CORRECTION Open Access

Correction to: Hepatitis B virus perceptions and health seeking behaviors among pregnant women in Uganda: implications for prevention and policy



Joan Nankya-Mutyoba^{1*}, Jim Aizire², Fredrick Makumbi¹, Ponsiano Ocama³ and Gregory D. Kirk^{2,4}

Correction to: BMC Health Serv Res (2009) 19:760 https://doi.org/10.1186/s12913-019-4516-0

In the original publication of this article [1], some values are missing in the Figure 1, Figure 2 and Figure 3. These errors were introduced during typesetting; thus the publisher apologizes for this error. Additionally, the original manuscript has also been updated to amend this error. The correct figures are shown below:.

Author details

¹Department of Epidemiology & Biostatistics, School of Public Health, Makerere University College of Health Sciences, P.O. Box 7072, Kampala, Uganda. ²Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA. ³Department of Medicine, School of Medicine, Makerere University College of Health Sciences, Kampala, Uganda. ⁴Department of Medicine, School of Medicine, Johns Hopkins University, Baltimore, MD, USA.

Published online: 20 December 2019

Reference

 Nankya-Mutyoba J, et al. Hepatitis B virus perceptions and health seeking behaviors among pregnant women in Uganda: implications for prevention and policy. BMC Health Serv Res. 2019;19:760. https://doi.org/10.1186/ s12913-019-4516-0.

The original article can be found online at https://doi.org/10.1186/s12913-019-4516-0

Full list of author information is available at the end of the article



^{*} Correspondence:

¹Department of Epidemiology & Biostatistics, School of Public Health, Makerere University College of Health Sciences, P.O. Box 7072, Kampala, Uganda

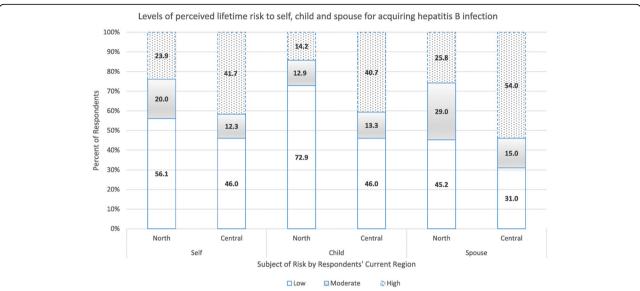


Fig. 1 Graph showing perceived lifetime risk for acquiring hepatitis B infection among pregnant women in Northern and Central Uganda. Low = risk was perceived as low, Moderate = risk was perceived as moderate, High = risk was perceived as high. North = participants from the Northern region. Central = participants from the Central region. Self = participants' perceived risk for themselves. Child = participants' perceived risk for their child. Spouse = participants' perceived risk for their spouse

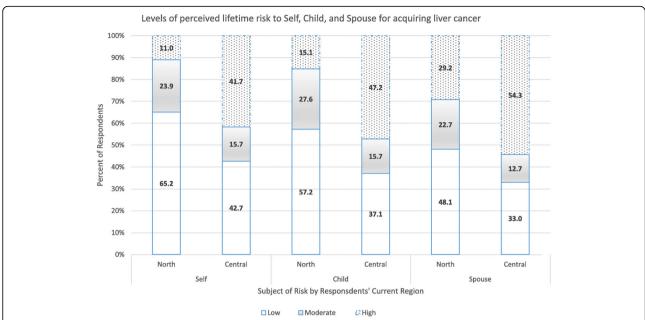


Fig. 2 Graph showing perceived lifetime risk for acquiring liver cancer among pregnant women in Northern and Central Uganda. Low = risk was perceived as low, Moderate = risk was perceived as moderate, High = risk was perceived as high. North = participants from the Northern region. Central = participants from the Central region. Self = participants' perceived risk for themselves. Child = participants' perceived risk for their child. Spouse = participants' perceived risk for their spouse

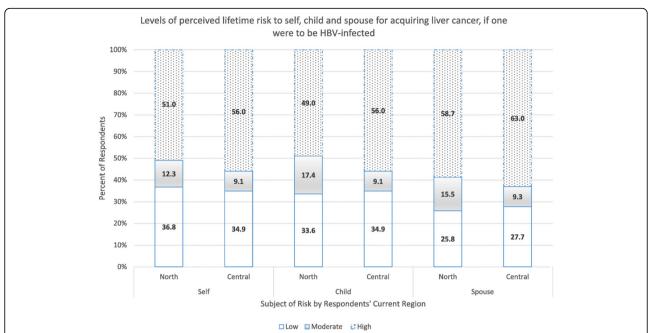


Fig. 3 Perception of risk of getting liver cancer for self, spouse and child if one were to be infected with the hepatitis B virus, among pregnant women in Northern and Central Uganda. Low = risk was perceived as low, Moderate = risk was perceived as moderate, High = risk was perceived as high. North = participants from the Northern region. Central = participants from the Central region. Self = participants' perceived risk for themselves. Child = participants' perceived risk for their child. Spouse = participants' perceived risk for their spouse