

Workplace Hygiene Practice among Saloon Workers in Bangladesh Army

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Abstract

Introduction: In Bangladesh like any other developing country, saloon is the unique place for transmission of some communicable diseases.

Objectives: To explore the level of knowledge, attitude and practices regarding hygienic and cleanliness among saloon workers of Bangladesh Army.

Materials and Methods: This descriptive cross-sectional study was carried out in different barber shops of army units in Dhaka cantonment during the month of May 2011. Data were collected from 115 saloon worker by structured questionnaire through face to face interview.

Results: Mean age of 115 respondents' was 22.65±5.8 years whereas 76% of the respondents have less than 5 years of service. Their monthly income was less than 8000 taka and 70.4% had only primary education. About 77% washed linen used for wrapping twice a week and 16.5% did it in alternate day. About 89.5% had awareness and knowledge of transmission of skin diseases through unclean comb, but only 2.6% did not have any knowledge regarding this matter. In case of disease spread through unclean handle of blade/khur majority 60% respondents were aware about skin disease but only 12% were aware about AIDS and 16.5% were aware about jaundice. Majority (90%) found using antiseptic solution to clean used shaving brush /handle of razors. No respondent clean their hand before providing service to each customer and none used fresh linen for each customer rather 1 linen for every 10-12 customer on average.

Conclusion: The study revealed that majority of the saloon workers were either illiterate or had only primary plus level education with poor socio economic background. Despite the knowledge and practice of workplace hygiene among the saloon workers are quite satisfactory levels even though there are areas for further improvement.

Key-words: Workplace, Saloon, Barber, Hygiene.

Introduction

Developing world is facing a burden of epidemics of blood borne diseases. These diseases increase the morbidity and mortality, ultimately resulting in heavy burden on national economics and individual level^{1,2}. An estimated, more than 180 million people worldwide are infected with hepatitis C virus (HCV) and 3-4 million are newly infected each year³. It is a blood borne infection transmitted by infected blood and blood products through transfusions, contaminated needles, vertical transmission, unsafe use and reuse of razors by barbers⁴. The "Barber" profession has a very old history. The historical records of barbers indicate that they have an important role in the community⁵. Barbers at that times were considered as

the medicine men and the scholars of their religion, they belonged to the groups who offer their services for bloodletting, circumcision, extraction of teeth and different types of minor operations. With the development of health sector, their role has been limited to haircutting and shaving only^{6,7}. The word hygiene is derived from 'Hygeia' the goddess of health in Greek Mythology. Hygiene is defined as the science of health and embraces all factors which contribute to healthful livings⁸. Good hygiene is always important for taking care of both mental and physical health. Workplace hygiene means a healthful condition in a working place and includes all factors which influence the health and well-being of the workers, which ultimately influence the service provided to customer. Workplace hygiene and cleanliness of a saloon consists of many activities such as adequate lighting, proper ventilation, clean floor, spacious sitting arrangement and habits regarding personal cleanliness using cleaned linen properly clean reusable brush, razors and combs.

Most of the people including military person visit saloon at least once in a month and they rushed there, spent some time before being served by the barber. Like many sources saloon is the unique place for transmission of some communicable diseases. Diseases that are most likely to be transmitted through a saloon are Bacterial infection; scabies, fungal infections, dandruff, and louse infestations, viral hepatitis even may be AIDS. But prevention of these diseases is possible if hygienic practice can be maintained by acquiring appropriate health knowledge through health education. The outcome of this current study will motivate the health educators, community developers and non-governmental organization to identify gaps and barriers in knowledge, attitude and practices of barbers with the impacts on disease transmission.

Materials and Methods

This descriptive cross sectional study was conducted in different barber shop of army units of Dhaka cantonment during the month of May 2011. All saloon workers working in the saloons of Dhaka cantonment were the study population. The sample size was one hundred and fifteen. All the respondents available in Dhaka cantonment during study period were within the sampling frame. A structured questionnaire was designed furnishing general information of the respondent. The questionnaire collected data about personal characteristics such as age, education, income, marital status, ethnic group and area of residence. The knowledge section covered barber's knowledge about different mode of transmission of Hepatitis, eczema and other skin diseases. The attitude section covers the source of media they used for information, attitude towards the disease, whether they are substance user or not. The practice of barber were observed regarding hand washing before each client was served, sterilization, use of antiseptic, use and reuse of blade and instruments. The purpose and importance of the study was explained to each respondent and data confidentiality was assured. The data was collected using a structured closed ended

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questionnaire in Bengali language to avoid language barrier. The data was analyzed using SPSS version 17.0.

Results

Out of 115 saloon worker 67% were belonging to Hindu religion. Mean age were 22.65 ± 5.8 years whereas 75.6% had less than 5 years of service, 70.5% had primary education and monthly incomes 73% had income less than 8000 taka per month. Maximum 77.4% respondents used to clean their working linen twice in a week. All (100%) saloon workers did not wash their hands before serving every client. Among them 6.1% opined for customer satisfaction and perception of 93.9% respondents were prevention of infection. Approximately 60% of the saloon workers were aware about transmission of skin diseases through unclean Razor. About 61.7% respondents had knowledge regarding transmission of scabies and dermatitis through unclean comb.

Table-I: Distribution of respondents by socio-demographic characteristics (n=115)

Characteristics		Frequency	Percentage
Age in years	≤ 20	35	30.4
	21-30	67	58.3
	> 30	13	11.3
	Mean \pm SD = 22.65 ± 5.8		
Education status	Illiterate	5	4.3
	Primary	81	70.5
	Up to class VIII	27	23.5
	SSC	2	1.7
Religion	Islam	38	33
	Hindu	77	67
Monthly income (Taka)	< 8000	84	73
	> 8000	31	27
Service experience (years)	< 5	87	75.6
	> 5	28	24.3

Table-II: Distribution of respondents by knowledge regarding cleanliness and transmission of diseases (n=115)

Characteristics		Frequency	Percentage
Nature of solutions used for cleaning of brushes/ razors	Water	1	0.9
	Hot water and soap	11	9.6
	Antiseptic solution	103	89.6
Purpose of antiseptic lotion use	Prevention of infection	108	93.9
	Customer satisfaction	7	6.1
Frequency of working linen washing	Daily	6	5.2
	Alternate day	19	16.5
	Twice weekly	89	77.4
	Weekly	1	0.9
Knowledge about transmission of diseases through unclean comb	Scabies and dermatitis	71	61.7
	Eczema	32	27.8
	Lice	09	7.8
	Not known	03	2.6
Knowledge about transmission of diseases through unclean razor	Jaundice	19	16.5
	Skin disease	69	60.0
	AIDS	14	12.2
	Not known	13	11.3

Discussion

This study was carried out to assess the knowledge, attitude of barbers regarding work place hygiene and their current practices. The study reveals that majorities of the saloon worker are belong to Hindu religion (67%) and either illiterate or had only primary level of education (70.4%). The percentage of the respondents gradually

declined as higher grades of education were encountered. Mean age were 22.65 ± 5.8 years whereas 76% of the respondents have less than 5 years of service. Perhaps people do not like to remain in this profession too long. About the purpose of antiseptic lotion use, 6.1% opined for customer satisfaction and perception of 93.9% respondents were for prevention of infection. About the habit of hand washing all (100%) did not wash their hands before serving every client. It was their usual practice of hand washing before and after completion of saloon works. Approximately 90% of the saloon workers were aware about transmission of skin diseases through unclean comb. In a related study conducted in Italy noted that 90% of barbers washed hands after each customer handling, 66% did not change the towel after each customer⁹. Maximum numbers of respondents used to clean their working linen twice in a week hence all the linen were reusable. In case of disease transmission through unclean blade or khur majority (60%) were aware about skin disease only few were aware (12%) about AIDS and (16.5%) regarding jaundice. In Islamabad and allied cities, a study was carried out by private university students which showed that barbers knowledge about Hepatitis B & C was very poor which is one of the key health issues of any developing country endorse the findings of current study. The study found out that 16.5% of barbers had knowledge about Hepatitis B&C affects liver and transmitted through infected razors¹⁰.

Conclusion

In the present study, it was observed that saloon workers of Dhaka cantonment had an acceptable level of awareness and knowledge about hygiene issues, their attitude toward such issues were nearly positive, despite some reluctance in practice were observed even though they had an acceptable level of hygiene performance as well. However, it seems to be still necessary to hold regular training courses to maintain the performance of these saloons at an acceptable level.

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