

**KNOWLEDGE, ATTITUDES AND PRACTICES (KAPs) AMONG MALE  
HAIRDRESSERS TOWARDS HIV/AIDS****\*Dr. Mohammed Ismail Humaida Ismail**

PhD (Assistant Professor of Community Health) Department of Public and Environmental Health Faculty of Medicine and Health Sciences University of Kordofan Sudan.

**\*Corresponding Author: Dr. Mohammed Ismail Humaida Ismail**

PhD (Assistant Professor of Community Health) Department of Public and Environmental Health Faculty of Medicine and Health Sciences University of Kordofan Sudan.

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**ABSTRACT**

**Background:** Barbershops can act as potential channels for the transmission of HIV from one customer to another. This can occur when the same blades and trimmers are used by different customers. **Objective:** This study aimed to assess the knowledge, attitudes and practices of male hairdressers towards HIV/AIDS in El-Obied North Kordofan State. **Methodology:** This facility based cross-sectional study comprised of 129 male hairdressers, selected by total coverage. Data were collected via questionnaires and observation checklist and the data was analyzed by (SPSS) soft ware. **Results:** The study concluded that about (76.7%) of male hairdressers know the causative agents of HIV/AIDS. Only (8.5%) of male hairdressers are aware of HIV transmission through sharing of contaminated razors. About (47.3%) of male hairdressers are aware that AIDS is prevented through a voiding contaminated instrument that can pierce the skin. More than half of male hairdressers (59.7%) belief that HIV/AIDS infection is considered stigma and infamy. A large proportion of male hairdressers (93.8%) dispose of razors after their use. About (31.8%) of male hairdressers dispose of razors after used through burial. Less than half of male hairdressers (40.3%) were not sterilizing their instruments. About (20.9%) of hairdressers were using razors for more than one clients. More than half of male hairdressers (66.7%) were not wearing gloves during shaving of hair. While (12.4%) of male hairdressers were practiced sexual intercourse out side the marriage sphere. **Conclusion:** The study concluded that the practices observed by barbers may favour transmission of HIV and there is a scope for educational intervention.

**KEYWORDS:** HIV/AIDS, male hairdressers, El-Obied, Sudan.**INTRODUCTION**

Acquired Immune Deficiency Syndrome or AIDS is a disease of the immune system that makes the individual highly vulnerable to life threatening infections and diseases, such as tuberculosis (TB) and certain types of cancers. AIDS is caused by a retrovirus known as the human immunodeficiency virus, which attacks and impairs the body natural defense system against disease and infection.<sup>[1]</sup>

Barbershops can act as potential channels for the transmission of HIV from one customer to another. This can occur when the same blades and trimmers are used by different customers. Moreover, during rush hours the reduction in time between serving two clients coupled with an increased likelihood of skin scratching and skin piercing may dramatically increase the chance of a successful transmission of HIV. Negative attitudes such as stigma and the fear that accompanies it have a very destructive effect on HIV prevention, AIDS care and the social support that will accompany this pandemic. Ignorance is the most common factor contributing to the spread of HIV especially among poor and less educated

sections of the population. Thus, male hairdresser's knowledge, attitudes and practices can have a great influence on the chain of HIV transmission.<sup>[2,3,4]</sup>

In Ethiopia When the knowledge of the barbers (male hairdressers) was assessed, it was found that about 99% of respondents had correctly responded to the items concerning the use of sterilization. Of all the barbers interviewed, 94% supported the provision of sterilization in their work pattern as a necessity and 88% knew that unsterile blades can transmit diseases. While in Bangladesh 87% of barbers heard about sexual transmission of HIV/AIDS, 19% are aware about transmission through blood transfusion. 7.5% know about spread of by using same razor, but they do not use modern razor because of its price and also claimed copper-alum as "killer of any germ". However in Rawalpindi and Islamabad eighty-six (90%) of the hairdressers had heard the word AIDS before and termed it a fatal disease and 64 (67%) knew about its modes of transmission.<sup>[2,5,6]</sup>

### Rationales

The AIDS epidemic in Africa has become the continent's leading cause of death. There is still no cure and there is still no vaccine.<sup>[7,8]</sup>

Ignorance is the most common factor contributing to the spread of HIV, especially among poor and less educated sections of the population.<sup>[4]</sup>

Barber's shop is a place where there is frequent use of the same blade, trimmers and scissors, often without proper sterilization or disinfection. The use of these sharp instruments may represent an HIV hazard, since the skin of a client's face and skull can be scratched and broken during shaving, and even while his hair is being shaped.<sup>[2]</sup>

### MATERIALS AND METHODS

#### Study design

Facility based descriptive cross-sectional study.

#### Study area

El Obeid or Al-Ubayyid is the capital of North Kordofan State its area has been estimated by 81 km<sup>2</sup> and the distance from Khartoum is about 560 km. El Obeid is connected to Khartoum by an asphalt motorway, a railway line and air-flights taking off its airport several times a week. The population of the City estimated by 440483 person. There are 38000 houses, 40000 families and 75 barbershops in the City. The population of this town is majority Muslim with a small Christian presence. Health services consist of four governmental hospitals, single private hospital, 22 health centers, one HIV voluntary test unit, 2 health units and 3 dispensaries.<sup>[9]</sup>



Source <sup>[10]</sup>

#### Study population

Male hairdressers within the barbershops in El Obied.

#### Sampling

In this study the entire target population (male hairdressers) in El Obied was covered (i.e. survey) because of little number and low cost. Whereas the number of target population is 129 male hairdressers working in 75 barbershops.

#### Data collection

In this study a structured pre coded and close-ended questionnaire was used to collect data from study group. It contained four sections the first section was to gather personal data of the male hairdressers, the second section to assess the knowledge of the respondents about HIV/AIDS the third section to examine the attitude towards HIV/AIDS and AIDS patients and the last section was about practices towards HIV/AIDS. In addition, an observation checklist was used to recording the practices of male hairdressers, towards HIV/AIDS.

#### Ethics

Ethical permission for the study was obtained prior to collect data by contacting and receiving approval from the appropriate management authority, the health

directorship of the City involved. Participants were assured of the confidentiality of their responses and provided informed verbal consent.

#### Data processing & analysis

Data were analyzed using statistical software package (SPSS).

### RESULTS AND DISCUSSION

The results of the present study revealed that 76.7% of male hairdressers know the causative agent of HIV/AIDS (**Table:1**) this knowledge is considered low as compared with 92.2% in similar study conducted in Kathmandu valley.<sup>[11]</sup> In this study only 8.5% of male hairdressers know that HIV can be transmitted by sharing or reuse of contaminated razors (**Table: 1**), this knowledge was very low as compared with 51% of male hairdressers were know that HIV can be transmitted by sharing or reuse of contaminated razors in similar study conducted in Ethiopia,<sup>[2]</sup> thus the possibility of get HIV infection ignorantly will be very high. But in consistant with similar studies conducted in Indore and Ujjain City in India which reflect that only 8% of the sample had partial knowledge of HIV transmission, none of them had any inkling of the risk of HIV transmission via infected instruments.<sup>[12]</sup>

The study revealed that 23.3% of study group said, hairdressers are a high risk group of HIV/AIDS (**Table:1**), because they regularly using of skin piercing instruments which, could transmit HIV virus from client to another ignorantly, similar finding recorded in similar study in Bangladesh.<sup>[5,13]</sup>

The present study illustrated that only (11.6%) of male hairdressers are aware about the knowledge questions on

prevention of HIV/AIDS particularly through sterilization of sharp equipments used during work (**Table:1**). This is a very low knowledge when compared with (63%) of male hairdressers know prevention of HIV/AIDS through sterilization of sharp equipments, in similar study conducted in Ethiopia.<sup>[2]</sup> Lack of health education have a great influence on this knowledge as well as the low level of their education.

**Table 1: Knowledge of male hairdressers towards HIV/AIDS**

Causative agent of HIV/AIDS	Frequency	Percent
Bacteria	15	11.60%
Fungi	8	6.20%
Virus	99	76.70%
Parasite	7	5.40%
<b>Modes of transmission of HIV/AIDS</b>		
Shaking hands	7	5.40%
Mosquitoes	4	3.10%
Sexual intercourse	85	65.90%
Blood transfusion	19	14.70%
Sharing needles in intravenous drug abuse	3	2.30%
Sharing of contaminated razors	11	8.50%
<b>High risk groups</b>		
Truck Drivers	28	21.70%
Hairdressers	30	23.30%
Health Workers	4	3.10%
Multiple Sexual Partners	50	38.80%
Homosexuals	17	13.20%
<b>Prevention of HIV/AIDS</b>		
Don't eat with HIV/AIDS patient	16	12.40%
Avoid contaminated sharps	61	47.30%
Condom use	22	17.10%
Sterilization of sharps	15	11.60%
Test of donors blood	4	3.10%
Voluntary test for HIV	4	3.10%
Sexual abstinence	7	5.40%

The study revealed that (59.7%) of respondents believe that HIV/AIDS infection is associated with stigma and infamy (**Table:2**) this may be attributed to multiple causes such as fear of become less confident and they think people are criticizing them, even when this is not happening, the fact that HIV/AIDS is linked to sex, the

previous points also mentioned by (Catherine et al).<sup>[3]</sup> Stigma was considered a negative attitude because it has a destructive effect on HIV prevention, AIDS care and the social support that should accompany this epidemic, this points also corresponding to opinion of (Catherine et al).<sup>[3]</sup>

**Table 2: Attitudes of male hairdressers towards HIV/AIDS**

Doing voluntary test for HIV	Frequency	Percent
Yes	111	86%
No	18	14%
<b>Shaving HIV/AIDS positive patients</b>		
Yes	67	52%
No	62	48%
<b>HIV/AIDS infection is associated with stigma and infamy</b>		
Yes	77	59.70%
No	52	40.30%

About (93.8%) of male hairdressers dispose of razors after they use them (**Table:3**) this was considered low practice as compared with similar study in Rawalpindi

and Islamabad which reflect that (100%) of male hairdressers dispose of razors after their use.<sup>[6]</sup>

The present study illustrated that (40.3%) of male hairdressers do not sterilize their instruments (**Table:3**) and this is classified as bad practice when compared with similar study conducted in Ethiopia which reflect that (100%) of hairdressers were sterilizing their instruments.<sup>[2]</sup> This negative practice may enhance the spread of HIV/AIDS among male hairdressers and their clients. Beside non-sterilization of instruments (20.9%) of male hairdressers were using razors for more than one client (**Table:3**). Also this is bad practice when compared with only (7.5%) of barbers reuse of razors in similar study conducted in Bangladesh.<sup>[5]</sup> Such practices of male hairdressers are enhancing the risk of transmission of pathogens from one person to another. Beside reuse of razors the common practices of throwing razors openly in municipal waste baskets by 6.2% of hairdressers (**Table:3**) pose a major risk to sweepers and garbage handlers. As in developing countries, the searching waste dumps for valuable things and metal are very common among waste scavengers who may be children; they may be also at risk of acquiring infections.

Similar finding was reported in similar study conducted in Rawalpindi and Islamabad.<sup>[6]</sup>

More than half (66.7%) of male hairdressers they do not wear gloves during shaving of hair (**Table:3**). Such practice may favour the possibility of acquiring HIV/AIDS infection through skin scratching coupled with presence of injuries. This bad practice is against the opinions of (Glenn Doherty) which said disposable surgical gloves are to be worn when contact with blood and/or body substances is contacted and when performing separate and distinct procedures on the same client.<sup>[14]</sup> Beside this practice there is (12.4%) of male hairdressers were practiced sexual intercourse out of marriage sphere (**Table:3**) and 3.1% of those practicing sexual intercourse out of marriage sphere do not use condoms. This unfavorable practice poses a great threat for the community members because those male hairdressers may get HIV/AIDS infection and disseminate this infection to every one who comes to shaving his hair through injuries.

**Table 3: Practices of male hairdressers towards HIV/AIDS**

<b>Razors disposal after shaving clients</b>	<b>Frequency</b>	<b>Percent</b>
Yes	121	93.80%
No	8	6.20%
<b>Sterilization of shaving instruments</b>		
Yes	77	59.70%
No	52	40.30%
<b>Reuse of razors for more than one clients</b>		
Yes	102	79.10%
No	27	20.90%
<b>Wearing of gloves during shaving</b>		
Yes	43	33.30%
No	86	66.70%
<b>Sexual intercourse out of marriage</b>		
Yes	16	12.40%
No	113	87.60%

## CONCLUSION

The practices observed by barbers may favour transmission of HIV and there is a scope for educational and training intervention, also there should be rules and regulations from ministry of health regarding the sterilization and disposal of sharps equipments in barbershops.

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