

Knowledge, Attitude and Sources of Information about HIV/AIDS among Barbers in Ibadan, Nigeria

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SUMMARY

Objective: The study documented the influence of HIV/AIDS information on the knowledge and attitudes of barbers relating to the prevention of HIV in their professional practices.

Methods: Data were collected using standardized questionnaire from all the 372 commercial barbers in a Local Government Area in Ibadan.

Results: Ninety three percent of the barbers had at least primary school education and 99.5% learnt barbering through apprenticeship. Those who identified sex and sharing of invasive objects with infected persons as transmission routes were 96.7% and 84.7% respectively. Preventive measures mentioned were disinfection (86.0%) and avoiding accidental cuts (87.4%). There were misconceptions like availability of cure (18%) and transmission of HIV through handshake (14.5%). Majority (64.8%) thought only visibly stained instruments were infectious and 83.3% did not know that barbers were at risk of direct infection from the clients. Those with higher education had more HIV knowledge than the less educated ones ($p < 0.05$). Ninety-five percent agreed that equipment decontamination was the primary responsibility of barbers. Major source of information identified was mass media (95.7%).

Conclusion: The occupational-specific knowledge and attitudes of the barbers about HIV/AIDS were inadequate. Mass media messages should be reinforced with pertinent information through person-to-person contact.

KEY WORDS: HIV knowledge, Barbers, Sources of information, peer education and Prevention.

INTRODUCTION

Nigeria is first in West Africa and second in Africa (after South Africa) in the prevalence rate of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) (1). As at 2005, the people living with HIV/AIDS were estimated at 2,900,000 while deaths due to AIDS was put at 220,000 [1]. Since the first case of HIV was reported in 1986, the prevalence rate has increased progressively to 1.8%, 3.8%, 4.5%, 5.4% and 5.8% in 1991, 1993, 1999, 2001 and 2003 respectively (2). Though the prevalence rate decreased

to about 4.4% in 2005, it is still relatively high due to the high population. In addition, some locations and population groups have prevalence rates higher than the national prevalence (2).

There is no cure for HIV/AIDS presently and prevention still remains the best way for its control. The only viable way to achieve this is to empower the people with adequate information necessary to change negative attitudes and risky behaviour relating to HIV. In Nigeria, heterosexual routes account for about 80% of HIV transmission, consequently, intervention efforts

are directed towards providing information about sexual health among the sexually active groups such as commercial sex workers, military personnel, adolescent and long distance truck drivers (3,4). HIV transmission routes such as sharing of invasive instruments have not received the deserved attention in the campaign for HIV control in the general population.

Barbers constitute a professional group that can facilitate HIV transmission and control. They are well-patronized personal care service providers whose instrument are shared among variety of people and often pierce the skin resulting into abrasion or minor cuts, though inadvertently. Unhygienic practices and improper handling of sharp barbering instruments are two factors that put both the barbers and clients at risk of HIV infection in barber shops (5-9).

Beyond the professional practice of barbers, barber shops are social centers where young people often meet to discuss sports and current affairs, thereby creating a captive audience for HIV prevention education. Barbers have been used in some Africa countries as peer educators and distributors of condoms to their clients (10).

Good knowledge and positive attitude of barbers about HIV/AIDS, particularly in relation to their profession are necessary to protect themselves and their clients from HIV infection. Awareness about HIV/AIDS has been created by providing information through mass media, workshops, peer education and publications. The influence of this information on the knowledge and attitudes of barbers is documented in this study.

METHODS

The study was a cross-sectional survey carried out among commercial barbers. The study site was Ibadan Southwest Local Government Area (LGA), one of the five Ibadan metropolitan LGAs. Ibadan is the capital of Oyo state, southwestern Nigeria. The city is located within the rain forest belt of western Nigeria, about 150km from Lagos and 659km from Abuja, the Nigeria Federal capital city. The LGA is categorized into three; inner core, peripheral and transitory areas. The inner core is the oldest area in the city, characterized by lowest quality residences and the highest population density, resulting in an unbelievable density of building, spectacular deterioration and a virtual absence of adequate sanitation (11). The differences in their wealth, education, acquired skills, social customs and attitudes emphasize the social distance from the other two areas. The inner core has a higher percentage of poor and uneducated; there is a near to lack of basic facilities such as water and electricity supply with limited access to health centres (11). The transitory areas comprise squatter settlements found

at the margins of the planned town. They are characterized by high-quality residential districts in low-density areas to accommodate high-class population. There are higher percentages of the rich and educated, and a steady supply of basic facilities with easy access to both public and private health centres. They are the so called people of affluence in the city.

The questionnaire for data collection was semi-structured and interviewer-administered. It was divided into five sections: demographic characteristics; professional profile; knowledge about HIV transmission prevention and decontamination processes; attitude towards HIV prevention as well as the sources of HIV/AIDS information. The total number of registered barbers in the study area was collated from the records of the respective zonal barbers' union and all the 372 barber shops in the study site were used as sample size for the survey. The barbers' unions were fully mobilized and involved in the sensitization of their members on the purpose of the research. Verbal informed consents were obtained from individual participating barbers before each interview was conducted. One barber (owner/most experienced) was selected for interview per shop. Prior to this, the research assistants were trained and the questionnaires pre-tested and standardized. The interviews were conducted during morning/afternoon hours of weekdays when the barbers were less busy. Data were collected over a period of twenty-three days and were analyzed using the SPSS (version 12.0) to generate frequencies and descriptive statistics. ANOVA was used to test difference in mean scores.

RESULTS

Demographic Characteristics of Respondents

Three hundred and seventy-two barbers representing all the traceable barber shops in the study area were interviewed. Table I and Figure 1 show the demographic and professional characteristics of the respondents. All interviewees were males. Though females were found to be associated with barbering profession as shop owners and honorary members of the Barber' Union, none was practicing professionally. The mean age was 33.7 ± 21.5 years and ranged between 18 and 70 years. There was preponderance (217 or 58.3%) of respondents that attained the secondary education level. Almost all the respondents (370 or 99.5%) acquired barbering skills through apprenticeship taking about 2.0 ± 0.8 years.

Knowledge about HIV-Transmission and Prevention in Barbershops

All the respondents have heard about HIV/AIDS before the interview. Sixty seven (18%) respondents wrongly gave a positive response to the availability of a cure for AIDS as at the time of the study; 363 (97.6%)

of the respondents correctly identified sexual intercourse with infected persons as the major route of transmission of HIV, while 350(84.7%) were knowledgeable about the possibility of HIV transmission from client to client through their professional practice, particularly by using non-sterile sharp barbering instruments. However 241(64.78%) wrongly responded that only sharp barbering instruments that were visibly stained with blood could spread HIV. Three hundred and six (82.26%) of the respondents did not know that barbers too are at risk of HIV infection from their clients and 54(14.5%) thought HIV could be contracted through casual touch such as handshake with infected person.

Avoiding accidental cuts on clients and decontamination of instruments as HIV prevention measures in barber shops were correctly identified by 325(87.4%) and 320(86%) respectively. Only 251(67.5%) the respondents knew that barbering instrument should be decontaminated after and before use on new client even if not visibly stained.

Knowledge Scores

Awarding one mark to each correct response and zero to every wrong response generated a ten-point knowledge score. The knowledge scores are presented in Table II. The overall knowledge mean score was 7.33 ± 2.20 . Those that had high scores include those that had post-secondary school education (8.9 ± 1.23), peripheral communities (8.7 ± 1.3), and age group 20-29 years (8.0 ± 1.5). Respondents with no formal education got the lowest mean score (2.1 ± 1.3). Education had a positive effect

on the HIV-knowledge of the barbers.

Attitudes toward HIV-Prevention Practices in Barber shops

The attitudes of the respondents are as presented in Table III. Noteworthy is the agreement by most of the respondents (352 or 94.6%) that barbers are duty bound to decontaminate their instruments, even if there was no request for it by the client. However about half of them (185 or 49.8%) did not agree to HIV transmission being a serious problem in barber shops (Table III).

Sources of Information to Barbers on HIV-Prevention

The sources of information on HIV/AIDS available to barbers are presented in Table IV. The Mass Media was identified by almost all (354 or 95.2%), followed by Seminar, which was stated by 254 (68.3%) of the respondents. Among the least sources identified are Master/Trainer (8 or 2.2%), Posters/Bill Boards (17 or 4.6%) and Clients (37 or 9.9%). Other sources are Professional Colleagues (184 or 49.5%), Books/Publications (120 or 32.3%) and School (52 or 14%).

The sources of information available to the respondents according to their community, education, previous training and age are also shown. Mass media (Television and Radio), seminar and professional colleagues as sources of HIV information were widespread, while clients, schools and posters were restricted to the educated; peripheral communities and the young barbers.

Table I: Demographic Characteristics of Respondents (N=372)

Characteristics	Frequency	Percentage (%)
Age		
Below 20 years	13	3.5
20-29years	143	38.4
30-39 years	131	35.2
40-49 years	41	11
50 years and above	44	17.2
Total	372	100%
Learning Method		
Apprenticeship	370	99.5
Self-taught	2	0.5
Total	372	100
Presence of Apprentice		
Yes	113	30.4
No	259	69.6
Total	372	100

Table II: Knowledge Mean Scores of Respondents by Demographic Characteristics

Characteristics	N	Mean	Standard Deviation
Community of practice	116	8.42	1.23
Peripheral	136	7.43	2.08
Transitory	120	6.15	2.5
Inner core			
Education			
No formal education	25	2.08	1.3
Primary school	107	6.5	2.1
Secondary school	217	8.10	1.2
Post-sec school	29	8.86	1.3
Age			
Less than 20years	13	6.54	1.94
20-29 years	143	8.01	1.48
30-39 years	131	7.97	1.42
40-49 years	41	7.78	0.94
50-59 years	23	3.61	2.19
60 years and above	21	2.33	1.8
Overall Mean	372	7.33	2.20

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Table III: Attitudes of Respondents toward HIV-prevention in their Shops

Attitudinal Statement	Agree	Disagree	Undecided	Total
HIV transmission in barber shops is a serious problem	187(50.3%)	123(33.1%)	62(16.7%)	372(100%)
Barbers are duty bound to protect their clients through proper equipment decontamination	352(94.6%)	2(0.5%)	18(4.8%)	372(100%)
In corporation of Decontamination into training curriculum of apprentice	351(94.4%)	3(0.8%)	18(4.8%)	372(100%)
Decontamination as unnecessary expenditure	18(4.8%)	294(79%)	60(16.1%)	372(100%)
Clients having their personalized kits	290(78%)	27(7.3%)	55(14.8%)	372(100%)

DISCUSSION

Knowledge about HIV Transmission and Prevention

Knowledge is a cognitive predisposing factor that motivates or provides a reason for a behaviour or practice (12). The level of awareness about HIV/AIDS was high among the barbers and this has been reported in previous studies on barbers in Northern Nigeria [13, 14]. However, the profession-specific knowledge about the disease was inadequate as illustrated by this study. Majority of the respondents believed that barbering instruments couldn't spread HIV unless it was visibly stained with blood. Similar view has been reported in previous studies (13-15). This wrong notion probably stemmed from the fact that HIV is blood-borne and blood is expected to be red in color. Therefore, if red stain is not on instrument, then, there is no blood and there is no HIV. This is erroneous because HIV is present in all body fluids, which may not necessarily be visible on instruments for inoculation to take place (6,16). Similarly, most of the respondents did not know that they were at risk of direct infection from their clients. This agrees with the finding reported among barbers in Northern Nigeria (13). The finding is also similar to the baseline information relied upon to organize a sensitization program for barbers in Cameroon on the risk of HIV infection associated with their work (17). Barbers are at direct risk of infection if they have cuts or bruises that are not properly protected, particularly on the arms (9).

Some misconceptions still exist among the respondents. Some of them attested to the availability of cure for AIDS in Nigeria and thought that casual touch or handshake with infected person was risky. Similar misconceptions have been reported among some professional groups in Nigeria, including the military, Journalists and Tailors (18, 19).

Educational level was found to significantly affect their HIV-prevention knowledge. This finding agrees with the outcome of a study that was done on similarly categorized barbers in Nagpur city, India [20]. The difference in knowledge in relation to educational level

is most probably due to the exposure and ability of the more educated (Secondary School Certificate and National Diploma holders) respondents to discern HIV messages from multiple sources, including previous seminars organized for the respondents (21).

Attitude towards HIV Prevention

Attitude is a person's judgment of a behavior or practice as good or bad and worth carrying out. The assessment of the respondents' attitudes towards HIV prevention practice shows an overall positive attitude. Noteworthy is the agreement of almost all the respondents to the statement that barbers have the primary responsibility of protecting their clients through decontamination, regardless of requests from clients and cost. A similar study in Ethiopia reported same finding (15). However, with most of the respondents agreeing to the statement that every client should possess personalized barbering kits as an alternative to decontaminating their own instruments and about half of them not agreeing that HIV transmission in barber shops was a serious problem, were indicators that respondents had the tendency to, and may likely neglect this responsibility in the absence of motivation.

Sources of Information

The most frequently reported source of information on HIV/AIDS is the mass media (22-26) and this study is not an exception. Beyond creating awareness, mass media is inefficient in impacting sufficient knowledge necessary to influence attitudes and behaviours. There is need to compliment mass media messages with a more detailed and pertinent information through person-to-person health education approach including seminar, workshop and peer education. This study revealed that such approach has been underutilized for passing information on HIV/AIDS to barbers. The barbers' union presents a viable unit of action for person-to-person contact in the impartation of HIV/AIDS knowledge. The union organizes regular meetings which can be used for presentations and supportive supervision. Such a forum would give equal

opportunities to all members to be informed and actively participate in discussions by expressing opinions, asking questions and making clarifications. Precautionary measures to prevent HIV should be made a part of the training process for apprentices. Though almost all the barbers agreed to this, very few of them reported ever getting HIV/AIDS information from their own masters/trainers.

Information seeking behaviour of the people is affected by the presence, or otherwise, of information infrastructures and ability to discern the information (27). The relatively low level of knowledge among barbers in the inner-core communities may be a consequence of lack of information infrastructures (such as billboards and schools) and low literacy level, evidenced by the low percentage of respondents that reported these facilities as their sources of information on HIV/AIDS. The poor reading culture in the Nigerian population, even among students, is reflected in this study (24). There are a lot of publications on HIV/AIDS in circulation in Nigeria, which the barbers can use to improve their knowledge. However, very few respondents reported books and publications as their sources of information.

CONCLUSION

The level of awareness about HIV/AIDS is very high among barbers, particularly in the study area, haven been exposed to a variety of sources of information such as the mass media, seminars, peers, billboards, posters, clients, trainers/masters, books and schools. However, the impact was not adequately felt on the knowledge and attitudes that are pertinent to their profession because the popular sources were impersonal and only succeeded in giving general information. To improve on their knowledge and attitude, routine person-to-person contacts should be used to provide in-depth information to compliment the general information from the mass media. It is therefore recommended that the barbers' union should be used as unit of action in organizing regular seminars, workshop and brief health talks as well as supportive supervision and monitoring of the barbers through a peer education approach. Barbers can also be encouraged to read by making Information, Education and Communication (IEC) materials such as posters, billboards and pamphlets on HIV/AIDS available in pictorial form and in language they can easily understand.

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