

# **ROLE OF THEATRE FOR DEVELOPMENT IN DISSEMINATING INFORMATION ON HBV INFECTION IN A NIGERIAN COMMUNITY**

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## **ABSTRACT**

**Introduction:** Developmental tools for disseminating information and raising awareness. It goes beyond performing plays and involves a target group as performers. This study considered the problem of Hepatitis B virus (HBV) within a university community in Nigeria and evaluated the effect of Tfd interventions in improving awareness and knowledge of HBV.

**Materials and Methods:** A simple random sampling technique was used to select 200 respondents as sample size and a revalidated questionnaire was used as research instrument to collect data on HBV knowledge and awareness before and after Tfd intervention in the form of a drama skit. Data were analyzed using descriptive statistics of frequency counts for demographic profiling of the respondents, while simple percentages were adopted to test the hypotheses at 0.05 level of significance.

**Results:** The study revealed that Tfd intervention significantly improved knowledge about HBV, risk factors for hepatitis, mode of transmission and Hepatitis B vaccine uptake, among others. It was also found that the medium of information on HBV was Tfd in the majority of participants (31% to 66.5%), though a sizable number got information from friends. The vaccination status for HBV also rose from 4% to 12.5% over the two-month period of study, while HBV screening increased from 4% to 10%, pre- and post-test respectively. Adequacy of knowledge about HBV rose from 14.5% at pre-test to 53% post-test, while inadequacy of knowledge decreased from 81% to 40%. Fewer participants were likely to seek more information about HBV from clinic and other mediums, due to the knowledge acquired after exposure to HBV through Tfd intervention. Majority agreed that Tfd intervention disseminated important health information better than other media, with 85.5% strongly agreeing post-test, compared to 17% pre-test. Respondents also felt that less attention was given to HBV relative to other infectious diseases like HIV. On a rating scale of 1 to 10, where 10 was the highest rating, participants rated Tfd higher at post-test compared to pre-test.

**Conclusion:** Tfd effectively served as a tool for dissemination of knowledge, sensitisation, and health information, particularly, HBV. It is recommended that Tfd should be a considered option in awareness generation to reduce the risk of HBV.

**Keywords:** Hepatitis B, Knowledge, Attitude, Theatre for development

## **INTRODUCTION**

Various strategies are required to reduce the scourge and prevalence of diseases by improving knowledge and generating awareness. Theatre practitioners over the past three decades have evolved an approach for tackling and advocating for social change in the society through the concept known as Theatre for Development (TfD), Popular Theatre (PT), Community Theatre (CT), Propaganda Theatre (PT) or Theatre for Orientation (TfO). Theatre for Development (TfD) is being developed as one way of helping the masses in the developing world to come to terms with their environment and the onus of improving their lot culturally, educationally, politically, economically and socially.<sup>1</sup>

It has since become a communicative tool in reaching people from all walks of life, and has helped to reduce the level of ignorance among people who are identified as a target audience, to be aware and more informed. In Kampala, there are hundreds of small-scale theatre groups, such as Bakayimbara Dramactors, that give improvisatory performances on a range of contemporary local issues in Lugandan. These troupes use their drama projects to examine problems ranging from cattle theft, inflation, and unemployment to education and health.<sup>2</sup>

The starting point is commonly seen as the work of Laedza Batanai and their extension programmes for farmers in Botswana, as developed by Ross Kidd and Martin Byam to enable farmers to discuss practice as opposed to having new ideas imposed upon.<sup>3</sup>

In Nigeria, TfD practice owes its origin and development to the products of the Zaria experiments. The development of the practice of Alternative Theatre or Theatre for Development in ABU, Zaria, Nigeria is traceable to the establishment of the Drama programme in the University in 1975. Michael Etherton, who joined the university then, was instrumental to both the establishment of the Drama programme and this development.<sup>4</sup>

The TfD is used as an egalitarian method to access and distill information, working with communities to create a self-sustaining tool for dialogue and from that dialogue to affect policy<sup>5</sup>.

For TfD to achieve its aim, a common goal consists of the following steps for implementation: a) practitioners live within the community, or may visit the community on an ongoing basis for a long duration of time (the emphasis at this stage is to adjust to the cultural norms, to build trust/relationships, and to

observe daily life); b) community members create performances based on issues related to the causes of their underdevelopment; c) key issues are researched and linked by practitioners to NGO's and GO's which may have a relation to the cause/solution to the issue (in many cases it may concern the Ministry of Health or Education); d) solutions are created through participatory theatre in which the community act out interventions; e) action plans are created for community, governmental and international application.<sup>6</sup>

In West Africa, it has been estimated that 40% of children will be infected with HBV by age two years and above 90% by age of ten years.<sup>7</sup> The World Health Assembly, have acknowledged at the political level that viral hepatitis is a global public health problem, ranking HBV as the 15th cause of death in all cause global mortality.<sup>8</sup>

Hepatitis B virus infection is still a major public health problem worldwide, since more than 350 million people have chronic, lifelong infection and nearly 1 million deaths occur each year owing to complications. Most infections are acquired at birth or during early childhood.<sup>9</sup>

The objective of this study is to utilize TfD to boost the knowledge of, and raise awareness on Hepatitis B Virus among students, staff and the community at the University of Ibadan.

## **MATERIALS AND METHODS**

An intervention study was a cross-sectional survey that used a simple random sampling technique to select 200 respondents which comprised of adult student, teenage students, secondary school students, university workers and visitors as sample size at the University of Ibadan. The knowledge, perception, awareness and behavioural intentions of participants were assessed and documented before and after a drama skit and a public health lecture which was used as TfD intervention, to generate awareness and inform respondents about HBV. A revalidated questionnaire on a 5 point likert scale and Yes or No dichotomy was used to collect the relevant data (Appendix 1). Data captured included socio-demographic parameters, knowledge and perception about HBV, behavioural intentions and risks for HBV infection among others.

Each of the five (5) items on the questionnaire was summarized for the respondents to understand. Behavioural intentions which comprised of six questions were rated on a 4-point scale, and averages for the respondents were calculated on percentage basis. For other items that required categorization, a frequency count was done for each of the possible categories. For example, for items requiring knowledge of HBV, the total number of medium of knowledge through the awareness project was tabulated, as was the total number of others. Regarding Yes/No items, the total number of questions in which "Yes" was selected was added up, as was the total number in which No was the case.

Descriptive statistics that included average ratings or frequency counts for each question were determined. Rating of level of awareness after intervention was done through simple percentages of specific items in the instrument administered and compared with the values before the intervention. A significant difference was specified at  $p$  less than 0.05.

## RESULTS

Majority of the respondents were young adults aged 20-40 years, consisting about four-fifths, Table 1, with people above 40 years of age constituting less than 20%. Also evident is the fact that both sexes were well represented with a slight preponderance of males.

Most of the respondents were single and were mainly undergraduate or graduate students undergoing various courses of learning, Table 1.

As Table 2 indicates, there was a remarkable increase in awareness of participants about HBV post-test compared with the pre-test ( $p < .05$ ), which include knowledge of HBV, causes of hepatitis, mode of transmission, Hepatitis B vaccine, risk factors among others, (see Table 2). Similarly, the medium of information was Tfd to the majority of participants (31% to 66.5%), though a sizable number ( $N=23$ ) got information from friends. The vaccination status for HBV also rose from 4% before the intervention to 12.5% prior to the posttest ( $p < .05$ ), while HBV screen increased from 4% to 10% ( $p < .05$ ), pre- and post-test respectively within two months (Table 2).

As shown in Table 3, adequacy of knowledge about HBV rose from 14.5% at pre-test to 53% post test, while inadequacy of knowledge decreased from 81% to 40% ( $p < .05$ ). Similarly, less participants were likely to seek more information about HBV from clinic and other mediums, except for the strongly likely group for other mediums ( $p < .05$ ). Regarding assessment of the impact of Tfd, Table 4 shows that majority of the participants believe that Tfd increased their knowledge of HBV, with 84% agreeing post-test, relative to 5% pre-test ( $p < .05$ ). Equally, majority agreed that Tfd intervention disseminated important health information better than other media, with 85.5%

**Table 1:** Demographics and knowledge of participants of theatre for development on Hepatitis B virus

Demographic parameters		PRE-TEST		POST-TEST	
		FREQ	REL FREQ	FREQ	REL FREQ
Age (years)	20-40	148	74%	148	74%
	40-above	32	16%	32	16%
	No response	20	10%	20	10%
Gender	Female	93	46.5%	93	46.5%
	Male	100	50%	100	50%
	No response	7	3.5%	7	3.5%
Marital Status	Single	169	84.5%	169	84.5%
	Married	19	9.5%	19	9.5%
	No response	12	6.0%	12	6.0%
Academic Status	Secondary School	6	3%	6	3%
	OND Level	5	2.5%	5	2.5%
	B.Ed/B.Eng	22	11%	22	11%
	B.A	78	39%	78	39%
	MBBS	3	1.5%	3	1.5%
	M.A, M.Sc, PGD	29	14.5%	29	14.5%
	Staff	6	3%	6	3%
	No Response	51	25.5%	51	25.5%

**Table 2: Knowledge, perception and at-risk behavior of participants in respect of Hepatitis B virus pre and post test of theatre for development**

PARAMETERS		PRE-TEST		POST-TEST		df	t	P
		FREQ	REL FREQ	FREQ	REL FREQ			
Knowledge of HBV	Yes	61	30.5%	178	89%	237	-2.67	<.05
	No	112	56%	11	5.5%			
	No response	27	13.5%	11	5.5%			
Medium of Information	Media	14	7%	18	9%	113	-1.29	<.05
	Internet	6	3%	7	3.5%			
	Health Care Provider	10	5%	16	8%			
	TfD project	62	31%	133	66.5%			
	Friends	8	4%	23	11.5%			
	TIP	3	1.5%	3	1.5%			
	Others	97	48.5%	0	0%			
Causes of HBV	Yes	32	16%	83	41.5	100	-1.87	<.05
	No	161	80.5%	92	46%			
	No response	7	3.5%	25	12.5%			
Modes of transmission	Yes	18	9%	84	42%	180	-2.21	<.05
	No	165	82.5%	103	51.5%			
	Others	17	8.5%	13	6.5%			
Is hepatitis B deadly	Yes	19	9.5%	163	81.5%	26	-.98	<.05
	No	154	11%	22	11.0%			
	No response	27	77%	15	7.5%			
Tested for HBV	Yes	8	4%	20	10.0%	30	-.91	<.05
	No	156	78%	167	83.5%			
	No response	36	18%	13	6.5%			
Knowledge of HBV vaccine	Yes	11	5.5%	21	10.5%	31	-.97	<.05
	No	189	94.5%	179	89.5%			
Were vaccinated against HBV	Yes	8	4%	25	12.5%	40	-1.18	<.05
	No	159	79.5%	156	78%			
	No response	33	16.5%	19	9.5%			
At risk of HBV	Yes	7	3.5%	35	17.5%	157	78%	
	No	178	89%	157	78%			
	No response	15	7.5%	8	4.0%			

**NB:** *Others* = respondents who specified that they have never heard about it.

**TfD** = Theatre for Development **Tested for HBV** = Participants who did test before the intervention (pretest result)

= Participants who did test before the commencement of posttest invention (posttest result)

**Vaccinated against it** = Participants who had been vaccinated against it before the intervention (pretest)

= Participants who got vaccinated before the commencement of posttest invention (posttest result) **TIP** = Through infected Person

**Table 3:** Behavioural intentions among participants pre- and post-Theatre for Development on Hepatitis B Virus

		PRE-TEST		POST-TEST		df	T	P
		FREQ	REL FREQ	FREQ	REL FREQ			
Is Knowledge of	Yes	29	14.5%	106	53%	133	-1.62	<.05
HBV adequate?	No	162	81%	80	40%			
	No response	9	4.5%	14	7%			
Likely to seek more	Very likely	198	75%	108	54%	304	1.33	<.05
information in clinic	S/Likely	48	24%	45	22.5%	91	.15	>.05
	Not likely	8	4%	34	17%	40	-1.64	<.05
Likely to seek more	Very likely	170	85%	128	64%	296	1.62	<.05
informationFrom	S/likely	21	10.5%	41	20.5%	60	-1.38	<.05
other mediums	Not likely	9	4.5%	17	8.5%	22	-1.28	<.05

**Table 4:** Parametric assessment of theatre for development intervention for HBV infection by participants

PARAMETERS		PRE-TEST		POST-TEST		t	df	P
		FREQ	REL FREQ	FREQ	REL FREQ			
Tf D intervention	Disagree	155	77.5%	12	6%	190	-1.62	<.05
increased your	Agree	13	6.5%	179	89.5%			
knowledge of HBV.	No response	32	16%	9	4.5%			
TfD intervention	Disagree	143	71.5%	5	2.5%	237	-1.29	<.05
disseminates important	Agree	48	24%	191	95.5%			
health information	No response	9	4.5%	4	2%			
better than other								
mediums.								
Are the medium used	Disagree	136	68%	13	6.5%	241	-1.76	<.05
in the TfD intervention	Agree	58	29%	185	92.5%			
effective?	No response	6	3%	2	1%			
Compared to other	Disagree	83	41.5%	178	89%	101	0.48	<.05
infectious diseases,	Agree	86	43%	17	8.5%			
do you agree that	No response	31	15.5%	5	2.5%			
same attention is								
given to HBV issues?								
Rating of TfD	Scale (1 to 10)							
Intervention	10	11	5.5%	21	10.5%			
	9	4	2%	52	26%			
	8	62	31%	109	54.5%			
	7	17	8.5%	7	3.5%			
	6	38	19%	8	4%			
	5	36	18%	3	1.5%			
	4	19	9.5%	0	0%			
	3	13	6.5%	0	0%			
	2	0	0%	0	0%			
	1	0	0%	0	0%			

**TfD**= Theatre for Development **Other Mediums** = Radio, Television, Newspaper, Health Care Provider, Magazines, Internet, Through an Infected Person, Friends

**Table 4: Parametric assessment of theatre for development intervention for HBV infection by participants**

PARAMETERS		PRE-TEST		POST-TEST		t	df	P
		FREQ	REL FREQ	FREQ	REL FREQ			
TfD intervention increased your knowledge of HBV.	Disagree	155	77.5%	12	6%	190	-1.62	<.05
	Agree	13	6.5%	179	89.5%			
	No response	32	16%	9	4.5%			
TfD intervention disseminates important health information better than other mediums.	Disagree	143	71.5%	5	2.5%	237	-1.29	<.05
	Agree	48	24%	191	95.5%			
	No response	9	4.5%	4	2%			
Are the medium used in the TfD intervention effective?	Disagree	136	68%	13	6.5%	241	-1.76	<.05
	Agree	58	29%	185	92.5%			
	No response	6	3%	2	1%			
Compared to other infectious diseases, do you agree that same attention is given to HBV issues?	Disagree	83	41.5%	178	89%	101	0.48	<.05
	Agree	86	43%	17	8.5%			
	No response	31	15.5%	5	2.5%			
Rating of TfD Intervention	Scale (1 to 10)							
	10	11	5.5%	21	10.5%			
	9	4	2%	52	26%			
	8	62	31%	109	54.5%			
	7	17	8.5%	7	3.5%			
	6	38	19%	8	4%			
	5	36	18%	3	1.5%			
	4	19	9.5%	0	0%			
	3	13	6.5%	0	0%			
	2	0	0%	0	0%			
	1	0	0%	0	0%			

**TfD**= Theatre for Development **Other Mediums** = Radio, Television, Newspaper, Health Care Provider, Magazines, Internet, Through an Infected Person, Friends

strongly agreeing post-test, compared to 17% pre-test ( $p < .05$ ). Concerning attention given to HBV relative to other infectious diseases like HIV, more participants believe less attention is given to HBV ( $p < .05$ ). On a rating scale of 1 to 10, where 10 is the highest rating, participants rated TfD higher at post-test compared to pre-test. Highest rating at post-test was 9 by 26% and 8 by 54.5%, which is much higher than the ratings pre-test (see Table 4).

## DISCUSSION

This study, which to the best of our knowledge, is the first report in Nigeria on utilization of TfD for the purpose of assessing the knowledge of HBV and

generating awareness thereof, was carried out at a pre and post-test levels. The importance of TfD intervention has always been seen by anti-TfD practitioners as under-sizing or under-developing theatre. The goal of this study was majorly to underscore the potential value of TfD in dissemination health-related information in a developing country. Its use in this project was not only to entertain but to disseminate information and sensitize the university community on the prevailing health issue that HBV is. Though the skill to teach and train actors who had no idea about HBV and the style of TfD was an enormous challenge, TfD communicated actual fact and did not satirize or ignored facts.

Various platforms such as patient information leaflets, with or without pictograms, television and radio jingles have been used to dissemination of health information. It was not surprising that most of our respondents were young adults as they were mainly students undergoing undergraduate and postgraduate studies. This is particularly relevant because this is the age bracket that experiment with a lot of risk factors for spread of HBV, among which are abuse of intravenous drugs, heightened sexual activities, contact sports, all of which are known for horizontal spread of HBV.

There was significant increase of awareness of HBV, causes of hepatitis, HBV transmission, vaccination uptake and voluntary tests for HBV among study participants, Table 2. This finding is quite encouraging, as this further strengthens the need to utilise TfD for the purpose of dissemination of health information, in a manner that is unique for its ambience of the mode of delivery goes with some degree of entertainment, without the boredom of didactic lecturing or reading of literature, which are the usual channels of health information dissemination.

In addition to increment in knowledge and awareness of HBV, TfD also remarkably influence the behavioural intentions post-test compared with pre-test. The respondents' self-assessment after the intervention showed that they had become more knowledgeable about HBV and were willing to seek more information about HBV as a result of the information gained during the public health lecture but particularly the TfD drama skit, while those who were not likely to seek information about HBV at pretest of the TfD intervention would now seek further information, ostensibly due to the interest TfD has generated in them, Table 3. The aspect of this study that gave participants to assess some specific parameters as highlighted in Table 4, and to rate the TfD intervention, showed overwhelmingly that most of them strongly agreed that their knowledge increased, that TfD disseminated important health information, that TfD intervention was effective, but that less attention was given to HBV compared to other infectious diseases. The rating of TfD was also higher post-test compared to pre-test.

A major challenge to our study was lack of literature on TfD and HBV both locally and internationally with which our result could be compared. We suggest more studies from other

institutions in Nigeria and beyond to validate our findings. In South Africa, Davis and Dowse<sup>10</sup> concluded that the use of pictograms on health information leaflet improved the comprehension of participants. Similarly, Houts et al documented immense success in the use of pictures as visual aids for dissemination of health information among low income African-American women<sup>11</sup>. In our environment, where literacy level is low, the use of TfD will certainly be more beneficial in communicating health information to the populace, with the advantage of being able to address a larger audience at a time, and being understood without the barrier of language, education, beliefs and culture. It is concluded that TfD is a veritable tool for dissemination of knowledge, sensitisation, and an effective medium for health information, particularly on Hepatitis B Virus infection in our communities.

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**APPENDIX 1**

**SECTION A: SOCIO-DEMOGRAPHIC DATA**

- Age: 20-40 [ ] 40 and above [ ]  
Sex: Female [ ] Male [ ]  
Marital Status: Single [ ] Married [ ]  
Educational Status: Secondary School [ ] Undergraduate [ ] Please specify \_\_\_\_\_ Postgraduate [ ]  
Others [ ]  
Ethnicity: Ibo [ ] Hausa [ ] Yoruba [ ] Others [ ]

**SECTION B: GENERAL PERCEPTION**

1. Have you heard about Hepatitis B? Yes [ ] No [ ]
2. Which of these medium informed your knowledge of Hepatitis B Virus? Internet [ ] Radio [ ]  
Newspaper/magazine [ ] Television [ ] Health care provider [ ] Friends [ ] Through an infected  
person [ ] Others [ ] Please specify \_\_\_\_\_
3. Is Hepatitis B a deadly disease? Yes: [ ] No: [ ]
4. How deadly? Very deadly: [ ] Less deadly: [ ] Indifferent: [ ] Not at all  
deadly: [ ]
5. Do you know of anyone at risk of Hepatitis B Virus? Yes: [ ]  
No: [ ]
6. Do you know if Hepatitis B Virus affects people of all ages? Yes: [ ] No: [ ]
7. Are you at risk of Hepatitis B Virus? Yes: [ ] No: [ ]
8. Are your friends at risk of Hepatitis B Virus? Yes: [ ] No: [ ]
9. Is your family at risk of Hepatitis B Virus? Yes: [ ] No: [ ]
10. Do you think there are spiritual dimensions towards Hepatitis B Virus infection? Yes: [ ] No: [ ]
11. Have you heard of someone being attacked by Hepatitis B Virus? Yes: [ ] No: [ ]

**SECTION C: PERSONAL RISK PERCEPTION**

12. Do you know of the causes of Hepatitis B Virus? Yes: [ ] No: [ ]
- 13a. Do you know the means of transmission? Yes: [ ] No: [ ]
- 13b. If yes, please state the means of transmission you know? \_\_\_\_\_
14. Have you ever been tested for Hepatitis B Virus? Yes: [ ] No: [ ]
15. If yes, what was the reason for your being tested? \_\_\_\_\_  
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16. If no, why? \_\_\_\_\_
17. What was the outcome of the test? Negative: [ ] Positive: [ ] Unknown: [ ]
18. Do you know about Hepatitis B vaccine? Yes: [ ] No: [ ]
19. If yes, how is it administered? \_\_\_\_\_
20. Besides the vaccine, are there traditional preventions and cure you know? Yes: [ ] No: [ ]
21. Which method do you think is most effective? Orthodox: [ ] Traditional: [ ]

22. Have you ever been vaccinated against it? Yes: [ ] No: [ ]  
23. Do you know about its booster vaccine? Yes: [ ] No: [ ]  
24. If yes, how is it administered? Yes: [ ] No: [ ]

**SECTION D: BEHAVIOURAL INTENTIONS.**

**Answer the following as indicated.**

**Very Likely (VL) Likely (L) Neutral (N) Somewhat Likely (SL) Not at all Likely (NL)**

**STATEMENTS**

**VL L SL NL**

25. Do you think your knowledge of Hepatitis B Virus is adequate?  
26. How likely are you to get to the hospital/clinic for more information on Hepatitis B Virus?  
27. How likely are you to seek more information from other medium on Hepatitis B Virus?  
28. Based on your knowledge, how likely do you believe it can kill?  
29. Are you sure it can be spread?  
30. Do you believe it can be cured?

**EFFECT OF THEATRE for DEVELOPMENT'S (TfD) INTERVENTION**

**STATEMENTS**

**SD D SA A**

31. How strongly do you agree that the TfD intervention in'creased your knowledge of Hepatitis B Virus?  
32. Do you agree that TfD intervention disseminates important health information better than other means you know?  
33. Are the medium used in the TfD intervention effective?  
34. How much do you agree that the Radio Health Talk was effective?  
35. How much do you agree that the Radio Drama was effective?  
36. How much do you agree that the Drama Skit was effective?  
37. How much do you agree that the Public Health Talk was effective?  
38. Do you agree that the Nigerian Media helped in creating awareness about Hepatitis B Virus?  
39. Compared to other infectious diseases, do you agree that same attention is given to HBV issues?  
40. Please can you rate the TfD intervention in scale of 1-10 where 1 is the worst scale and 10 is the highest scale?

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]