Knowledge, Attitude and Prevention of Hepatitis B Among Drivers in Karu Local Government Area, Nasarawa State

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ABSTRACT

Introduction: Hepatitis B virus (HBV) infection is a significant public-health issue globally and in Nigeria, with a disproportionate burden in low- and middle-income countries. In Nigeria, high endemicity, low knowledge, restricted access to diagnosis and partial vaccine coverage underlie continued transmission and liver morbidity and mortality. Mobile occupation groups like commercial drivers can be at higher risk. This research evaluated the knowledge, attitudes, prevalence and prevention of hepatitis B among commercial drivers in motor parks within Karu Local Government Area, Nasarawa State, in an aim to present gaps that can inform directed public-health interventions.

Methods: The target population were registered commercial drivers in operating capacity in motor parks within Karu, 268 drivers were selected with data collected using the DKAPHQ.

Results: 77.2% of the surveyed 268 drivers were unaware if they were HBV infected or not, 13.1% indicated a negative test result and 9.7% indicated a positive test result. Awareness about HBV was high on all major items: 90.3% recognized the liver damage done by HBV, 92.5% recognized that HBV is sexually transmitted, 90.7% recognized that casual contact does not spread HBV, 92.5% recognized that infected individuals can be asymptomatic, and 92.2% recognized that screening and vaccination exist. Truckers were recognized as a risk group by the majority (85.1%). Attitude scales measured quite positive orientations towards prevention: subjects concurred with the value of vaccination (mean = 2.843, SD = 0.797), public education (mean = 2.884, SD = 0.860), acceptance of screening (mean = 2.851, SD = 0.812) and willingness to get oneself tested/vaccinated (mean = 2.948, SD = 0.837). Distress in working with HBV-infected individuals still existed (mean = 2.187, SD = 0.841), reflecting stigma-related concerns. Actual preventive measure was uncommon: only 10.1% ever screened by a health worker, and 11.6% reported co-residence with HBV. Most reported family members (36.9%) or driver/acquaintances (30.2%) with HBV infection, and 76.5% knew HBV-related death in their neighborhoods. Significant structural barriers were faced: 82.8% reported absence of testing facilities in motor parks. Most of the participants agreed on preventive measures, complete vaccination (86.6%), safe sex on a regular basis (93.7%), screening of blood/organ (80.2%), avoidance of needle sharing (78.7%), routine testing of high-risk groups (86.6%), increased awareness promotion (91.4%), provision of park-based testing (89.2%) and compulsory screening of drivers (89.6%).

Conclusion: While there are positive attitudes and awareness about hepatitis B that are robust among Karu drivers, structural hindrances (lack of onsite testing, in part) and stigma limit effective prevention and adequate uptake of testing and vaccination. To stem HBV transmission among this high-risk occupational population, health programme managers and policy makers can enhance focused health education, provide affordable testing and vaccination services at motor parks or nearby facilities, incorporate HBV screening in occupational health requirements for drivers, and implement stigma-reduction interventions. The interventions will enhance early detection, linkage to care and vaccine coverage, thereby decreasing HBV-related morbidity and mortality among the study population.

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DOI: 10.21467/abstracts.8.7 ISBN: 978-81-998984-4-8 (eBook)