

Assessment of Factors Responsible For Barbers' Adherence with Health and Safety Provisions in Tamale Metropolis, Ghana

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Abstract

Adherence to therapies is a primary determinant of treatment success. Failure to adherence is a serious problem which not only affects the patient but also threatens the commercial success of a profession. The paper assesses factors responsible for barbers' adherence with health and safety provisions in Tamale Metropolis, Ghana. The study adopted a case study approach. Accidental sampling technique was used to draw sample from the barbering population, with questionnaire as the main data collection instrument. Total of 70 retrieved questionnaires gave 77.8% response rate. Descriptive statistics including percentages mean and standard deviation was used to analyze the data, while inferential statistics namely regression used to determine the relationship between the variables. Results revealed that six independent variables showed statistically significant relationship with compliance with safety and health provisions. Findings also showed that the insistence of clients of the existence of health and safety measures is highest contributor to barber compliance with health and safety provisions. It is recommended that a risk assessment audit be carried across barbering salons, so that information gathered would pave way for training. This allowed employees to acquire greater competencies to manage their work, leading to enhancement of their occupational health and safety in Tamale Metropolis.

Key words: Barbers, Adherence, Health & Safety, Factors, Tamale Metropolis

Introduction

Barbers has a legal responsibility to ensure the health and safety of employees and other people affected by its operations, like clients and other visitors. To do otherwise, by following unhygienic and unsafe procedures, will not only threaten the commercial success of their profession; but may lead to conditions that can jeopardize the health and safety of both clients and operators, and contribute to the spread of communicable diseases and accidents. It is essential for barbers to know and understand the health implications of the procedures carried out and the precautions that must be taken to minimize health and safety risks, if not exterminate.

There is enough empirical evidence regarding the poorest level of knowledge among barbers about health hazards associated with their profession (Wazir et al., 2008, Mandiracioglu et al., 2009, Waheed et al., 2010, & Kitara et al., 2011), and barbers ill-perception of healthy working practices in barbering and awareness about threat of receiving hazardous infection from clients. Earlier studies by Mutocheluh and Kwarteng (2015) revealed that there is little knowledge about the routes of transmission of blood borne viral hepatitis among barbers in Ghana, and the vast majority of them do not know the purpose of sterilizing their equipments.

It is a growing concern that the salon industry in developing countries like Nigeria, Ghana, and Tanzania lacks relevant policies to adequately cater for the health and safety of employees, clients and other people affected by operators of barbering salons (Arulogun et al., 2009, Nshunju, 2012). This situation is worrisome, as barbers in Tamale pay much attention to decorations, air conditioning, sound system, and availability of television in the shop, at the expense of awareness and risk factors associated with their profession in the prevention of diseases and grave consequences of infections. Against this background that the study seeks to assess factors

responsible for barbers' adherence with health and safety provisions in the Tamale Metropolis, Ghana. The study considers two specific objectives and a hypothesis.

- a. To identify the factors that accountable for barbers adherence with health and safety.
- b. To determine the contributions of factors influencing barbers' adherence with health and safety.

Hypothesis

H₀: There is no significant association between the factors and barbers adherence to health and safety.

H_a: There is significant association between factors and barbers adherence to health and safety.

Literature review

The word barber originates from the Latin word *Barba* meaning beard. According to Wazir et al. (2008), barber is a person whose occupation is to cut any type of hair, give shaves, and trim beards. Barber refers to a person who cuts men's hair and shaves or trims beards as an occupation (Oxford Dictionary 10th Edition). Barbering profession suggested by Khan et al. (2009) includes hair cutting, face and scalp massaging, nail trimming, pedicure, manicure and shampooing /dyeing. In addition barbers are also providing facilities for circumcision and incision /drainage of abscess especially in rural areas and urban slums. Mandiracioglu et al. (2009) postulated that occupational health and safety among barbers and hairdressers are issues which need individual, country and global attention due to their impacts to the general public. Wazir et al. (2008), Waheed et al. (2010) affirmed that barbers are important professionals of the community which are still owned, cared and financed by the community especially the rural one. Kitara et al. (2011) alluded that barbers are challenged with disparities in understanding hair-cutting practices and precautions they undertake, and adherence to occupational health and safety provisions; despite existence of acts and regulations. Muchemedzi and Charamba (2006) opined that occupational health and safety is a science concerned with health and its relation to work or working environment. In this study, the terms adherence and compliance are synonymously used.

Factors affecting barbers' adherence with Health and Safety Provisions

There are several factors responsible for barbers' adherence with health and safety provisions. Among these factors are:

Law and Policies: Availability of law, regulations and policies on health and safety provisions is indeed a plus for barbers adherences; as it offers specifications and solution to improving health and safety at the workplace (Nshunju, 2012; Beston, 2012; and Kitara et al. 2011). Quainoo (2001) alluded that it is an undisputable fact that developing countries like Ghana lack relevant policies to adequately cater for the health and safety of employees. In this regards, efforts to streamline the activities of salon operators is in jeopardy (Alfers, 2009), despite the abundance of health and safety risks in growing informal economy, as well as institutional mismatch in the subject of health and safety provisions in the literature on risk and social protection by operators of barbering salons.

Awareness: Sensitizing awareness on regulations, policies and barbers' practices is a step to enhancing adherence with health and safety standards. Wazir et al. (2008) observed that the level of knowledge among barbers about health risks associated with their profession is very poor. In this regard, Arulogun et al. (2009) & Ejokhio et al. (2010) postulated that the majority of barbers do not have any perception of unhealthy working practices in barbering, and awareness of threat of contamination from their clients. Hence, lack of knowledge and understanding of health and safety

provisions among barbers is a challenge to not only implementation, but also to adherence with health and safety guidelines, legislation and policies (Nshunju, 2012).

Environment: Every worker has the right to work in a healthy and secure environment. Knight (2005) affirmed that the quality of employee's work environment impacts the level of employee's motivation and subsequent performance. This is especially so when the work premises influences to a great extent error rate, level of innovation, collaboration and commitment with health safety provisions. Neal (2000) posited that employees' workplace is responsible for 24 percent of their job satisfaction level and this can affect staff performance by 5 percent for individuals and 11 percent for teams.

Equipments/tools: Oyedunni and Adesoro (2009) opined that the barbering equipments or tools as concept of universal precaution must be cleaned or sterilized to a level appropriate for their intended use, regardless of the level of use they have had previously or their degree of contamination. Wazir et al. (2008) and Amodio et al. (2009) postulated that there is strong evidence that razors, barber's scissors, nail files and body piercing instruments are risk factors for HCV, HBV, HIV transmission reported in Africa, Asia and Europe. Khan et al. (2012) reiterated that barbers and beauticians representing 36% and 34% respectively were not properly cleaning instruments, and stand the chance of infecting clients with communicable diseases. Therefore, when dealing with clients, barbers' instruments must always be disinfected and sterilized to minimize the risk of HIV transmission (Oyedunni & Adesoro, 2009).

Negligence: A cross sectional survey on knowledge, attitude and behaviour among barbers revealed that negligence among employees' is one contributing factor toward poor compliance with health and safety standards (Amodio et al., 2009). Wazir et al. (2008) observed that 29 (58%) barbers showed ignorance about any health hazards associated with their profession in studies of awareness among barbers about health hazards. Similarly, Jiwani and Gul (2011) affirmed that the rate of hepatitis C due to dialysis is much higher in Pakistan, cause of which is traceable to negligence in disinfecting dialysis equipments, reusing vials between different patients, and above all, financial constraints.

Clients/customers: One major factor that influences adherence is the patient's ability to read and understand policy instructions. Clients with low literacy may have difficulty understanding instructions; this ultimately results in decreased adherence and poor health and safety management (Jimmy & Jose, 2011).

Health and safety culture: Esi (2012) opined that health and safety culture bring on board stakeholders of a profession as important key players in attaining minimum legal compliance toward implementing best practice, positive beliefs, norms and attitude on health and safety. Hughes and Ferrett (2009) maintain that the health and safety culture among operators is very poor and does not encourage safe behaviour; rather, it encourages unsafe behaviour and blames employees when something goes wrong. Employees won't participate as a result of fear.

Law enforcement: Enforcement of regulations is very vital in ensuring the efficacy of regulations. Idubor & Osiamoje (2013) opine that regulations without proper enforcement are tantamount to no laws. They argue further that the lack of strict enforcement of OSH regulations enables non-compliance to OSH regulations. Umeokafor et al. (2014) opine that enforcement and compliance with OSH regulations are not the standalone steps for improving OSH, as improving organisational culture can also improve OSH. Mandiracioglu et al. (2009) reiterate that the poor law enforcement

was the most reported factor accounting for poor compliance to OHS requirements among barbers and hairdressers.

Price charged: It is declared that unfair, demoralizing and uneconomic competition and practices now exist in this state among barbers and barber shops, resulting in price cutting to the extent of limiting and preventing barbers from rendering safe and healthful service to the public by reducing the purchasing power of barbers in obtaining sanitary products and appliances require for health protection and safety in preventing transmission of disease (Brown and Cassady, 1945).

Research Methodology

The study adopted a descriptive-surveying kind. 90 barbers were targeted across the Tamale Metropolis, from which a sample of 70 respondents, representing 77.8% was drawn for the study using Probability sampling technique. Questionnaire was the main instrument used in collecting data from the respondents. For reliability and representativeness of the sample size, Nenmann (2000), Weinbach and Grinnell (1998) contend that there is no fixed and definite rule about the size of a sample for a study. They further state that there is no ideal fixed number, formula or percentage that should be used to determine the size of the sample to take. They continue that, the nature of the research problem and its setting would ultimately influence one's decision on the appropriate sample size. The knowledge of the researcher about the population, the precision of the measuring instruments all goes a long way to affect the proportion of the population that must be representative for reliable results. Descriptive statistics including percentages, mean and standard deviation were used to analyze the data, while inferential statistics such as regression was used to determine the contribution between the variables.

Analysis and Presentation of Results

Socio-demographic characteristics of the Barbers

The demographic characteristics of barber respondents are shown in Table 1 below. All the respondents are male. On number of persons' working in a saloon, 47.1 percent saloons has two persons working in them, 24.3 percent of the saloons has only one person working in them, 18.6 percent saloons has three persons working in them, 4.3 percent each has four persons working in them. On the issue of education, 5.7 percent has elementary or no education at all, 37.1 percent has basic education, 42.9 percent has secondary level education and 14.3 percent has technical or tertiary education.

Table 1: Demographic characteristics of respondents

S/N	Demographics	Indicators	Valid Percent	Total (n)
1.	Sex	Male	100.0	70
		Female	0.0	
2.	Educational attainment	Elementary /Not at all	5.7	70
		Basic level	37.1	
		Secondary	42.9	
		Technical/Tertiary	14.3	
3.	Number of Persons Working in a Saloon	1	24.3	70
		2	47.1	
		3	18.6	
		4	4.3	
		5	4.3	
		6 or More	1.4	
4.	Length of Service in Profession	Less than a year	5.7	70
		1-2 years	17.1	
		3 and more years	77.2	

Source: Field survey, 2015

From the above Table 1 is eminently clear that barbering is male monopolized business. The result of the study shows that more males are into barbering than females. More than three quarters of the barbering saloons has more than one worker. It reveals also that most persons engage in this business are low educated individuals. Only 14.3 percent of the saloons have their owners having technical/tertiary qualification. They mostly employ others to work for them. Below is the descriptive statistics of the variables (factors that influences barbers adherence to health and safety).

NB: The research instrument used in this study had a five point scale (from 5 – Strongly Disagree, 4 – Disagree, 3 – Not Sure, 2 – Agree, 1 – Strongly Agree) which gave a point average scale of 3.0 (that is, 15/5). Therefore, researchers employed the point average score of 3.0 in its analysis

Research objective 1: To identify factors accountable for barbers' adherence with health and safety measures

Table 2 sought to identify factors accountable for barbers' adherence with safety and health measures at Tamale Metropolis. It was observed that the average of all the variables ranges between 1.66 & 2.94. By implication, barbers at Tamale Metropolis agreed that the factors; presence of laws and policies (Mean=2.89, Std. dev=.956), awareness of barbers of implications of health and safety on their clients (Mean =1.66, Std. dev=.778), location of barbers (Mean =1.77, Std. dev=.705), quality of equipment (Mean =1.67, Std. dev=.696), insistence of barbers association on health and safety culture (Mean =2.83, Std. dev=.780), insistence of clients of the existence of health and safety measures (Mean =1.66, Std. dev=.657), lack of strict enforcement of safety regulations (Mean =2.09, Std. dev=.959), poor attitude of barbers towards health and safety standards (Mean =2.94, Std. dev=.720), and price charge by barbers (Mean =1.99, Std. dev=1.056) affect their compliance with health and safety measures at the workplace.

Table 2: Factors accountable for barbers' adherence with health and safety measures

Statements	Mean	Std. Dev	N
A. Presence of laws and policies on health and safety	2.89	.956	70
B. Awareness of barbers implication on health and safety of their clients	1.66	.778	70
C. Location of barbers affects their compliance with health and safety measure	1.77	.705	70
D. Quality of equipment impact s barbers adherence	1.67	.696	70
E. Insistence of barbers association on health and safety culture	2.83	.780	70
F. Insistence of clients of the existence of health and safety measures	1.66	.657	70
G. Lack of strict enforcement on health and safety regulations	2.09	.959	70
H. Poor attitude of barbers towards health and safety standards	2.94	.720	70
I. Price charge by barbers	1.99	1.056	70

Research objective 2: To determine the contributions of factors influencing barbers' adherence with health and safety

Table 3, 4 and 5 explains the contribution of factors influencing barbers' adherence with health and safety measures at Tamale Metropolis. From the regression summary results shown in (Table 3), the R^2 which measures of how much of the variability in the outcome is accounted for by the predictors, which is 0.610 indicating that 61.0% of the variation level of barbers compliance to health and safety can be explain by the nine variables. The remaining 39.0% indicated that there were other factors which affected compliance with safety and health measures at Tamale Metropolis which were not studied in this study.

Table 3 Model Summary

Model	R	R Square	Adj. R Square	Std. Error of the Esti.	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.781 ^a	.610	.3145	1.011	.610	2.304	9	60	.027

a. Predictors: (Constant), A, B, C, D, E, F, G, H, and I

From the ANOVA^a results, F-test result was 2.304 with a significance of 0.027. This meant that the probability of these results occurring by chance was less than 0.05 ($p < 0.05$). Therefore, a significant relationship was present between the dependent variable (adherence with health and safety and health measures) and the independent variables (A, B, C, D, E, F, G, H & I), as shown in (Table 5). Hence, H_a is accepted, while H_o is rejected.

Table 4 ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	21.205	9	2.356	2.304	.027 ^b
Residual	61.366	60	1.023		
Total	82.571	69			

- a. Dependent Variable: The overall score of your compliance with safety and standards
 b. Predictor: (Constant), A, B, C, D, E, F, G, H, and I

Table 5 is the coefficients of the model which sought to determine the individual contribution of each predictor to the model. According to findings (Table 5), holding all the independent variables constant at zero, six out of the nine independent variables ($\beta=0.403$, $\beta =0.288$, $\beta =0.465$, $\beta =-0.052$, $\beta =0.230$, $\beta =0.103$) contributes significantly to adherence with safety and health measures. By implication, taking all other independent variables to zero, a unit increase in **B, C, F, G, H, & I** led to 0.403, 0.288, 0.465, 0.052, 0.230, 0.103 respectively increases in adherence with safety and health measures at Tamale Metropolis.

Table 5 Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.223	.695		4.639	.000
A	-.158	.159	-.138	-.992	.325
B	.403	.224	.286	1.801	.007
C	.288	.198	.186	1.458	.010
D	-.105	.231	-.067	-.452	.653
E	.112	.184	.080	.608	.545
F	.465	.257	.279	1.810	.015
G	-.052	.145	-.046	-.361	.000
H	.230	.203	-.151	-1.134	.012
I	.103	.126	-.099	-.815	.002

- a. Dependent Variable: The overall score of your compliance with safety and standards

From the above Table 5, the equation ($Y = b_0 + b_1A + b_2B + b_3C + b_4D + b_5E + b_6F + b_7G + b_8H + b_9I$) becomes: $Y = 3.2230 + 0.403B + 0.288C + 0.465F - 0.052G + 0.230H + 0.103I$. Where Y is the dependent variable (level of barbers' compliance with health and safety provisions at Tamale Metropolis), b_0 is the value Y, when b is Zero, while b_2, b_3, b_6, b_7, b_8 & b_9 are the independent variables (B, C, F, G, H and I) respectfully.

Conclusion and recommendation

It was clear, from the findings of the study that the awareness of barbers implication on health and safety of their clients, location of barbers, insistence of clients of the existence of health and safety measures, lack of strict enforcement on health and safety regulations, poor attitude of barbers towards health and safety standards, and price charge by barbers are the main factors responsible for barbers adherence with health and safety provisions in Tamale Metropolis. This is in agreement with (Ejokhio 2010, Knight 2005, Wazir et al. 2008, and Beston 2012) findings. It is further concluded that, insistence of clients of the existence of health and safety measures as highest contributor to barber compliance with health and safety provisions is in line with Jimmy and Jose (2011) findings that clients with low literacy may have difficulty understanding instructions; this ultimately results in decreased adherence and poor health and safety management.

Based on the foregone conclusions, it is recommended that a risk assessment audit be carried across barbering salons, so that information gathered would pave way for training. This allowed employees to acquire greater competencies to manage their work, leading to enhancement of their

occupational health and safety in Tamale Metropolis. It is also recommended that much effort has to be put in our public health activities for sensitizing both customers and service providers at barbershops to reduce the likelihood of acquiring diseases there.

Limitation and direction for future research

The study utilized data specific to barbers at Tamale Metropolis and thus cannot be generalized to other industries. Also, due to the small sample size used for this study, results may not be generalized beyond the specific population from which the sample was drawn. Further studies should widen the scope to cover both barbers and hairdressers across the Metropolis and beyond. This would increase the sample size and make the research more representative for external validity. More researches should be focused on factor analysis of barbers self-efficacy and compliance with health and safety regulations.

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