Potential risk of HIV transmission in barbering practice among professional barbers in Ibadan, Nigeria

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Abstract

Background: There is a growing concern that barbering procedures could create opportunities for HIV transmission. However, little is known about Nigerian barbers' practices relating to the prevention of HIV.

Objectives: This study assessed the precautionary measures for the prevention of HIV among commercial barbers in Ibadan, Nigeria. **Methods:** Data were collected using validated checklist to directly observe ninety barbering procedures in forty-five barber shops randomly selected from three communities that have been categorized as inner-core, transitory and peripheral.

Results: Respondents were all males with mean age of $36(\pm 10.2)$ years. Ninety-eight percent had at least primary school education and all of them learnt barbering through apprenticeship. The instruments used were razor blades (11.1%), manual clippers (8.9%) and electric clippers (80%). Clippers were sterilized in 10% and disinfected in 72.5%, while no decontamination was carried out in 17.5% of the sessions. Fifty two percent of the disinfections involved the use of kerosene, a disinfectant not recommended for HIV inactivation; 48.3% of the disinfectants were not in the original containers while 53.4% of the sessions involved the use of same brush for cleaning clipper and brushing hair. Hand-held flame and Ultra-violet light sterilizer were used in 50% of the sterilization process. Barbers in the high-class peripheral communities were more likely to practice appropriate equipment decontamination than those from lower-class inner-core communities. There was blade-to-skin contact in all and accidental cuts occurred in three of the sessions and none was properly managed.

Conclusion: The risk of transmitting HIV is high in the barbershops in the study area. Health education strategies such as training, supportive supervision and peer education are needed to facilitate the adoption of effective precautionary measures against HIV infection among barbers.

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Introduction

HIV/AIDS still remains a major public health problem all over the world, particularly in Nigeria where it has caused incalculable human suffering, social and cultural disruption and huge economical loss. There were about 220,000 deaths from AIDS and 930,000 AIDS orphans living in Nigeria in 2005 alone. Nigeria is expected to spend \$260-\$390/person as budgetary allocation to HIV/AIDS control yearly, definitely at the expense of other developmental projects. Though the country's HIV prevalence rate has dropped from 5.8% in 2001 to 4.4% in the last sentinel survey carried out in 2005, some States and sites still have explosive prevalence rates. For example, Benue State and Iquitaoron in Akwa-Ibom state recorded 10% and 14.7% prevalence rates respectivel. 3

Prevention is the only viable way to control HIV spread, as there is no cure for the infection presently. In Nigeria, efforts have focused mainly on prevention of HIV through sex, blood transfusion and

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mother-to-child transmission. This must have been informed by the fact that more than ninety percent of HIV/AIDS transmissions occur through the combination of these routes. However, HIV transmission through sharing of non-sterile sharp instruments such as those used for barbering, circumcision, facial scarification, incision, tattooing, ear perforation, bloodletting, injections and acupuncture have always been vaguely classified as 'others' and given less attention in the campaign against the spread of HIV.

Barbers are cosmetic workers that undertake skin-piercing practices involving re-useable sharp instruments, which present risks for transmission of HIV and other blood-borne pathogens from one client to the other. Though barbers do not carry out procedures that deliberately penetrate the skin, the procedures can inadvertently damage the skin through abrasion or minor accidental cuts. A simple nick caused by clipper or razor blade is enough for infection to occur. Due to the lipid envelope that protects HIV from dehydration, the virus can survive on the surfaces of barbering instruments for a period long enough for transmission to occur, particularly in commercial barber shops.

Specific HIV-risks of barbering procedures relating to HIV transmission have been documented in Nigeria and other African and Asian countries. ^{7,8,9,10,11}