RESEARCH ARTICLE

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Knowledge, Attitude and Performance of Barbers about Personal Health and Occupational Health

Ali Almasi[a], Abdollah Dargahi[b], Mitra Mohammadi[c*], Fateme Asadi[c], Mohsen Poursadeghiyan[d], Samira Mohammadi[c], Roohangiz Rostam Abadi[e], Hamed Yarmohammadi[f]

[a]Department of Environmental Health Engineering, Health School, Social Development and Health Promotion Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran.
[b]Department of Environmental Health Engineering, Health School, Hamadan University of Medical Sciences, Hamadan, Iran.
[c]Department of Environmental Health Engineering, Health School, Kermanshah University of Medical Sciences, Kermanshah, Iran.
[d]Research Center in Emergency and Disaster Health, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.
[e]Student Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran.
[f]Department of Occupational Health, Health School, Kermanshah University of Medical Sciences, Kermanshah, Iran.
***Correspondence** should be addressed to Ms. Mitra Mohammadi, **Email:** m.mohamadi725@gmail.com.

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Background & Aims of the Study: Disregarding the health and use of polluted equipment in barbers lead to microbial infection expansion, skin diseases and particularly hematic diseases including AIDS and hepatitis. Hence, the aim of present study is determining the health condition of female barbers of Kangavar city, Iran, in order to improve the health level and public health.

Methods: In this cross-sectional study, 167 Kangavar female hairdressers were systematically selected from five points randomly. The data were obtained through questionnaires and check list completion. Data analysis was performed using SPSS21.

Results: The level of knowledge, attitude and overall performance of the studied units were 78.66%, 93% and 79.71% respectively. There was not a significant relationship between their attitude, performance and knowledge in the present study (P_{value}<0.05). The rate of knowledge according to the metropolitan area, attitude based on job experience, performance with marital status and urban area showed a significant difference statistically (P_{value} <0.05).

Conclusion: Knowledge, attitude and performance of subjects were at a good level. However, due to problems related to salons environmental health, it can be said that the existing attitude had not converted to performance.

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Background

Controlling environmental factors plays a key role in improving human health and environmental pollutants that have specific diversity which can put at risk all physical, mental and social health of human being. Given to the personal hygiene and environmental human sanitation has particular importance. Barber salon are among the places that are very important in terms of environmental and personal health in improving public health level and disease control. In case of lack of attention to this issue, the transmission of different types of skin diseases and blood infections is inevitable (1-3). Several factors are involved in transmission of disease in this trade unit including most notably of them is lack of awareness of hairdressers operators regards to personal hygiene principle, lack of equipment and the possibility of not being sanitary (4).

According to numerous visits of women to the centers to receive the relevant service, the

slightest lack of attention to personal and environmental hygiene poses a serious threat to women's health. Thus, women's health care and increase their awareness particularly of the communicable diseases dangers have a great importance (5,6).

Currently, the best way to prevent and control the diseases spread, is education and correcting the risk group behaviors.

Education and raising the society's level of health information are continuous and dynamic processes (7).

In the perspective of World Health Organization (WHO), raising the level of awareness and promoting the attitudes of society for the prevention of infectious diseases, with emphasis on high-risk groups are the pillars of policies and designed strategies of organization (8).

It should be noted that various studies evaluated the barbers' knowledge, attitude and performance difference and it is influenced by age, educational level and income (9-13).

In terms of the importance of hygiene and environmental sanitation, identification of some ways to control communicable diseases in risky occupations such as hairdressing and according to the beauticians relationship with different groups in society, this study was assess the knowledge, attitude and performance of women's hairdressing salons in Kangavar city as an active group of people in the field of personal hygiene, disinfection means and condition of the building according to the regulations in accordance with Article 13 of the hairdressing business in Iran. Based on the results of the study, necessary training programs should be developed and implemented by the relevant authorities.

Aims of the study:

The aim of present study was determination of knowledge, attitude and performance of Kangavar city female barbers in order to adjust the health education programs in woman's barbers who have low knowledge and poor performance about personal and occupational hygiene and their effects on society health.

Materials & Methods

In this cross-sectional study, with regard to the distribution hairdresser salons in the city, 50 women hairdressing (30% of female hairdresser) in five points of Kangavar (North, South, East, West and Central) were selected by systematic random sampling.

After the process of agreements of trades council and city health center, while visiting directly to the business units, data gathering tool was self-made questionnaire which was completed through interviews and observation.

Questions in the field of personal hygiene, the hairdresser building, work tools and equipment situation were set. Questionnaire contained 4 demographic data (age, education, work experience, income, marital status, number of children, work area), knowledge assessment (15 questions), attitude and willingness to act (21 questions) and performance (21 questions).

With placing a same value for each of the questions, point 1 was allocated for a correct answer and zero was allocated to incorrect answer. Knowledge, attitude and performance of people were classified according to their scores in three levels of poor (less than 50% of the total score), medium (75 to 50% of the total score) and good (more than 75% of total score).

The validity of the questionnaire content was put in reach of 2 faculty members of Kermanshah University of Medical Sciences to determine the properness of questions to reach the objectives of research. In a pilot study, the reliability of questionnaire was determined and the determination of Cronbach's alpha (85%) was confirmed.

In order to analyze the collected data, SPSS21 and one way ANOVA test at a significance level of α=0.05 were used.

Results

The average score of knowledge, attitude and performance of the study is presented in Table 1. According to the results, the majority of married people were at the ages between 25-35 years, with 1 to 2 children. Also, most of statistical population had diploma education, work experience of 1-5 years and a monthly income of less than three hundred Tomans.

The highest awareness scores were related to singles (80.66%), age range was 25-35 years (80.66%), with work experience of 5-10 years (83.33%), income higher than 600 tomans (81.06%), undergraduate and graduate education (82.2%), living in the city center (87.33%) without children (81.9%).

Awareness level of subjects concerning the regard of provisions of personal hygiene, the hairdresser building, work tools and equipment situation 78.66% was correct. with the help of ANOVA test, there was a significant difference between the awareness score of patients living in the south with those who are living in north and center (P_{value} >0.05). The relationship between general awareness, attitude, performance and surveyed parameters are shown in Figures 1 -7.

The highest percentage of positive attitude in married hairdresser's women (93.9%) with job experience of 1 to 5 years (95.23%), master of science or more degree (96.8%), earning between 300 and 600 tomans (93.23%), with 1 or 2 children (95%) and living in the East of Kangavar (76.94%) were reported. The attitude of the people who had less experience than others had a significant difference (P <0.05).

The attitude of persons with age, education, marital status, number of children and different income levels had not statistically significant mean difference (P_{value}> 0.05). In general, 93.4% of the participants in this study had a positive attitude towards personal hygiene, the hairdresser building, work tools and equipment situation.

Most of the proper performance was seen in married individuals (83.66%), 50 years ages (90.47%), work experience more than 10 years (82.14%), income of 600 tomans (88%), master of science on more degree (82.52%), living in the north of the city (91.9%) with 1 or 2 children (80.95%).

Analysis of variance test showed a significant relationship between performance, area of work and marital status. So, people who were living in the north of the city had better performance than those who were living in the East of city. As well as, single women had better health performance. The average performance score was 16.74 which was obtained from died samples.

Pearson correlation coefficients showed that there is no significant relationship between awareness and performance of subjects, (R^2>0.05). Also, with the help of Spearman correlation coefficient, it was found that there is no significant relationship between attitude and performance; also, the awareness of the operators of studied cases (R^2>0.05).

Table 1) The awareness, attitude and performance of female hairdresser in city of Kangavar to occupational health in terms of demographic characteristic

Variable		Parameters		
	Ratio frequency	performance	attitude	knowledge
Age	16-25 (16%)	16.5±3.5	19.7±2.37	11.5±1.77
	25-35 (58%)	16.65±3.27	19.5± 1.76	12.1± 1.91
	35-50 (24%)	16.91±2.05	19.33± 1.77	11.25± 2.34
	>50 (2%)	19±0.5	20± 0.99	12± 0.6
Marriage	Single (16%)	16.12±3.22	19.37± 1.84	12.12± 1.72
	Married (66%)	18±2.61^{B}	19.72± 1.58	11.75± 2.07
	Widow (18%)	14.22±3.9 ^{B}	19± 2.64	11.66±2
Apply Abroad Champion	1-5 (56%)	16.35±3.52	20± 1.72 ^{A}	11.92±1.76
	5-10 (20%)	17.2±2.39	19±2 ^{A}	12.5± 2.27
	>10 (24%)	17.2±3.01	18.91±1.78^{A}	10.9±20.06
Stipend	<300000 (54%)	16.37± 3.61	19.51±1.96	11.81± 1.9
	300000-600000 (34%)	16.7± 2.73	19.58±1.76	11.64±1.99
	>600000 (12%)	18.5± 1.64	19.5±1.64	12.16±2.56
Education	Elementary school (12%)	16.16± 3.31	18.66±2.25	10.83±1.72
	Middle school (36%)	17.16± 2.85	19.22±2.12	11.77± 2.1
	Diploma (40%)	16.35± 3.67	19.85±1.56	11.95± 2.1
	Bachelor of Science(12%)	17.33 ± 2.65	20.33±0.81	12.33±1.03
Child No.	Without child (34%)	16.52 ± 3.9	19.35±2.17	12.29± 1.89
	1-2 (50)	17 ± 2.87	19.96±1.36	11.72± 1.96
	2-4 (16%)	16.37± 2.72	18.62±2.13	11± 2.26
region	North (30%)	19.3 ± 1.49 ^{A}	19.1±1.72	12.9± 1.59^{A}
	South (20%)	15.8±3.45	19.4± 2	9.8± 1.98^{AB}
	West (15%)	15.6±4.24	19.6±1.77	11.4± 1.26
	East (14%)	15.4± 2.06 ^{A}	19.9± 2.28	11.8± 2.09
	Central (21%)	17.6±2.45	19.7± 1.56	13.1± 0.99^{B}

$^{A, B}$ significant difference within column at confidence level of $p < 0.05$.

Discussion

According to the survey, it can be said that the level of awareness about women's hairdressing salons in Kangavar in terms of personal hygiene, building hygiene and means disinfection according to the geographical location of the study was a significant difference.

People who lived in the southern part of the city, had less awareness than those who lived in the north and center. However, the relationship between the degrees of awareness of women's hairdressing salons in Kangavar with other parameters such as age, education level, marital status, number of children, employment history and income was not significant (P_{value}>0.05).

It should be noted that the awareness degree of the subjects in the awareness parameters, was at good level. By comparison of awareness variable in 5 regions of Kangavar concluded that awareness rate of hairdresser decreases according to following areas, center, North, East, West and South, respectively (Table 1).

This awareness decrease can be indirectly reflects the further deprive of south city hairdresser in receiving necessary training and educational discrimination in this city. In other words, the vicious circle of poverty, marginalization, lack of awareness and attitude are responsible for this situation.

Also, the type of attitude's relationship of statistical population according to work experience was different. So, people with 1-5 years work experience, had better attitude than

others. The relationship between the attitudes of statistical population with other parameters of the study was not significant. The results showed that altogether, hairdressers of Kangavar had a good attitude towards health parameters and it showed itself at lower age range.

This can be related to the less training about regarding job hygiene to older people. This can also be attributed to the encouragement of young generation to learn and change in working and living style.

In recent years, the amount training receiving through various means, including radio, television and virtual world increased; hence, the tendency of young people to enter the virtual world and gaining more news and information by this way were increased that cause them better attitudes toward occupational health.

At the same time, the increase of information and false beliefs with increasing job experience is another reason to justify this issue which is used by another. Despite an acceptable level of women's attitudes hairdresser, unfortunately their performance was low. Health performance of people is resulted from different causes and factors such as knowledge, financial situation and marital.

According to that, give priority to the family needs and preferred to solve these needs by married people may cause of inattention and neglect some notes, tips and principles of workplace health. As well as, singles by more free times and more job responsibilities to uphold the principles of occupational health can show better performance that it would be affective on people's performance.

In general, awareness, attitude and performance of Kangavar's hairdressers are at good level and awareness has not much difference with performance; so, by good performance, good awareness will be the result.

The results of this research is inconsistent with Helal oz research. In spite of acceptable level of awareness, unfortunately their function is at low level (14). According to correct awareness of hairdresser, we hope by more advertisement and serious education in this field, especially to those who are married, you can encourage them to have a better performance in this area.

In the present study, the academic education of hairdresser did not affect their awareness. In Thompson and colleagues in a study, which was conducted in Canada, found that education is effective in the awareness, attitude and performance of hairdresser and the results of this study are in consistence with the present study (15).

The study of Bawany and colleagues in Pakistan hairdressers salons showed the awareness is coordinate with performance and the hairdressers have poor health performance due to the lack of education and awareness (16).

In the study of Nozari et al on hairdresser of Shiraz, it showed that 82% had primary education. 4%, 71% and 25% of them had good, average and poor awareness to occupational hazards and occupational health respectively. 96% of them had a positive attitude; also, 51.5 percent and 48.5 percent had good performance and moderate, respectively (17).

The awareness, attitudes and performance of hairdressers toward personal hygiene and environment principle indicate considerable undertaken efforts of environmental health unit of health center of Kangavar city. However, more effort is need to hairdresser’s education and a special emphasis on the awareness, attitude and performance promotion of hairdressers is necessary to improve health status.

Conclusion

The present study result showed that the level of barbers' knowledge and performance about personal health and occupational health in workplace was good among Kangavar female barbers, but the attitude level is low. The good

performance of barbers in Kangavar leads to prevention of different diseases in society including skin and blood diseases. According to the present results, age, education, region of city, number of children, marriage status, apply abroad champion, stipend of barbers Kangaver were effective factors in awareness, attitude and performance. In spite of all that, continuous training programs are necessary for raising the awareness and upgrading of barbers performance in Kangavar as one of Stratums of society that deal with human health.

Footnotes

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Conflict of Interest:

The authors declared no conflict of interest.

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