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EDITORIAL

We are delighted to present the Volume 6, Issue 2 of *Jigawa Journal of Multidisciplinary Studies (JJMS)*. The tradition of JJMS remains the desire to publish articles that make original contributions to all spheres of life as it is multidisciplinary with emphasis on sound research: theoretical and empirical research. Articles that present excellent insight into broad or specific areas of any discipline as well as position papers and/or proposals on contemporary issues shall be welcome.

Professor Umma Abdulwahid
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The journal will be fully peer-reviewed. Review comment and result will be returned. Authors may receive,

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- ii. Acceptance after minor changes: you need to make minor changes according to the editor's instruction.
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- vi. The final publication of your article in the Journal.

The Journal aims to appeal to researchers, policy makers and practitioners who share the common goal of achieving excellence in education in Jigawa State, the nation and the world at large.

FREQUENCY

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Table of Contents

S/N	TOPIC	PAGE
1	Child Labour and Slum Health in Nigeria Chukwudeh Stephen Okechukwu	1-6
2	Knowledge and Prevention of Liver Cirrhosis among Adults Living in Borno West Local Government Area, Kwara State, Nigeria Jidda, K. A. PhD., Oyeemi, S. T., Abdulrasaq, Q. O. PhD., & Oyeemi, A. O. PhD.	7-22
3	Trace Elements Determination in Food Samples: A Review of Digestion Methods Umar, A., Iyaka, Y. A., Salau, R. B., & Opaluwa, O. D.	23-43
4	The Influence of Peer-Grouping on Career Choice of Students and Strategies Employed for Career Choice in Bwari Area Council in Abuja, Nigeria John Onyemanche Oparaduru PhD., & Kwahiri Wada Chiroma	44-56
5	A Survey of Reading Attitude and Preferred Information Resources by Undergraduates in the Faculty of Social Sciences in Nigerian Universities Augustina Chinyere Chime, Loveth Ogoegbunam Ekwueme PhD. CLN., & Patricia Ngozi Ofodu PhD. CLN	57-74
6	Cheering, Music-Singing and Hypnosis as Correlates of Sports Performance among Athletes of the University of Benin Oriakhi Akugbe Unity PhD.	75-83
7	Causes and Challenges of Plagiarism among Academics and Students: Librarians' Perspective Baba Abdu CLN., Hassan Adamu & Umar Mukhtar Dandume	84-92
8	Effectiveness of Computer Simulation Approach on Students' Attitude Towards Teaching and Learning of Basic Science in Sabon-Gari, Zaria Local Government Area Education Zone of Kaduna State Owameye Najem & Muhammed Abdulazeez Hassan	93-106
9	The Impact of Artificial Intelligence-Based Training Programme on Self-Learning Skills of Basic Science Teachers Malami Mahmud Shallah, Yahya Fatima & Muza Shehu Haruna	107-116
10	Investigating Personality and Emotional Intelligence as Correlates of Career Choice among Secondary School Students in Afijio Local Government Area of Oyo State Shittu John Idowu PhD., & Ayena Olugbenga Oladapo PhD.	117-125
11	The Blind Spots in Igbo Language and Literature Education Eze Cyprian Chidozie & Eze Mabel Nwachinyere	126-135

12.	Dispositional and Demographic Variables as Determinants of Sibling Rivalry among Students with Special Needs in Oyo State, Nigeria: Solomon Adekunle Odedokun PhD.	136-152
13.	Lecturers' Perception of Use of Electronic Databases in Universities in Katsina State, Nigeria: Hadi Lawal & Bappah Magaji Abubakar PhD.	153-170
14.	Impact of Economic Growth and Inflation on Unemployment Rate in Nigeria: 1981-2022: Jonathan O. Oniore, Marvelous I. Aigbedion & Justina Nwaneri- Amadi	171-189
15.	Evaluating Relationships between Interest, Ability, Financial Reasons, Media and Career Decision Making among Undergraduates in Jigawa State, Nigeria: Salisu Yunusa, Wan Marzuki Bin Wan Jaafar, Asmah Ismail, & Wan Norhayati Binti Wan Othman	190-203
16.	An Assessment of Human Resource Management in Private Colleges of Education in Kwara State, Nigeria: Kamaldeen Olohundare Sulyma, Busayo Alao, Olanrewaju Kolapo Mohammed, & Abosede Olaitan Buraimoh	204-216
17.	Assessment of Availability of Water Sanitation Hygiene in Secondary Schools in Federal Capital Territory, Abuja, Nigeria: Akorede, S.N, PhD., Getso A.S. PhD., Abdulmumini M., & Aliyu, K.	217-223
18.	The Effects of Eight Weeks' Jogging on the Body Composition of University of Benin Handball Players: Oriakhi Akugbe Unity & Elvis Oghenekume Ejuvwevo	224-235
19.	The Role of Sport Tourism on the Development of Tourism in the 21 st Century Nigeria: A Conceptual Approach: Lawal Ibrahim Yazid PhD.	236-249
20.	The Relevance of Patience in the Management of Pandemic in Nigeria: The Islamic Solutions: Ibrahim Lawal Hunkuyi PhD	250-260
21.	Arabic Language as a Calming Wand to Deviant Behaviours among Students in Arabic Schools in Iseyin Local Government Area of Oyo State, Nigeria: Surakat Rafiu Olaniyi	261-274
22.	Assessing Influence of Qualification and Experience on Test Construction Competence of Secondary School Teachers in Gombe State, Nigeria: Nasiru Sa'ad PhD.	275-283
23.	Customer Relationship Management Capability and Sustainable Sales' Growth of Micro, Small and Medium Enterprises in Nigeria: Joseph A. Dada, PhD., Grace O. Dada, Daniel E. Ufua, PhD., & Oluwatoyin D. Adesanya PhD.	284-302
24.	Effects of Flipped Teaching Strategy on Students' Learning Outcome and Retention in Physics in Delta North Senatorial District of Delta State: Abamba Emmanuel Ikechuku PhD.	303-314

25.	The Impact of Community Sport on the Development of Social Capital of Local Communities' Sport in North West, Nigeria: Ibrahim Muhammad Daura & Lawal Yazid Ibrahim PhD.	315-325
26.	Cyber-Security Threats and the Challenges of a Cashless Economy, Nigeria: Rahanatu Ahmad Coomassie	326-332
27.	Assessment Techniques for Learners with Special Needs in Nigeria: Dumo Patience Bohmanuel & Vivien Voke Sota	333-342

KNOWLEDGE AND PREVENTION OF LIVER CIRRHOSIS AMONG ADULTS LIVING IN ILORIN WEST LOCAL GOVERNMENT AREA, KWARA STATE, NIGERIA

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ABSTRACT

Cirrhosis is a major cause of mortality and morbidity worldwide and represents an important burden on healthcare resources. This study investigated knowledge of the causes and prevention of cirrhosis among adults living in Ilorin West Local Government Area (LGA), Kwara State. It also examined differences in knowledge of causes and prevention of cirrhosis among this group of people based on gender and age. Descriptive research design was adopted. The population comprised of all adults in Ilorin West LGA, Kwara state. Three-staged sampling procedure was employed to select a total of 200 respondents for the study. A researchers' structured questionnaire was adopted for data collection. Data collected were analyzed using frequency counts, simple percentage, mean and ranking while independent t-test and Analysis of Variance (ANOVA) statistics were used to test hypotheses at 0.05 alpha level. The findings revealed that there was a significant difference in knowledge of causes of cirrhosis based on gender and based on age. However, there was no significant difference in knowledge of prevention of cirrhosis based on gender and age. The study concluded that the knowledge of the causes and prevention of cirrhosis among respondents was inadequate. It was recommended that adults should be sensitized on the various ways cirrhosis could be caused as well as prevented, advocacy should be sought to vaccinate adults who missed out hepatitis vaccinations in childhood.

Keywords: *Knowledge, Causes, Cirrhosis, Prevention, Morbidity*

INTRODUCTION

Health priorities have significantly shifted in most parts of the world since the turn of the century due to dramatic changes in lifestyle. Resultantly, the predominant epidemiological characteristics have transitioned from

infectious diseases to Non-Communicable Diseases (NCDs). NCDs are diseases that can be prevented by lifestyle alteration or modification, now stand out to be the major causes of deaths in the world. NCDs are also known as chronic diseases, are not transmissible

from person to person. They are of long duration and generally progress slowly. They are also referred to as a "lifestyle" disease because the majority of these diseases are preventable illnesses with risk factors which include tobacco use (smoking), alcohol abuse, poor diets (high consumption of sugar, salt, saturated fats, and trans fatty acids), and physical inactivity. NCD kills 36 million people a year, a number that by some estimates are expected to rise by 17–24% within the next decade. All age groups and all regions of the world are affected by NCDs (World Health Organization [WHO], 2015).

Idris et al. (2020) posited that the global burden of NCDs, especially in developing countries, continues to rise. Africa is expected to have the world's largest increase in NCD deaths over the next decade due to the epidemiologic transition of disease. NCDs, an 'epidemic in slow motion', have been projected to be a leading cause of morbidity and mortality in Nigeria by 2030 (WHO, 2017). Liver disease, one of the NCDs, accounts for approximately 2 million deaths per year worldwide, 1 million due to complications of cirrhosis and 1 million due to viral hepatitis and hepatocellular carcinoma (Lasebikan & Ola, 2016). Cirrhosis is a worldwide problem and is not isolated from other chronic pathologies such as obesity, diabetes, and heart disease (Asrani et al., 2019). Cirrhosis, also known as liver cirrhosis or hepatic cirrhosis, and end-stage liver disease, is the impaired liver function caused by the formation of scar

tissue known as fibrosis, due to damage caused by liver disease (National Health Service, 2020). Damage causes tissue repair and subsequent formation of scar tissue, which over time can replace normal functioning tissue leading to the impaired liver function of cirrhosis. It causes fluid build-up in the abdomen which may become spontaneously infected (James et al., 2018). The consequences are the development of portal hypertension and liver failure (Zhou et al., 2014).

When the term cirrhosis was coined two centuries ago by Laennec, it meant—by definition—an end-stage irreversible liver disease. Nowadays this word encompasses a whole range of disorders including some degree of reversibility (Esmat & El-Raziky, 2015). The disease arises from a wide variety of chronic diseases, which progresses slowly after years or decades. It typically develops slowly over months or years and may arise as a consequence of an exogenous toxic, infectious, autoimmune, vascular process, by deposition or an error of innate metabolism. Patients are primarily diagnosed when they are identified with alterations of the anatomy and liver function through clinical examination, biochemical tests, imaging and/or histological findings (Wiegand & Berg, 2013).

Early symptoms may include tiredness, weakness, loss of appetite, unexplained weight loss, nausea and vomiting, and discomfort in the right upper quadrant of the abdomen. As the disease worsens,

symptoms may include itchiness, swelling in the lower legs, fluid build-up in the abdomen, jaundice, bruising easily, and the development of spider-like blood vessels in the skin. More serious complications include hepatic encephalopathy, bleeding from dilated veins in the esophagus, stomach, or intestines, and liver cancer (National Institute of Diabetes and Digestive and Kidney Diseases [NIDDKD], 2021). Pimpin et al. (2018) reported that up to 40% of patients remain asymptomatic for long periods; however, once the complications develop, a progressive deterioration occurs whose outcome is death if the patient does not undergo a definitive treatment, which is the liver transplant.

Cirrhosis is usually associated with transmissible consumption of alcohol, metabolic syndrome, autoimmune processes, storage diseases, toxic substances, infectious diseases such as viral hepatitis, and medications (Poordad, 2015). Castera et al. (2019) as well as *Ge and Runyon (2016)* posited that the common causes of cirrhosis are alcoholic liver disease, chronic hepatitis B, chronic hepatitis C and Non-Alcoholic Steatohepatitis (NASH). Heavy drinking over a number of years can cause alcoholic liver disease. Less common causes of cirrhosis include autoimmune hepatitis, primary biliary cholangitis, and primary sclerosing cholangitis that disrupts bile duct function, genetic disorders such as Wilson's disease and hereditary hemochromatosis, and chronic

heart failure with liver congestion (NIDDKD, 2021).

The harmful use of alcohol causes immense damage to health and societies and imposes a heavy burden on health systems and health budgets. Alcohol can be a killer. WHO estimates that the harmful use of alcohol is responsible for around 3.3 million deaths worldwide each year. Alcohol can kill slowly, as it gradually contributes to diseases like cirrhosis of the liver and cancer at several sites (WHO, 2017). Compensated cirrhosis is more benign. However, identifying these patients is important because if they are not treated appropriately, they are at risk of progressing to decompensated cirrhosis. Cirrhosis is generally considered to be irreversible at later stages, although reversal has been documented in many individuals with compensated cirrhosis after treating the underlying cause (Sohrabpour et al., 2012).

Once decompensation occurs, the mortality and morbidity resulting from cirrhosis increase sharply, and depending on the cause of decompensation, the 1-year case-fatality rate can be as high as 80%. (Fleming et al., 2012). Almost all of the mortality and morbidity resulting from cirrhosis is caused by the decompensated type. Patients with decompensated cirrhosis are susceptible to complications and a reduction in life expectancy. Such patients need frequent medical attention and an increasing amount of medication over the disease course. Quality of life is affected and frequent hospitalisations (admissions and

stays) are required. As the disease progresses, hospital stay become more frequent and more prolonged. Finally, patients either die or receive a liver transplant, which is a high-burden option for patients, health-care systems, and health financing and governance (Ge & Runyon, 2016).

Rowe (2017) reported that liver cirrhosis is a public health problem. It affects people of all ethnic groups, ages, sex and is the cause of a high rate of medical consultations, hospital admissions, health expenses and morbidity and mortality (Marcellin & Kutala, 2018). It affected about 2.8 million people and resulted in 1.3 million deaths in 2015 (Global Burden of Disease, GBD, 2016). Many patients die of the disease in their fifth or sixth decade of life. Cirrhosis causes an enormous burden on the economy of health.

Statement of the Problem

The rate of alcohol consumption, within the last few decades, has been on a rapid rise across all age groups in Nigeria due to its availability, production and importation. The rate at which alcoholic drinks are being consumed is very alarming especially among the adults. Alcohol consumption is now widely considered as part of social activities in Nigeria which ranges from casual drinking to developing dependency on it. In addition, obesity, the consequence of a long-term imbalance between energy intake and energy expenditure determined by food intake and physical

activity, is on the high increase regardless of sex and status. Despite the warnings on the packs and toxic chemicals present in tobacco, the upsurge of its smoking is not a joke. Sadly, the impact of tobacco smoke is not confined solely to smokers alone but also extends to the bystanders.

Subjecting the liver to inflammation and scarring, alcoholism, obesity and smoking, after a long period of time, leads to cirrhosis also known as end-stage liver disease. Liver transplantation is the second most common solid organ transplantation, yet less than 10% of global transplantation needs are met at current rates. Though these numbers are sobering, they highlight an important opportunity to improve public health given that most causes of liver diseases are preventable. Although a lot of work has been done on the prevalence of cirrhosis, not much studies has been done on the knowledge of causes and preventions of cirrhosis. It is on this premise that the researchers sought to carry out this study to assess the Knowledge of the Causes and Prevention of Cirrhosis among Adults living in Ilorin West Local Government, Kwara State.

Objectives of the Study

The major goal of this study was to assess the knowledge of the causes and prevention of cirrhosis among adults living in Ilorin West Local Government Area of Kwara State, Nigeria. Hence, the specific objectives of this study are to:

1. What is the level of knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government Area of Kwara State due to age and gender?

2. What is the level of Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government Area of Kwara State owing to age and gender?

Research Questions

The following questions were answered:

1. What is the level of knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government, Kwara State?
2. What is the level of Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government, Kwara State?

Research Hypotheses

The following research hypotheses were postulated for this study:

H₀₁: There is no significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on gender.

H₀₂: There is no significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on age.

H₀₃: There is no significant difference in the Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government based on gender.

H₀₄: There is no significant difference in the Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government based on age.

METHODOLOGY

Research Design

The study was a descriptive survey research type. According to McCombes (2023), descriptive research is one that aims to accurately and systematically describe a population, situation or phenomenon.

Participants

The population comprised all the adults of Ilorin West Local Government Area of Kwara State. The target population cut across all the twelve wards in Ilorin West Local Government Area of Kwara State. The Local Government consists of 364,666 people, out of this population, the number of males is 181875 and females are 182791 (National Population Commission, 2006). A three-staged sampling procedure of simple random sampling (to select 4 wards out of 12 wards), Proportionate sampling techniques (0.3% employed to select number of respondents from each ward) and accidental random sampling (to select actual respondents available for

responses) was used for sample selection as shown in Table 1. Below.

Table 1: Distribution of Sample by Wards

Wards	Selected wards	Population of the wards selected	Percentage of the respondent used (0.30%)	Actual respondents used
Adewole	Adewole	15,659	46.9	47
Alanamu				
Ajikobi				
Ubandawaki	Baboko	17,261	51.7	52
Badari				
Baboko				
Oko-Erin	Oko-Erin	17,624	52.8	53
Oju-Ekun				
Ogidi				
Magaji-Ngeri	Warah/Osin/Egbejila	16,111	48.3	48
Oloje				
Warah/Osin/Egbejila				
	Total	66,555		200

At the end, a total of 200 respondents were selected.

Instrumentation

A researcher's designed questionnaire was used to elicit information from the respondents. The questionnaire has two sections, A and B. Section A of the questionnaire elicited information on the demographic characteristics of the respondents: while section B elicited information on the variables under study.

The questionnaire was close ended of dichotomous scale of True or False.

Validity of the instrument

Validity simply refers to the ability of an instrument to measure what it intends to measure. To ensure content and face validity of the instrument, three (3) drafted copies of questionnaires was given to three (3) experts in the

Department of Health Promotion and Environmental Health Education, University of Ilorin, Nigeria. Their suggestions and comments were used to make the final draft of the instrument.

Reliability of the Instrument

Reliability of the instrument was established using test re-test method. This was done by administering 20 copies of the questionnaire to residents in Balogun Fulani ward in Ilorin South LGA. This ward shares similar characteristics with the study site. After an interval of two weeks, another 20 copies were re-administered to the same respondents. Pearson Product Moment Correlation (PPMC) was used to analyze the data obtained. A coefficient of 0.72 was obtained which implied that the instrument was reliable for the study.

Procedure for Data Collection

A letter of introduction was obtained from the Department of Health Promotion and Environmental Health

Education, University of Ilorin. This was used to gain access to the respondents for the purpose of instrument administration and data collection. The researchers administered the questionnaire after consent was sought from the respondents. They were available to answer concerns or clearly explain unclear questions to respondents. The correctly filled copies of the question were retrieved on spot to prevent losses and ensure maximal retrieval of the instrument which helped the researchers achieve hundred percent retrieval rate.

Data Analysis

Frequency counts and simple percentage were used to describe the demographic data of the respondents. Mean and rank order were used to answer the research questions. Hypotheses one, three, four and six were tested using independent t-test while hypotheses two and five were tested with the use of Analysis of Variance (ANOVA) at 0.05 alpha level.

Thus, the majority (61%) of the respondents were males.

RESULTS

Table 2: Respondents by Gender

Gender	Frequency	Percentage
Male	122	61.0
Female	78	39.0
Total	200	100.0

As revealed in Table 2, out of 200 adults sampled for this study, 122 (61.0%) were males while 78 (39%) were females.

Table 3: Respondents by Age

Age	Frequency	Percentage
18 - 35 25yrs	35	17.5
26 - 55 35yrs	55	27.5
36 - 42 45yrs	42	21.0

46yrs and above	68	34.0
Total	200	100.0

As shown in Table 3, out of 200 adults sampled for this study, 35 (17.5%) were within the age range of 18 – 25years, 55 (27.5%) were within the age bracket 26 – 35years, 42 (21.0%) were within the age range 36 – 45years of age while 68 (34.0%) were of 46yrs and above.

Table 4: Respondents by Religion

Religion	Frequency	Percentage
Muslim	137	68.5
Christianity	63	31.5
Total	200	100.0

As revealed in Table 4, out of 200 adults sampled for this study, 137 (68.5%) of

Table 5: Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government

Knowledge of the causes of cirrhosis	Score Range	Frequency	Percentage
Grossly Adequate	22 – 24	32	16.0
Adequate	19 – 21	47	23.5
Inadequate	16 – 18	69	34.5
Grossly Inadequate	12 – 15	52	26.0

them were Muslims while 63 (31.5%) were Christians. Thus, the majority of the adults sampled in Ilorin West Local Government were Muslims.

Research Questions Analysis

Research questions were answered using Mean and rank order.

Question One: What is the knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government? Respondents' responses on the knowledge of the causes of cirrhosis were subjected to percentage analysis. Given that there were 12 items structured in a two-response-type, the minimum, maximum and range scores were 12, 24 and 12. The range was therefore divided into 4 (i.e. $12/4=3$). Thus, respondents whose score fell within the range of 12 – 15, 16 – 18, 19 – 21 and 22 – 24 were categorized as adults with Grossly Adequate, Adequate, Inadequate and Grossly Inadequate knowledge of the causes of cirrhosis respectively.

Total	200	100.0
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Table 5 shows that out of 200 adults sampled for this study, 32 (16.0%) of the adults had grossly adequate knowledge; 47 (23.5%) had adequate knowledge while 69 (34.5%) were of inadequate knowledge whereas 52 (26.0%) of the respondents were having grossly inadequate knowledge. Therefore, the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government was inadequate.

Question Two: What is the Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local

Government? Respondents' responses on the Knowledge of the Preventions of cirrhosis were subjected to percentage analysis. Given that there were 12 items structured in a two-response-type, the minimum, maximum and range scores were 12, 24 and 12. The range was therefore divided into 4 (i.e., $12/4=3$). Thus, respondents whose score fell within the range of 12 – 15, 16 – 18, 19 – 21 and 22 – 24 were categorized as adults with Grossly Adequate, Adequate, Inadequate and Grossly Inadequate Knowledge of the Preventions of cirrhosis respectively.

Table 6: Knowledge of the Preventions of cirrhosis among Adults Living in Ilorin West Local Government

Knowledge of the Preventions of cirrhosis	Score Range	Frequency	Percentage
Grossly Adequate	22 – 24	27	13.5
Adequate	19 – 21	49	24.5
Inadequate	16 – 18	79	39.5
Grossly Inadequate	12 – 15	45	22.5
Total		200	100.0

As revealed in Table 6, out of 200 adults sampled for this study, 27 (13.5%) of the adults had grossly adequate knowledge; 49 (24.5%) had adequate knowledge while 79 (39.5%) were of inadequate knowledge and 45 (22.5%) of the respondents were having grossly inadequate knowledge. Therefore, the

Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government was inadequate.

Testing of Hypotheses

H₀₁: There is no significant difference in the Knowledge of the Causes of Cirrhosis

among Adults living in Ilorin West Local Government based on gender.

Table 7: Difference in the Knowledge of the Causes of Cirrhosis among Adults Living in Ilorin West Local Government Based on Gender

Gender	N	Mean	S. D.	df	t-value	Sig	Remark
Male	122	18.418	1.327	198	1.721	0.013	Rejected
Female	78	12.692	2.688				

*Significant at $p < 0.05$

Table 7 shows that the t-value 1.721 is obtained with a p-value of 0.013 computed at 0.05 alpha level. Since the p-value of 0.013 is less than 0.05 level of significance, the null hypothesis one is rejected. Therefore, there was a significant difference in the knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government based on gender ($t_{198} = 1.21$, $p < 0.05$). This difference was noted by the

male adults with the higher mean 18.418. This implies that male adults had knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government.

H_{01} : There is no significant difference in the knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government based on age.

Table 8: Difference in the Knowledge of the Causes of Cirrhosis among Adults Living in Ilorin West Local Government Based on Age

Sources of Variation	Sum of Squares	Df	Mean Sum of Squares	F-ratio	Sig.	Remark
Between Groups	472.645	3	157.548	1.242 (ns)	0.22	Not Rejected
Within Groups	24856.465	196	126.819			
Total	24329.110	199				

*ns=not significant, $p > 0.05$

As shown in table 8, the F-value of 1.242 with a p-value of 0.22 computed at 0.05

alpha level. Since the p-value of 0.22 obtained is greater than 0.05 level of

significance, the null hypothesis two is retained. This implies that there was no significant difference in the knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government based on age ($F_{(3,197)} = 1.242, p > 0.05$).

DISCUSSION

Findings of this study revealed that the knowledge of the causes of cirrhosis among adults living in Ilorin West Local Government was inadequate. This signifies that many adults were not informed of the causes of cirrhosis in the sampled locale. Given that cirrhosis, is the twelfth leading cause of death, killing about 26,000 people each year and as such, has a high cost in terms of human suffering, hospital costs, and lost productivity, its knowledge should be adequate. This finding corroborates Kamper-Jorgensen et al. (2014) whose study submitted that patterns of drinking, especially binge drinking, were introduced as potentially important for the etiology and progression of liver cirrhosis, whose knowledge is scarce among the populace. Also, this reiterates the report of Askgard et al. (2015) that liver cirrhosis has a complex and not fully understood etiology, hence pinpointing the deficiency in its knowledge and emphasizing that it needs more attention in both research and prevention efforts among the population sampled. Burnham et. al. (2014) in their study revealed that knowledge regarding causes of Liver Cirrhosis was moderate among all the participants and this could be attributed to the fact that Liver

Cirrhosis has drawn the attention of the researchers and health authorities in developed countries. The inadequacy in knowledge in the present study indicates that not much research and awareness are created around liver cirrhosis in Ilorin West Local Government

Findings from this study also showed that the Knowledge of the Preventions of cirrhosis among adults living in Ilorin West Local Government was inadequate. This implies that many of the adults were not informed that among the various ways to combat cirrhosis include regular and moderate physical exercise, good nutrition, healthy diet, less or moderate alcohol intake among others. However, the study of Al-Johani et al. (2018) among Saudi Arabian population revealed that the knowledge of community population regarding the prevention of liver cirrhosis was moderate among most of the participants and this could be attributed to the fact that the prevalence in Saudi Arabia is not very high thus the whole Saudi subjects may not be aware of the consequences and management of Liver Cirrhosis.

Another finding of this study revealed that there was statistically significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on gender. It was noted that level of knowledge of liver cirrhosis was higher among male adults than female adults. This implies that male adults had Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government. This result negates the

findings of Pellicoro et al. (2018) which revealed that no discrepancy existed in the knowledge of the causes of liver cirrhosis between male and female participants studied. The meta-analysis study of Akhtar, Manne and Saab (2015) among hepatitis C patients also revealed also revealed no significant difference in knowledge based on gender of the participants

Findings in this study however showed that there was no statistically significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on age. The study of Pellicoro et al. (2018) also showed that no discrepancy existed in the knowledge of the causes of liver cirrhosis when sorted for age. This however contradicts the study of Al-Johani et al. (2018) where it was reported that being of younger age was associated with having good knowledge of liver cirrhosis.

Conclusively, this study showed no statistically significant difference in the Knowledge of the Prevention of Cirrhosis among Adults living in Ilorin West Local Government based on age and gender. These results are in line with the study of Akhtar et al. (2015) which showed that no statistical difference existed in the knowledge of curbing measures for cirrhosis between male and female participants given their gender and age group.

CONCLUSION

Based on the findings obtained from this study, the following conclusions were made:

1. The Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government was inadequate.
2. The Knowledge of the Preventions of Cirrhosis among Adults living in Ilorin West Local Government was inadequate.
3. There was a significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on gender.
4. There was no significant difference in the Knowledge of the Causes of Cirrhosis among Adults living in Ilorin West Local Government based on age.
5. There was no significant difference in the Knowledge of the prevention of Cirrhosis among Adults living in Ilorin West Local Government based on gender.
6. There was no significant difference in the Knowledge of the prevention of Cirrhosis among Adults living in Ilorin West Local Government based on age.

RECOMMENDATIONS

The findings obtained from this study proffered the following recommendations:

1. Adults, with the help of government and partners, should be sensitized on the various ways cirrhosis could set in or occur and be prevented or curbed via public announcements and social media. This could help in fostering the knowledge of adults on the causes of cirrhosis.
2. Health educators should advocate for subsidized hepatitis vaccinations for adults who had missed the vaccine at young age.
3. Health sensitization programs to discourage smoking of tobacco right from youthful age since cirrhosis develops over a long period of time.
4. Strategies developed at the population level to control childhood and early adulthood obesity should be put in place. This will help forestall End-stage Liver Diseases.
5. Health Ministries should monitor and control importation, production and distribution of alcohol beverages.
6. Adults should be sensitized on the importance and impact of healthy diets on the general health. This will help improve liver functioning/regeneration and reduce risk of developing obesity and inflammation of the

liver that are prone to lead to cirrhosis regardless of age, gender and religion.

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