



LETTER TO THE EDITOR

HEPATITIS B

Enhancing Hepatitis B Awareness and Risk Management in Barbershops and Salons: A Call for Tailored Interventions

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Received: 7 July 2024

Accepted: 3 August 2024

Published: 13 September 2024

DOI:

10.25259/IJTMRPH_53_2024

Quick Response Code



ABSTRACT

The study “Assessment of Hepatitis B Virus Knowledge and Risks Among Barbers and Beauty Salon Workers in Tanzania” conducted in Mwanza City revealed significant knowledge gaps among participants, particularly those with lower education levels, with 36.5% reporting needlestick injuries and only 2% vaccinated against hepatitis B virus. Education level emerged as a critical factor influencing awareness, stressing the need for targeted interventions to reduce transmission risks. Limitations, such as sample size and generalizability, were noted, along with the importance of tailored interventions, advanced statistical methods, and longitudinal studies in future research is needed.

Keywords: Hepatitis B Virus, Education Levels, Needlestick, Tanzania, Occupational Group

TO THE EDITOR

Dear Editor,

I am writing to express my appreciation for the recent publication of the article “Assessment of Hepatitis B Virus Knowledge and Risks Among Barbers and Beauty Salon Workers in Tanzania.”^[1] The study conducted in Mwanza City of Nyamagana District aimed to explore awareness, knowledge, and occupational risks of hepatitis B virus (HBV) infection among this group, offering valuable public health insights. Data was collected from 200 participants in the Mwanza City of Nyamagana District between October 2020 and February 2021 via a structured questionnaire covering demographic information, HBV awareness, occupational risks, and vaccination history.^[1] The study revealed significant knowledge gaps, particularly among those with lower education levels, with 36.5% reporting needlestick injuries and only 2% vaccinated against HBV. Education level emerged as a crucial factor influencing awareness and knowledge, highlighting the need for targeted interventions.^[1] The research underscores the heightened risk of HBV infection among barbers and beauty salon workers, emphasizing the importance of tailored interventions to enhance knowledge and reduce transmission risks in this vulnerable population. Measures such as comprehensive training, monitoring of infection prevention protocols, and alternative education channels are crucial in safeguarding the health of both workers and clients.^[1]

The research holds notable significance in public health as it sheds light on the heightened risk of HBV infection within this occupational group. The identified knowledge gaps and inadequate awareness regarding HBV transmission and prevention, particularly among individuals with

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lower education levels, underscore the pressing need for targeted interventions to reduce the risk of HBV infection in this population. Overall, the study's findings concerning the high exposure of barbers and salon workers to HBV due to frequent injuries like cuts and needlesticks highlight the vulnerability of these individuals to infection.

While the study offers valuable insights, it is crucial to acknowledge some limitations that should be addressed in future research endeavors. First, while the sample size exceeded the minimum requirement, a more extensive and diverse sample would enhance the reliability of the findings, especially considering the diversity of barbershops and beauty salons in the area. Additionally, convenience sampling may have introduced selection bias and compromised the sample's representativeness. Moreover, the reliance on self-reported questionnaires may have introduced recall bias. Further, the study's focus solely on Mwanza City of Nyamagana District limits the generalizability of the findings to other regions within Tanzania with diverse healthcare systems and cultural backgrounds. Additionally, while valuable for contextualizing the findings, drawing on studies from Nigeria and Morocco may only partially account for the unique socioeconomic, cultural, and healthcare system factors at play in Tanzania.

The study reveals significant disparities in HBV knowledge between individuals with varying education levels, with illiterate participants showing lower awareness compared to those with at least a secondary education. However, the discussion needs to explore the underlying reasons for this gap. It needs to propose tailored educational interventions based on barbers' and beauty salon workers' literacy levels and academic backgrounds. Additionally, while the study acknowledges low HBV vaccination coverage among participants, it must address potential barriers to vaccination uptake or strategies to improve access and acceptance among this population. Overcoming obstacles such as cost, accessibility, and misconceptions about vaccines is crucial for increasing vaccination coverage and reducing HBV transmission risks among barbers and beauty salon workers.^[2]

Future research should expand its recruitment efforts to include a wider range of demographics, such as different age groups, ethnicities, and work environments, in order to improve the reliability and generalizability of the findings. This will increase the sample size and diversity and increase the impact of the study. Employing more advanced statistical methods, such as multivariate analysis, can provide a more nuanced understanding of the relationships between different factors. Longitudinal studies can help assess changes in HBV awareness, knowledge, and vaccination coverage among barbers and beauty salon workers over time by establishing a follow-up survey system and analyzing trends and patterns to adapt interventions based on evolving needs. Future

studies should center on creating culturally relevant and literacy-sensitive educational materials and interventions to improve HBV awareness and knowledge among diverse groups within this occupational sector, such as utilizing visual aids, simplified language, and interactive tools to enhance understanding and retention of HBV-related information. Investigating the socioeconomic and structural factors influencing HBV vaccination uptake is crucial to developing targeted interventions to improve vaccine coverage among at-risk occupational groups. To improve accessibility and encourage uptake, we can collaborate with local health authorities to organize a mobile vaccination clinic at a central location frequently visited by barbers and beauty salon workers. This clinic can offer free HBV vaccination and educational materials. In addition, implementing peer education and mentoring programs within barbershops and beauty salons can empower employees to advocate for HBV prevention and vaccination. This can be achieved by training designated staff members to disseminate accurate information, address common misconceptions, and promote health-seeking behaviors among their peers. Future research should prioritize culturally relevant interventions to enhance HBV prevention among barbers and salon workers.

CONCLUSION

In conclusion, by acknowledging the study's limitations and suggesting areas for further investigation, we can contribute to advancing public health initiatives to mitigate HBV infection risks among barbers and beauty salon workers. Thank you for considering my perspectives on this critical research article.

Acknowledgments

The author thanks the editors and reviewers for useful feedback on earlier versions of the paper.

COMPLIANCE WITH ETHICAL STANDARDS

Conflicts of Interest

The authors declare no competing interests.

Financial Disclosure

Nothing to declare.

Funding/Support

There was no funding for this study.

Ethics Approval

Not applicable.

Declaration of Patient Consent

Patient's consent not required as there are no patients in this study.

Use of Artificial Intelligence (AI)-Assisted Technology for Manuscript Preparation

The authors confirm that there was no use of Artificial Intelligence (AI)-Assisted Technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Disclaimer

None.

REFERENCES

1. Semvua K, Jaka H, Mapunda S. Knowledge and risk assessment of hepatitis B infection among barbers and beauty salon workers in Mwanza, Tanzania. *Int J Transl Med Res Public Health*. 2024 March;8(1):e002. Available from: https://doi.org/10.25259/IJTMRPH_476.
2. Galagali PM, Kinikar AA, Kumar VS. Vaccine hesitancy: Obstacles and challenges. *Curr Pediatr Rep*. 2022;10(4):241-248.

How to cite this article: Al Afnan L. Enhancing hepatitis B awareness and risk management in barbershops and salons: A call for tailored interventions. *Int J Transl Med Res Public Health*. 2024;8:e009. doi: 10.25259/IJTMRPH_53_2024