

## **Abstract**

### **Introduction**

There is a big concern that barbering procedures could expose both barbers and their clients to various infections. These infectious diseases and conditions that can be spread through barbering procedures include; skin diseases like dermatitis, fungal infections, and viral infections like HIV, Hepatitis B, and Hepatitis C among others. However, little is known about adherence to infection control among barbers in Kampala City.

### **Objectives**

The main objective of this study therefore was to establish adherence to infection control practices among Barbers in Kampala Capital City. The study was particularly interested in establishing the availability and safety level of equipment used by barbers, determining the barber factors as regards infection control and establishing the implementation of barbering policy issues by different regulatory bodies.

### **Methodology**

This was a cross sectional study that utilized both qualitative and quantitative methods of data collection. A hundred and eight barbershops were involved in the study; one barber from each of the barbershops was interviewed and observed. The barbershops were selected using systematic random sampling while the barbers within the barbershop were selected using simple random sampling. An observation checklist, questionnaire and key informant guide were used to collect data. Quantitative data entry and analysis was done using SPSS version 3.5.1 and Microsoft Excel 2010 software. Qualitative data was analysed using the thematic approach.

### **Results**

All the barbers that were interviewed were males. The findings of this study revealed that most barbershops did not have sterilizers (55.5% of all barbershops) while only 40% of all sterilizers were found to be functional.

There was a significant association between the education level of the barbers and the level of safety of equipments used in the barbershop. ( $X^2 = 12.469$ ,  $P = < 0.014$ ), with the barbers with a high education level being more likely to have equipments processed to a higher safety level compared to their counterparts with low education level. Most of the barbers (69.4%) do not examine the clients' head for infections prior to shaving and majority (91.7%) admitted that they just continue with the shaving process when they identify infections on the clients' scalps.

The utilization of PPE was low; gloves and aprons were found to be used by very few barbers that is; 9.3% and 23.1% of all the barbers respectively. Apron use was more common among barbers with high equipment safety level ( $X^2 = 10.082$ ,  $p = 0.003$ ), as compared to those in the category of low equipment safety level.

Only in 18% of all barbershops that were involved in the study had hand washing done yet 91.7% of all barbershops that were involved in the study had water available. While only 8.3% of all the barbers washed their hands with soap before beginning shaving.

The key informants from UNBS stated that their role was only to set up standards for KCCA public Health Department to enforce, however, key informants from KCCA attributed their lack of regulation of barbers to low facilitation of the department and the general low priority given to environmental health activities in the authority.

## **Conclusion**

The study found that barbers in Kampala City generally do not adhere to infection control practices exposing themselves as well as their clients to various infections. It was discovered that majority of the barbers did not sterilize let alone disinfect shaving equipment with potent disinfectants between clients. The Local Authority was not active in regulating the establishment and operation of barbershops and inspecting the premises to assess their suitability for the purpose.