ISSN No:-2456-2165

Assessment of Knowledge Sharing for Prevention of Hepatitis Viral Infection among Students of Higher Institutions of Kebbi State, Nigeria

Shehu Saidu
Kebbi State Polytechnic, Dakingari
Department of Library and Information Science

Mohammad, Abdulwakeeltankouchiri
Kebbi State Polytechnic, Dakingari
Department of Mathematics

Abstract:- The purpose of this study is to investigate the assessment of knowledge sharing for prevention of Hepatitis Viral Infection among students of higher institutions in Kebbi State, Nigeria. Survey research design was adopted for the study the area of the study was Kebbi State located in North West Geo-political region of Nigeria. The population of the study comprised student of Higher Institution in Kebbi State structured questionnaire was the instrument for data collection. The instrument was validated by expert from the Institutions data collected was analyzed using mean scores. The major finding of the study include that most of Higher Institution student in Kebbi State do not have knowledge on how to present themselves from viral infection, student rarely share knowledge on existence of vaccination for preventions of hepatitis viral infection, most of student didn't know their hepatitis status, the level of compliance to the knowledge sharing for prevention of hepatitis viral infection is very low is very recommend that management of the institutions should encourage student to be visiting the institution clinic, so that they will know their status of hepatitis and other health related issues. The management of the institutions should once in a year or quarterly be organizing heath programme so that awareness will be created on how student will prevent themselves from contacting hepatitis viral infection and other diseases. It is recommended that student's health status should be known before given an admission in the institution. It is also recommend that the management of the institution should make it compulsory for every student to be vaccinated after knowing his status, if he/she is not affected. More health personnel should also be employed.

I. INTRODUCTION

Knowledge is an important tool that makes individuals to become aware about a particular disease for its prevention. It is as a result of knowledge that individuals get to know the type, symptoms and security of a disease. Lawal, Ogboola, Aderibigbe and Bakare (2014) maintained that knowledge will invariably be the driving force behind improving productivity, economic growth, and performance as the modern world economy becomes more and more knowledge and information driven. According to Chalal and Savita (2010), knowledge is regarded as important information. As a result, knowledge, information, and data are all interrelated.

However, exchange of knowledge can lead to the creation of new knowledge, and can be a significant foundation of competitive advantage. Knowledge sharing is the process to develop and generate new ideas among higher institution students all over the world. Knowledge sharing has been seen and explain by many scholars in different forms and perceptions. Park and Im (2003) defined knowledge sharing as "the process of transferring knowledge from a person to another in organization. Chalal&Savita (2010) postulated that Knowledge sharing in its broadest sense, refers to the communication of all types Knowledge which includes explicit Knowledge or information, the 'know-how' and know-who' which are the type of knowledge that can be documented and captured as information and tacit knowledge in the form of skill and competencies.

Lack of sharing knowledge express individuals to get infected to a disease, which can lead to pains, spending huge amount of money and sometimes leading to death. However, there are many diseases that are found in the society in which knowledge sharing play a vital role in their identification taking preventive measure as well as management. some of these diseases are chronic. Hepatitis is reported to be one of the rapidly spread in which it affects individuals this is knowledge as a result of the role of knowledge possess by health care practitioners. It is through investigations that knowledge about the statistics of the hepatitis viral infections was known.

Globally, 354 million people have chronic hepatitis (World Health Organization 2016). Every day, over 8000 people get infected with hepatitis B and C, and each year, more than one million people die from advanced liver disease and liver cancer (World Health Organization 2016). Hepatitis is an inflammatory condition of the liver. It is commonly caused by a viral infection, but there are other possible causes of hepatitis. These include autoimmune hepatitis and hepatitis that occurs as a secondary result of medications, drugs, toxins, and alcohol. Autoimmune hepatitis is a disease that occurs when your body makes antibodies against your liver tissue. Viral infections of the liver that are classified as hepatitis include hepatitis A, B, C, D, and E. A different virus is responsible for each type of virally transmitted hepatitis. Hepatitis A is always an acute, short-term disease, while hepatitis B, C, and D are most likely to become ongoing and chronic. Hepatitis E is usually acute but can be particularly dangerous in pregnant women. All these are known as a result of knowledge that came as a result of investigation.

ISSN No:-2456-2165

Knowledge also helps in identifying the statistics of the people, who are infected with HIV in any country in the World. For example, Abdullahi (2019) reported that approximately 650,000 people die each year from complications of chronic hepatitis in Nigeria in which an estimated 75% of Nigerians are at risk of hepatitis virus infection exposure. World Health Organization (2013) posited that people at high risk include prison inmates, IDUs, people who frequently require blood and blood products, mentally ill persons, people with multiple sexual partners and health-care workers. This statement made by WHO shows that even student of higher institutions, secondary schools, and of course primary school student are also at risk. It is through knowledge that it is revealed, the virus is found in body fluids, blood and it is transmitted from person to person through sex, tattooing, body piercing with unsterilized equipment, sharing of equipment like razor, and toothbrush. Transmission from mother to child during childbirth where equipment is not adequately sterilized can also occur (Ugbebor, O., Aigbirior, M., Osazuwa, F., Enabudoso, E, and Omorogbe, Z. 2011). However, without sharing knowledge all these will not be understood by the public, which implies that people will not be able to prevent themselves against the disease and they will continue to be infected with the disease while suffering from its consequences.

Knowledge makes it possible for the health care practitioners to be able to provide effective treatment and vaccines which exist against the viral hepatitis. Even the deaths from the disease, which are increasing around the world, it is knowledge sharing that leads to their discovery. Much has been invested in the process of preventing this viral infection by WHO and primary healthcare centers. Despite all the major active actions taken in the prevention of the spread of this viral infection, Hepatitis still remains a major health problem and the rate at which this infection spreads among the public including students in universities is increasing. This is from the knowledge of the health care practitioners. Therefore, knowledge sharing is critical in identification, prevention and treatment of diseases in which Hepatitis is inclusive.

A. Problem Statement/Justification

Knowledge is an important tool needed in prevention of any disease that affects the public. Al-kurdi, Eldabi, &Haddadeh (2018) postulated that Knowledge is widely to be an essential commodity to organization resulting to competitive advantage. It is a key element that ensures students health and safety. If students have familiarity, awareness, or understanding of the way to prevent themselves from a disease, it will help them a long way. By most account, knowledge on how students should prevent themselves from diseases can be acquired in many different ways and from many sources, including but not limited to perception, reason, memory, testimony, scientific inquiry, education, and practice. However, Frappaolo (2006) claimed that knowledge sharing is about "how people share and use what they know". In addition, Tasmin and Woods (2007) asserted that knowledge sharing as a social system that supports collaboration and integration which is normally facilitated by technology. Knowledge sharing is important in the prevention of any disease which hepatitis is included.

Base on the knowledge of the researcher some students do not even know their hepatitis status, and the existence of vaccine for prevention. The World Health Organization (2016) said that 325 million people, or roughly 4% of the world's population, lives with viral hepatitis, and the disease causes 1.34 million deaths per year, in which students are included. Since 2000, deaths from viral hepatitis increased by 22%. According to Abdullahi (2019). Approximately 650,000 people die each year from complications of chronic hepatitis in Nigeria, with some cases from the students in their institutions. An estimated 75% of Nigerians, including students are at risk of hepatitis virus infection exposure. While effective treatment and vaccines exist against viral hepatitis, deaths from the disease are increasing around the world. However, in the case of kebbi state about six hundred (600) students of higher education are being infected with the Hepatitis disease as at 2020.

Much has been invested in the process of preventing this viral infection by WHO and primary healthcare centers. Despite all the major active actions taken in the prevention of the spread of this viral infection, Hepatitis still remains a major health problem and the rate at which this infection spreads among the public including students is increasing. However, the institutions are making effort in the provision of drugs to the infected students, but there is fear that the disease can continue to spread among the students. Base on this, the researcher declares that there is need to view this problem from a different viewpoint (i.e. information perspective) as such; the study will focus on Assessment of knowledge sharing for prevention of Hepatitis viral infection among students of higher institutions in Kebbi state, Nigeria.

B. Objectives of the Study

The objectives of the study are to:

- To identify the types of knowledge, possess for prevention of hepatitis viral infection among Students of higher institutions in Kebbi State, Nigeria.
- To determine the effect of knowledge sharing for prevention of hepatitis viral infection among students of higher institutions in Kebbi State, Nigeria.
- To identify the available source use in acquiring knowledge about hepatitis viral infection among student of higher institutions in Kebbi State, Nigeria.
- To determine the level of compliance to knowledge sharing for prevention of hepatitis viral infection among students of higher institutions in Kebbi State, Nigeria.
- To find out the challenge faced in sharing knowledge on hepatitis viral infection among students of higher institutions in Kebbi State, Nigeria.

C. The Concept of Knowledge

Any ailment that could impact the pupils can be prevented with knowledge, which is a crucial tool. It is a crucial component for ensuring the health and safety of pupils. Dalkir (2015). Information, context, and experience are the components that make up knowledge. The term

"context" refers to a person's environment, societal values, and culture. This indicates, however, that knowledge is more profound than merely facts. Individuals form knowledge in their thoughts through experience. According to Muhammad H. (2016), "Knowledge is comprehending a clear and certain perception of things, learning and all that the mind is capable of grasping, practical experience or skill, cognizance, recognition, and organized knowledge useful to problem solving."

Mohammed (2003) viewed Knowledge as facts; perspectives; concepts; beliefs; judgments and expectations; methodologies; know-how, and much more, acquired during the course of an action and inaction in our time. This can also be seen as a product of man ‘s experience. It encompasses the norms by which one evaluates the existing and anticipated inputs from one’s surroundings. Essentially, Knowledge is abstract; it can be transferred through shared practices or experiences. Some scholars believe that knowledge cannot be shared completely, while some believe that it can be shared but piecemeal.

D. Types of Knowledge

Knowledge is “stored facts”. All humans are capable of the storage of facts or information for retrieval at a later date.

Chris D. (2019) indicated the kinds of knowledge as follows:

- A Priori Knowledge
- Domain (Expert) Knowledge
- Dispersed Knowledge
- A Posteriori Knowledge
- Encoded Knowledge
- Explicit Knowledge
- Empirical Knowledge
- Tacit Knowledge
- Met knowledge
- Descriptive Knowledge
- Imperative (Or Procedural) Knowledge
- Unknown Unknowns
- Known Unknowns
- Situated Knowledge

We store and retrieve knowledge in our minds through cognitive process such as categorizing, memorizing, contextual recall and logical reasoning.

However, the two most important types of knowledge are tacit knowledge and explicit knowledge. Wilson (2012) is of the opinion that the concept of 'tacit' means ‘hidden ‘, tacit knowledge is hidden knowledge, hidden even from the consciousness of the knower. Thus, this hidden knowledge is inaccessible to the consciousness of the knower, and cannot be 'captured'. **Knowledge sharing** Knowledge sharing creates awareness among people, make someone to get informed and know the next action to take. The aims of Knowledge sharing are to distribute the right content to right people at right time. The system therefore must enable us quickly and effectively to find relevant information & expertise and that can aid into decision-making & problem solving.

Knowledge sharing is "the practice of transmitting knowledge from a person to another in an organization," (Park and IM, 2003). Developing common knowledge among members is a process. It can also be described as a type of interpersonal social contact, according to Bock and Kim (2002). Knowledge is stored in the human mind and is an integral element of who we are as people. Knowledge sharing, according to Frappaolo (2006), is "how people share and use what they know."

II. THEORETICAL FRAMEWORK

For the purpose of this study, two theories form the theoretical framework will be use: knowledge organization system theory and Sense making theory. The development, embodiment, distribution, and use of organizational knowledge are the first steps in the knowledge management processes, which are the subject of knowledge organization theory (Quintas 1997).

However, Sense making often involves gathering information, gaining an understanding of the information and then using the understanding to finish a task. Karl Wieck, the “father of sense making,” suggests that the term means simply “the making of sense” (Wieck, 1995, p. 4). It is the process of “structuring the unknown” (Waterman, 1990, p. 41) by “placing stimuli into some kind of framework” that enables us “to comprehend, understand, explain, attribute, extrapolate, and predict” (Starbuck & Milliken, 1988, p. 51). Sense making is the activity that enables us to turn the ongoing complexity of the world into a “situation that is comprehended explicitly in words and that serves as a springboard into action” (Weick, Sutcliffe, &Obstfeld, 2005, p. 409). Thus, sense making involves and indeed requires an articulation of the unknown, because, sometimes trying to explain.

A. Hepatitis viral infection prevention

- **Viral hepatitis** is a global public health problem affecting millions of people every year, causing disability and death. Overall: • Around 500 000 000 people are chronically infected with hepatitis B virus (HBV) or hepatitis C virus (HCV). • Approximately 1 000 000 people die each year (~2.7% of all deaths) from causes related to viral hepatitis, most commonly liver disease, including liver cancer. An estimated 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer result from HBV or HCV infection (WHO 2012) Viral hepatitis is an inflammation of the liver caused by one of the five hepatitis viruses, referred to as types A, B, C, D and E. While all of these viruses cause liver disease, they vary significantly in terms of epidemiology, natural history, prevention, diagnosis and treatment.
- **Hepatitis A virus** (HAV) is usually transmitted by the faucal-oral route, either through person-to-person contact or ingestion of contaminated food or water. Certain sex practices can also spread HAV. Infections are in many cases mild, with most people making a full recovery and

ISSN No:-2456-2165

remaining immune from further HAV infections. However, HAV infections can also be severe and life threatening. Most people in areas of the world with poor sanitation have been infected with this virus. Safe and effective vaccines are available to prevent HAV infection.

- **Hepatitis B virus** (HBV) is transmitted through exposure to infectious blood, semen, and other body fluids. HBV can be transmitted from infected mothers to infants at the time of birth, or from family members to infants in early childhood. Transmission may also occur through unsafe sexual intercourse, transfusions of HBV-infected blood and blood products, contaminated injections during medical procedures, and sharing of needles and syringes among injecting drug users. HBV also poses a risk to healthcare workers who sustain accidental needle-stick injuries while caring for HBV-infected people. A safe and effective vaccine is available to prevent HBV infection
- **Hepatitis C virus** (HCV) is mostly transmitted through exposure to infectious blood. This may happen through transfusions of HCV-infected blood and blood products, contaminated injections during medical procedures, and sharing of needles and syringes among injecting drug users. Sexual or interfamilial transmission is also possible, but is much less common. There is no vaccine against HCV. Both HBV and HCV can cause cancer to humans. Antiviral agents against HBV and HCV exist. Treatment of HBV infection has been shown to reduce the risk of developing liver cancer and death. HCV is generally considered to be a curable disease but for many people this is not the reality. Access to treatment remains a constraint in many parts of the world.
- **Hepatitis D virus** (HDV) infections occur exclusively in persons infected with HBV. The dual infection of HDV and HBV can result in more serious disease and worse outcomes. The hepatitis B vaccine provides protection from HDV infection.
- **Hepatitis E virus** (HEV), like HAV, is transmitted through consumption of contaminated water or food. HEV is a common cause of hepatitis outbreaks in the developing world and is increasingly recognized as an important cause of disease in developed countries. HEV infection is associated with increased morbidity and mortality in pregnant women and newborns. A safe and effective vaccine against HEV was licensed in January 2012 but is not yet widely available.

B. Hepatitis prevention

WHO (2021) provided three different ways one can prevent him/her self from getting affected:

1. Primary prevention knowledge
2. Secondary prevention knowledge
3. Tertiary prevention knowledge

C. Primary prevention knowledge

- Advocacy and raising awareness of all types of viral hepatitis infections help reduce transmission in the community. With this the student will get inform and have knowledge on how to prevent themselves from the viral hepatitis.
- Safe and effective vaccines are widely available for the prevention of HAV and HBV infections and an HEV vaccine has recently been licensed
- Implementation of blood safety strategies, including blood supplies based on voluntary non-remunerated blood donations, effective public education on blood donation, donor selection, and II. Prevention & control: a tailored approach quality-assured screening of all donated blood and blood components used for transfusion can prevent transmission of HBV and HCV.
- Infection control precautions in health care and community settings can prevent transmission of viral hepatitis as well as many other diseases.
- Safe injection practices can protect against HBV and HCV transmission.
- Safer sex practices, including minimizing the number of partners and using barrier protective measures (condoms), protect against HBV and possibly against HCV transmission.
- Harm reduction practices for injecting drug users prevent HAV, HBV and HCV transmission.
- Occupational safety measures prevent transmission of viral hepatitis to health care workers.
- Safe food and water provide protection against HAV and HEV infections.

Antiviral agents against HBV and HCV exist. However, drugs active against HBV or HCV are not widely accessible. Currently, three antiretroviral (TDF, 3TC, FTC) are effective for treatment of both HIV and HBV, so confected patients can take fewer drugs to treat the two diseases.

Secondary and Tertiary Prevention Early diagnosis provides the best opportunity for effective medical support and prevention of further spread. It also allows the infected persons to take steps to prevent transmission of the disease to others. Early diagnosis of those with chronic infection also allows people to take precautions to protect the liver from additional harm, specifically by abstaining from alcohol and tobacco consumption and avoiding certain drugs that are known to be toxic to the liver. Both the introduction of confirmatory testing and the notification and counseling of blood donors who have reactive results detected during screening of donated blood provide unique opportunities for early diagnosis and medical support to asymptomatic individuals who come to donate blood. Antiviral agents against HBV and HCV exist. However, drugs active against HBV or HCV are not widely accessible. Currently, three antiretrovirals (TDF, 3TC, FTC) are effective for treatment of both HIV and HBV, so confected patients can take fewer drugs to treat the two diseases. Although HCV can be treated, access to treatment remains an issue in many countries. Therapeutic advances and intense research have led to the development of many new oral antiviral drugs for HCV infection. A number of HCV specific oral drugs are in the late stage of development and some have been recently registered. Much needs to be done to ensure access to and availability of reliable and low-cost diagnostics and safe and simple treatment regimens, especially in resource constrained areas of the world.

The above-mentioned types of hepatitis viral infection prevention knowledge is need by all student of tertiary institution looking at the environment they live and how they mingle with each order at hostel, classes, football field and many more social places. And knowledge sharing among the students is the only solution to stop the spread of viral hepatitis among public through diffusion of information.

D. Previous Studies Related to the Study

This study found that majority of higher institution student don't know their hepatitis status and they don't even have knowledge on how to prevent themselves from this viral infection.

Review of the literature shows that a number of studies were conducted on Hepatitis viral infections prevention, control, diagnosis, treatment, and care. It is however, noticed that some studies indicate that the existence of a highly effective vaccine means that primary prevention through well-organized immunization programs remains a priority **studyby E. J. Aspinall, G. Hawkins, A. Fraser, S. J. Hutchinson, and D. Goldberg (2011)** on Hepatitis B prevention, diagnosis, treatment and care: a review.

Olusegun Adekanle, Dennis A.Ndububa, Samuel Anu Olowookere, Oluwasegun Ijarotimi, and Kayode Thaddeus Ijadunola (2017) investigated the Knowledge of Hepatitis B Virus Infection, Immunization with Hepatitis B Vaccine, Risk Perception, and Challenges to Control Hepatitis among Hospital Workers in a Nigerian Tertiary Hospital. Methods. A descriptive cross-sectional study. Consenting health care workers completed a self-administered questionnaire that assessed respondents' general knowledge of HBV, vaccination history and HBsAg status, risk perception, and challenges to control hepatitis. Data was analyzed using descriptive and inferential statistics. Results shows that Three hundred and eighty-two healthcare workers participated in the study. There were 182 males and 200 females. The respondents comprised 94 (25%) medical doctors, 168 (44%) nurses,68(18%) medical laboratory technologists, and 52 (14%) pharmacists. Over33% had poor knowledge with 35% not immunized against HBV Predictor so good knowledge include ageless than 35years, male sex, being a medical doctor, previous HBsAg test, and complete HBV immunisation. Identified challenges to control hepatitis include lack of hospital policy (91.6%), poor orientation of newly employed health workers (75.9%), and low risk perception (74.6%). Conclusion. Hospital policy issues and low risk perception of HBV transmission have grave implications for the control of HBV infection.

This study shown that, in comparison to fifth-year medical students, first-year medical students have low knowledge and lack of awareness about hepatitis B, its route of soft transmission, risk factors, and manner of prevention. In a similar vein, 63 (98.44%) of the first-year students had not received the hepatitis B vaccine, making them susceptible to the illness. It's interesting to note that lack of motivation is the primary barrier to vaccination (34.2 percent). The poll also reveals that the majority of students (92%) were aware of hepatitis. The results of the current study are unexpected, and they raise concerns regarding the large percentage of medical students who are either unvaccinated or unsure of their immunization status.

In many students following their main vaccine, anti-HBs levels were noticeably low, according to a recent study on medical students by Al-Ghamdi. Therefore, as a high-risk demographic, evaluating anti-HBs levels in medical students may be necessary. The level of medical students' knowledge of this potentially fatal virus and the demand for additional HBV education raise yet another crucial issue. As a result, it is strongly advised that the SPU make changes to its instructional program to raise students' understanding. The necessity of education is one key finding of this research. More educational efforts should be made on the students themselves for the reason that they play a significant role in the knowledge-dissemination and awareness-raising within their communities in order to contribute to the prevention of viral hepatitis, SPU must participate more in national, regional, and worldwide meetings about hepatitis. Additionally, educational programs should emphasize preventing infection and getting medical attention if one accidentally comes into contact with infectious bodily fluids. To promote universal vaccinations for all students upon entry, another idea for a new project may be to offer free HBV immunizations to all unvaccinated students entering medical faculties. Future research may focus on assessing medical students' responses and quantifying the hepatitis B antibody titers.

E. Sources use in acquiring knowledge

The four basic sources of knowledge will be considering in the process of this research work; perception, memory, consciousness, and reason. A basic source yields knowledge or justified belief without positive dependence on another source.

F. Knowledge Sharing Challenges

- Lack of trust among individuals is the biggest challenges that inhibits sharing of knowledge with others in an institution
- Lack of incentives and rewards system can hinder knowledge sharing and transfer, and motivation plays an important role for the knowledge sharer

G. Summary of the Review

This section review literature and identifies some certain key knowledge area of hepatitis, the review emphasized on institutions.

The study reviewed literature on the concept of knowledge, knowledge sharing with the role it will play in our higher institution if much consideration is being given. Theories of knowledge management and sense making were review it also reviewed literature on hepatitis prevention, that is to know the ways by which higher institution student will prevent them self from getting infected by the viral hepatitis infection through creating awareness among themselves and information diffusions.

ISSN No:-2456-2165

Literatures of Previous Studies Related to this Study, and Sources use in acquiring knowledge were also review.

Finally, Challenges of knowledge sharing in the prevention of hepatitis was also reviewed.

III. METHODOLOGY

Quantitative Research Method was adopted for this research study; data collected was analyzed using quantitative techniques. Usually Through the use of structured and standard questionnaire.

Survey research method was adopted for this study. A survey is a systematic method of collecting data from a population of interest; it tends to be quantitative in nature and aims to collect information from a sample of the population such that the results are representative of the population within a certain degree of error. According to (Aron, 1997) the purpose of a survey is to collect quantitative information, usually through the use of a structured and standardized questionnaire.

According to Nwana, (2002) if a population is many hundred one need to sample a sample size of 10%.

Bernard (2012) supported this by asserting that if a population of study is less than 200 the entire population should be used for the study. Therefore, for the purpose of this study the researcher used 10% of the population of the student out of 28,590 and the researcher administered 2,860 questionnaires to the target population during the process of administering the instrument, the researcher with the assistants administered the questionnaire hand to hand and face to face to each respondent.

Table 1 Population of the study

S/N	NAME OF INSTITUTION	POPULATION OF THE STUDENT
1.	Federal University of Kebbi State, Kalgo	4,757
2.	Kebbi State University of science and technology	6,719
3.	Waziri Umaru Federal Polytechnic, Birnin Kebbi	8,674
4.	Kebbi State Polytechnic, Dakin-Gari	179
5.	Adamu Augie College of Education, Argungu.	5876
6.	School of Nursing and midwifery, Birnin Kebbi	740
7.	School of Health Technology, Jega	1645
	Total	**28,590**

Table 2 Sample of the Study

S/N	Institutions	Population of the student	Student sample 10%
1.	Federal University of Kebbi State, Kalgo	4,757	476
2.	Kebbi State University of science and technology	6,719	672
3.	WaziriUmaru Federal Polytechnic, Birnin Kebbi	8,674	867
4.	Kebbi State Polytechnic, Dakin-Gari	179	18
5.	Adamu Augie College of Education, Argungu.	5876	588
6.	School of Nursing and midwifery, Birnin Kebbi	740	74
7.	School of Health Technology, Jega	1645	165
	Total	**28,590**	**2,861**

TABLE 3: RESPOND RATE

S/N		Population of the Study	Questionnaire Distributed	Questionnaire Returned
1.	Federal University of Birnin Kebbi	4757	476	429
2.	Kebbi State University of Science and Technology, Aliero	6719	672	618
3.	Waziri Umaru Federal Polytechnic, Birnin Kebbi	8674	867	822
4.	Kebbi State University, Dakingari	179	18	17
5.	Adamu Augie College of Education	5876	588	548
6.	College of Nursing Sciences, Birnin Kebbi	740	74	63
7.	Kebbi State of College of Health Sciences, Jega	1645	165	149
	TOTAL	**28,590**	**2860**	**2,646**

ISSN No:-2456-2165

TABLE 4: Type of knowledge student possess for prevention of hepatitis viral infection

S/N	TYPE	Questionnaire Returned	Percentage (%)
1.	Knowledge about existence of vaccine	40	1.5%
2.	Knowledge about students Hepatitis status	269.89	10.2
3.	Knowledge contact method of the disease	820.3	31%
4.	Knowledge symptom of the disease	542.4	20.5
5.	Knowledge the severity of the disease	714.4	27
6.	Knowledge early symptoms of the disease	259.30	9.8
	TOTAL	**2646**	**100%**

The above table shows the type of knowledge student possess for prevention of hepatitis viral infection among student of Higher Institution of Kebbi State. Where 31% of the respondent have it that they possesses knowledge about contact method of the disease, 27% of the respondent possess knowledge about the severity of the viral infection, 20.5% of the respondent possess knowledge about the symptoms of the disease, 10.2% of the respondent possess knowledge about the symptoms of the disease, 9.8% of the respondent have it that they have knowledge about early symptoms of the viral infection and 1.5% possess knowledge about existence of vaccine.

TABLE 5: Method of knowledge sharing on prevention of Hepatitis of any student

S/N	TYPE	Questionnaire Retired	Percentage (%)
1.	Through organizing health programme	34.4	1.320%
2.	Through doctors advices during student visit to clinic	238	920%
3.	Through colleague advice	481.6	18.2%
4.	Through personal effort	989.6	37.4%
5.	Through the use of library	132.3	5%
6.	Through social media	769.99	29.1%
	TOTAL	**2646**	**100%**

Table 5: Above analyzed the method of knowledge sharing on prevention of Hepatitis viral infection among student of higher institution in Kebbi State 37.4% of the respondent have if that the method they employed in knowledge sharing for prevention of hepatitis viral infection is through personal effort, 29.1% say they share knowledge through social media, 18.2% of the respondent have if that the method is through colleague advice, 9% indicate that Doctor, advice is the method of their knowledge sharing, 5% of the respondent indicate that is through the use of library and 1.3% of the respondent have it that is through organizing health programme.

Table 6: Level of Compliance to the Knowledge on Prevention of Hepatitis Viral Infection Among Student of Higher Institutions of Kebbi State

S/N	COMPLIANCE	f	%	f	%	f	%	f	%	f	%
1.	Knowledge about the existence of the vaccine	153.5	5.8%	243	9.2%	1190.7	45%	129.7	4.9%	9287	35.1%
2.	Knowledge about students hepatitis status	238.1	9%	171.9	6.5%	926.1	35%	103.19	39%	2448	10.5%
3.	Knowledge about contact method of the disease	529.2	20%	452.5	17.1%	343.9	13%	740.88	28%	579.5	21.9%
4.	Knowledge about symptoms of the disease from the infected person	423.4	16%	1137.8	43%	345.9	142.5%	682.7	25.8%	26.5	1%
5.	Knowledge about the severity of the disease	285.5	10.8%	534.5	20.2%	1137.8	43%	582.1	22%	104.8	4%
6.	Knowledge about the early symptoms of disease.	286.7	9.7%	352	13.3%	1005	38%	264.6	10%	767	29%

Keystone: HC = Highly Comply, C = comply, RC = Really comply NC = Not Comply, UD, Undecided.

Table 6: Above analyzed the level of compliance to the knowledge sharing for prevention of Hepatitis viral infection among students of Higher Institution in Kebbi State. Where 45% of the respondents indicate that they rarely comply with the knowledge sharing about the existence of vaccine, 43% of the respondent have if that they do comply with the knowledge about the symptoms of the disease from the infected person. 43% of the responded started that they rarely comply with the knowledge about the severity of the disease. 39% of the respondents have it that they do not comply with the knowledge about the Hepatitis status likewise 38%

ISSN No:-2456-2165

of the respondent also indicate that they rarely comply to the knowledge about the early symptoms of the disease and 28% of the respondent have it that they do not comply with the knowledge sharing about the contact method of hepatitis viral infection.

TABLE 7: Challenges face in knowledge sharing on hepatitis viral infection

S/N	Options	Frequency	Percentage (%)
1.	Lack of adequate health care programme in the institutions	1209	45.7%
2.	Overload of academic activities	537	20.3%
3.	Lack of interest in health information	66	2.5%
4.	Inadequate health personal	278	10.5%
5.	Non-frequent dissemination information form health personnel.	556	21%
	TOTAL	**2646**	**100%**

Table 7: Above shows that 45.7% of the respondent are with the view that there is lack of adequate health care programme in the institutions, 21% of the respondent indicate that there is non-frequent dissemination of information from health personnel, 20.3% have it that there is much overload of academic activities, 10.5 of the respondent indicate that inadequate health personnel is the problem they faced, 2.5% indicate that lack of interest in health information.

This is in line with Bolaji (2019). The quality of health care service delivered is poor and remain a huge source of concern.

IV. FINDINGS OF THE STUDY

The research finding also confirms question and other related issues of contestation below of the findings of the research.

1. It was also discovered that most of the respondent do not have knowledge on how to prevent themselves from the viral infection.
2. It was also discovered that respondent rarely share knowledge on the existence of vaccination from prevention.
3. Most of the student does not know their hepatitis status and they do not care to share knowledge about it.
4. It was discovered that the levels at which student comply with the knowledge sharing for prevention of hepatitis viral infection is very low most of the student do not comply.

V. CONCLUSION

From the summary of findings, the study concludes that knowledge sharing for prevention of hepatitis viral infection is very significant because it will help to know their hepatitis status, existence of vaccination and different very to prevent themselves.

RECOMMENDATION

The study provides the following recommendations.

1. The study recommended that the management of the institutions should encourage student to be visiting the institution clinic, so that they will know their status of hepatitis and other health related issues.
2. The study recommend that the management of the institutions should once in a year or quarterly be organizing heath programme so that awareness will be created on how student will prevent themselves from contacting hepatitis viral infection and other diseases.
3. It is recommended that student's health status should be known before given an admission in the institution.
4. It is also recommend that the management of the institution should make it compulsory for every student to be vaccinated after knowing his status, if he/she is not affected.
5. More health personnel should also be employed.

REFERENCES

[1]. Abdullahi, A. (2019). The Complications of Chronic Hepatitis in Nigeria. Guardian Nigeria News–Nigeria and World News. https://guardian.ng/news/experts-reveal-how-toeliminate-viral-hepatitis-as-health-threat

[2]. Ahmad A.E., Bakari A.G., Musa B.O., Mustapha S.K., Abdullahi I.N.,& Tahir M.I., (2019). Distribution of Hepatitis B virus-positive individuals in Zaria, Nigeria, according to risk-associated Practice. Calabar J Health science:25-30

[3]. Alan, F. (2014). A Synthesis of Knowledge Management Failure Factors. www.knowledge-management-tools.net

[4]. Alkurdi, O., Eldabi, T., &Haddadeh, R. (2018). Knowledge sharing in higher Education Institution; A systematic review. Journal of enterprise information management, 31(2). 226246.Accessed from www.researchgate.com

[5]. Aron, A., & Aron, E.N (1997). Statistics for the behavioral and social sciences: A brief course Upper Saddle River, N.J: Prentice Hall.

[6]. Babu, B., & Gopalakrishnan, S. (2008). *Knowledge Sharing Tools and Technology : An Overview Knowledge Sharing Tools and Technology : An Overview. September*. https://doi.org/10.14429/djlit.28.5.211

[7]. Bernard, T.L. (2012) Statistics for Beginners Book 1, revised and enlarged version.

[8]. Ibadan: SAAL publications. P.2-3

[9]. Brewer, E.W., Steele, G.T.,& Wang, V.X. (2015). Survey Research: Methods, Issues and the Future.

[10]. Retrieved 24th November, 2019 from http://www.igi-global.com/ch.

[11]. Chalal, S.S., &Savita, J. (2010). Knowledge sharing among university teaching staff: A case study. Retrieved oct 08, 2019 from www.researchgate.net

[12]. Czaja, R.,& Blair, J. (2005). Designing Surveys: A Guide to Decisions and Procedures. Thousand Oaks, CA: Sage Publications
[13]. Cohen, L., Manion, L., & Morrison, K. (2007). Research method in education. London: Routledge Taylor &Francis Group
[14]. Colorado State University. (2009). Ethical considerations of using email surveys. Retrieved Aug. 6, 2011, from http://writing.colostate.edu/guides/research/survey/com4al.cfm
[15]. Drost, E. A. (2004). Validity and Reliability in Social Science Research. 38(1), 105–125.
[16]. Erfani, A., Shahriarirad, R., Ranjbar, K., Mirahmadizadeh, A., & Moghadami, M. (2020). Knowledge, attitude and practice toward the novel coronavirus (COVID-19) outbreak- A population-based survey in Iran. *Bulletin of the World Health Organization*, *March*, 2–3.
[17]. Fernie, S., Green, S. D., Weller, S. J., &Newcombe, R. (2003). Knowledge sharing: context,confusion and controversy. International Journal of Project Management, 21, 177187.
[18]. Frappaolo, C. (2006). Knowledge Management. Capstone Publishing Ltd. (A Wiley Company):West Sussex, England.
[19]. Gilaninia, S., Askari, M. A., & Dastour, M. (2013). Overview of the Importance of KnowledgeManagement and Its Agents. *Kuwait Chapter of Arabian Journal of Business and Management Review*, *2*(12), 23–29. https://doi.org/10.12816/0001267
[20]. Hambrick (Ed.), The executive effect: Concepts and methods for studying top managers (35–65). Greenwich, CT: J
[21]. IBM Institute for Knowledge-Based Organizations research. (2012). Managing organizational knowledge. United States of America
[22]. Ibrahim, U. (2013). Techniques for Writing and Presentation of Theses/Dissertations: A companion guide for postgraduate student in Nigerian University System. Zaria: ABU Press
[23]. Lawal, W.O., Agboola, I.O., Aderibigbe, N. A.,Owolabi, K.A., &Bakare, O.D (2014). knowledge sharing among academic staff in Nigeria university of Agriculture: A survey international journal of information Library and society, 3. (1).25-32. Accessed from www.publishingindia.com
[24]. Mercy, H. (2019).American Productivity & Quality Center, U.S.A retrieved from https://www.apqc.org/knowledge-base/documents/strategic-planning-knowledge management-km-essentials-recording
[25]. Muhammed, H. (2016). utilization of knowledge management tools for library operations and services in federal university libraries in northern states of Nigeria.
[26]. Osunade,o., Philips, O. F.,&Ojo, O. (2007). Limitations of knowledge sharing in academia: A case from Nigeria. Knowledge for Management Development Journal, 3(1), 26-34.
[27]. Park, H. S.,&Im, B. C. (2003). A study on the Knowledge Sharing Behavior of Local Public Servants in Korea. [Internet] http://www.kapa21.or.kr/down/2003
[28]. Starbuck, W. H., & Milliken, F. J. (1988). Executives' perceptual filters: What they notice and how they make sense. In D.C.
[29]. Tasmin, R.,&Woods, P. (2007). Relationship between corporate knowledge management and the firm's innovation capability. International Journal of Services Technology and Management, 8(1), p. 62-79.
[30]. Ugbebor, O., Aigbirior, M., Osazuwa, F., Enabudoso, E,&Omorogbe, Z. (2011). The prevalence of hepatitis B and C viral infections among pregnant women. North American Journal of Medical Sciences, 3(5):238-241.
[31]. Waterman, R. H.,& Jr. (1990). Adhocracy: The power to change. Memphis, TN: Whittle Direct Books.
[32]. Wilson, T.D. (2002). The nonsense of 'knowledge management'. Information Research,8(1) http://informationr.net/ir/8-1/paper144.html
[33]. Weick, K. E. (1995). Sensemaking in organizations. Thousand Oaks, CA: Sage.
[34]. Weick, K. E. (2001). Making sense of the organization. Oxford: Blackwell.
[35]. Wen, S. (2015). Implementing Knowledge Management in Academic Libraries: APragmatic Approach. University of Michigan Library, Ann Arbor, U.S.A. retrieved fromhttp://www.white-clouds.com/iclc/cliej/cl19wen.htmon 13th October, 2015
[36]. World Health Organization. (2016). Global health sector strategy on viral hepatitis 2016-2021. *GlobalHepatitis Programme Department of HIV/AIDS*, *June*, 56.