

Sanitation Management in Salons in the Upper West Region: An Assessment of Disease Prevention Strategies and Safety Promotion Measures

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Abstract

The fast growing beauty services provision in the entire beauty industry coupled with the widespread existence of preventable diseases in the country call for concern for sanitation issues in the sector. As the sector contributes significantly to employment and income generation for many of the unemployed, due attention is required for the health of the people. This research was conducted to assess sanitary practices in the salon, promote operational safety and prevent disease infection among clients in the beauty industry in the Upper West Region of Ghana. The research adopted descriptive studies with the cross-sectional design where a sample size of 211 and 200 respondents for both clients and practitioners respectively were interviewed. Together with focus group discussions from beautician associations, the data was teased out into the SPSS for conversion into graphs, charts and tables for the analysis. Low literacy rates among beauticians coupled with poor sanitation practices. The spread of diseases could possibly result from multiple usage of disposables materials and cover cloths. Equipment and tools sanitizing were found to be highly organized while feeling of safety among clients were very high.

Keywords: sanitation, disease infection, saety, health conscious or promotion, irregularities

1. Introduction

In every work environment, the safety of clients, staff and the general public is of crucial concern to the success of the enterprise. Generally, we seek beauty and constantly looking to improve what we have or give ourselves a whole new look. It is no wonder that hair and salon business remains one of the rapidly growing industries today. According to Service Annual Survey of the Bureau of Census (SASBC) as cited by Fulbright (2004), the U. S in 2001, experienced growth spurts in the hair, nail and skin care with a 78% increases in revenues from 2000. The UK also as indicated by Hair and Beauty Industry Authority (HABIA) (2002) witnessed similar growths in Hairdressing with approximately 36,000 salons comparing 28,590 from 2000. The revenues averaged £4b with about one- quarter of a million employees and about 79m client visits each year.

Although most hairdressing salons tend to be small, independently owned outlets, large Salon chains are increasing in number. Despite these developments, hairdressing continues to have a reputation for being 'a simple, unskilled or low-skilled occupation that can be done by 'anybody' (Eayrs, 1993). The industry primarily is driven by changing fashion and advances in technology which regularly introduces new hair styling, cutting and colouring techniques and equipment.

The equipment for a salon depends largely on the services on offer. Some of the basic equipment required for establishing a hairdressing salon includes washing basin, styling chair, hair driers, supply trolleys and manicure sets and aprons which requires usage understanding. Others may include shampoo spray machines; facial bed, hair steaming machines, other body/skin care and such facilities as sterilizers, waste disposal systems, electricity, fire extinguishers, first aid materials and water supply systems.

According to the Health and Safety Executive, a salon is as safe as the owner makes it. This calls for a license system and must also be followed with health inspectors to check everything was in working condition with a high standard for health and safety to make the facility a very safe place (HSE-<http://www.hse.gov.uk/>). According to Steven E. Wolf, Burns are injuries to tissue that result from heat, electricity, radiation, or chemicals. Burns are usually caused by heat (thermal burns) from equipment, such as fire, steam, tar, or hot liquids. Thus, the skin usually sustains most of the damage. Wolf further notes that more than 2 million people in the USA require treatment for burns each year and between 3,000 and 4,000 die of severe burns. These phenomena are not different from experiences in developing countries like Ghana where this research is being carried out.

In view of this development in the industry, the industry requires special attention everywhere in the world. By implication, issues relating to care of tools, mode of learning and skills levels both formally and informally, Safety precaution before, during and after use of equipment, Sanitary practices in the beauty industry for improved sanitation, safety and hygiene require special attention from all angles.

1.1 Problem Statement

The beauty services industry in Ghana is primarily traditional with modest gains towards its development.

Though, predominantly hairdressing, many efforts are geared toward developing other services including beauty consultancy services, massage therapy, colouring of the hair among other services such as pedicure and manicure, facials, nail technology, spa services etc. The increasing growth in the industry have also been accompanied by technological developments not only in equipment but also in cosmetic products and other hair and beauty services products. However, these developments have not been adequately compensated or accompanied by the needed changes in developing countries especially on regulatory frameworks, vocational and educational training and the evolution of requisite apprenticeship training in the discipline.

Though common to note many private individuals' institutions springing up and several efforts being made to train educated youth in the beauty trade mostly, are concentrated in the south. Also the requisite qualification to professionalize the industry cannot easily be acquired locally. This therefore requires numerous efforts including investigations in the trade to ensure adequate understanding of the sector which has the potentials of contributing to the economy Ghana.

1.1.1 Justification

Though the beauty services industry in Ghana is fast growing and gaining the attention of many more individuals and entrepreneurs especially those of the south, many beauticians remain illiterate or semi-literate practitioners. The equally increasing numbers of unregulated beauty institutes and practices in the country, the seemingly unrecognized positions of the trade by academia and the educational system in Ghana, the largely non-formalized mode of training and absence of the public sector recognition, the critical issues of sanitation, safety and hygiene including the gray areas in terms of research work in the field locally, prompts the need for this investigation.

As against the professional requirement of the sector, the potential health danger and delicate nature of the trade coupled with the fast changes and growth in technology in the sector worldwide and the increasing desire to beautify oneself in the modern society require special attention for the beauty trade to be reconsidered and repositioned in our daily endeavours.

In the face of all these the industry cannot be left unattended to. It is for these reasons that this research sought the understanding of the state and pattern of growth of the beauty trade in the Upper West Region where attempts have been made to formally accept the beauty trade in the educational system in the country despite the numerous hurdles it is currently going through for acceptance and the recognition so badly needed by the Wa Polytechnic to enhance changes in the beauty trade nationwide.

1.1.1.1 Objectives of the Study

1.1.1.2 Broad objective

Assessing sanitation practices in salon to promote safety and prevent disease infections in the Upper West Region.

1.1.1.3 Specific Objectives:

To ascertain effects of the mode of learning on sanitation management in the beauty business operations in the Upper West Region

To assess disease knowledge and transmission mode among salon operators

To ascertain how equipment are sanitized in beauty salon operations in the region

To identify the mode of sanitary practices salon operators employ in their work places

1.1.2 Methodology

The descriptive studies and employed the cross sectional design for the investigation.

1.1.2.1 Data Collection Technique and Tools:

For the purpose of data collection, the research employed a mix of tools and techniques including observation, focus group discussions, structured questionnaire and the interview guide.

The salon operators and apprentices responded to questions from structured questionnaire and the interview guide while along-side, researchers observed the practices and behaviour of clients, services providers and the environment.

The interview – the interview guide /structured questionnaire were prepared and guided interviewers in their interaction and information retrieval from respondents. This provided a pattern for salon respondents who responded to same questions to unearth the exact nature of salon operation in the Upper West Region.

Observation – a non-participant observation was carried out while the interview was in progression. Particular interest was focused on the clients' behaviour at the salon, salon operator's observance of work ethics, and conduct and the environment of operation with particular interest in clients care, safety measures and other disturbances.

Focus group discussions – this was focused on the Beauty Associations of various salon operators. Thorough discussions on the research concerns were conducted in three districts comprising Sisala East, Wa Municipal and the Jirapa Districts.

The information from the association of salon operators were recorded and transcribed for the purpose of the analysis.

1.1.2.2 Sampling:

The study adopted a variety of sampling methods for the investigation. The simple random sampling was used to select salons in each locality while the purposive sampling targeted individual clients. In all a representative sample size of 200 and 211 respondents were considered for both practitioners and clients respectively for all the districts for the investigation.

A sample size for the salon operators was determined by contacting the various District Assemblies, National Association of Beauticians and hairdressers (NABH), GHABA (Ghana Beauticians Association) and other hairdressers associations to know the total number of salon operators in each district. This became very difficult for some areas and the snowball was used to identify the total salon operators in some areas.

For the clients, it was assumed that at least every individual visits the salon in ones life time either for a hair shape or dressing. It was further assumed that about sixty percent of the population visits the salon and there from the sample size for the clients was determined.

1.1.3 Results and Discussions

1.1.3.1 Socio-Demographic Trends of Respondents

From table 1, the respondents were made up of 160 owners of salons, 40 apprentices and 211 clients. The socio-demographic features revealed a high level of illiteracy (52.75%) and early school leavers (46.9%) for practitioners with majority (96.9%) being the youth as observed by Druker. The sex distribution also favoured the female (79.05%) affirming HABIA's findings of the trade being predominantly female.

Table 1 Background of Respondents

Variable	Practitioners		% of Clients N=211
	% of Owner (master) N = 160	% of Apprentice N = 40	
Sex:			
Male	41.9	0.0	33.2
Female	58.1	100.0	66.8
Age (years):			
Below 18	1.2	0.0	28.0
18 – 35	93.8	100.0	68.7
35 &above	5.0	0.0	3.3
Education level:			
No formal education	10.5	95.0	22.3
Primary	12.5	5.0	10.4
JHS	44.4	0.0	21.3
SSS	31.3	0.0	21.8
Tertiary	1.3	0.0	24.2
Marital status:			
Single	0.0	68.1	
Married	95.0	31.9	
Divorced	5.0	0.0	

Early school leavers- (primary, junior high and senior high respondents not completing school)

1.1.3.2 Ways of Learning in the Beauty Industry

The training process was by tutelage and largely apprenticeship (91.5%) where new recruits were assigned roles of cleaning, mobbing and keeping the salons environment neat. These immediate roles of learners inculcated the habit of keeping environments salons clean at all times were probably carried on, on being salon operators in later life. About 91% of the practitioners learning the trade within their own environs could also affect the appreciation of sanitation issues in the beauty salon operations in the region.

However, the high response (75.5%) in fig 6 for refresher training non-availability could negatively affect appreciation of sanitation issues in the salon business operation in the region. However majority (87.5%) of the respondents being in favour of the institution of refresher training programmes and other training possibilities could promote sanitations, safety and hygiene practices. Thus, the skills gap which coincides with HABIA's findings of varied skill gaps in the industry could affect sanitation practices.

1.1.3.3 Quality and Care of Tools in Beauty Salon Business: sanitizing issues and Care in Salons

The causes of tools damage of overuse (13.7%), accidents (35.5%), carelessness (10.5%), electrical faults (9.7%) and poor quality (12.9%) could partially result from sanitation issues in the salon. The use of disposables of 42.5%, 27%, 5%, 12.5% and 13% for one per client, one per two clients, one per three clients, daily and weekly respectively interplayed to affect the sanitizing situation hence increase risks of diseases infections in beauty salon business operation.

This could largely influence the sanitation conditions in salons. Also, the incidence of keeping tools anywhere (3%) might also affect sanitizing practices in the business. The prevalence of multiple disposables usage (57.5%)

in salons could adversely affect safety and influence disease transmission in beauty salon businesses. In fact, as far as the responses were concerned, depending on the type of use of disposables, the use of these disposables for a day (12%) and others (13%) for a week implied the possibility of cross disease infections that could not guarantee safety in beauty salon operations in the region. The predisposing factors for this state in salon operations may be due to the low level of practitioners' education, poor adherence to sanitations and observance of work ethics within the salon businesses.

Table 3 and Fig 2 display responses on tools quality and care by practitioners in salons and clients observance and awareness of these practices.

Table 3: Quality of Equipment Used by the Salon Operators

Variable	Frequency (N = 200)	Percentage (%)
Equipment:		
In good shape	155	77.5
In bad shape	45	22.5
Usage of disposables:		
One per client	85	42.5
One per two clients	54	27.0
One per three clients	10	5.0
Daily	25	12.5
Weekly	26	13.0
Damaged equipment:		
	124	62.0
Causes of equipment damaged:		
	(n=124)	
Overuse	17	13.7
Accidents	44	35.5
Carelessness	13	10.5
Electric faults	12	9.7
Poor quality	16	12.9
Inability to identify cause	22	17.7

1.1.3.4 Storage and Care of Tools in Salon

Keeping Equipment in the salon were in boxes (44.5%), sterilizers (13.5%), on tables (22.5), and combination (16%) respectively as in Fig 2 below boosted cleanliness in the salons. This implied that practitioners were generally aware of the need to keeping tools at their right places. The proper keeping and maintenance of tools including general settings in the salon enhanced sanitation and boosted clients safety in the salons, what Egyar describes as the physical environment as a means of attracting customers. The high cleaning (58%) through drying, sterilizing and boiling before use exemplified high level of sanitizing practices in salon businesses in the Upper West Region. Also the after-use care by appropriately returning tools to their designated places (fig. 2) probably promoted high level adherence to safety practices.

Fig 2: Care of Tools in Salons

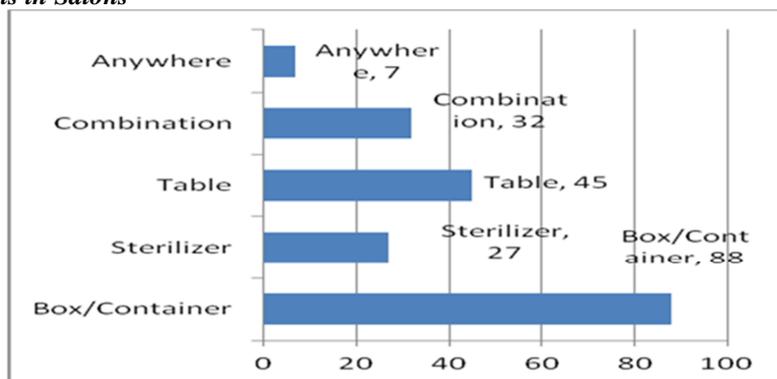


Fig. 2 indicates how beauticians kept their tools in boxes (44%), sterilizer (14%), on tables (23%), anywhere (3%) and a combination of these taking 16%.

1.1.3.5 Disinfection or Sanitizing Salon Equipment: Treatment and Safety in salons

The high (77.7%) clients' intimation of practitioners' sanitizing tools before use meant that majority of clients were health conscious. Also, the use of varied disinfectants such as Spirit (15.2%), Sterilizer (2.8%), Dettol (7.1%), parasol (3.3%) and washing (11.8%) with a combination (37%) implied compliance to health promotion practices hence better sanitation, safety and hygiene practices in the beauty industry in the Upper West Region was high (Fig. 4).

Responses on disinfection of tools with the objective to keeping clients safe were expressed as in Fig 3 and Fig 4 detailing practitioners and clients' knowledge about disinfection and safety assurance and awareness in the beauty business.

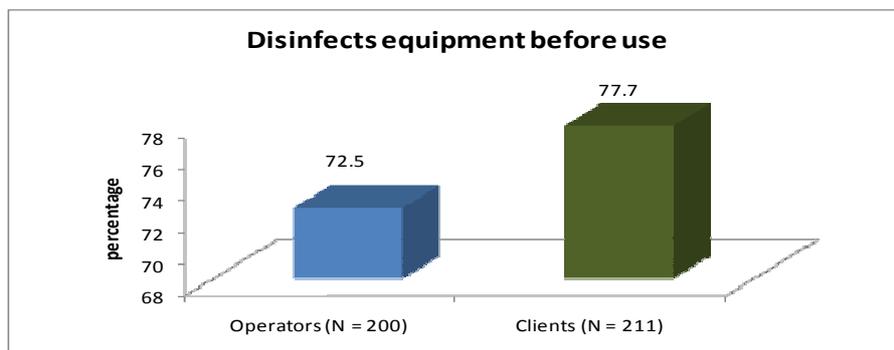


Fig 3: Disinfection of Tools before Use

Fig 3 reveals disinfection and its awareness within the beauty trade which indicates 72.5% beauticians disinfecting tools before use with 77.7% clients been aware of tools disinfection by practitioners.

1.1.3.6 General Salon Care Practices: General Care and Cleanliness Practices in the Salon

The use of various types of disinfectants (Fig 4) such as spirit, spray, parasol, dettol, combination and soap by salon operators and the clients' awareness portrayed high sanitizing consciousness in salon operations. The usage of a mix of detergents in sanitizing salon promoted safety and hygiene.

Again, the high frequency of cleaning severally per day was also strategies for disease prevention and health promotion practices in salons. However, doing nothing (9%) on care of tools before use and anywhere on after use care of tools might affect health promotion attitudes of practitioners in the trade.

The before-and-after care of tools recordings portrayed a high sense of sanitizing and safety precautionary practices in salon operation hence indications of high observance of care and safety for beauty service operation in the region.

Fig. 4 Disinfectants Used in Beauty Salon Business

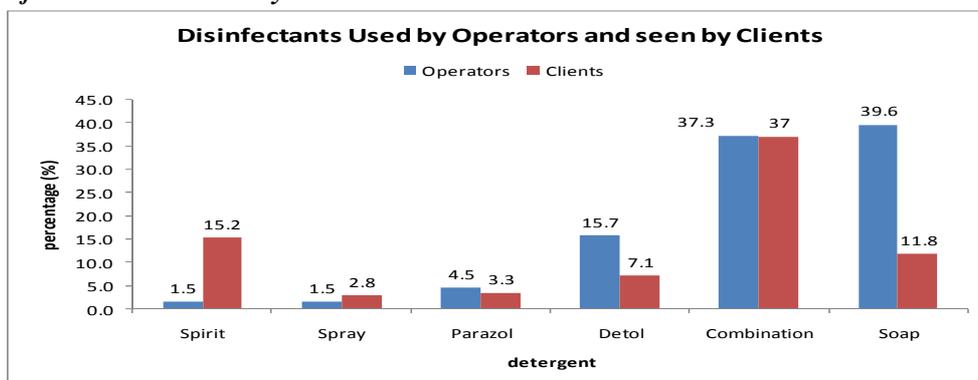


Fig 4 Salon care practices and cleanliness

Table 4: Care of Tools, Sanitation and Hygiene Practices

Before use Care of equipment	Frequency (N = 200)	Percentage (%)
Cleaning	116	58.0
Boiling	5	2.5
Sterilized	25	12.5
Drying	36	18.0
Nothing	18	9.0
After use Care of equipment	Frequency (N = 200)	Percentage (%)
Box	50	25.0
Sterilizer	11	5.5
On a table	35	17.5
In a basket	20	10.0
In a container	7	3.5
On the shelves	9	4.5
In a bag	4	2.0
Anywhere	64	32.0

Table 4 portrays the care of tools before use as cleaning, boiling, sterilizing, and drying and doing nothing recorded 58%, 2.5%, 12.5%, 18%, and 9% respectively. The after use care also recorded 25%, 5.5%, 17.5%, 10%, 3.55, 4.5%, 2% and 32% for box, sterilizer, table, basket, container, shelves, bag and anywhere respectively.

1.1.3.7 Frequency of Salon Cleanliness and Waste Management in Salons

The liquid waste disposal of throwing waste into the bush (6%), gutter (30%), on grounds (32%), refuse dump (1.5%), anywhere (17.5%) and do not generate liquid waste (13.5%) portrayed varied methods of cleanliness in salons with a mix of positives and negative ways of disposal. Also the solid waste disposition of burning (10%), container/dustbin (61.5%), polythene bag (4.5%), bush (15.5%) and refuse dump (8.5%) reinforces the use of both positive and negative sanitation practices employed by operators. This response showed a high incidence of improper waste disposal practices within beauty salon businesses and could have contributed to the indiscriminate waste / litter in many communities within the region. The tendency for this attitude to create negative public health conditions was high.

The varied means of washing towels/aprons/cover cloth such as soon after use (17.5%), end of day's work (24%), end of week (35.5%), twice a week (11%), when dirty (3.5%), and no particular time (8.5%) showed high level of poor sanitizing practices in salons. Again the varied frequencies on cover cloth changes on clients with one client per cover cloth (46%), two clients per cover cloth (23%), several clients per cover cloth (28%), and no particular pattern (3%) implied high multiple use of cover cloth on clients. This does not auger well for safety in the profession hence demonstrated poor sanitizing practices by operators. However, the high frequency on cover cloth washing demonstrated high professional conduct except for the 'when dirty' (3.5%).

Table 5: Mode of Sanitary Practices Salon Operators Employ in their Work Places.

Variable	Frequency (N = 200)	Percentage (%)
Cleaned Salon Environment	188	94.0
Frequency of cleaning:		
After every service	22	11.0
Once daily	93	46.5
Twice daily	48	24.0
Thrice daily	3	1.5
Once weekly	14	7.0
Once a month	8	11.0
Till it is dirty	12	6.0
Means of Waste Disposal:		
<u>Liquid waste:</u>		
Bush	12	6.0
Gutter	60	30.0
On ground	64	32.0
Refuse Dump	3	1.5
Anywhere	35	17.5
Don't generate liquid waste	26	13.0
<u>Solid waste:</u>		
Burn	20	10.0
Dustbin/Container	123	61.5
Polythene bag	9	4.5
Bush	31	15.5
Refuse Dump	17	8.5
Time of washing of towels:		
Soon after use	35	17.5
End of day's work	48	24.0
End of week	71	35.5
Twice a week	22	11.0
When dirty	7	3.5
No particular time	17	8.5
Changing of cover cloth / towels:		
A client per cover cloth	92	46.0
Two clients per cover cloth	46	23.0
Several clients per cover cloth	56	28.0
No particular pattern	6	3.0

Table 5 portraying salon environment cleanliness recordings for frequency of cleaning as after every service (11%), once daily (46.5%) twice daily (24%), trice daily (1.5%), once weekly (7%), once monthly (11%) and 6%

for till dirty may imply that majority (78%) of beauticians consider environmental cleanliness a high priority in salon operation.

1.1.3.8 General Knowledge and Practice of Preventable Diseases

Generally, beauty practitioners knowledge on preventable diseases extended beyond job related infections to include HIV/AIDS (75%), Tuberculosis (23%), Cholera (10%), Skin rashes (3.5%), Hepatitis B Virus (HBV) (26.5%), Boils (3.5%), Dandruff (1.5%), Ring Worm (7%), Syphilis (4.5%), Malaria (31%), Gonorrhoea (5.5%), Eczema (1.5%) and Burns (0.5%) as presented in fig 8 below. The knowledge on causes of these preventable diseases could assist practitioners better appreciate job related diseases and transmission modes to reveal the role of enhanced appropriate sanitation and cleanliness practices to mitigate disease infections and transmission in salon operations.

The records on knowledge of job related diseases and its association to sanitation, safety and hygiene practices such as HIV/AIDS (73%), eczema (3.5%), ring worm (19%), HBV (32.5%) Chemical effects (0.5%) and ignorance (23.5%) showed a high awareness level for HIV/AIDS. However, knowledge on other dangerous but preventable diseases such as Hepatitis B Virus etc and the level of ignorance (23.5%) about these diseases was potentially dangerous and consequential to adherence to cleanliness and sanitation with specific reference to sanitizing to enhance risk reduction in salon operations.

1.1.3.9 Knowledge on Mode of Diseases Transmission

Generally, practitioners' knowledge on the mode of transmissions including job related causes for diseases was very low. For instance, responses on body/fluid contacts recorded for HIV/AIDS (14), HBV (40), Ring Worm (21), and Eczema (4) could be influenced substantially by salon cleanliness and proper sanitizing measures. Risks associated with sharing infected tools/cuts on HIV/AIDS (104), HBV (1), and Ring Worm (6) with only HBV (15) for sharing cup/utensils.

However, 'no knowledge' recorded 14, 139, 185 and 192 for HIV, HBV, Ring Worm and Eczema with no records for knowledge on skin rashes and chemical effects. The high level of ignorance about these diseases particularly those that can easily be transmitted through the beautician activities are potentially dangerous not only for the profession but to the general public.

The knowledge on causes of disease transmission recorded 186, 7, 42 and 57 for HIV/AIDS, eczema, ring worm and HBV. However recordings on job related causes obtained only 104 (52%), 0%, 6 (7.1%) and -% while 14, 193, 186, and 139 did not know about the mode of transmission for these diseases. The general poor knowledge about disease transmission and the equally erroneous information held by practitioners on disease transmission were potentially misleading and hence aspect of simple sanitation improvement as measures of control could probably not be employed.

1.1.3.10 Knowledge of Diseases, Irregularities Occurrence and Control Measures

The general knowledge on preventable diseases, and specific disease knowledge / awareness including the mode of transmissions were all expressed in Fig 8 and Tables 7 and 8 below.

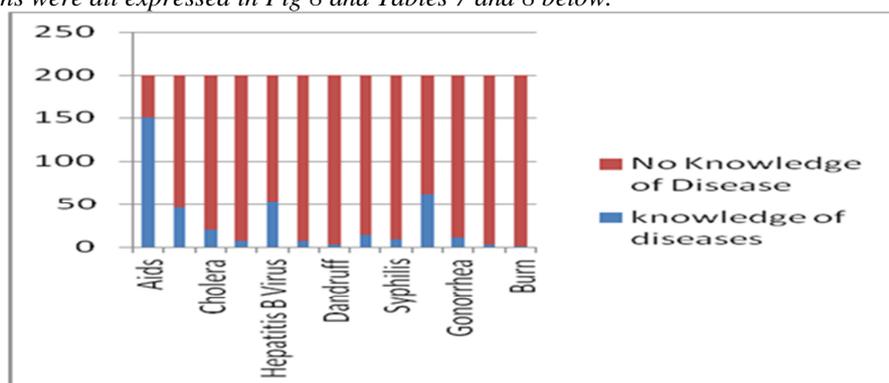


Fig 8 practitioners' general knowledge on preventable diseases

Table 7: Modes of Diseases Transmission

Transmission Mode	HIV/AIDS N=200(%)	HBV N=200(%)	Ring Worm N=200(%)	Eczema N=200(%)	Skin Rash	Chem. Effect
Sweat/ kiss/ fluid contact:	14 (7)	40 (20)	21(10.5)	4 (2)	X	x
Blood transfusion:	19 (9.5)	x	x	x	x	x
Airborne:	x	3 (1.5)	x	x	x	x
cut/tools sharing/infections:	104 (52)	1 (0.5)	6 (3)	x	x	x
sex:	144 (72)	11(5.5)	x	x	x	x
sharing cups/utensils:	x	15(7.5)	1(0.5)	x	x	x
dirt:	x	x	13 (6.5)	x	x	x

contaminated water:	x	x	3 (1.5)	x	x	x
cream sharing/changes:	x	x	x	3(1.5)	x	x
know not:	14 (7)	139(69.5)	186 (93)	19(96.5)	100%	100%

Table 7 showing disease transmission mode for related diseases (where x=0%)

1.1.3.11 Occurrence of Irregularities in Salon Operations

The incidence of chemical effects (1.5%), disease infection (3%), electricity shocks (4.5%), fire outbreaks (5.5%), breakages (20%), burns (28.5%) and cuts (34%) consequential effects on sanitizing and sanitary practices in the salon. These effects may in turn have contributed to the occurrence of irregularities and possible disease infection and transmission. Other incidence such as the existence of usage of non-sanitized tools among others could possibly cause the incidence of disease transmission (fig. 9).

Fig. 9 Irregular Occurrences in the Operations of Beauty Salons

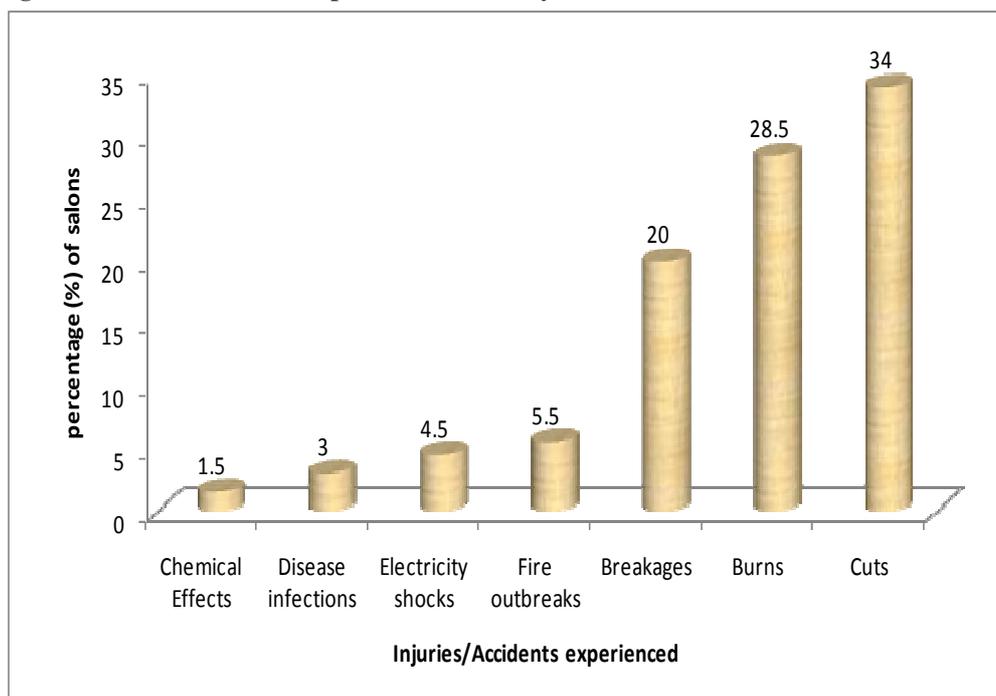


Fig 9 Incidence of irregularities at Saloons (N = 200)

Fig 9 shows salon irregularities recordings for chemical effects (1.5%), disease infection (3%), electricity shocks (4.5%), fire outbreaks (5.5%), breakages (20%), burns (28.5%) and cuts (34%).

1.1.3.12 Facilities Availability for Operation and Safety in Salons

The 86.3% response on disposal facilities availability showed a greater adherence to sanitation consciousness and practices in the operation of beauty salons in the region. Also the existence of facilities such as water supply (26.1%), and sterilizers (80.6%) could reinforce efforts towards sanitation, safety and hygiene. However, the low presence of first aid boxes (24.2%) and fire extinguishers (2.8%) could negatively derail the health consciousness efforts and thus low premium for priority attention on safety and hygiene condition and for abating possible outbreak of disasters within the salon environment. Also the combined effect of high existence of facilities such as electricity (73.9%), disposal systems (86.3%) and sterilizer (80.6%) are indicative of possible smooth operation of salon businesses, hence promoting client safety assurance in the salon. However, the FGD revelation of non-functioning sterilizers probably reduces the positive effect of safety efforts in beauty salon operations in the region.

Fig. 6 Availability of Requisite Facilities in Beauty Salon Business Environment

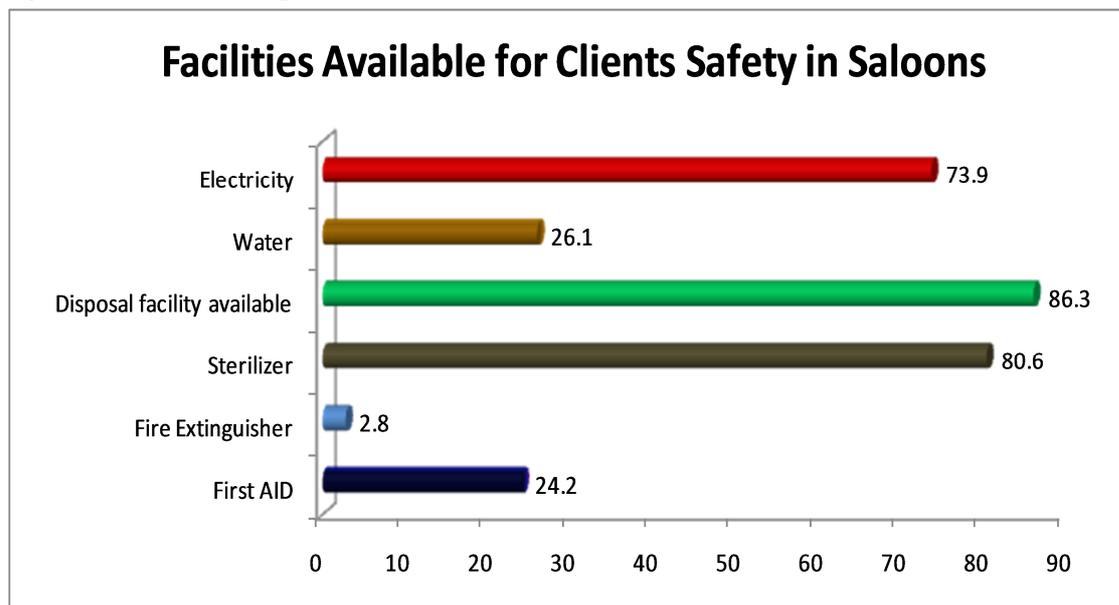


Figure 6 reveals facility availability in salons with recordings of electricity supply (73.9%), water supply (26.1%), and disposable facility (86.3%), sterilizer (80.6%) fire extinguisher (2.8%) and first aid box (24.2%).

1.1.4 Conclusion and Recommendations

1.1.4.1 Conclusions

1.1.4.2 Socio-demographics trends of respondents

Beauticians in the Upper West Region are Salon operators within the active age group of between eighteen to thirty five years. The female sex forms majority of participants in the beauty industry. There is generally poor literacy amongst beauticians in the region.

1.1.4.3 Ways and mode of training in salon business in the Upper West Region

The beauty industry is growing fastest within the past one decade with its mode of training being mainly apprenticeship largely from within the same region.

There was complete absence of any form of refresher training for practitioners in the region and no formal education opening as well negatively influenced adherence to sanitation practices.

1.1.4.4 Types and knowledge of beauty services in the region

Generally, beauticians' knowledge of beauty services was very limited. The services rendered in the region were equally limited to only hairdressing and barbering with minor presence of nail fixing, manicure and pedicure and facials. Clients were therefore restricted in their access to beauty services in the region.

1.1.4.5 Equipment Use and Care

Multiple usage of disposables was found prevalent in salon operations in the region hence total safety for beauticians and clients could not be guaranteed.

Equipment storage was found to be highly organized in the salon operations though the absence of record keeping on tools was a defect.

Sanitizing tools was generally high among practitioners though disinfection was low with some disclosure of non-functioning sterilizer in salons.

The commonly used disinfectants included spirit, dettol, parasol and sometimes shampoo and sterilizers.

1.1.4.6 Salon Care Practices.

There was generally high sanitation practice (cleanliness) among salon operations in the Upper West Region The occurrence was attributable to the practice of using trainees as responsible for cleaning during the period of tutelage that inculcated the habit of good sanitation practices.

1.1.4.7 Waste Disposal

Poor waste disposal practices were common among salon operation in the region though majority of salons had waste containers in salons.

The frequency of cover cloth washing and good salon practices were high, however the occurrence of multiple use of cover cloth negated good sanitation practices and probably adversely affected disease transmission in the beauty industry.

1.1.4.8 Customer Care Practices

Safety feeling among clients was high though risk factors were present in the beauty business with the incidence of insanitary conduct.

1.1.4.9 Knowledge on Diseases

Knowledge on preventable diseases was high for HIV/AIDS but generally low for HBV, Tuberculosis, eczema, cholera boils among others. However the knowledge on disease transmission was low. The misunderstandings on the mode of disease transmission could adversely affect adherence to sanitation and hygiene consciousness and practices in the beauty business operations in the region.

1.1.4.10 Basic facilities availability in salons

The existence of basic facilities such as fire extinguisher and first aid box for preventive and first hand care was generally poor in salon business operation in the region. This affected general sanitation and cleanliness in the operations.

The availability of water supply systems among salon operations was equally low probably due to the prevalence of the borehole/well system in the community and also the lack of generalized pipe water system in some areas. This could negatively affect the culture of sanitation practices in the environment.

Though there occurred high presence of sterilizers, majority of beauticians confessed to the commonest of non-functioning sterilizers in most salons which does not augur well for safety and sanitizing of equipment within the salon set-ups.

1.1.4.2 Recommendations:

The Regional Coordinating Council, Municipal / District Assemblies, the Cosmetology Department of Wa Polytechnic and All Stakeholders, Other Agencies/Development Partners should help in:

Creating and developing good sanitation culture in the beauty salon business operations.

The establishment of the Cosmetology Department in Wa Polytechnic should be supported so that the drive to promote the culture of hygiene and good sanitation practices in the curriculum could help in education and sensitization on general health practices.

Reducing risk factors and equipment damage in salon operation through awareness creation, refresher training packages and short courses modules as well as the developing and promoting work place safety precautionary activities ethical guidelines for use by all practitioners in the beauty industry.

Develop guidelines documents for use by all salon operators and ensuring inspection and compliance through supervisory roles by District Assemblies in the various districts.

Establishing inspectorate division in the various assemblies to monitor, ensure the availability of basic facilities and ensuring compliance to all guidelines and regulations for salon operation and in particular sanitation concerns in the region.

Infuse culture of disinfection and salon management and record keeping practices in salon operations in the region. This could be handled by collaborative works of the Environmental Health Division of the District Assemblies, the Food and Drugs Board, the Ghana Standards Board, Zoom lion and the District Health Directorates.

Developing soak-away construction for liquid waste disposal in salon siting and operations while the zoom lion garbage collection scheme should be co-opted and incorporated into the solid waste disposal in all salon operations activities

Awareness creation on indiscriminate disposal of chemical waste

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