

## Patterns and Management of Occupational and Health Hazards in the Informal Economic System of Sango-Ota, Nigeria

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### Abstract

*This study investigated the effects of occupational health hazards on work efficiency and productivity within the informal sector of the economy. To achieve this, it focused attention on the occupational risks experienced by workers in the informal sector of Ota, a suburb within Ogun State, Nigeria. The study adopted the quantitative method to source primary data from the workers. A Questionnaire survey was conducted with 200 respondents sampled from the community. The data collected were analyzed and interpreted in frequency and simple percentage. The results showed that the informal workers saw occupational hazards as capable of affecting work efficiency and productivity through low production and eventual loss of production; exposure of employees to the hazardous substances can lead to injury; injured employees may not be able to contribute effectively to production thereby resulting in a reduced profit. Other effects are damaged materials and machinery which lead to time loss. The study concludes on the need for proper sensitization of informal workers and better monitoring by the government, as well as more empirical studies on the effects of occupational hazards within the informal economies of developing countries.*

**Keywords:** Occupational Health, Hazards, Informal Economy, Nigeria

**Introduction** Most of the workers in many developing countries are employed in the 'informal' sector, where defined terms of employment and workers' benefits, including the provision of health care services, may be weak or non-existent. Concrete data about this are hard to get because many countries do not have comprehensive sources of occupational health data. Much of the data are fragmented and when taken together, also incomplete. Exposure data, which can be predictive of disease, are particularly scarce and unreliable. Reliability of the occupational health data is especially a problem in developing countries where reporting systems and reporting criteria are not well established (Adeoye *et al.*, 2015, Adejumo *et al.*, 2017).

In 1999, it was conservatively estimated that worldwide there were 7,000,000 deaths due to occupational diseases, which is upwards of seven times more than the estimate of fatalities due to occupational accidents (Leigh, *et al.*, 1999). Workplace hazards were noted as responsible for a significant proportion of the incidence of several major non-communicable diseases, including 37% of back pain, 16% of hearing loss, 13% of chronic obstructive pulmonary diseases, 11% of asthma, 10% of injuries, 10% of lung cancers and 2% of leukaemia (World Health Report, 2002). In 2000 alone, according to the International Labour Organization (ILO), about 2 million people died, another 271 million people were injured, and not less than 160 million became ill as a result of occupationally-related hazards or injuries. Such statistics offer only a partial picture of the problem because no data for nonfatal illnesses and injuries are available from most countries of the world. Globally, occupational deaths, diseases, and injuries account for an estimated loss of 4% of the gross domestic product (Abdalla *et al.*, 2017, ILO, 2018).

Despite the shortcomings presented by unavailability as well as inaccuracy of existing data on occupation health data within developing countries, scholars have made an appreciable exploration of occupational health and safety within formal and informal sectors. Not only this, increased attention is being paid to the effects of psychosocial factors on the health and well-being of workers, especially in developing countries. However, the informal sector of developing neighbourhoods has been utterly neglected. It is in light of this that this study is examining the effects of occupational health hazards on work efficiency and productivity within the informal sector economy in Ota suburbs of Ogun State, Nigeria.

This study has as its guide the need to: enumerate the people's knowledge of occupational and health hazards; examine types of occupational and health

hazards being experienced; find out the factors influencing the current state of occupational and health hazards being experienced; document the effects of occupational and health hazards being experienced as well as the mechanisms being adopted to manage occupational and health hazards

### **Literature Review**

Occupational health and safety are becoming a cross-disciplinary area that concerns itself with protecting the safety, health, and welfare of people engaged in work or employment. In 1995, the ILO and the WHO provided a broad definition of the concept thus: ‘Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the workers in an occupational environment adapted to their physiological and psychological capabilities; and, to summarize: the adaptation of work to man and of each man to his job’ (World Health Organisation, 1995, Alfes and Rogan, 2015). This understanding of the concept shows the comprehensive emphasis on individual workers’ physical, mental and social well-being, general health and, personal development, which marks a shift from the previous monodisciplinary risk-oriented conceptualization.

In all these arrangements, informal workers are at a disadvantage since state regulation is the most common mechanism used to protect workers’ rights and to maintain safety and health standards in the workplace environment. Several studies have shown that informal workers stand poor living conditions, a result of low wages or income, and lack or limited access to indirect salaries like health insurance, fringe benefits, and social protection, exemplified by unemployment insurance (Adeyemi *et al.*, 2016, Cioni and Savioli, 2016, Afolabi, 2019). Low-skilled, less-educated workers or those having limited occupational training are overrepresented in the informal economy or informal jobs, which is a result of the chronic limitation of opportunities or limited access to developing human capital faced by poor families (Cohn and Wardlaw, 2016, Eaton *et al.*, 2017). In addition, human capital is a strong predictor of social mobility and better living conditions, a mediate factor for better health awareness, health behaviour and access to health resources.

Another drawback for informal workers is the limited ability to unionisation since most organised worker movements rely on the legal or formal status of employees, who are eligible to force employers to comply with labour laws.

Strong labour unions are recognised as a major factor to warrant safe workplaces, appropriate wage levels and other workers' rights. The type of workers' placement in the labour market is not recorded in most official information systems, therefore occupational-related statistics are scarce while the linkage between hazardous living environments and working conditions is largely under-explored. Most of the available knowledge relies on research from developed countries, where the focus is more on precarious jobs rather than informal workers. In a detailed and broad review (Ngwama, 2016, Oka, 2016, Elewon, 2018, Guiteras and Jack, 2018) of studies on precarious jobs and health outcomes, the large majority of the selected studies showed the detrimental effects of precarious jobs on health. These results did not vary across qualitative or quantitative approaches, or the nature of measures, whether objective or subjective.

Findings from studies that have separately addressed self-employment are inconsistent. For example, the British Household Panel Survey showed that small employers and self-employed workers were more likely to have a disabling disease than their wage-earning counterparts regardless of gender differences. In other developed countries, self-employed workers were also more commonly affected by self-perceived poor health (Johnson and Bassey, 2016, Kim *et al.*, 2016), stress (Lam *et al.*, 2017, Ojo *et al.*, 2017) than wage earners. However, some studies failed to demonstrate similar results, reporting no association between self-employment and health outcomes (Saliu *et al.*, 2015, Poland, 2017). Results are also inconsistent concerning the occupational health and safety of self-employed workers. For instance, there is no relative excess of deaths caused by occupational accidents when self-employed are compared with other workers in Australia, when industrial trades were used to adjust association measures (Adei *et al.*, 2021a, 2021b), but in the US, own-account workers were at increased risk of occupational-related death than employees (Poland, 2017).

Results of studies carried out with informal workers show that specific occupational hazards are common in their work environment. The hazards include chemicals and poisons (Spiegel, 2016), excessive noise, and dust (Saliu *et al.*, 2015, Spiegel, 2016, Ojo *et al.*, 2017, Tanaka and Keola, 2017, Adei *et al.*, 2019a, 2019b, Asibey *et al.*, 2020), awkward postures (Ohajinwa *et al.*, 2017, Afolabi *et al.*, 2021), work overload (ILO, 2016), and poor sanitation (Balogun *et al.*, 2016) leaving them at increased risk of injuries or diseases. However, several independent community-based studies carried out in distinct regions of Brazil, a country with a large proportion of informal workers, consistently reported no differences between informal and formal workers in mortality (Chidi and Ideh,

2021), cumulative incidence (Ebeloku *et al.*, 2018, Ekwoaba and Chidi, 2020), or incidence density rate for occupational-related accidents. However, positive associations between informal jobs and mental disorders were estimated (Kevin, 2019). In other developing countries, workers having informal jobs were more likely to report poor self-perceived health (Olusanya, 2015). Occupational discrimination (Kim *et al.*, 2016; Lam *et al.*, 2017), violence, and sexual abuse are commonly reported by housemaids whose placement in the labour market is mostly informal. Descriptive studies also show increased complaints related to psychosocial stressors, such as pressures related to deadlines and loans among women from the weaving industry or physical and verbal abuse (ILO, 2016). Since most informal workers are women there are consequences in childcare. For instance, in Mexico City, street vendor women reported the lack of child care facilities which causes them to bring children to their workplaces, where they become vulnerable to a set of infectious diseases and injuries (ILO, 2018). Women employed as domestic workers and economic migrants often pay an important price in terms of their family life and interaction with their children. As stated earlier, it is difficult to make comparisons with the limited available data. However, the evidence suggests that health and safety are worse in the informal economy.

Developing societies are utterly neglected in the discussion of workers' safety and health in the informal setting. This setting contributes significantly to production processes and serves as a source for the distribution and marketing of products in society. Not only this, the incomes generated and employment opportunities obtained therein make the sector deserving of special attention. Failure to give this sector adequate academic attention, therefore, translates to the creation of an imbalance in information provision about what transpires therein on one hand. On the other hand, it means a loss of vital data that could be used to turn the fortune of economic systems around for sustainable living and development.

## **Methodology**

This study adopted an exploratory design, which incorporates both quantitative and qualitative methods. According to Olorunlana *et al.* (2018), exploratory design is used to gain insights and familiarity in any investigation. We, therefore, adopted this design to enhance familiarity with the basic facts and related issues involved in occupational health hazards in the informal sector of the economy. Two methods of data collection were adopted in this study. These are questionnaire surveys (quantitative) and secondary sources of data (existing literature). The scope of the study is limited to Ota in the Ado-Odo/Otta Local

Government Area of Ogun State and it centres on occupational and health hazards in the informal sector of the economy. The size of the sample for this study was put at 200 respondents.

This size involved both male and female informal workers who have been working within the Ota community, Ogun State for the last 3 years. The study utilized multistage sampling methods. Firstly, Ota was geographically clustered into 5 zones. Within these zones, the informal service workers were found to consist of four (4) main categories. These are (i) Beauticians, (ii) Garage and allied workers including auto mechanics, sprayers, welders, vulcanizers, (iii) Commercial Drivers, and (iv) Porters popularly known as '*alabaru*'. These categories of workers were found suitable for this study hence their selection. The rationale for their selection was also based on the fact that they constitute a large proportion of the informal economy in the area and are also considered to be prone to several occupational hazards. A total of 50 respondents were sampled from each of the four (4) categories of these informal workers making 200 altogether. The respondents that were willing to participate were readily included in the study. In addition, six (6) employers (from the beauticians and mechanics sub-groups who, as part of their general duty of care, are required to ensure safety at their workplace) were equally interviewed in the course of the study. Data generated for the study were analyzed using simple percentages and the Likert Scale was used to analyse attitudinal variables.

## **Data Presentation**

### **Socio-Demographic Characteristics of the Respondents**

The data revealed that females formed the majority (52%) of the informal workers in the study area; this was followed by the male gender (48%). The majority of the respondents (48%) that took part in this study were within the age category of 31 – 50 years, this was followed by those within the age group of 51 – 70 years (28%), those who are less than 30 years of age (20%) and people who were more than 71 years of age (4%). Respondents with primary school certificate constituted 14%, those with secondary school education (15%), post-secondary school education (National Diploma, Higher National Diploma, and University degree) were 15%, Qur'anic education (12%) classified as 'others' and finally, those with no formal education (44%) formed the majority. The marital status of the respondents revealed that: unmarried respondents constituted 10%; divorced 9%, widowed 8%, and married respondents constituted 73%. Occupations of the respondents include Hairdressing/Barbing (20%), Motor Mechanic (14%), Food Vending (24%), Shoe Making (11%) Carpentry (13%), Panel Beating (8%) as well as Iron

Welding (10%). The majority of the respondents (96.5%) were on their jobs on a full-time basis, while the remaining 3.5% of the respondents were part-time workers. It was discovered that those operating on their jobs as part-time were salary-earners who after returning from their primary occupations still did other jobs as a means of supplementing their incomes. The above figure depicts the income of the respondents from all sources (as of last month before the study). Most of the respondents (35%) earned a monthly income between ₦31,000 - 40,000, followed by 28% with monthly income between ₦5,000-10,000, ₦11,000 - 20,000 (14%), ₦21,000 - 30,000 (10%), as well as ₦41,000 and above (13%). The majority of the respondents (39%) have been residing and working in the study area for more than 5 years and less than 10 years. 17% have been there for less than 3 years (17%), 24% for between 3 to 5 years, and 20% have been there for more than 10 years.

### **Occupational and Health Hazards and Related Issues**

The table above presents the view of respondents on occupational health hazards and related issues. According to data collected, occupational and health hazards are the health problems that occur as a result of improper working conditions and their occurrence. Occupational and health hazards vary according to occupation or industry. Occupational and health hazards occur as a result of physical, chemical, social, biological, and psychological factors present at work as encountered in the course of employment. The occurrence of occupational hazards impacts negatively on the productivity of the workers. The control of occupational hazards decreases the incidence of accidents and work-related diseases. Occupational hazards that are controlled do improve the health and general morale of the labour force. Improved health and morale of the workforce as a result of control of occupational hazards will lead to increased workers' efficiency and decreased absenteeism from work. The economic benefits of eliminating occupational hazards far outweigh the costs of their elimination processes. Advancement in technology engenders risky and fatal workplace hazards. Lastly, respondents believe that solving occupational health problems requires responsive occupational health services.

Occupational health hazard was viewed as normal which is experienced in the course of earning one's livelihood (45%), as well as something that could be reduced to a minimal level with careful study of the work situation and the environment (19%). It is also seen as something that people have learned to live with it effectively since it is inevitable (10%), and that it is a risk one needs to take to meet up with one's social responsibility (26%) as a result of income coming from it. Almost every respondent (98.5%) affirmed that they have

experienced occupational hazards in their place of work before while the remaining 1.5% did not respond to the issue. The individual's first experience of occupational health hazards ranged from 20 years (32%), 18 years (22%), 15 years (11%), 13 years (10%) 10 years (12%) and, 5 years (13%) before the time of the study. This suggests that the first experience of this hazard was at the time of apprenticeship in these jobs.

Since their first experience of occupational health hazards, the rate at which the respondents have been experiencing the hazards is as follows: every day (48%), weekly (16%), occasionally (9%) and it has no specific time because occupational health hazards occur as occasion warrants it (27%). The type of hazards experienced according to the respondents include: cuts/wounds/lacerations (13.5%), sharp related injuries (7%), electrical shocks (8.5%), infectious diseases/infections (6%), airborne diseases (10%), slips/trips/falls (8%), burns (6.5%), fracture (5%), noise (12%), sexual/verbal abuse/stress (4%), muscle aches/strains/sprains (11%), backache (5.5%), as well as chest pain/breathing problems (3%).

According to the data, the current hazards being experienced include: cuts/wounds/lacerations (9.5%), sharp related injuries (7%), electrical shocks (8.5%), infectious diseases/infections (6%), airborne diseases (10%), slips/trips/falls (8%), burns (6.5%), fracture (5%), noise (11.5%), sexual/verbal abuse/stress (4%), muscle aches/strains/sprains (11%), backache (5.5%), and chest pain/breathing problems (7.5%).

The possible causes of occupational health hazards according to the respondents include long working hours (28%), work-related pressure (25%), poor recreation/relaxation culture (10%), anxiety over fear of the unknown (12%), poor work environment (17%), all of the above (8%).

Perceived effects of occupational health hazards on individuals' wellbeing were as expressed thus: long working hours result in prolonged exposures to hazards (30%), engenders limited recovery time (18.5%), physiologic depletion that continues to the next workday (12%), bring about adverse health effects (20%), unhealthy behaviours (10.5%) and diminished quality of life (10%). The majority of the respondents (98%) further affirmed that occupational hazards have effects on work efficiency and productivity; the remaining 2% did not say anything about this matter. Different ways through which such effects occur were expressed (see the List of Tables).

According to our study, the respondents perceived occupational hazards as capable of affecting work efficiency and productivity through low production and eventual loss of production whenever there is an accident (industrial) (22%). Other effects were expressed thus: when employees are exposed to hazardous substances, it can lead to injury; employees with injury may not be able to contribute meaningfully to production effectiveness thereby leading to financial loss, resulting in less profit, discomfort, pains, etc (12%), Occupational hazards can also lead to damage materials and machinery, leading to time loss, and loss of production (10%), occupational hazards not properly handled, may lead to loss of trained skilled employees, leading to financial loss (17%), Occupational hazard can also lead to staff turnover, thereby affecting the quality of skilled manpower in the organization (19%), and that occupational hazards can lead to bad publicity for the organization and dent the image of the organization if proper and effective control measures are not put in place (20%).

The control measures against occupational health hazards as revealed by the respondents were shown to include identification and adoption of measures to remove hazards or minimize the risk (56.5%), control of unnecessary anxiety that can lead to psychological depression, and involvement in an accident (25%), as well as creating time for leisure and recreation to avoid stress and fatigue (13.5%). The remaining 5% of the study population agreed with all the previously mentioned points.

The suggestions proffered on the possible measures against occupational and health hazards were enumerated (see the List of Tables). According to the data in the figure, work and hygiene practices on the job to reduce the potential for exposure (33%), Job rotation schedules, work-rest cycles, and timing of maintenance procedures, can be used to limit the amount of time an individual is exposed to a hazard (20%), Personal protective equipment includes items like respirators, hearing protectors, safety clothing and protective clothing (12.5%), Substitution includes the use of a less hazardous material (29.5%), as well as ventilation, which involves the removal from the workplace of air that contains a hazardous contaminant and its replacement with uncontaminated outside air (5%).

### **Discussion of Findings**

Due to the focus of the study, all the respondents were artisans or low-skilled workers in the informal economy. However, they displayed a sound knowledge of issues surrounding occupational health hazards. This may not be surprising

as most of the risks associated with their work were issues that they confronted daily. Even when there are severe risks, they continued with their daily labour as there were no readily available alternatives. The causes of this are twofold: the poor Nigerian economy and the fact of sunk costs. The poor economy makes it difficult to get viable job alternatives. Also, humans do not easily change when they have invested time, money, and other resources into any endeavour. Thus, as Marriott (2006) argues, knowledge of danger or constraints may not lead to new behaviour. There must be viable alternatives for a change of behaviour to take place.

Almost every respondent affirmed that they have experienced occupational hazards in their place of work before. They also recognize the potential negative impact of hazards on efficiency and productivity. But the respondents believe that occurrence of occupational hazards did impact negatively on their productivity. This is a difficult claim to make! Most likely, the real effect on productivity is unknown to these workers as it has not been measured. Respondents viewed occupational hazards as normal dangers associated with earning their livelihood as well as an endeavour that could be reduced to a minimal level with careful study of the work situation and the environment. This means that even when workers display a stoic resolve to continue with their work along with the hazards, they would not completely abandon themselves to hazards. They would take measures to protect themselves and the protective measures would have varying impacts on their productivity and profitability. As revealed by empirical studies, when occupational hazards are controlled, the health and general morale of the labour force improves. This suggests a need for sensitization of informal workers on how occupational hazards affect productivity.

Respondents also displayed good knowledge of measures needed to control and minimize occupational hazards. However, the extent of their willingness to implement these measures remains unclear. These are all measures that would impact the profitability of the business. Informal workers may be unwilling to spend extra money on their business when money is scarce. Also, prevention/protection is not usually taken as seriously as healing/correction. The suggestions proffered on the possible measures against occupational and health hazards include work and hygiene practices, recreation, job rotation schedules, work-rest cycles and timing of maintenance procedures, which can be used to limit the amount of time an individual is exposed to a hazard. At the same time, these measures also limit the time spent on the job, which would be critical for such small-scale informal workers. Personal protective equipment

such as respirators, hearing protectors, safety clothing and protective clothing may be too costly for these workers to afford. Hence, they may opt for inferior substitutes. These cheaper alternatives give only the illusion of protection as they fail to protect the user adequately. Also, some of these protective measures have validity periods and would need to be replaced upon their expiration. In addition, they would also need to be carefully used and preserved to maximize their efficiency. Informal workers with little education may be unaware of these measures and thus inadvertently expose themselves to hazards they assume they are already protected from.

## **Conclusion**

The human resource is the most critical asset of the organization because other assets are inanimate. So also is the need to provide the enabling environment for the performance of the job, including the motivation of staff. In recent times, the issue of safety at work and occupational hazards to employees' performance has become a critical one. With the increase in sophistication of machines and equipment coupled with less interest in staff training and quest for higher profits, the incidence of accidents at work has blossomed.

These accidents cut across both the formal and informal sectors of the economic system. However, increasing attention on the formal sector has left out a thorough study of the informal economy despite its importance, particularly for developing countries. The centrality of the informal sector in sustainable development, therefore, shows that workplace health promotion should be a continuous process, lived by every worker and employer and it should be continuously improved. Despite this, hazards related to inadequate safety and health standards are particularly evident in the case of the informal sector where this study took place. However, informal sector workers do not have the necessary awareness, technical means, and resources to implement health and safety measures.

The effectiveness of existing precautionary measures being adopted by the people in the study settings remains doubtful. This situation thus continues to burden the productivity of the economy in developing societies (of which Nigeria is inclusive), impairs health and general well-being, and is detrimental to the quality of life of informal sector workers. With a prevailing poor work environment, including inadequate premises and often very unsatisfactory welfare facilities, as well as practically non-existent occupational health services, Nigeria is daily experiencing large human and material losses. It is thus obvious that the protection of the health and safety of workers in the informal sector is still a big challenge that should be faced with an integrated approach to health

promotion, social protection, and employment creation. This is equally premised on the fact that a healthy workforce is an important prerequisite for economic growth and the global competitiveness of the country.

High productivity and quality employment can only be possible when the requirements for protecting workers' health and welfare are integrated into the production process. Here, the stakeholders at all levels need to play an integral role in the sufficient delivery of workplace health promotion. This, therefore, calls for sustained measures to prevent occupational accidents, occupational diseases, and environmental hazards through cost-effective and sustainable measures at the work-site level. To achieve this in the informal economy, the government needs to create and monitor protective measures. Lastly, further empirical studies are needed on the effect of hazards on worker productivity in the informal sector.

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## List of Tables

**Table 1: Perception of Occupational and Health Hazards**

<i>Statement</i>	<i>Mean</i>
Occupational and health hazards are the health problems that occurred as a result of improper working conditions and their occurrence	2.88
Occupational and health hazards vary according to occupation or industry	2.76
Occupational and health hazards occur as a result of physical, chemical, social, biological and psychological factors present at work as encountered in the course of employment	2.81
Occurrence of occupational hazards do impact negatively on the productivity of the workers	2.62
The control of occupational hazards decreases the incidence of accidents and work related diseases	2.56
Occupational hazards that are controlled do improve the health and general morale of the labor force	2.77
Improved health and morale of workforce as a result of control of occupational hazards will lead to increased workers efficiency and decreased absenteeism from work	2.66
Economic benefits of eliminated occupational hazards far outweigh the costs of their elimination processes	2.82
Advancement in technology engenders risky and fatal work place hazards	2.72
Solving occupational health problems requires a responsive occupational health services	2.86

**Source: Field Survey, 2021**

**Table 2: Views about Occupational Health Hazard**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
It is a risk one needs to take in order to meet up with one's social responsibility	52	26.0
Since it is inevitable, we have learnt to live with it effectively	20	10.0
Careful study of work situation and the environment to reduce level of hazards	38	19.0
It is a normal activity being experienced in the course of earning for the livelihood	90	45.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 3: Rate of Experiencing Occupation Health Hazards**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Everyday	96	48.0
Weekly	32	16.0
Occasionally	18	9.0
No specific time, it occurs as occasion warrants it	54	27.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 4: Current Hazards Being Experienced**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Chest pain/breathing	15	7.5
Backache	11	5.5
Muscle aches/strains/sprains	22	11.0
Sexual/verbal abuse/stress	08	4.0
Noise	23	11.5
Fracture	10	5.0
Burns	13	6.5
Slips/trips/falls	16	8.0
Airborne disease	20	10.0
Infectious diseases/infections	12	6.0
Electrical shocks	17	8.5
Sharp related injuries	14	7.0
Cuts/wounds/lacerations	19	9.5
Total	200	100.0

**Source: Field Survey, 2021**

**Table 5: Possible Causes of Occupational Hazards**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Poor work environment	34	17.0
Anxiety over fear of unknown	24	12.0
Poor recreation/Relaxation culture	20	10.0
Works related pressure	50	25.0
Long working hours	56	28.0
All of the above	16	8.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 6: Perceived effects of hazards on individuals' wellbeing**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Diminished Quality of life	20	10.0
Unhealthy behaviours	21	10.5
Adverse health effects	40	20.0
Physiologic depletion that continues to the next workday	24	12.0
Limited recovery time	36	18.5
Long working hours results in prolonged exposures to hazards	60	30.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 7: Perceived effects of Occupational hazards on Work efficiency and Productivity**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Whenever there is accident (industrial), there will be slower production, resulting in loss of production	44	22.0
Exposing employees to hazardous substance can lead to injury. The employee with injury may not be able to contribute meaningfully to production effectiveness thereby leading to financial loss, resulting in less profit, discomfort, pains etc	24	12.0
Occupational hazards can also lead to damage materials and machinery, leading to time loss, and loss of production	20	10.0
If occupational hazards are not properly handled, it may lead to loss of trained skilled employees, leading to financial loss	34	17.0
Occupational hazard can also lead to staff turnover, thereby affecting the quality of skilled man power in the organization	38	19.0
If proper and effective control measures are not put in place, occupational hazards can lead to bad publicity for the organization, resulting in denting the image of the organization	40	20.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 8: Control Measures against Occupational Health Hazards**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Creating time for leisure and recreation to avoid stress and fatigue	27	13.5
Control of unnecessary anxiety to remove psychological depression	50	25.0
Identification and adoption of measures to remove hazard or minimize its risk	113	56.5
All of the above	10	5.0
Total	200	100.0

**Source: Field Survey, 2021**

**Table 9: Measures against Occupational and Health Hazards**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Ventilation to remove hazardous contaminants	10	5.0
By substitution; includes the use of a less hazardous materials	59	29.5
Usage of personal protective equipment's e.g. respirators, hearing protectors, etc	25	12.5
Job rotation schedules, work-rest cycles and timing of maintenance procedures	40	20.0
Work and hygiene practices on-the-job.	66	33.0
Total	200	100.0

**Source: Field Survey, 2021**

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