent complications of hepatitis.	120 (48.0)	92 (36.8)	18 (7.2)	12 (4.8)	8 (3.2)

Perception Statement	SA n (%)	A n (%)	N n (%)	D n (%)	SD n (%)
Hepatitis B vaccination is an effective means of prevention.	116 (46.4)	94 (37.6)	20 (8.0)	12 (4.8)	8 (3.2)
People living with hepatitis should not be stigmatized or discriminated against.	142 (56.8)	74 (29.6)	16 (6.4)	10 (4.0)	8 (3.2)
I am willing to undergo hepatitis screening if recommended by a healthcare provider.	124 (49.6)	84 (33.6)	18 (7.2)	16 (6.4)	8 (3.2)
Health education can improve public awareness of hepatitis diseases.	146 (58.4)	72 (28.8)	16 (6.4)	10 (4.0)	6 (2.4)
Hepatitis can be effectively managed when diagnosed early.	118 (47.2)	88 (35.2)	20 (8.0)	16 (6.4)	8 (3.2)
I would encourage my family and friends to be screened for hepatitis.	122 (48.8)	90 (36.0)	16 (6.4)	14 (5.6)	8 (3.2)

Table 4 presents the respondents' perception of hepatitis diseases using a five-point Likert scale. The findings showed that the majority of the respondents had positive perceptions toward hepatitis diseases and their prevention [3]. More than half of the respondents (51.2%) strongly agreed, while 32.8% agreed that hepatitis is a serious public health problem. Similarly, 42.4% strongly agreed and 37.6% agreed that anyone can become infected with hepatitis regardless of age or gender. Regarding perceived susceptibility, 31.2% of the respondents strongly agreed and 38.4% agreed that they were personally at risk of contracting hepatitis, whereas 12.8% were neutral, 11.2% disagreed, and 6.4% strongly disagreed. Concerning the importance of early detection, 48.0% strongly agreed and 36.8% agreed that early screening helps prevent complications associated with hepatitis. With respect to preventive measures, 46.4% of the respondents strongly agreed and 37.6% agreed that hepatitis B vaccination is an effective means of prevention. Furthermore, 56.8% strongly agreed and 29.6% agreed that individuals living with hepatitis should not be stigmatized or discriminated against [4]. The majority of the respondents also expressed willingness to undergo hepatitis screening if recommended by a healthcare provider, with 49.6% strongly agreeing and 33.6% agreeing. In addition, 58.4% strongly agreed and 28.8% agreed that health education can improve public awareness of hepatitis diseases. Similarly, 47.2% strongly agreed and 35.2% agreed that hepatitis can be effectively managed when diagnosed early. Finally, 48.8% strongly agreed and 36.0% agreed that they would encourage their family members and friends to undergo hepatitis screening.

Table 5. Overall Perception Level

Perception Level	Frequency	Percentage (%)
Positive Perception (Mean score ≥3.0)	189	75.6
Negative Perception (Mean score <3.0)	61	24.4
Total	250	100.0

Table 5 presents the overall perception level of the respondents toward hepatitis diseases. The findings revealed that 189 (75.6%) of the respondents had a positive perception of hepatitis diseases, while 61 (24.4%) demonstrated a negative perception [5]. The results indicate that the majority of the respondents exhibited positive perceptions regarding the seriousness of hepatitis, the importance of preventive measures such as vaccination and screening, and the need for early diagnosis and appropriate management. However, nearly one-quarter of the respondents had negative perceptions, suggesting the existence of misconceptions and unfavorable beliefs about hepatitis diseases.

Table 6. Sources of Information on Hepatitis Diseases among Respondents (N = 250)

Source of Information	Frequency (n)	Percentage (%)
Healthcare workers	184	73.6
Television	162	64.8
Radio	118	47.2
Social media	156	62.4
Family and friends	96	38.4
Newspapers/Magazines	72	28.8
Internet websites	104	41.6
Community health campaigns	88	35.2
School	64	25.6

*Multiple responses were allowed.

Table 6 shows the respondents' sources of information on hepatitis diseases. The findings revealed that healthcare workers were the most common source of information, as reported by 184 (73.6%) respondents. This was followed by television (64.8%), social media (62.4%), radio (47.2%), and internet websites (41.6%). Family and friends accounted for 38.4% of the respondents' sources of information, while community health campaigns were reported by 35.2%. Newspapers and magazines (28.8%) and schools (25.6%) were the least reported sources of information [6], [7].

Table 7. Association Between Socio-demographic Characteristics and Knowledge of Hepatitis Diseases Among Respondents (N = 250)

Variable	Good Knowledge n (%)	Poor Knowledge n (%)	χ^2	p-value
Age (years)			10.842	0.028*
18–24	20 (55.6)	16 (44.4)		
25–34	74 (75.5)	24 (24.5)		
35–44	56 (77.8)	16 (22.2)		
45–54	18 (60.0)	12 (40.0)		
≥55	8 (57.1)	6 (42.9)		
Religion			1.956	0.376
Christianity	114 (72.2)	44 (27.8)		
Islam	58 (67.4)	28 (32.6)		
Traditional	4 (66.7)	2 (33.3)		
Educational Status			19.486	0.001*
No Formal Education	4 (33.3)	8 (66.7)		
Primary	18 (52.9)	16 (47.1)		
Secondary	50 (61.0)	32 (39.0)		
Tertiary	104 (85.2)	18 (14.8)		
Occupation			13.227	0.021*
Civil Servant	60 (81.1)	14 (18.9)		
Trader	42 (61.8)	26 (38.2)		
Self-employed	32 (69.6)	14 (30.4)		
Student	20 (83.3)	4 (16.7)		
Artisan	10 (50.0)	10 (50.0)		
Unemployed	12 (66.7)	6 (33.3)		

*Statistically significant at $p < 0.05$.

Table 7 presents the association between selected socio-demographic characteristics and respondents' knowledge of hepatitis diseases. The findings revealed a statistically significant association between respondents' age and their level of knowledge of hepatitis diseases (χ^2 =

10.842, p = 0.028) [8]. Respondents aged 35–44 years had the highest proportion of good knowledge (77.8%), followed by those aged 25–34 years (75.5%), while respondents aged 18–24 years had the lowest proportion of good knowledge (55.6%).

There was no statistically significant association between religion and respondents' knowledge of hepatitis diseases (χ^2 = 1.956, p = 0.376). Although respondents who practiced Christianity had a slightly higher proportion of good knowledge (72.2%) compared with Muslims (67.4%) and traditional religion adherents (66.7%), these differences were not statistically significant. Educational status was significantly associated with respondents' knowledge of hepatitis diseases (χ^2 = 19.486, p < 0.001). Respondents with tertiary education had the highest proportion of good knowledge (85.2%), followed by those with secondary education (61.0%), while respondents with no formal education had the lowest proportion of good knowledge (33.3%). This finding indicates that higher educational attainment was associated with better knowledge of hepatitis diseases [9]. A statistically significant association was also observed between respondents' occupation and their level of knowledge (χ^2 = 13.227, p = 0.021). Students had the highest proportion of good knowledge (83.3%), closely followed by civil servants (81.1%), whereas artisans had the lowest proportion of good knowledge (50.0%). This suggests that occupation significantly influenced respondents' knowledge of hepatitis diseases.

Table 8. Association Between Socio-demographic Characteristics and Perception of Hepatitis Diseases Among Respondents (N = 250)

Variable	Positive Perception n (%)	Negative Perception n (%)	χ^2	p-value
Age (years)			9.734	0.045*
18–24	22 (61.1)	14 (38.9)		
25–34	78 (79.6)	20 (20.4)		
35–44	58 (80.6)	14 (19.4)		
45–54	20 (66.7)	10 (33.3)		
≥55	11 (78.6)	3 (21.4)		
Religion			2.148	0.342
Christianity	122 (77.2)	36 (22.8)		
Islam	62 (72.1)	24 (27.9)		
Traditional	5 (83.3)	1 (16.7)		
Educational Status			15.968	0.001*
No Formal Education	5 (41.7)	7 (58.3)		
Primary	20 (58.8)	14 (41.2)		
Secondary	58 (70.7)	24 (29.3)		
Tertiary	106 (86.9)	16 (13.1)		
Occupation			11.684	0.039*
Civil Servant	62 (83.8)	12 (16.2)		
Trader	48 (70.6)	20 (29.4)		
Self-employed	34 (73.9)	12 (26.1)		
Student	21 (87.5)	3 (12.5)		
Artisan	12 (60.0)	8 (40.0)		
Unemployed	12 (66.7)	6 (33.3)		

*Statistically significant at p < 0.05.

Table 8 presents the association between selected socio-demographic characteristics and respondents' perception of hepatitis diseases [10]. The findings revealed a statistically significant association between respondents' age and their perception of hepatitis diseases (χ^2 = 9.734, p = 0.045). Respondents aged 35–44 years had the highest proportion of positive perception (80.6%), followed by those aged 25–34 years (79.6%) and those aged 55 years and above (78.6%). Respondents aged 18–24 years had the lowest proportion of positive perception (61.1%).There was

no statistically significant association between religion and respondents' perception of hepatitis diseases ($\chi^2 = 2.148$, $p = 0.342$). Although respondents practicing traditional religion recorded the highest proportion of positive perception (83.3%), followed by Christians (77.2%) and Muslims (72.1%), the observed differences were not statistically significant.

Educational status was significantly associated with respondents' perception of hepatitis diseases ($\chi^2 = 15.968$, $p = 0.001$). Respondents with tertiary education had the highest proportion of positive perception (86.9%), followed by those with secondary education (70.7%), primary education (58.8%), and no formal education (41.7%). A statistically significant association was also found between respondents' occupation and their perception of hepatitis diseases ($\chi^2 = 11.684$, $p = 0.039$) [11], [12]. Students recorded the highest proportion of positive perception (87.5%), followed by civil servants (83.8%), self-employed respondents (73.9%), traders (70.6%), unemployed respondents (66.7%), and artisans (60.0%).

Table 9. Association Between Knowledge and Perception of Hepatitis Diseases Among Respondents (N = 250)

Knowledge Level	Positive Perception n (%)	Negative Perception n (%)	Total	χ^2	p-value
Good Knowledge	154 (87.5)	22 (12.5)	176		
Poor Knowledge	35 (47.3)	39 (52.7)	74	45.621	<0.001*
Total	189 (75.6)	61 (24.4)	250		

Table 9 presents the association between respondents' knowledge and perception of hepatitis diseases. The findings revealed that among respondents with good knowledge of hepatitis diseases, 154 (87.5%) had a positive perception, while 22 (12.5%) had a negative perception. Conversely, among respondents with poor knowledge, only 35 (47.3%) had a positive perception, whereas 39 (52.7%) demonstrated a negative perception. The Chi-square analysis showed a statistically significant association between respondents' knowledge and perception of hepatitis diseases ($\chi^2 = 45.621$, $p < 0.001$). This finding indicates that respondents with good knowledge of hepatitis diseases were significantly more likely to have a positive perception than those with poor knowledge.

Discussion of Findings

This study assessed the knowledge and perception of hepatitis diseases among hospital attendants at Lagos State University Teaching Hospital (LASUTH), Ikeja, Lagos. The findings revealed that the majority of respondents demonstrated good knowledge of hepatitis diseases (70.4%). Most respondents correctly identified hepatitis as a disease affecting the liver and recognized infected blood, unprotected sexual intercourse, mother-to-child transmission, and sharing of sharp objects as major routes of transmission. They also acknowledged the availability of hepatitis B vaccination and the importance of early diagnosis and treatment [13]. These findings suggest that respondents possessed a relatively high level of awareness regarding hepatitis diseases, which may be attributed to increased public health campaigns and improved access to health information through healthcare facilities and the media.

The findings are consistent with those of Noubiap et al, who reported that awareness of viral hepatitis has improved among populations accessing healthcare services in sub-Saharan Africa, although knowledge gaps remain regarding disease transmission and prevention. Similarly, Nguyen et al. observed that individuals with greater exposure to health information generally demonstrated better knowledge of hepatitis and were more likely to utilize preventive services. However, the present study also identified misconceptions, particularly regarding casual transmission of hepatitis through handshaking, indicating that despite the overall good knowledge, important gaps still exist. Comparable misconceptions have been reported among community populations in developing countries, emphasizing the need for sustained public health education [14].

The study further revealed that 75.6% of respondents had a positive perception of hepatitis diseases. Most respondents regarded hepatitis as a serious public health problem, expressed

willingness to undergo screening, supported hepatitis B vaccination, and agreed that individuals living with hepatitis should not be stigmatized. This positive perception may reflect increased awareness of hepatitis prevention and control programmes implemented in Nigeria. Similar findings were reported by Hassan-Kadle et al, who found that positive perceptions toward hepatitis were associated with increased willingness to participate in screening and vaccination programmes. Positive perception is essential because it influences individuals' health-seeking behaviour and acceptance of preventive interventions [15].

Analysis of the association between socio-demographic characteristics and knowledge showed that age, educational status, and occupation were significantly associated with respondents' knowledge, while religion was not. Respondents with tertiary education were significantly more knowledgeable than those with lower educational attainment. This finding agrees with previous studies by Abiola et al. and Kumah et al, which identified education as one of the strongest predictors of hepatitis knowledge. Higher educational attainment likely improves access to health information and enhances individuals' ability to understand disease prevention messages.

Similarly, respondents' perception of hepatitis diseases was significantly associated with age, educational status, and occupation but not with religion. Participants with tertiary education and students demonstrated more positive perceptions than respondents with lower educational levels. This finding supports the Health Belief Model, which suggests that individuals with greater knowledge are more likely to perceive disease severity and the benefits of preventive actions, thereby adopting healthier behaviours.

Finally, the study found a statistically significant association between knowledge and perception of hepatitis diseases ($\chi^2 = 45.621$, $p < 0.001$). Respondents with good knowledge were significantly more likely to exhibit positive perceptions than those with poor knowledge. This finding corroborates previous reports by Nguyen et al. and Hassan-Kadle et al, who observed that improved knowledge of viral hepatitis was associated with more favorable attitudes toward screening, vaccination, and disease prevention. The result highlights the importance of continuous health education as an effective strategy for improving public perception and promoting positive health behaviours toward hepatitis prevention and control.

Conclusion

The study concluded that hospital attendants at Lagos State University Teaching Hospital generally possessed good knowledge and positive perceptions regarding hepatitis diseases. Nevertheless, misconceptions concerning certain modes of transmission persist among a proportion of respondents. Age, educational status, and occupation significantly influenced both knowledge and perception, while religion showed no significant association. Furthermore, a strong positive relationship was observed between knowledge and perception, indicating that respondents with better knowledge were more likely to have favorable perceptions toward hepatitis diseases. Strengthening public health education, particularly among individuals with lower educational attainment, is essential to improve hepatitis awareness, dispel misconceptions, encourage early screening and vaccination, and support efforts toward the elimination of viral hepatitis as a public health threat.

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