

Awareness Among Barbers About Health Hazards Associated With Their Profession In Bagalkot, Karnataka

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Abstract

Introduction: Barbering is a very ancient profession, which is associated with the use of combs, towels, knives and blades etc. If these are not appropriately disinfected leads to transmission of a range of infections which includes fungal infection, scabies, staphylococcal infection, Hepatitis B and C, HIV and etc. **Material and Methods:** A cross sectional study was conducted in Bagalkot city involving all barbers with help of predesigned questionnaire by interview method. Informal inspection of workplace was done after informed consent was taken. **Results:** Most of the study subjects (60%) were in the age group of 18-27 yrs. 73.3% of the subjects were unaware about the diseases transmission by their profession. 71.10% of study subjects were aware that using same instruments will

transmit disease among the customers. Greater part (93.30%) of study subjects were using antiseptic lotion. All of the study subjects had disinfected their instruments. Majority (64.40%) of the study subjects had disposed their used sharps and cut hairs outside the town. Almost all the study subjects used new blades for each customer. **Conclusion:** Majority of study subjects do not have any perception of unhealthy working practices in barbering and threat of hazardous infection to the customers. They are also not aware of the risk of getting infection from their customers. A behavioural change communication campaign should be initiated without delay to protect the health of these workers and of the general population.

Key Words: Awareness, Barbers, Health hazards

Introduction

The word barber originates from the Latin word barba meaning beard. A barber is a person whose occupation is to cut any type of hair, give shaves and trim beards [1]. There is strong evidence that razors, barber's scissors, nail files and baby piercing instruments are risk factors for transmission of diseases. Barbers are also involved in circumcision, incision and drainage of abscesses, especially in rural areas [2].

The barber shop is a place where haircutting, shaving and hair reforming for men are practised. Negligence during

the use of sharp instruments may be a risk factor for blood borne infections causing serious health problems for both the barbers and clients [3, 4].

Infection remains the main cause of morbidity and mortality in man, particularly in developing and underdeveloped areas where it is associated with poverty and overcrowding. Many infectious diseases affecting developing countries are preventable and treatable but continue to thrive owing to lack of personal and environmental hygiene, ignorance and poor political commitments [3, 4].

Barbering is a very ancient profession, which is associated with use of combs, towels, knives and blades etc. if these are not appropriately disinfected leads to transmission of a range of infections, which include fungal infections, infestations of head louse, scabies, staphylococcus infection, hepatitis B & C, HIV and etc[5].

A large proportion of population are receiving services from barbers in our community. Barbers their profession and work place may be a potential group for transmission of various infections associated with their profession to which their visitors are exposed [6].

Hence awareness about these health hazards among barbers would play a vital part in prevention and control of these infections. The purpose of our study is to assess awareness among barbers regarding health hazards related to their profession and to identify practices linked with acquisition of infections in barber shops.

Material and Methods:

A cross sectional study was conducted in Bagalkot city involving all barbers with help of pretested questionnaire by interview method. It was conducted in the month of June-July 2012. Ethical clearance was obtained from the institutional ethical committee. The purpose of the study was explained to the participants and were made clear that their participation was voluntary. An informed consent was obtained from the willing participants. Only the consented participants were involved.

A structured and pretested questionnaire was used for the study which included the personal details such as age, education, income, duration of profession and knowledge about health hazards associated with their profession.

Data was collected by interview method and by informal inspection of workplace, after informed consent was taken. Data collected was tabulated in Microsoft excel sheet and statistical analysis was done using Open-Epi software.

Chi-square test was applied for proportions $P < 0.05$ was considered for level of significance.

Results:

A total of 45 barbers participated in this study who were working in 30 shops of Bagalkot. All the 45 participants were males. 30 participants were married. Respondent's age ranged from 18 to 68 with a mean age of 30 years and SD of 11.70 years. 55.5% of the study subjects had completed their high school education (Table 1). 31(68.9%) were residents of urban area whereas 14(31.1%) were from rural area who were working in barbershop located in city.

Of the total participants 12 (26.7%) were aware that their profession had a risk of transmission of diseases (Table 2). Majority of them had knowledge of HIV/ AIDS but only 8.3% knew that HIV/ AIDS can be transmitted by their profession. 43(95.6%) were of the opinion that necessary precautions by them will make a difference in disease transmission. Majority (57.80%) had acquired knowledge about HIV through mass media like television, radio etc (Table 4).

Out of total barbers none of them were using separate instruments for each client but all of them were cleaning the instruments with antiseptic lotion after the use. All of them were using new razor for every customer and none of them were using the traditional blades for shaving (Table 5). It was observed that all the shops were having electric supply and only 12(24.4%) were having running water facility.

Table 1 Socio demographic characteristics of Barbers

Socio-demographic characteristics	N=45, (%)
Age in years	
18-27	27(60)
28-37	7(15.6)
38-47	6(13.3)
48-57	3(6.67)
58 and Above	2(4.4)
Literacy level	
Illiterate = 0	6(13.3)
Primary school = 1	9(20)
Higher school = 2	25(55.5)
Post high school diploma= 3	4(8.8)

Table 2: Knowledge of Barbers included in the study

Items	N = 45 (%)
Awareness of spread of diseases by their profession	
Yes	12 (26.7)
No	33(73.3)
Diseases that can spread	
Fungal	10(83.3)
Allergy	9(75.0)
Eczema	1(8.3)
HIV	1(8.3)
Not specified	1(8.3)
Washing hands & instruments before and after attending each costumer	
Yes	32(71.1)
No	13(28.9)
Necessary precautions by you will make any difference in disease transmission	
Yes	43(95.6)
No	2(4.4)
Using same instrument will transmit the disease	
Yes	32(71.1)
No	13(28.9)

Table 3: Various practices of the participated Barbers

Various hygiene practices	
Use of Antiseptic lotion	
Yes	42(93.3)
No	3(6.7)
Separate set of instruments for each costumer	
Yes	00(00)
No	45(00)
Disinfect instruments after the use	
Yes	45(100)
No	0(0)
Use of Clean towels	
Yes	36(80)
No	9(20)
Use of clean comb	
Yes	40(88.9)
No	5(11.1)
Was the comb cleaned after using for each costumer	
Yes	34(75.6)
No	11(24.4)
New blade for each costumer	
Yes	45(100)
No	00
Study subjects applied alum or Dettol or antiseptic lotion	
Yes	45(100)
No	00(00)

Table 4 Source of information of HIV/AIDS

Source	Number	Percentage
Television	18	52.9
Newspapers	08	23.5
Road side advertisements	30	88.23
Health care centres	20	58.82

Table 5 Observations at Barbers shop

Observations	N = 30 (%)
Disposal of used sharps and cut hairs	
In municipality dustbin	11(36.6)
Outside the town	19(63.4)
Continuous water supply	
Yes	08(26.6)
No	22(73.4)
Electricity supply	
Yes	30(100)
No	00
Music system	
Yes	30(100)
No	00
Television	
Yes	27(90)
No	03
Grand decoration	
Yes	27(90)
No	03
Provided Newspaper/ magazines	
Yes	27(90)
No	03

Discussion:

This study disclosed the awareness of barbers regarding diseases transmitted by their profession and their practice which affect the process of disease transmission. Out

of total study participants only 12 (26.7%) had awareness about diseases transmitted, which is lower than the studies conducted in Jimma, Ethiopia 51%[7]., Pakistan Kharian city 42%[8], Bhara kahu, Islamabad 38% [8], but higher than North West Ethiopia 18%[6], and Nigeria 24.8% [9]. Many

reasons can be listed for such a difference; few of them state worthy are educational status, exposure to media and cultural beliefs. No statistical significance was seen regarding awareness about diseases transmitted among different age group barbers and with different education level.

Most of the barbers claimed that they were washing the instruments with antiseptic solution after use on each client. It has been observed that they added only a few drops of antiseptic lotion to a cup of water, dipped the instruments in it for two to three seconds or just washed the instruments with few drops of much diluted antiseptic lotion and dried with grimy towel. This practice cannot be considered sufficient for microbe's eradication. Similar observations are made by Waheed et.al [2], in Pakistan and a survey conducted at Nagpur, India [4]. It was observed that 100% of the barbers were using clean towels for each customer and similar observation are made by Amodio et al [5], in their study done in South Italy and were cleaning the comb after every use (80%). Use of a clean towel and cleaning the comb appears to be a good practice but is not free from the risk of transmission of infestations like lice and hence barbers need to know about the infestations caused by lice and itch mite and measures to prevent them.

Use of new blade for every customer is a good practice which should be encouraged. In the present study it was observed all the participants were using new blade and similar observations were reported by Waheed et.al [2], but Amodio et al [5], reported that only 86% were using new blades in their study.

All the barbershops enrolled in this study disposed off used blades unsafely either in municipal dustbin or outside the city posing a major risk for sweepers and garbage handlers. In countries like India the culture of searching dumps for valuable things and metals is common practice for scavengers. They are at risk of getting injured and at high risk of infections by the disposed contaminated sharps [10].

In the present study it was observed that majority of barbers were using cake of alum for small cuts and abrasions. Similar observation was made by Waheed et al [2], Potash alum is potassium double sulphate of aluminium, which can be used as a natural deodorant by inhibiting the growth of bacteria responsible for body odour. Its astringent and styptic properties are often employed after shaving and to reduce bleeding in minor cuts and abrasions [11] [12]. It's a common practice of using the same cake on multiple clients, which might be a risk factor for transmission of infections like hepatitis B and C.

Barbers are paying more attention to the decoration, sound system and availability of television, newspaper and magazines similar observations were made by Waheed et al [2], but they are not paying attention to the awareness and risk factors associated with their profession and in prevention measures.

There are, of course limitations in this study, as it was depending on self-reported data of the participants which was susceptible to social desirability bias causing under estimation. Similarly the study has not addressed the effect of attitude of the barbers on knowledge and practice. Even though this study tried to address some factors to understand

the level of awareness and the practices that has an impact on the health of the clients and the barbers themselves. In addition, the study was not out of the limitation of cross sectional study like identifying the temporal relationship.

Conclusion:

It was observed that most of the study subjects had formal education only upto high school and their knowledge about disease transmission was low. Majority of them do not have any perception of unhealthy working practices in barbering and threat of hazardous infection to the customers. They are also not aware of the risk of getting infection from their customers. A behavioural change communication campaign should be initiated without delay to protect the health of these workers and of the general population.

Recommendations:

Present study guides us to extend research in understanding and assessing the knowledge and attitude about health hazards associated with barbering, it also indicates the need of training and retraining of barbers regarding the methods of prevention of diseases transmitted because of their profession. Although it will be a big task for public health authorities to bring about change in behaviour towards unhealthy practices but they have to accept this challenge in order to protect the community.

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