

# KNOWLEDGE, SELF-ESTEEM AND INTIMACY ON HEALTH STATUS DISCLOSURE AMONG PEOPLE LIVING WITH HEPATITIS IN MAKURDI METROPOLIS

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## Abstract

This study investigated Knowledge, self-esteem and intimacy on health status disclosure among people living with hepatitis in Makurdi metropolis. Using a cross sectional design method, 256 hepatitis patients made up of 160 males and 96 females randomly selected to participate in the study responded to a Questionnaire developed from four different instruments namely The Viral Hepatitis Questionnaire for Knowledge (VHQ) The Rosenberg's Self-esteem Scale (RSES), The Functional Analytic Psychotherapy Intimacy Scale (FAPIS) and the 15 Item questionnaire for self-disclosure. Data collected were analysed with simple linear regression for the first and second hypothesis, multiple linear regression for the third hypothesis and standard multiple regression for the fourth hypothesis. Results of the study indicates that knowledge [ $R^2=.697$ ,  $F(1,254)=584.337$ ,  $p<.001$ ], Self-esteem [ $R^2=.558$ ,  $F(1,254)=321.062$ ,  $p<.001$ ], Intimacy [ $R^2=.642$ ,  $F(3,252)=420.688$ ,  $p<.001$ ] and Self Disclosure [ $R^2=.506$ ,  $F(3,252)=270.142$ ,  $p<.001$ ] all had a significant independent and joint influence on health Status disclosure among People living with Hepatitis in Makurdi Metropolis. The study concluded that self-disclosure has implication on the health seeking behaviour of Individuals who have tested positive to hepatitis virus. From the findings of this study, it is recommended that self-disclosure could be used as a means of overcoming, fear of social Stigma affecting people living with hepatitis in Makurdi Metropolis. It is expected that, by overcoming fear of stigma, hepatitis patient will naturally become available to present for vaccination, care and treatment of hepatitis related Infections which will reduce further spread of the Liver disease and its attendant social and economic impact

**Keywords:** Knowledge, Self– Esteem, Intimacy, Self-Disclosure and Hepatitis

## Introduction

Health status disclosure is not common among people living with infectious diseases. Individuals diagnosed with hepatitis have become weary of disclosing their positive status to other people. This is worrisome and evident all over the world. Africans generally

and Nigerians particularly have become so scared of disclosing their health status when it concerns an infectious disease, especially hepatitis. Fear of social stigma is usually not unconnected to previous experiences among hepatitis victims and their family members which is reportedly responsible for status

non-disclosure behaviour attributed to hepatitis patients. According to Zickmund (2003), hepatitis carriers have been described as modern-day "lepers". Many people are unable to disclose their health status because of poor knowledge of the disease, low self-esteem and lack of trust for close intimate family members.

The World Health Organization (WHO) has identified five (5) main strain of Hepatitis viz; hepatitis A, B, C, D & E. According to Adjei (2020), disclosure can motivate family members of hepatitis B patient to get tested, linked to care and clinically managed to reduce the progression of hepatitis B to liver cirrhosis and cancer. If disclosure retrogresses hepatitis transmission what then, may hinder disclosure? Several factors are thought to influence self-disclosure of hepatitis status. These factors amongst others may include knowledge, self-esteem, intimacy etc. Knowledge of hepatitis could mean having the awareness of the cause, symptoms, clinical instructions, prevention and treatment of hepatitis. Besides knowledge, self-esteem may also influence self-disclosure of hepatitis among sufferers. From available literature, positive hepatitis individuals with low self-esteem may not easily report their hepatitis status to others, they might be shy, reserved and introverted limiting their self-disclosure attitude in respect of positive hepatitis status. Seen as bold, outgoing and extroverted hepatitis patients with high self-esteem may however exhibit openness to self-disclosure of positive hepatitis status before others. Because of the fear for rejection and the tendency to camouflage or cover up, it is thought that hepatitis positive status will not

be disclosed by hepatitis patients with inflated self-esteem. Interestingly, intimacy is likely another variable that can influence decision of people living with hepatitis in disclosing their health status. Individuals living with hepatitis like other Africans for fear of rejection might not find it easy to disclose their health status to close family members considered to be intimate. Self-disclosure is the process of passing of information about yourself to someone else whether you intend to or not (Jacobsen, 2021). When you release personal health Information about yourself knowingly or unknowingly, you are involved in health status disclosure. The World Health Organization (WHO) observed that many countries face challenges regarding hepatitis due to lack of knowledge about the disease (Cohew, 2018). Yacobi (1999) noted that, despite the high prevalence of hepatitis among young adults, most students know very little about this diseases. Research conducted with 104 members of the staff of two drug-free and two methadone-maintenance treatment programs (MMTPs) in the New York metropolitan area demonstrated that knowledge about hepatitis C is inadequate (Strauss et al., 2006). Five of 20 items on an HCV knowledge assessment were not answered correctly by majority of the participating staff depending on either high, moderate or low knowledge of hepatitis, victims may or may not disclose their positive health status of hepatitis. In a study for the interest of prevention and control of nosocomial infections, Farouq (2017) reported that 21.5% of healthcare workers self-reported having a history of hepatitis B Virus (HBV) infection or an hepatitis B surface Antigen (HBsAg) in

North Eastern Nigeria. Of the 182 participants, he found that 151 (82.97%) had good knowledge of HBV. The World Health Organization (WHO) predicted that, awareness rates of people infected with chronic hepatitis were less than 10% in South-East Asia and 5% in Africa. Also, Van (2014) reported that, levels of awareness and knowledge regarding hepatitis B were low, as the majority of respondents (73%) among Turkish migrants in Netherlands never thought about the disease and 58% of the respondents scored 5 or less out of ten knowledge items. According to self-esteem expert Morris Rosenberg (1965), self-esteem is quite simply one's attitude toward oneself. In a study among parturient women with chronic hepatitis B in Ghana, Lanyo(2022) noted that, participants reported feelings of distress and diminished self-esteem. Another study in the United States indicated that majority of patients with hepatitis B felt lonely and disappointed and had recurrent thoughts of premature death (Lee 2010). Blumenfield (2003) in a qualitative study of 18 patients (8 women and 10 men) diagnosed with HBV stated symptoms similar to that of dying patients because they suffered self-alienation, stupor and confusion, similar to the stages introduced for the first time by Kubler-Ross regarding dying patient's. Mohamed et al (2012) in cross-sectional study of outdoor adults patients of hepatology clinic in Kuala Lumpur, Malaysia reported that a third of the participants (33.5%) were embarrassed to reveal their diagnosis to the public but most of them (93.6%) would inform their family members. The question here is, does embarrassment affect self-esteem? A study of 14 hepatitis B virus pregnant victims purposely selected for

a study that reported avoidance/denial, spirituality and alternative treatment use as well as diminishing self-esteem (Lanyo 2020). Another study in Nigeria to compare hepatitis B and C positive Rates between conflict vs non conflict zones revealed that, Hepatitis B: 9.9% Vs 7.3%, hepatitis C 3.2% Vs 0.3%. Intimacy is "a feeling of closeness that develops from personal disclosures between people" (Laurenceau. 1998). Intimacy usually denotes mutual vulnerability, openness, and sharing. It is often present in close, loving relationships such as marriages and friendships. The term is also sometimes used to refer to sexual interactions, but intimacy does not have to be sexual (Deadwiler, 2020). In human interaction particularly with IDUs, there is existing evidence that women engage in riskier injection practices (Montgomery, 2002) more consistent is the finding that women are more likely to report factors indirectly associated with HCV infection, including having a regular injection drug use (IDU) sex partner (Gollub, 2002),(Miller, 2001),(Strathdee 2001) and needing help injecting (Spitta, 2002). Ali (2020) noted that, breaking the news of having hepatitis C to family members triggered various responses. Although, few participants received good feedback from their family members, many participants reported some kind of discrimination and rejection when their status were disclosed. Megan (2017) reported that participants disclosed their hepatitis C virus (HCV) positive status to a current sex partner (44.0%), family member (35.8%), close friend (9.5%), or past sex partner (6.6%). Of those reporting current (n=72) or past (n=215) injection drug use (IDU), only 2.8% disclosed to current and

0.9% disclosed to past IDU partners, respectively. Female participants were more likely than male participants to disclose to current sex partners and family member(s).

### **Research Questions**

- i. Will knowledge significantly influence health status disclosure among people living with hepatitis in Makurdi metropolis?
- ii. Can self-esteem be a significant determinant of health status disclosure of people living with hepatitis in Makurdi metropolis?
- iii. How can intimacy significantly contribute to health status disclosure among hepatitis sufferers in Makurdi metropolis?
- iv. To what extent will knowledge, self-esteem and intimacy have a significant joint influence on health status disclosure among hepatitis patients resident in Makurdi metropolis?

### **Research Hypotheses**

- I. Knowledge will significantly influence Health Status Disclosure among people living with hepatitis in Makurdi metropolis.
- ii. Self-esteem will be a significant determinant of health status disclosure of people living with hepatitis in Makurdi metropolis.
- iii. Intimacy will significantly contribute to health status disclosure among hepatitis sufferers in Makurdi metropolis.
- iv. Knowledge, self-esteem and intimacy will have a significant joint influence on health status disclosure among Hepatitis patients resident in Makurdi

metropolis.

## **Methods**

### **Design**

Cross-sectional Survey was used for the study. The independent variables for this study is knowledge, self-esteem and intimacy while the dependent variables are self-disclosure of hepatitis status among people living with hepatitis in Makurdi. The use of questionnaire as the instrument for data collection makes it a survey study.

### **Sample Size Determination/Sample Size**

This study will employ the use of Census Sampling method because the total number of patients with hepatitis in the selected hospitals was not too large. Therefore, the researcher used the responses of all the participants thus: Benue State University Teaching Hospital (BSUTH) - 97 Federal Medical Centre (FMC) - 105 Adoos Specialist Hospital - 54

### **Participants**

The participants for the study comprised of 256 hepatitis Patients made up of females and male participants receiving treatment for Hepatitis related illness at Benue State University Teaching Hospitals (BSUTH), Federal Medical Centre (FMC) and Adoos Specialist Hospital, all in Makurdi were non-randomly selected to participate in the study.

### **Instruments**

The instruments to be used in the main study were tested using 54 people living with hepatitis and receiving treatment at Adoos Specialist Hospital Makurdi. The result indicated that the participants comprised 18

(33.3) males and 36 (66.7%) female. Their ages ranged from 25-51 years with a mean age of 36.67 years (SD=9.23). Among them 12 (22.2%) were single, 15(27.8%) were married, 10(18.5%) were separated while 17(31.5%) were divorced. As for their education, 9 (16.7%) had primary education, 18(33.3%) had secondary education while 27(50%) had tertiary education. Concerning their religions, 45(83.3%) were Christians while 9(16.7%) were Muslims. In carrying out this study the researcher identify the particular clinic day of the week to administer the instrument after obtaining participant informed consent then goes ahead to interview each participant while recording their responds on the questionnaire one after another. The result from the pilot study further indicated that VHQ, RSES, FAPIS, Jourad 15 items scale all had reliability coefficient and item correlation above the minimum requirement of .30 (Cristobal et al., 2007). The instrument is therefore, fit to be used in the main study.

### Procedure

With a letter of introduction from the HOD Department of Psychology, Benue State University Makurdi addressed to The medical directors of various hospitals and an ethical clearance from FMC and BSUTH, the researcher explains the purpose of the study

briefly, obtained their informed consent and administers the instrument at BSUTH, FMC and Adoose Specialist Hospital all in Makurdi for data collection. He further instructs the patients to read each statement carefully and indicate the extent to which it is a true description of their opinion about hepatitis. Where a patient cannot read, the researcher takes his time to read and explain to the patient.

### Data Analysis

Data collected for this study were analyzed using both Descriptive and Inferential statistics. The Researcher used mean, standard deviation, frequency and percentage to describe the participants. Also, hypothesis 1, 2 were tested using simple linear regression, hypothesis 3 was tested using multiple linear regression while standard multiple regression was used in analysing data for Hypothesis 4. The statistical package for social science (SPSS) aided in computing data for this study thereby, ensuring that the analysis is free from unnecessary human error.

### Results

**Hypothesis 1:** The first hypothesis states that knowledge will significantly influence health status disclosure among people living with hepatitis in Makurdi metropolis.

**Table 1: Summary of simple linear regression showing the influence of knowledge on self-disclosure among people living with hepatitis in Makurdi Metropolis.**

Variable Sig	R	R <sup>2</sup>	F	df		t
Constant	.835	.697	584.337	1,254	22.963	.000
Knowledge				.835	24.173	.000

The result depicted in table 1 shows that knowledge significantly influenced self-disclosure among people living with Hepatitis in Makurdi Metropolis; [R<sup>2</sup>=.697, F(1,254)=584.337, p<.001]. The result implies that knowledge explained 69.7% of the variance in self-disclosure. Therefore,

hypothesis one was supported.

**Hypothesis 2:** The second hypothesis states that self-esteem will be a significant determinant of health status disclosure of people living with hepatitis in Makurdi metropolis.

**Table 2: Summary of simple linear regression showing the influence of self-esteem on self-disclosure among People living with hepatitis in Makurdi Metropolis.**

Variable Sig	R	R <sup>2</sup>	F	df	β	t
Constant	.747	.558	321.062	1,254	15.110	.000
Self-Esteem				.747	17.918	.000

The result depicted in table 2 shows that self-esteem significantly influenced self-disclosure among people living with Hepatitis in Makurdi Metropolis; [R<sup>2</sup>=.558, F(1,254)=321.062, p<.001]. The result implies that self-esteem explained 55.8% of

the variance in self-disclosure. Therefore, hypothesis two was supported. Hypothesis 3: The third hypothesis states that intimacy will significantly contribute to Health status disclosure among hepatitis sufferers in Makurdi Metropolis.

**Table 3: Summary of Multiple linear regression showing the influence of intimacy on self-disclosure among hepatitis patients in Makurdi Metropolis.**

Variable Sig	R	R <sup>2</sup>	F	df	β	t
Constant	.081	.642	420.688	3.252	12.623	.000
Hidden thoughts and feelings				.345	14.709	.000
Expression of Positive Emotions				.250	12.098	.000
Honesty and Genuineness				.585	21.433	.000

The result depicted in table 3 shows that intimacy significantly influenced self-disclosure among hepatitis patients in Makurdi Metropolis [R<sup>2</sup>=.642, F(3,252)=420.688, p<.001]. The result implies that intimacy explained 64.2% of the variance in self-disclosure. On independent basis, all the dimensions; hidden thoughts and feelings (β=.345, t=14.709, p<.001), expression of positive emotions (β=.250, t=12.098, p<.001) and honesty and

genuineness (β=.585, t=21.433, p<.001) made significant contributions to self-disclosure. Therefore, hypothesis three was also supported.

**Hypothesis 4:** The fourth hypothesis states that Knowledge, Self-esteem and Intimacy will have a significant joint influence on health status disclosure among hepatitis patients resident in Makurdi Metropolis.



**Table 4.4:** Summary of Standard Multiple regression showing the joint influence of knowledge, self-esteem and intimacy on self-disclosure among patients.

Variable Sig	R	R <sup>2</sup>	F	df	ß	t
Constant	.711	.506	270.142	3,252	13.775	.000
Knowledge				.519	11.908	.000
Self-Esteem				.555	12.091	.000
Intimacy				.410	9.774	.000

The result depicted in table 4.4 shows that knowledge, self-esteem and intimacy jointly influenced self-disclosure among hepatitis patients in Makurdi Metropolis; [R<sup>2</sup>=.506, F(3,252)=270.142, p<.001]. The result implies that knowledge, self-esteem and intimacy jointly explained 50.6% of the variance in self-disclosure. Therefore, hypothesis Four was also supported.

### Discussion

Findings from the First hypothesis reveals that knowledge significantly influence health status disclosure among people living with hepatitis in Makurdi Metropolis. This finding is consistent with the findings of Farouq (2017) where health workers self-reported having a history of Hepatitis B Virus (HBV) infection in North Eastern Nigeria. Out of 182 participants, 151 had good

diagnosis and treatment. Findings from hypothesis 3 shows that Intimacy Significantly influenced health status disclosure of people living with hepatitis in Makurdi Metropolis. This finding is in line with the findings of Megan (2017) in that participants disclosed their HCV-positive status to a current sex partner, family member, close friend or past sex partner. Findings from the Fourth Hypothesis reveals that knowledge, Self-esteem and Intimacy jointly influenced health status disclosure of people living with Hepatitis in Makurdi Metropolis. The findings did demonstrate similarities with earlier findings from Mohamed et al (2012) study of outdoor adult patients of hepatology clinic in Kuala Lumpur, Malaysia where only a third of the participants were embarrassed to reveal their diagnosis to the public but most of them would inform their family members.

### Knowledge of HBV.

Findings from hypothesis Two (2) indicated how self-esteem significantly influence health status disclosure of People living with Hepatitis in Makurdi Metropolis. This corresponded with the findings of Moroz (2018) who noted that, perceived and real stigma towards HCV, within families and workplaces, affected self-esteem and quality of life, causes delay or impediment to timely

### Conclusion

This study did investigate the influence of knowledge, self-esteem and intimacy on health status disclosure of people living with hepatitis in Makurdi Metropolis. The researcher reviewed several literatures. Findings from this study reveals that knowledge, self-esteem and intimacy significant independently and jointly

influenced health status disclosure of people living with hepatitis in Makurdi Metropolis. Findings from this study therefore, has implication on the health seeking behaviour of individuals who have tested positive to hepatitis virus.

### Recommendations

Based on the findings from this study that, knowledge, self-esteem and intimacy independently and jointly influenced health status disclosure of people living with hepatitis in Makurdi Metropolis, it is Recommended that;

- i. Physicians, Nurses, and other healthcare Practitioners should encourage hepatitis patients and their care givers on the Importance of health status disclosure as a means of getting hepatitis patients to overcome fear of and social stigma and boldly present for testing, access vaccine and treatment as their need may be.
- ii. Clinical Psychologist attached to hepatitis treatments facilities should double efforts in psychotherapy using psycho education in addressing the deficit in knowledge of cause, symptoms and treatment of hepatitis.
- iii. The Federal, State and LGA through The Ministry of Health should establish dedicated Hepatitis Centres that will make treatment easier for Hepatitis Patients.
- iv. The National Health Insurance Programme can expand its coverage to include hepatitis treatment regimen which is usually too expensive and unaffordable for many patients with hepatitis.
- v. Non-Governmental Organizations

(NGO's) and spirited individuals can establish Hepatitis Foundation or empowering existing ones for the needs of Hepatitis Patients.

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