

**GOVERNMENTAL AND ORGANISATIONAL FACTORS AS PREDICTORS OF
OCCUPATIONAL HEALTH AND SAFETY OF FEMALE WORKERS IN INDUSTRIES
IN LAGOS STATE, NIGERIA**

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CERTIFICATION

I certify that this study was carried out by **NASSAR, BOLANLE AYOBAMI** (Matric No: 108929) of the Department of Adult Education, University of Ibadan, Nigeria under my supervision.

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DEDICATION

To You alone, the Alpha and Omega, My Father, the only Wise God who has made the seemingly impossibility, possible. He makes things beautiful in His own time, He has been there for me through thick and thin, and crowned my efforts with success. I will forever be grateful.

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ABSTRACT

The protection of workers generally against health and safety hazards at work environments has been emphasised adequately in International Labour Organisation Conventions and Recommendation. Nigeria, being a signatory to these conventions and recommendations, must ensure strict compliance to the protection of the health and safety of the working class, particularly the female workers. Previous studies have focused more generally on safety standards and conditions at work with little attention on governmental and organisational factors that guarantee maximum provision of occupational health and safety of female workers. This study, therefore, examined the extent to which governmental (legislations, enforcements, monitorings, sanctions, incentives, social policy measures) and organisational factors (management attitudes/dispositions, organisational welfare policies, physical work environment and training and re-training) predict occupational health and safety of female workers in industries in Lagos state, Nigeria.

The study adopted the survey research design. Multi stage sampling procedure was used to select 1084 junior female factory workers from 14 food and beverages industries. Data were collected using Governmental Factors Questionnaire ($r = 0.79$), Organisational Factors Questionnaire ($r = 0.93$) and Occupational Health and Safety Scale ($r = 0.85$). These were complemented with seven sessions of Focus Group Discussion (FGD) with the female factory workers. Four research questions were answered and two hypotheses tested at 0.05 level of significance. Data were analysed using percentages, t- test and Multiple regression and content analysis.

Governmental and organisational factors jointly predicted occupational health and safety of female workers and contributed 24.47% to the variance of independent variable. There were significant contributions of independent variables (Governmental factors) ($F_{(3,1080)}=86.12$, $p<0.05$) and (Organisational factors) ($F_{(3,1080)}=62.42$, $p<0.05$) on occupational health and safety of female workers. Five components of governmental factors made significant relative contributions in the following order: legislations ($\beta=.41$; $p<0.05$), monitoring ($\beta=.37$; $p < 0.05$); enforcements ($\beta=.24$; $p< 0.05$); social policy measures ($\beta=.17$; $p< 0.05$), sanctions ($\beta=.13$; $p< 0.05$). Incentives had no significant relative contribution. Each of the organisational factors predicted occupational health and safety of female workers as follows: management attitudes/dispositions ($\beta=.36$; $p< 0.05$), organisational welfare policies ($\beta=.30$; $p< 0.05$) and training and re-training ($\beta=.22$; $p< 0.05$) while physical work environment had negative contribution. However, there was no significant difference in the health and safety needs of single and married junior female factory workers. The FGD sessions revealed that many of the junior female factory workers believed that paying particular attention to certain governmental and organisational factors enhanced their occupational health and safety in the work place.

Legislation, enforcement, monitoring, sanctions, social policy measures, management attitudes/dispositions, organisation welfare policies, physical work environment and training and re-training were critical factors in ensuring female workers' occupational health and safety. Therefore, these governmental and organisational factors should be addressed by all employers of labour both in the public and organised private sectors in guaranteeing the protection of female workers against occupational hazards that could threaten their health and safety at work environments.

Keys words: Occupational health and safety, Governmental factors, Organisational factors, Female factory workers, ILO Conventions.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The participation of the women folk in the formal labour force dated back to the industrial revolution in Britain in the early 1930's when women and children were brought into the industries as workers (Pinchbeck, 1981, Behm, 2009). Then, the industrialists found in these categories of people cheap labour. They were also seen as an easier group of workers to dismiss at the slightest opportunity. Thus, it became profitable to employ women and children to do menial jobs, which men would hesitate to perform (Loewenson, 1998, Bigelow and Robson, 2006).

Today, according to an International Labour Organisation (ILO) estimates, over 600 million women are engaged in economic activities and they constitute about 35% of the total world labour force (ILO, 1997). The Federal Bureau of Statistics (FBS) in its 1983 preliminary labour force sample survey reports that the Nigerian labour market constitutes 40 per cent of the female folk. Obviously, the reasons for the growing number of working women today are not only because they want paid jobs to support themselves and their families, but because they also want to participate in all aspects of life as it is today (Tzannatos, 1998, Tilling, 2004). Thus, the level of participation has become enhanced with greater access to education and job opportunities. However, in spite of the rapidly-increased participation of women in the modern sector labour market, so little is known about their conditions of work, the problem they face and how to enhance and improve their quality of working life and life generally, (Bullock, 1994, Behm, 2009).

In the industrial environment (and in agriculture) women as well as men face hazards of exposure to toxic substances and physical agents, which in most cases result in birth defects and

genetic mutations in women (Adewunmi and Omololu,1997, Global Reporting Initiative, 2010).The use of complicated and unfamiliar machinery also results in occupational accidents and injuries, especially for women, since most of these tools and equipment were built for production without any consideration for gender issue in mind (Goldman, 2007).

The need for occupational protection relating to women is contrary to the principle of equality, which requires every man or woman to be treated as an individual regardless of sex (ILO, 2001 and 2005). Also, in favour of the principle of equal treatment is the advancement of technology and physiology in ergonomics which is the study of inter relationship among the workers, the work environment, and the work task (ILO,1998, Gilding, Hogarth and Humphries, 2002). It has become a requirement that job demands do not exceed workers' capabilities regardless of gender. The accomplishment of this goal requires consideration of the job demands on one hand, and the proper placement of workers according to their capabilities on the other (ILO,1998 and 2004). The view point of this line of argument is that there is little occupation where and if the necessary precautions are taken, the work situation is more dangerous or hazardous to health for women than for men.

The argument of the scholars in the school of principle of equality at the workplace notwithstanding, it is very obvious that exceptions must be made, However th reasons and peculiarities that justify these “exceptions” that make it necessary for special protection for women must take into account the susceptibility of women and thus recognizing them as a vulnerable group.

Furthermore, it is very important to stress that protecting the health and safety of the workers regardless of sex has always been and will continue to be a priority objective for the ILO (Alli, 2001 and Dentchev, 2004). Despite the immense efforts made by the ILO since the 1970s, it is still on record that occupational accidents and diseases are still too frequent. Their

costs to society and the enterprise as well as to workers affected, and their families continue to be unacceptable to the ILO and occupational health experts around the world.

Also, records have shown that there are more than 250 million work-related accidents every year, majority of which involve women (Komolafe, Ahiuma-Young and Abdullah, 2009). Workplace hazards and exposures cause over 160 million workers to fall ill annually, while it has been estimated that more than 1.2million workers die as a result of occupational accidents and diseases. Definitely, this has obvious implications in terms of aggravating human suffering, particularly the vulnerable groups – women and children (ILO, 2001 Human Development Report, 1994 and Global Reporting Initiative, 2010).

ILO's Recommendation No 112 and the Sixth Report of the Joint ILO/WHO Committee on occupational health clearly state that "occupational health services should be the responsibility of the undertakers themselves or should be attached to an outside body, the role of this service being essentially preventive". Meanwhile, the related economic costs place a considerable burden on the competitiveness of enterprise. It is estimated that the annual losses resulting from work-related diseases and injuries, in terms of compensations, cost of work per day, interruptions of production, training and retaining, medical expenses and so on, routinely amount to over 4 per cent of the total Gross National Production (GNP) of the countries of the world (ILO,1997 and 2005). This places squarely the responsibility of health and safety of workers in the hands of employers. The question of health and safety of workers should be considered in a broad context as possible, and areas identified where protective measures need to be increased rather than reduced.

A number of health problems are associated with repetitive work, often involving women in assembly line production to computer operating. Even as female executives in white-collar jobs, they come under more stress than their male counterparts because of the traditional roles as wives and mothers those women are naturally betrothed. They must justify the positions they

hold and also withstand the criticism and bias which still exist within women in business and professional life; and thus maintain a leadership role which society has not yet fully accepted. Besides, women have to face continuous physical and emotional upheavals, of menstruation, premenstrual tension and pain and eventually menopause. Many times, the anxieties and emotional states of these periods have been demonstrated to have adversely affected work (Melhush, 1978 and Das, Pagell, Behm and Veltri, 2008).

The women's low bargaining power and the poor implementation of protective legislation (especially in rural areas) make them additionally vulnerable. It is also important that those activities and environments that have a detrimental effect on the health and safety of women in particular should be identified and addressed. Women also face the problem of premature baby delivery, complication during delivery, induced abortion, fetus malfunction, and body injury in the course of discharging their duties (Hunt, 1975 and Fonseca, 2010). At this juncture, there is an urgent need for social work, values and systems to reflect the aspirations of female population. This will be a good way of easing women's burden. In this process, freedom from worries will make women to be more committed to their work set. Consequently, it will enable them to actively perform in management positions and be exceptional.

Every year people die from occupational accidents or work related diseases. The social and economic costs of such outcomes have given countries cause to establish good occupational safety and health standards through legislation, industry engagement, preventive programmes and enforcements (Clermont, 1987 and ILO, 2005). As captured by Koffi-Annan former UN Secretary General in 2004: "as we look to the future, we should always remember that human beings are not servants of economies rather the economic development and production must serve men and women. Occupation Safety and Health is a crucial means towards that end". This increased awareness of the importance of protecting workers as well as the need to establish a universal set of international social regulation to achieve a level playing field for all parties

especially for women. This thinking informed the establishment of International Labour Organization whose main means of action is the adoption of international standards in form of Convention, which becomes an obligation to member states once they are ratified.

According to Cole (2002), employer has a common Law duty to provide a safe work place for his or her employees and is liable at common law for accidents encountered by his or her employees in the course of their employment. Part of the employer's social responsibilities toward employees of necessity should encompass opportunities to participate in periodic workshops, seminars and lectures to sharpen their awareness on safety precautions (Ayodele & Olubayo – Fatiregun, 2010).

On the whole, past research findings support the existence of significant condition between effective occupational safety and health policy compliance and sustainable economic growth and development of the organization. There is therefore a dearth of empirical data to establish governmental and organizational efforts on occupational health and safety of female workers in Nigeria; it is this problem that this research study wished to solve.

1.2 Statement of the Problem

Facts emerging from organizations across Nigeria indicate that employers' ambition for profit at all cost is rapidly compounding their care free attitude to health and safety issues at work places (Ahiuna-Young, 2011). Economic recession, coupled with the absence of enabling law for occupational health and safety have made organizations in Nigeria to expose workers to high risk occupational hazards. Nigerian workers are daily getting maimed and dying in such a colossal and careless abandonment without no injuries' reports, no statistics and no corporate safety policies (Occupational Health and Safety Managers (Nigeria), 2011). Arising from this are various degrees of industrial accidents and injuries to employees.

Every day, some hundreds of workers die as a result of work-related injuries or diseases and almost a thousand deaths per year (ILO, 2011). The human cost of this workplace accidents and deaths in the Nigerian workplace is immeasurable. According to Takala (2003), occupational safety and health risks of women in particular, tend to be underestimated and neglected. However, contemporary studies in the area of welfarism for women focused on reproductive health, education, (literacy), politics, while very little attention has been paid to occupational health and safety need of these women. In spite of the exposure of women in industries to associated health problems, enough empirical research has not been devoted to establish the link between various welfare programmes and occupational hazards as they affect women. Besides, such previous studies have focused more generally on safety standards and conditions at work with little attention on governmental and organisational factors that guarantee maximum provision of female workers' occupational health and safety. It is, therefore, essential to take a gender sensitive approach to safety and health at work. It is on this basis that this study, therefore, examined the extent to which governmental and organisational factors predict occupational health and safety of female workers in industries in Lagos state, Nigeria.

1.3 Objectives of the Study

The objectives of this study among others are to:

- i. Determine the extent to which governmental and organisational factors collectively and independently predict occupational health and safety of female workers in industries in Lagos;
- ii. examine the extent to which each of the components of governmental factors influence occupational health and safety of female workers in industries in Lagos;
- iii. assess the extent to which each of the organisational factors relates occupational health and safety of female workers in industries in Lagos;

- iv. ascertain if there is any significant difference in the health and safety needs of single and married junior female factory workers in Lagos;
- v. investigate into the impact of occupational health and safety of female workers on the productivity of industries in Lagos;
- vi. determine the perception of the junior female factory workers about the importance of the governmental and organisational factors on the enhancement of their occupational health and safety and
- vii. provide solutions that would improve occupational safety and health policies implementation in industrial organisations in Nigeria.

1.4 Research Questions

The under listed research questions served as anchor for this study:

RQ₁ To what extent do governmental and organisational factors collectively and independently predict occupational health and safety of female workers in industries in Lagos?

RQ₂ To what extent will each of the components of governmental factors predict occupational health and safety of female workers in industries in Lagos?

RQ₃ To what extent will each of the organisational factors predict occupational health and safety of female workers in industries in Lagos?

RQ₄. To what extent do the female factory workers perceive governmental and organisational factors as been important to the enhancement of occupational health and safety?

1.5 Significance of the Study

The effective implementation of welfare programmes on occupational health and safety requirements of women in work places will bring about enhanced performance and productivity in work places. If this is enhanced, it will have a multiplier effect on the economy because their contributions to gross domestic product will increase. At a more specific level, the findings of this study will enhance the knowledge of the employers of labour to be favourably disposed to issues relating to workers in general and female workers in particular; thus engendering stable workforce and fewer turnovers. The study therefore provided data on governmental and organization roles on the implementation of occupational and health safety for workers in Lagos in particular and Nigeria in general. The study also provided empirical data for the industrial relation practitioners to develop required policies that will help in the recognition of female rights and protection in the labour industries. The benefit of the study to female employees is to enlighten them about the right to know and be informed about actual and potential danger in the workplace, and the right to participate in the workplace health and safety activities. Moreover, female workers would become more enlightened and educated that their safety being guaranteed through occupational safety practices will improved their output and increase the productivity level of their organisation, hence the survival of the organisation and themselves too.

1.6 Scope of the Study

This study focused on the extent to which governmental and organisational factors predict occupational health and safety of female workers in industries in Lagos state, Nigeria. The study covered female factor workers in 14 Food and Beverages manufacturing industries in Lagos State. The scope of study was restricted to Lagos State because the state constitutes the industrial hub of the Nigerian economy. More importantly there is also a larger concentration of manufacturing firms in Lagos State than any other part of the country. Besides, the study focused on such governmental factors as: Legislations, enforcements, monitoring, sanctions, incentives,

and social policy measures; while the organisational factors were: management attitudes/dispositions, organisational welfare policies, physical work environment, and training and re-training.

1.7 Operational Definition of Terms and key concepts

Occupational Health and Safety: A state of complete physical, mental and social wellbeing of the employees in an organisation.

Female Factory Workers: Women employees working in the factory of an organisation.

Safety: The condition of being safe or certain that adverse effects will not be caused by some agent under defined conditions.

Food and Beverages Manufacturing Industries: Industries or companies that are responsible for producing food and beverages

Governmental factors: Legislations, compliance, monitoring and enforcement of occupational health and safety policies.

Organisational factors: These are management attitudes/dispositions, organizational welfare policies, physical work environment and training & re-training

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1.1 The Concept of Occupational Health

The World Health Organization (WHO) (2002) defines occupational health as the promotion and maintenance of the highest degree of physical, mental and social well being of workers in all occupations; prevention among workers of departure from health caused by their employment risks resulting from factors adverse to health, the placing and maintenance of the workers in occupational environment adapted to physiological and psychological equipment; and to summarize the adoption of work to man and man to his job.

In the view of Lopez-Valcarcel (2002), occupational health is the personal health of workers which calls for:

- a. Recognition, prevention and control of environmental hazards through the improvement of the working environment;
- b. promotion of good health and well-being among workers through the provision of health services at work site and
- c. extension of public health services to the employed members in the community.

Also according to WHO (1995): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. (pg 88)

According to Omololu (1997), health is a nebulous concept with different definitions. More interestingly is the fact that not only does the conceptualization of health differ between groups in the society, it also differs among groups. For instance ‘health’ and being healthy mean

different things to professional and non professional occupation groups. He emphasized further that similar variation exists along age, sex and ethnic groups.

Under work environment, Hall and Goodale (1986) describe an employee's health as the absence of illness or disease resulting from the interaction of employee and the work environment. In general term, health means a state of complete physical, emotional, mental and social ability of an individual to cope with his environment, and not merely the absence of disease or infirmity (Hippocrate, 1981). Health is the art and science of preventing disease prolonging life, promoting physical and mental health, sanitation and personal hygiene, control of infections and organization of health services (Lucas, 2001, ILO, 2005).

In a study by Russel (1995) among 9000 randomly selected respondents in the United Kingdom, young people, especially men perceive of health as physical strength and 'fitness', young women conceive of health as not only being 'fit' but also being able to cope with everyday activities. Middle aged people, especially professional and more successful people, have a broader conception of health, similar to the famous 'Alma Ata' declaration, of total mental and physical well being. The aged and elderly define health in terms of ability to function (p.51).

Now three paradigms have been identified as commonly used to define health, the medical; the functionalist whereby health is a reflection of social rather than physical condition; and the psychological or stress model, thus as a result of these various paradigms or models, Omololu (1997) says:

Scholars interested in occupational health issues have emerged from diverse disciplines such as medicine, psychology, sociology, law and health education. Given the wide variety of people interested in occupational health issues, explanation have been drawn from different aspect of the social, economic, environmental and political lives of workers. Attempts have been made to explain the interface between the domestic, recreational, occupational and social life of the average worker. Indeed, it is being increasingly recognized that no single variable can explain the well-being of a worker.
(p. 52)

Meanwhile Tompa , Dolinschi and de Oliveira (2006) defines Occupational Health as:

The discipline concerned with preserving and protecting human and faculty resources in the work place. Now the concept of occupational Health derives from the realization that workers are at special risks of injury and health impairment arising from exposures to the hazards of work environment.

In addition to the above, Schillinger, Grumbach, Piette, Wang, Osmond, Daher, Palacios, Sullivan, and Bindman (2002) submits that:

Occupational Health in the modern concept is a field of public health that concerns itself with all categories of workers: industrial workers, farmers, clerks, shopkeepers, professionals, scientists and even doctors and housewives. It aims at health protection of workers; the identification and control of physical, chemical, biological and psycho-social factors encountered in work places that may have harmful effects on the health and productivity of workers.

Amenenechi (1985) goes further to highlight that occupational health comprises of:

- a. Occupational Medicine: this is concerned primarily with man and all aspects of health and work; not only with the effects of work upon health in terms of occupational disease but also with the effect of a man or woman's state of health on his capacity to work;
- b. Occupational Hygiene: is primarily concerned with the measurement and control of hazards in man's working environment;
- c. Ergonomics: concerned with the design or modification of the job to match the physical and physiological capacities and the perceptual and psychomotor abilities of the worker meaning 'fitting the job to the man' and
- d. Occupational Sociology: includes rehabilitation and occupational therapy.

Central to the issue of occupational health is the protection of the worker against sickness, diseases and injury arising out of his employment (ILO, 1993 & 1994). In agreement with this, is

a concise statement that encapsulates the main purposes of occupational health in the definition provided by the joint ILO/WHO committee and that is, occupational health should aim at:

The promotion and Maintenance of the highest degree of physical mental and social well 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 worker in an occupational environment adapted to his physiological and to summarize, the adaptation of work to man. (P.50)

As the definition indicates, the main focus in occupational health is on three objectives which are the:

1. Maintenance and promotion of worker's health and working capacity;
2. improvement of the working environment and work to become conducive to safety and health and
3. the development of work organisation and working cultures in a direction that supports health and safety at work and thereby also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings.

Meanwhile studies have shown that health hazards associated with work within various industries are many and can be classified into five main categories. These are physical – some of which may be perceived or felt on exposure e.g. heat, falling objects and cuts; chemical – which may come in the form of vapour, gases, fumes, dusts and mists; Biological – which include bacteria lungs, viruses and parasites with which workers come in contact in the course of work; Psychosocial which is hostility, aggression, distrust and harassment and Mechanical – such as unguarded part of machines, pointed objects, unprotected electric cables, etc.

Finally there are some key principles in Occupational Health as stated by International Labour Organization. This is that:

All workers have rights. Workers as well as employers and governments must ensure that these rights are protected and foster decent condition of labour.

As the international labour conference stated in 1984:

- a. Work should take place in a safe and healthy working environment;
- b. conditions of work should be consistent with workers' well being and human dignity and
- c. work should offer real possibilities for personal achievement, self-fulfillment and service to society.

Health promotion is a central element of occupational health practice... efforts must be made to enhance a worker's physical, mental and social well being. Occupational health services covering all workers should be established. Ideally, all workers in all categories of economic activity should have access to such services, which aim to protect and promote workers' health and improve working condition.

2.1.2 Occupational Safety

Safety constitutes one of the essential human needs, as postulated by Abraham Maslow in his theory of needs hierarchy. Safety at work ranks as a very important factor in job satisfaction (Kreitne, 2007). In an attempt to satisfy this need, certain organizations incorporate into their policy thrusts, guaranteeing workers' safe work execution under a climate capable of enhancing the physical, mental, and emotional conditions. Organizational policy of this nature is often categorized under health and safety.

Aswathappa (2004) describes industrial or employee safety as the protection of workers from the danger of industrial accidents. Safety can as well be referred to as the absence of injuries due to the interaction of the employee and the work environment (Lucas, 2001). From a general perspective, safety means a condition of being safe from undergoing or causing hurt, injuries or loss. Hence, safety policies may encompass activities directed at other reducing or complete removal of hazardous conditions capable of causing bodily injuries.

Organizational safety policy according to Aswathappa (2004) specifies the company's safety goals and designates the responsibilities and authority of their achievement. According to him, such policy statement must emphatically declare four fundamental points:

- i. The safety of employees and the public.
- ii. Safety taking precedence over expediency.
- iii. Every effort made to involve all Managers, Supervisors and employees in the developing and implementation of safety procedures.
- iv. Safety legislation to be complied with.

Organizational health and safety in the content of this study is concerned with the health and safety of workers, which Annah (2004) described as part and parcel of human security and as a basic human right. According to ILO (2005), organizational health and safety focuses on the development of specific measures and programmes, aimed at protecting employees in the course of performing their duties to maximize productivity and improve the overall organizational performance.

2.1.3 Occupational Health and Safety (OHS)

Pettinger and Geller (1999) tracing the history of OHS said the study of occupational safety and health has been in existence for as long as there have been structured work environments. The history of occupational safety and health is vast and diverse, and therefore a comprehensive review is beyond the scope of this project (Geller, 1996; Guarnieri, 1992; Heinrich, 1959; Heinrich, Petersen, and Roos, 1980; Margolis and Kroes, 1975; Weindling, 1985 could be consulted for more comprehensive reviews). Bernardino Ramazzini (1633-1714), the father of occupational safety and health, also wrote on the safety aspects of mining as well as glass working, painting, grinding, and weaving. In *De Morbis Artificum, or the Disease of*

Workers, Ramazzini (1713) was the first to document the deleterious effects of working conditions on employees' health and studied the injury and death rates of many different occupations.

As industrial centers grew, the degradation of living conditions increased and the death rate grew. In England, for instance, the first attempt of governmental intervention (1933) began with federally run factory inspections. The results of the scrutiny by governmental inspectors (most of whom were physicians) had little impact on the health and safety of employees until the mid 1800's when the Great Factory Act was initiated. The Great Factory Act of 1844 improved England's factory conditions somewhat, but employers still saw no economic impact of an unhealthy or a risky workplace. In fact, the families of employees who died on the job had little legal recourse. At most they had their funeral expenses covered by the employer (Heinrich, et al, 1980).

In 1880, England passed the Employers' Liability Act that made it possible for employees, or their families, to sue an employer for damages. This act made the employers more cognizant of the costs of not addressing the safety of their working conditions. However, the family still had the difficult task of proving the employee (or a fellow employee) was not the cause of his own death, was not aware of the hazard, or that the employer was negligent. Factory inspections and the current laws increased employers' awareness of occupational safety, but it was not until the worker compensation laws were passed that industry owners finally began to realize the costs associated with occupation injuries.

Worker compensation laws covered employee injury regardless of fault; but employees could no longer sue their employers under common law (third party lawsuits were still legal). Seemingly, the worker compensation laws were passed to protect employees. However, they were actually passed to control the number of large lawsuits against employers, and thus enabling a "predictable cost of doing business" (Leigh, 1998, p. 254). Hence, up to this point the

most effective interventions for improving occupational safety and health appeared to be implementation of top-down governmental regulations.

As Heinrich, et al. (1980) point out, “Legislation is one process by which government affects safety judicial process is another. Together, they change the impetus for safety or create a new impetus, and the impetus is defined as time, money and effort” (p.361). Thus, regulations finally made it cost effective for employers to attend to working conditions that adversely affect employees’ health and safety, though they were not always in the best interest of the employee (Heinrich, 1959; Heinrich, et al., 1980; Petersen, 1989; Weindling, 1985; Wilson, 1985).

2.1.4 Historical Overview of the Occupational Safety and Health Legislation

The OS and H legislation originated from the industrial revolution, when the first provisions for the protection of child labour were established in England. The public reaction to outbreak of fever among the children employees in a cotton mills near Manchester in 1784, led to the adoption in 1802 of an Act (Health and Morals of Apprentices Act) for the preservation of health and morals of apprentices and others employed in textile mills and factories. This Act also limited the number of working hours per day to twelve, provided for workers’ religious and secular education and required ventilation and time washing of malls of workrooms.

As Industrial scenes unfolded and the public outcry increased with fresh risks/hazards discovered in the factories, British Parliamentarians continued rolling and regulations to meet these freshly discovered hazard/risks. These laws needed to be enforced and hence the creation of machinery for this purpose which came to be known as labour inspection. An amending Act of 1833 again dealing largely with textile traders, created a government inspectorate, but it was not until 1844 that classes relating to the fencing of machinery and provisions of other safeguards and the reporting of accidents were included in the Act.

Parallel development took place in other countries of Europe, notably Germany, France, Belgium and Denmark. Notable among these developments were recommendation for the

appointment of medical inspectors factories in Germany 1845, the general protection of workers against industrial accidents and diseases was provided for under the industrial code in Germany in 1869. The first conference of the International Association for Labour legislation was held in Berne in 1905. It emphasized the importance of labour inspection for proper enforcement of labour standards (Marson, 2001).

Due to colonization, the protection of factory workers in Nigeria against sickness, diseases and accidents arising out of their employment was administered under the British factories Act 1937 (amended in 1948) until promulgation of the factories Ordinance, 1955. Labour Officers enforced the OS and H law along with other labour laws. The first OS and H act factories Ordinance, 1955 came into force on 1st of September, 1956. It lay down in general terms what were considered to be minimum standards for safety, health and welfare of factory workers.

By Legal Notice No.129 of 1960, slight amendment was made to five sections of the original ordinance, the Factories Ordinance, 1955 and it became the factories (Amendment) Ordinance 1958 with effect from 1st April, 1959. The amendment was done to adapt the copied British law to the Nigerian situation. On attaining independence in 1960 from the British Colonial Masters, a Legal Notice No. 57 of 1961 was issued to change the factories Ordinance, 1958 to the factories Act 1958 (chapter 66; Laws of the Federation of Nigeria and Lagos). This law makes provision for the appointment of a Chief Inspector and other Inspectors of factories to execute the Act.

Some aspects of the main legislation were expatiated on in subsidiary regulations and six of such regulations were made between 1956 and 1958 while only one was added in 1991 up to date. The Oil boom of the late 1960s to the 80s brought massive industrialization and its antecedents OS and H problems, thus in 1978, the factory Inspectorate Division set up in motion the process of updating the factories Act 1958. On the 11th June 1987, Decree No. 16 referred to

as factories Decree 1987 was promulgated to repeal and re-enact the factories act, 1958 (Cap 66, LFN). The Decree also made provisions for:

- a) Updating some provisions in the existing factories Act to bring in line with the development prevailing in the industrial sector of the economy in the country;
- b) extending the application of the said Act to wider spectrum of workers and other professionals exposed to occupational hazards;
- c) making adequate provisions as regards the safety of workers to whom the Act applies; and
- d) updating the penalty provisions in the said Act which relate to fines to be imposed by the court with relevance to the present value of our currency.

No sooner than the law was promulgated that its limitation started unfolding. With the advent of democratic government in 1989, the factories Act 1990 (chapter 126 volume viii, Laws of the Federation of Nigeria). The provisions of the Act cover factories, quarries, docks, wharves, railways, mechanical workshop, waterworks and electric power generating stations. Other areas cover by the Act include industrial land plants such as steam boilers and containers; air and steam receivers and other pressure vessels as well as lifts, cranes, lifting tackles, chains and other hoisting equipment.

2.1.5 Occupational Health and Safety in Nigeria

According to Fashoyin, Herbert and Pinoargote (1985) the knowledge that health hazards to workers exist in industries became known as early as the 14th and 15th century. The first observation on miners and their diseases were made known in Greece by Agricola (1494 – 1541). During the 16th and 17th centuries, a professor of Medicine, Bernadined Ramazzini, carried out several studies of different trade diseases and published a book titled “Diseases of Tradesmen”. This began the practice of occupational medicine which aims at promoting and maintaining the health, safety and welfare of people at work.

Adewunmi and Omololu (1997) submits that in Nigeria, occupational safety and health promotion dates back to the 1950s, with the first national policy on occupational safety and health, known as the factories ordinance 1955. The policy was later variously revised as the factories Act 1958, factories Decree 1987, and factories Act 1990. This policy was lately revised in 1992 to take into account recent advances in Occupation Health Service (OHS). This revision broadened the scope of coverage of the policy, emboldened its enforcement measures, and in fact, changed its citation. The Factories' Act 1990 is supervised and enforced by the Factory Inspectorate Division of the Federal Ministry of Labour and Productivity.

Fasana (2000) in his own view posits that:

In Nigeria and other developing countries the field of occupational health is relatively new and therefore lacks the trained personnel to carry out effectively occupational health welfare and safety of workers. This is embedded in the factories Act 1958 which came into force on 1st April, 1959. This Act is long overdue for revision as it does not make mention of any special protection for women workers. Even if there were, the number of trained factory inspectors is too small to carry out the required inspections. Some enlightened employers however, have established occupational health service within their plants and are sending their staff for training in occupational health care delivery (p. 194).

However, he confirms that:

The Environmental and Occupational Health Division of the Federal Ministry of Health, Lagos, provides training for nurses and first aiders in the principles and practice of occupational health; carry out various surveys in order to detect health hazard at work-placed; advise employees on matters relating to the health, welfare and safety of their employees; and hold a series of workshops for executives where occupational health matters are discussed (p. 195).

Amenechi (1985) in like manner says that:

In Nigeria the factories Act of 1955 and the factories (Amendment) Ordinance of 1955, lay down in general term, the minimum standards for safety, health and welfare of workers. However these statutory requirements were inherited from colonial days and are for the most part obsolete. The Act fails to regulate the provisions of occupational health care to the underserved making population such as women and men in agriculture and small industries. The provision for setting standards of health and safety services within workplaces was inadequate. Enforcement of the law has been through the factory inspectorate of the Ministry of labour which to date has proved inadequate and

ineffective, inspectors being under paid, frustrated and handicapped by judicial proceedings, many factories remaining uninspected for years.
(p. 163).

However, Nigeria's policies and laws relating to the occupational and environmental health of workers have to an appreciable extent attempted to be consonant with international provision (National Health Policy, 1990).

The laws in Nigeria concerning safety, health and well-being of the workers include:

- 1) The Factories' Act, 1990 (chapter 126 Laws of the Federation of Nigeria (LFN)), which protects the workers from employment related risks and hazards. It has subsidiary regulations and notices including:
 - a) Declaration of Occupation Diseases Notice, 1956;
 - b) Factories' (Sanitary Accommodation) Regulations, 1958;
 - c) First-Aid Boxes' (Prescribed Standard) Order, 1958;
 - d) Docks' (Safety of Labour) Regulations, 1958;
 - e) Docks' (Sanitary Accommodation) Regulations, 1958;
 - f) Factories' (Woodworking Machinery) Regulations, 1958 and
 - g) The Factories' (registration etc fees) Regulations, 1991;
- 2) The Labour Act 1990 (chapter 198 LFN) stipulates on sick leave, hours of work, shift work, labour health areas, etc.;
- 3) The Federal Environmental Protection Agency (Decree No. 58 of 1998) National Environmental protection (Effluent Limitations) Regulations, 1991. National Environmental Protection (Abatement in Industries and Facilities General Wastes) Regulation 1991 enforced by Federal Ministry of Environment;
- 4) The Petroleum Act 1997 (Chapter 350 LFN), Mineral Oils (Safety) Regulations 1997 and Oil Pipelines Act, 1990;

- 5) The Workman's Compensation Act (chapter 470 LFN), which provides for payment of monetary compensation to workers who have suffered injuries and ill-health during course of work. The Employment and Wages Department of Federal Ministry of Labour and productivity are administering it and
- 6) The Fire Service Act 1988 (chapter 147 LFN), which applies to Factories, Industries, major workshops and high-rise buildings.

2.1.6 Occupational Health and Safety Specialists and Technicians

Occupational health and safety specialists and technicians, also known as safety and health professionals or occupational health and safety inspectors, help prevent harm to workers, property, the environment, and the general public. For example, they might design safe work spaces, inspect machines, or test air quality. In addition to making workers safer, specialists and technicians aim to increase worker productivity by reducing absenteeism and equipment downtime -- and to save money by lowering insurance premiums and workers' compensation payments, and preventing government fines. Some specialists and technicians work for governments, conducting safety inspections and imposing fines.

Occupational health and safety specialists analyze work environments and design programs to control, eliminate, and prevent disease or injury. They look for chemical, physical, radiological, and biological hazards, and they work to make more equipment ergonomic--designed to promote proper body positioning, increase worker comfort, and decrease fatigue. Specialists may conduct inspections and inform an organization's management of areas not in compliance with State and Federal laws or employer policies. They also advise management on the cost and effectiveness of safety and health programs. Some provide training on new regulations and policies or on how to recognize hazards.

Sometimes, specialists develop methods to predict hazards from historical data and other information sources. They use these methods and their own knowledge and experience to

evaluate current equipment, products, facilities, or processes and those planned for use in the future. For example, they might uncover patterns in injury data that show that many injuries are caused by a specific type of system failure, human error, or weakness in procedures. They evaluate the probability and severity of accidents and identify where controls need to be implemented to reduce or eliminate risk. If a new program or practice is required, they propose it to management and monitor results if it is implemented. Specialists also might conduct safety training for management, supervisors, and workers. Training sessions might show how to recognize hazards, for example, or explain new regulations and production processes (www.careercornerstone.org).

To ensure that machinery and equipment comply with appropriate safety regulations, occupational health and safety specialists and technicians may examine and test machinery and equipment, such as lifting devices, machine guards, or scaffolding. They may check that personal protective equipment, such as masks, respirators, protective eyewear, or hardhats, are being used according to regulations. They also check that hazardous materials are stored correctly. They test and identify work areas for potential accident and health hazards, such as toxic vapors, mold, mildew, and explosive gas-air mixtures and help implement appropriate control measures, such as adjustments to ventilation systems.

Their inspection of the workplace might involve speaking with workers and observing their work, as well as inspecting elements in their work environment, such as lighting, tools, and equipment. If an injury or illness occurs, occupational health and safety specialists and technicians help investigate, studying its causes and recommending remedial action. Some occupational health and safety specialists and technicians help workers to return to work after accidents and injuries.

Occupational health and safety specialists and technicians also need to frequently communicate with management about the status of health and safety programs. They also might

consult with engineers or physicians. Specialists and technicians write reports, including accident reports, and enter information on Occupational Safety and Health Administration recordkeeping forms. They may prepare documents used in legal proceedings and give testimony in court. Those who develop expertise in specific areas may develop occupational health and safety systems, including policies, procedures, and manuals.

However, the responsibilities of occupational health and safety specialists and technicians vary by industry, workplace, and types of hazards affecting employees. The responsibilities of occupational health and safety specialists and technicians vary by industry, workplace, and types of hazards affecting employees. Mine examiners, for example, are technicians who inspect mines for proper air flow and health hazards such as the buildup of methane or other noxious gases. Environmental protection officers evaluate and coordinate the storage and handling of hazardous wastes, the cleanup of contaminated soil or water, or other activities that affect the environment. Ergonomists consider the design of industrial, office, and other equipments to maximize workers' comfort, safety, and productivity. Health physicists work in places that use radiation and radioactive material, helping to protect people and the environment from hazardous radiation exposure. And industrial hygienists examine the workplace for health hazards, such as exposure to lead, asbestos, pesticides, or communicable diseases (US Department of Labor, Bureau of Labor Statistics).

2.1.7 Government Efforts on OHS

The OHS system comprises all the organizations and individuals that contribute to the prevention of workplace injury and illness. The main public sector organizations are the Ministry of Labour, Workplace Safety and Insurance Board (WSIB), and WSIB-funded safe workplace associations (SWAs), worker training centres and clinics as in operation in Canada and other developed countries. The Canadian Centre for Occupational Health and Safety also plays an important role. Private sector partners include unions, employer associations, OHS professionals

nd consultants (e.g., physicians, nurses, hygienists and engineers), educational institutions and community organizations.

In Nigeria, the Federal Ministry of Labour and Productivity is saddled with the responsibility of managing issues relating to OHS. The vision of which is to foster safe, fair and healthy workplaces characterized by productive relationships and high performance that drive a vibrant, competitive economy and generate widespread benefits for all. The ministry contributes to achieving this vision and to the prosperity of the country by advancing healthy, safe, fair and productive relationships in the workplace and the broader community.

As earlier stated, the OHS objective is to create environments that make Nigeria's workplaces among the safest in the world. The Ministry works towards this by setting, communicating and enforcing OHS laws that are designed to reduce or eliminate workplace injury or illness. The ministry also collaborates with its partners and other government agencies as part of its Illness and Injury Prevention Strategy. This strategy has the twin objectives of improving the effectiveness of the OHS system while, at the same time, making workplaces more self-reliant. The Occupational Health and Safety Act, (OHSA) is Nigeria's cornerstone legislation for workplace health and safety.

The Ministry of Labour and Productivity's scope includes focus on hazards, and partnerships directed to promoting and improving health and safety culture and strengthening an organization's Internal Responsibility System. It is built on three pillars: Enforcement, Compliance and Partnership. General responsibilities of governments for occupational health and safety include:

- Enforcement of occupational health and safety legislation;
- workplace inspections;
- dissemination of information;
- promotion of training, education and research and

- resolution of OH and S disputes.

2.1.8 Government Policy on Occupational Health and Safety

According to the ILO's occupational safety and Health Convention (No.155), and recommendation (No. 164), 1981, and the safety and Health in Mines Convention, 1955 (No. 176), these are the recommendations on how to put place a coherent national policy:

In order to ensure that satisfactory and durable results are achieved in the field of occupational health and safety, each country should put in place a coherent national policy aimed at preventing accidents, diseases and injury to health which arise out of, are linked with or occur during the course of work. By striving to minimize the causes of hazards inherent in the working environment, the policy will reduce the costs associated with work-related injury and diseases contribute to the improvement of working conditions and the working environment and improve productivity. The articulation of such a policy will reaffirm a government's commitment to the case of a safe working environment and enable it to comply with its moral and international obligations by promoting effective action through a unified, coherent and purposeful statement of goals and strategies. (p. 28).

Thus, The National Health Policy of the Federal Republic of Nigeria, declares that; “the health of the people not only contributes to better quality of lives, but also essential for sustained economic and social development of the country as a whole” (Ndagi, 1980). Rawns (1973) concludes that occupational health service in Nigeria is operational but falls short of desired coverage. This has resulted in further loss to an already depressed economy, arising from absenteeism, injury and death due to unsafe work environments. In Nigeria, the most far-reaching piece of legislation on occupational Health and safety is the Factories' Act 1990, and its subsidiary legislations. Fortunately, this has been comprehensively reviewed to cover all workplaces, resulting in a change of its citation.

No matter how comprehensive a piece of OHS legislation is, its utility becomes limited if enforcing officers are untrained, unmotivated, ill-equipped and inadequate in number. Besides government effort, the development of OHS requires substantial input from employers, workers

and their organizations, and should be seen as a joint effort among all parties. In order to achieve the objective of OHS, access to information is vital at all levels of OHS delivery; in spite of the development of information services in the inspectorate of the Federal Ministry of labour, more effort is needed in the collection, collation and dissemination of relevant information on OHS nation-wide. At the centre of the special problems confronting the OHS in Nigeria is the outstanding shortage of professionally competent manpower.

The Factories' Act 1990 covers any workplace with one or more persons at work. It is a general enabling document that specifies minimum standards of health and safety for workers; it also makes provisions for health and safety for issuance of other relevant regulations, codes of practices, standards, orders, rules and notices. Under the Act, the Minister of Labour is empowered to appoint Inspectors of Factories nationwide who are expected to regularly undertake inspection of workplaces, to enforce rules. The Minister of Labour in turn, reports periodically to the council of Ministers, on issues relating to the Nigerian labour force, including occupational health of works.

Now in recognition of the Multi-disciplinary approach to occupational Health Services (OHS), Inspectors appointed under the Act are science based graduates, who are Physicians, Nurses, Microbiologists, Biochemists, Occupational Hygienists, Chemists, Laboratory Technologist and Engineers. Generally, the specialists operate from the Occupational Health Division, Occupational Safety Division or Information and Training Division within the Inspectorate. While the safety inspectors operate in the thirty six states of the Federation, Occupational Health Inspectors are, at present based in Abuja from where they cover the entire Federation. However, the Occupational Health Division relies heavily on state, based safety inspectors who had received basic training in occupational health delivering within and outside the country.

Under sections 64 and 65 of the Act, like watchdogs, Inspectors tour various workplaces to give advice on occupational safety and health issues as well as monitor compliance with the Act. They undertake such inspection, initially as pre-registration inspection visits, routinely as check-visits and occasionally as special visits. Based on such visits, remedial actions are taken, when necessary, which may include revocation of the certificate of Registration of the workplace, issuance of improvement warning or prohibition notices, outright closure of workplace, or prosecution of the employer. Under the Act, Inspectors trained in the art of prosecution are empowered to institute and proceed with legal action against breeches of occupational health and safety provisions of the Act, with or without the assistance of a legal practitioner.

However, the level of communication and exchange of information and experience between occupational health practitioners in the country is very low. Equally low is the exchange of information between OHS and the general public. The absence of communication has perhaps resulted in low level of cooperation, consultations and collaborations between OHS personnel, who should otherwise work as a team (Pinker, 1979).

2.1.9 The Concept of Occupational Hazards and Safety

In order to live, men have to work but when the work that men embark upon, voluntarily or otherwise, threatens their survival either by its very nature, its length or duration, its location or incidental hazards arising at their home, it becomes imperative that we re-assess our security values through safety strategies (Pettinger, Boyce & Geller, 1999). It is therefore evident that in the course of work, people are constantly exposed to the risk of one injury or the other.

According to Adewumi 1997:

Occupational hazards are condition within the work, or those associated with work, that have the potential of causing injury and damage to person Hazards are not accidents but pre-disposing conditions to accidents or injuries. The resultant effects of exposure to these Hazards are accidents, diseases and systemic defects. These hazards exist as

natural phenomena or as conditions created in industrials and machines, between man and machines as well as between environment and man. (p. 99)

Hazards and potential hazards of work range are wide indeed. According to Amenechi (1985), they can be purely mechanical or physical in nature or they can take the form of materials which are capable of causing fire or explosion or producing injury by inhalation, skin contact or ingestion. He goes further to say that potential hazards also include psycho- social factors that affect the mental well being of workers such as job dissatisfaction, management encountered mainly in agriculture and the manufacturing industries. Professionals face the health hazards that are peculiar to their jobs. He concludes that: this claim was substantiated by Araoye (1995) who divides the working environment into four:

- Physical;
- Chemical;
- Biological and
- Psychosocial.

Under the physical environment, there is temperature. Extremes of temperature as experienced by cold room workers, workers in glass industry and steel mine would have adverse effects on health. When there is exposure to heat, the core temperature increases to the body surface, that is the skin; the heart-beat rate increases and sweating occurs leading to loss of water and body salt. This regulatory mechanism has its limits. Excessive heart-beat might eventually lead to heart cramp, heart exhaustion, heart stroke and finally death.

Then noise and vibration, which are associated with adverse human effects exposure, could be from heavy machinery, disco music, etc. Such effects include permanent or temporary hearing impairment, interference with speech communication, and reduction in efficiency on certain tasks and it is a source of annoyance. There is evidence of cardiovascular reaction to noise and vibration. The incidence of hypertension in study of women increases relatively to the

duration of work exposure to noise. This is followed by ionizing Radiation which is an occupational hazard of health workers in X-ray departments – radiologist, radiographers and attendants. Others include dentists and workers in certain industries and laboratories. There is also dust-oriented workplace health hazard. Certain dusts in the working environment could cause living disorders like dust from mines, cotton production, silica and hard metals.

Under the chemical environment, you have doctors, dentists, laboratory technicians, nurses and others who are exposed to organic solvents, anesthetic gases and sterilizing agents. Hospital workers are exposed to infections from the patients and laboratory specimens. Infection could result by inhaling the agent, through accidental needle puncture, by ingestion or contact. A health worker could also transmit hospital infection to her children at home. Farmers are exposed to moulds, some of which could be harmful to the lungs. Butchers are also exposed to some infections from the animals they handle. Veterinary workers are exposed to infection from animals such as poultry and dogs.

Araoye (1995) concludes with psychosocial environment whose factors are recognized to be critical in both the causation and the prevention of diseases and in the promotion of health. The socio-cultural environment plays a role in determining the pattern of diseases and the frequency with which they are encountered. Religion and culture greatly influence human reaction and capacity to cope with occupational stress. A worker's socio-economic status contributes to his susceptibility to psychosocial disorders. Also economic conditions play a role in shaping psychological reaction and the capacity to cope with occupational stress.

Circadian Rhythm is one of the reactions to various psychosocial situations. With industrialization more people need to work shifts to cover twenty-four hours service. The most severe social and physiological stresses are likely to be associated with rotational work shift where workers change periodically from day to evening to night shifts.

Having identified some occupational hazards in the work environment, safety activities in industries as recommended by the International labour organization (ILO) are as follows:

- Occupational health and safety policies must be established. Such policies must be implemented at both the power mental and enterprise levels. They must be effectively communicated to all parties concerned;
- There is need for consultation with the social partners (that is employers and workers) and other stake holders. This should be done during policy formulation, implementation and review of such policies;
- Prevention and protection must be the aim of occupational health and safety programmes and policies;
- Efforts must be focused on primary prevention of the workplace level. Work places and working environments should be planned and designed to be safe and health planned;
- Information is vital for the development and implementation of effective programmes and policies and
- Health promotion is a central element of occupational health practice. Offer must be made to enhance workers' physical mental and social well being.

The effects of rotational work shifts can be particularly debilitating on return to an original schedule. A right worker's body temperature rhythm for example takes about 5-6 days to fully adapt to the changing pattern of sleep and wakefulness. This means that before adaptation, night shift workers will be working at a time when their level of arousal is at its lowest and trying to sleep when they are biologically at their highest arousal level.

Stress according to Packman (1968) is another reaction to psychosocial situations. This can results from incompatibility between an individual and her environment. Certain aspects of the work environment are stressful.

In-adequate demands of a Job in relation to the worker's ability e.g. lack of appropriate skill. Others are:

- Frustrated aspirations;
- Dissatisfaction with regard to valued goals;
- Work head;
- Repetitive and monotonous work;
- Strained interpersonal relationship and
- Role ambiguity, etc.

Stressful experience at work may lead to several psychological and behavioral reactions. There is evidence that workload, which is a psychosocial stress factor is a contributor to the development of hypertension in particularly susceptible individuals. Also workers who are required to maintain the same posture while engaged in repetitive motor activity, examples are typists are exposed to some work stress that leads to muscular fatigue, stiffness and pain in the neck, back and forearms, coldness and increased pain in the hand and headache.

According to Izevbige (1995), occupational safety calls for safety consciousness. He says:

To be safety conscious is to develop the zeal to be free from harm. This implies preventing accidents and the mitigation of personal injury or property that may result from accidents. Doing this effectively is to cultivate the conscious act that entails promoting a precautionary measure either by the individual or a group of person against predisposing factors to injury or accident (p. 206).

In the view of European Agency for Safety and Health at Work (2005) safety consciousness is a vivid awareness of the importance of eliminating accidents and mental alertness in reorganizing and correcting conditions and practices that lead to injury. It is implied that employers' safety consciousness should aim at assisting the employees in the pursuit of a normal demand of life in an environment in which hazards are reduced to a practical

minimum. Employees' behaviours which are adapted to safe and effective living should form the safety bedrock of every occupational setting. Izerbigie says further that the issue of safety consciousness as an essential phenomenon in occupational health entails:

- The need to identify measures that will remove any hazard or to minimize the risk posed by it;
- The need to ride oneself of unnecessary anxiety that can lead to psychological depression and involvement in accident;
- Adoption of mastery of adequate coping devices when stress sets into mark;
- Consciously continuing with usual life routine as much as possible to the exclusion of fatigue;
- The need to identify, recognize or understand the risks present in a particular type of job;
- Assisting the employees in the pursuit of a normal daily routine. It involves encouraging workers to know what to do in a particular situation in a risk free manner and
- The creation of an awareness of legal requirement relating to safety and code conduct.

Izevbigie concludes that occupational safety should be seen as a corporate responsibility by everyone involved in the occupational sectors and the policy makers. This will include the government, the employers of labour, safety personnel and employees. They all have a responsibility to ensure industrial safety.

Adewunmi (1995) in like manner posits that: a safety conscious workforce will appreciate the need to make use of safety subject that would reduce, if not remove the risks to which they are exposed.

Having identified some occupational hazards in the work environment, safety activities in industries as recommended by the International Labour Organization (ILO) are as follows:

- Occupational health and safety policies must be established. Such policies must be implemented at both the governmental and enterprise levels. They must be effectively communicated to all parties concerned;
- This is needed for consultation with the social partners (that is employers and workers) and other stake holders. This should be done during policy formulation, implementation and review of such policies;
- Prevention and protection must be the aim of occupational health and safety programme and policies;
- Efforts must be focused on primary prevention at the workplace level. Work places and working environments should be planned and designed to be safe and health;
- Information is vital for the development and implementation of effective programme and policies;
- Health promotion is a central element of occupational health practice. Efforts must be made to enhance worker's physical, mental and social well being;
- Compensation, rehabilitation and curative services must be made available to workers who suffer occupational injuries, accidents and work related diseases. Action must also be taken to minimize the consequences of occupational hazards;
- Education and training are vital components of safety, healthy working environments. Workers and employers must be made aware of the importance and the means of establishing safe working procedures. Trainers must be trained in areas of special relevance to different industries which have specific occupational health and safety concept
- Workers, employers and competent authorities have certain responsibilities duties and obligation for example workers must follow established safety procedures;

employers must provide safe work place and ensure access to first aid; and the competent authorities must ensure, communicate and periodically review and update occupational health and safety policies and

- Policies must be enforced. A system of inspection must be in place to secure compliance with occupational health and safety and other labour legislation.

2.1.10 Organisational Factors in OHS

Health and safety in the workplace do not start and stop with employees alone. They involve workers, employers of labour (private and public), safety associations, educators, the government and even the community. It's everyone's responsibility. The government OHS Act is in order to guide organisations in tackling issues relating to workers' health and safety. The implementation of the Act therefore rests on the organisations in maintaining the respect for the rule of law as stated in the Act. The organisations must at all times be ready to provide useful information to government agencies in order to make workplace a better place for workers. It does not matter if the workplace is a large company or a small one. Workers have a responsibility to keep themselves and others healthy and safe at workplace.

The OHS Act gives the government power to make regulations and codes (or rules) about health and safety at the workplace. It sets out the basic duties and obligations of employers and workers. The Occupational Health and Safety Regulation (Regulation) addresses the requirements related to government policy and administrative matters. The Occupational Health and Safety Code (Code) specifies all the technical standards and safety rules that employers and workers have to comply with to fulfill their obligations. The Occupational Health and Safety Act says employers must do everything they can to protect your health and safety. For example, employers have to assess safety hazards at the workplace to control or eliminate them and keep equipment in safe working order.

Employers have a responsibility to:

- see that safety is maintained at the workplace;
- make sure workers are trained and have the proper skills to perform your job safely,
and
- see that employees know their duties and responsibilities for keeping the workplace safe.

Employer of labour (organisations) must tell workers about any hazards at the workplace. For example, if a controlled product, — that is, a hazardous substance or chemical — is made, stored or handled at the workplace, employers must provide labels and Material Safety Data Sheets (MSDSs) for the product. These two items describe the health and safety hazards and steps workers need to follow to protect themselves. The MSDSs must be available to workers at all times. Organisations must also provide training about the use or handling of the controlled product. While provisions must be made for, all workers must make themselves available to participate in the training that applies to the job they are doing in the organisations.

If workers' health is at risk, organisations should make regular health tests available to workers and make sure they have the knowledge and equipment to protect them. Work-related health examinations should take place during normal working hours and should not cost workers anything. If a serious incident happens, or almost happens, the employer is required to notify the nearest Workplace Health and Safety Contact Centre. This notification is separate from any other kind of notice that the employer may be required to give to the Workers' Compensation Board or to local authorities. Injuries and incidents must be reported if they:

- Result in a death;
- cause a worker to be admitted to hospital for more than 2 days;
- involve an unplanned or uncontrolled explosion, fire, or flood that causes a serious injury (or has the potential of causing a serious injury);
- involve the collapse or upset of a crane, derrick or hoist and

- involve the collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.

An organisation should know that OHS Officers have the right to do the following:

- Inspect workplace;
- take samples of products;
- conduct tests, take pictures and recordings and
- look at and copy documents;

If an officer thinks there is a situation of imminent danger at a workplace, the officer can order work- stopped immediately or call for corrective measures. Officers can also order equipment to be shut down if they believe it to be unsafe. There should be co-operation between workers and employers of labour in order to make workplace a safe and healthy place. One way to achieve this is to have a workplace health and safety committee made up of workers and supervisors. The committee meets to inspect the workplace, discuss how to prevent accidents and illnesses, and promote health and safety programmes. Committee meetings are held during normal working hours. This committee has roles to play in maintaining workplace as a perfect place to work.

Workers and employers should be concerned about three things:

- Having safe workplaces;
- receiving and providing good safety training and
- making sure workers follow safety rules.

If workers and employers don't take steps to follow the rules, the Act can be used to force them to do so.

In Alberta, If workers or employers break the rules of the Act, the Regulation or the Code, or ignore what an officer says, either or both of them could be charged and have to go to court. Officers will always try first to work co-operatively and encourage voluntary problem

solving. Problems will be resolved in court if people willfully ignore the law or do not co-operate and fix health and safety problems. Conviction on a first offence can lead to a fine up to \$500,000 or up to six months in jail, or both. A second conviction can result in a fine of up to \$1,000,000 and/or a jail term of up to one year (Government of Alberta, Employment and Immigration, 2008).

Organisations should know that employees' responsibilities include the following:

- Responsibility to work in compliance with OH&S acts and regulations
- Responsibility to use personal protective equipment and clothing as directed by the employer;
- Responsibility to report workplace hazards and dangers and
- Responsibility to work in a manner as required by the employer and use the prescribed safety equipment

An employee can refuse to work if he/she believes that the situation is unsafe to either himself/herself or his/her co-workers. When a worker believes that a work refusal should be initiated, then:

- The employee must report to his/her supervisor that he/she is refusing to work and state why he/she believes the situation is unsafe;
- the employee, supervisor, and a JHSC member or employee representative will investigate;
- the employee returns to work if the problem is resolved with mutual agreement;
- if the problem is not resolved, a government health and safety inspector is called and
- inspector investigates and gives decision in writing.

Employees have the following three basic rights:

- Right to refuse unsafe work;

- right to participate in the workplace health and safety activities through Joint Health and Safety Committee (JHSC) or as a worker health and safety representative and
- right to know, or the right to be informed about, actual and potential dangers in the workplace

An employer must:

- Establish and maintain a joint health and safety committee, or cause workers to select at least one health and safety representative;
- take every reasonable precaution to ensure the workplace is safe;
- train employees about any potential hazards and in how to safely use, handle, store and dispose of hazardous substances and how to handle emergencies;
- supply personal protective equipment and ensure workers know how to use the equipment safely and properly;
- immediately report all critical injuries to the government department responsible for OH&S and
- appoint a competent supervisor who sets the standards for performance, and who ensures safe working conditions are always observed (Canadian Centre for Occupational Health and Safety).

2.1.11 The Concept of Women

The women as a person are an agent of reproduction of life itself. This places her in the position of the life blood of the entire humanity; she is the first teacher the sustainer and maintainer of the home, the peace-maker, the symbol of beauty and the major moulder of the character of the child. This is a mother: Mother of the human race (Nwosu, 1999).

From the above, Nwosu implies that biological instincts seem to endow women with greater skills and sense of judgment in matters that concern the welfare of the human stock. Nwosu (1999) also argues that women are named as nurturing, emotional and nimble – fingered

while men are seen as aggressive and adventurous and some physically grouped. She says further that the story of today's women is the same all over the world. They are behind their male counterparts in political, educational and economic leadership, in spite of the fact that in many countries they form the majority of the population. Whenever they live, whether in the industrialized or developing countries, their political and economic representation in the government and legislatures, and the various sectors of the economy and administration is not commensurate with their numbers.

Araoye says:

There are not many women in leadership and decision – making jobs. Women are left out when decision relating to them including those concerning their health are taken. (p. 90).

However, there have been changes and these started with women themselves who stiffly challenged their subordinate status in society. According to Friedlander (1996) a major breakthrough came in the mid -1970s with the declaration of 1975 – 1986 as the Decade of women by the United Nations Organisations. Since then, several important conferences have been held in different parts of the globe, and under various auspices, to advance the cause of women's economic and political empowerment. The most recent is the Beijing conference of September 1995, whose platform of Action had provided the basis for national action in many countries of the world. And with that, the woman issue had rightly been put on the sharp edge of global developmental politics where it rightly belongs.

But Chinueizu in his anatomy of female power (1990) holds a different view; he theorizes that women have more political powers than men, because women have the womb, kitchen and cradle. These have become the control centers of female power which are then termed into political power.

He stresses further that:

Every day of a man's life, he is subject to the dictate of womb, kitchen and cradle. The first set to rule him belays to his mother, the second belongs to his wife. The first rules him in his vulnerable infancy, the second in his ambitions adulthood. His bride exploits his nostalgia for his mother's set, and manipulates his cravings for his future wife's. Thus, - mother, bride and wife control a man everyday of his life by playing on his changing needs for womb, kitchen and cradle. The power of the womb is great. It holds the mightiest of men in a thrall (p 17).

According to Chinueizu (1990), the influence of women largely determines national policies. He suggests that "Men rule the world, but women rule men". To him "the womb is basic power, the cradle is strategic power and the kitchen is tactical power. To hold one of these is to have great power, to hold all the three is to have overwhelming power". The central idea is that men are oppressed by women.

In another breadth, a school of thought disagrees with this notion, that women are naturally more magnetic than men. Men had drawn much of their confidence and attraction from human. It is through the women's influence that the man becomes refined and interesting. That many abrasive and carefree men have been refined shortly after meeting women of their interest or choice.

This school of thought goes further that a woman's charisma, conviction and mental inspiration have been the invincible forces behind some men's advancement. As a matter of fact, nearly all the great men often attribute much of their success in life to the influence of their wives. Their help or support is not just physical but mental and spiritual. The mental image of the husband crystallizes into a reality through promotion at work or big breakthrough in business for the man. That a woman of strong magnetism can accomplish wonders with a man in a short time.

Much progress has been achieved in extending women's rights and their presence in paid employment, but women still find themselves in a far more vulnerable position than their male counterparts; their employment remains concentrated in non standard, low skilled work with

insufficient income or social security benefits which would enable them to live independently. The traditional role model based on male breadwinner is prevalent in most societies. The ILO has increasingly placed emphasis on raising the level of legal education on gender issues. While the legal framework for promoting gender equality has been constantly improve at both national and international levels, a gap remains between the rights granted “on a paper” and the actual situation (ABC of women workers).

Health hazards of women workers have been traditionally under-estimated because occupational safety and health standards and exposure limits to hazardous substances are based on male populations and laboratory tests (Valentina, 2000). The differential response of women to health hazards is essentially due to the various work-related risks that women face according to the specific type of work they do and on the multiple roles they have in society. Segregation by occupation leads to exposure to particular occupational health and safety hazards. The type of health risks women face are associated with their specific working conditions. Certain health disorders are related to occupations or industries which employ large numbers of women workers for example, a high proportion of back injuries of women working in the manufacturing sector are related to the nature of the work.

Due to the multiple roles they have in society, women workers have special needs concerning nutrition, lifestyle and reproductive health. Women have a dual reproductive and economic role as unpaid workers at home and fields, and as paid workers outside the household. Many women suffer from excessively long hours of work and they usually have to do the predominant share of the housework as well. Special health problems can arise from this situation including stress, chronic fatigue, premature aging and other psycho-social and health effects. Out of concern to protect working women, many countries adopt special measures of protection which include prohibition of Night-work, underground work and other activities considered dangerous to women and their reproductive health including exposure to certain

agents. Other measures limit the weekly number of hours of work and overtime work and are oriented to protect women's role as mothers and wives.

In the eleventh session of the ILO/WHO Committee on occupational Health, (1992), it was recognized that there were specific occupational health needs of workers because of age, physiological conditions, gender, communication barriers and other social aspects among other factors. The committee advised, as a priority, the development of activities in which such needs be met on an individual basis with due concern for the protection of all workers' health at work, without leaving any possibility for discrimination.

Finally a sympathizer of women states thus:

I do not mean to exalt the intellect of women above men", but I have heard many men speak on this subject some of them to the most eloquent to be found and I believe no man however gifted, with thought and speech can voice wrongs and present the demands of women with the skill and effect, with power and authority of woman herself. We can neither speak for her, vote for her, nor act for her, nor be responsible for her. And the thing for men to do in the premises is just to get out of her way and give her the fullest opportunity to exercise all the powers inherent in her individual personality and allow her to do as she herself shall select to exercise them her right to be and to do is as full, complete and perfect as the right of any man on earth – I say of her – give her fair play and hands off.(ILO/WHO,1992)

2.1.12 The female Worker and Occupation Safety

Before the advent of the oil boom and the subsequent industrialization, women worked mainly in agriculture, teaching, petty trading, nursing, sewing and similar feminine pursuits. Now with women's emancipation at its peak, and with greater opportunities for education and more jobs women are employed in almost every facet of the economy, doing jobs that were once reserved exclusively for men. (Amenechi, 1985).

Araoye (1995) also observe that increased proportions of women are entering the labour force in Africa. The reasons for the growing number of working women are not only because they want paid jobs in order to support themselves and sometimes their families, but women all over the world want to participate actively in all life of the society. There are no records to show

the percentage of women employed in the Nigerian industries, but the majority of them can be found in cosmetic manufacturing, food processing, textile manufacturing, paper manufacturing, packing and light assembly industries.

However Araoye (1995) has this to say:

Nevertheless, since women work and they also spend a considerable proportion of their lifetime working, more so when complemented by their primary responsibilities in other areas, such as household and childcare tasks, their health as related to work is an important issue for consideration (p. 90).

In like manner, Bullock (1994) is of the view that women have always marked, and their labour plays key roles in the survival of millions of families. She stresses further that women work longer hours than men and have a greater range of responsibilities but the work they do is neither publicly nor privately acknowledged. And that is why for many years according to Friedlander (1996) women were made to believe that their rightful place was in the home front; as house wives, produced and minders of children. They were to stay at home and inculcate in their children, the virtues of life.

Now, Araoye believes that the proportion of women in the labour force is increasing; therefore it is necessary to take cognizance of their peculiar situation especially with regard to maternal, maternity and different responses to the work environment. All activities relating to health promotion and protection at work should consider women's needs and interest a priority. Protecting women's health according to Araoye is protecting the nation's health.

Also a JASPA/ILO (1990) study of women and employment in Africa reports that many women in paid employments are often ill and are therefore either absent from work or lethargic at work. These affect their productivity and consequently become a basis for their discrimination at work – in terms of job opportunities and remuneration.

Sokunbi, Jemini, and OnaEko (1995) reports among others that some career housewives go to the extent of terminating their pregnancies with the implicit health risks, just to retain their

jobs – due to antagonistic stance of employers to women with pregnancy, especially in the formal private sector multinational companies.

Messite and Welch (1987) also agrees that: “as more women work, they come into contact with occupational hazards in increasing numbers”. (p. 22)

Thus the most important question to be asked regarding women’s employment is whether there is occupation exclusively hazardous to women. To this, Melhuish (1978) submits that the occupational hazards likely to be encountered by the working women in urban centres are more of psychosocial problems involved with the social problems of present day pressures. Stresses related to their multiple roles and responsibilities, the pressures of keeping up with the stresses in the face of modern economic depression and the unique problems of the female executive.

There is also the issue of physiology that is the differences in physical strength of the female and male workers. Allegedly for women’s protection, they are relegated to jobs supposedly adaptable to their unique physical capacities and excluded from jobs which are said to endanger their health. So – called women’s jobs are claimed to reflect women’s ‘natural’ qualification in requiring less strength, more dexterity, less emotional stability and involving less risks for potential offspring (Mess, 1992). Now that physiological differences between men and women have been used to justify sex segregation of the workforce in some cases, it becomes expedient to discuss the real health implications of those differences. On this, Messite and Welch 1987 contend that:

It is through that women are less suited heavy work than men because women are not as strong... physical strength and physical work capacity are related to muscle mass. Because men generally have more muscle mass than women, it is not surprising that men, on the average, have a maximum physical work capacity that exceeds that of women... it has also being proved women have a faster heart rate than men by 10-15 beats per minute doing the same work and women generally have a greater increase in oxygen consumption per unit of work. This may result in more rapid fatigue in women as compared to men while performing tasks of high physical stress (p. 26).

It has been recently appreciated, however that many jobs traditionally held predominantly by women entail significant exposure to chemical and physical agents that can lead to occupational illness, or have unsafe workplaces or practices that can cause injury. The state of occupational health of women in dual career families in Nigeria has significant bearings with the male dominant social structure and patriarchal/ matrilineal ideology of women's position in the Nigerian society. These impinge on several mediators related to gender segregation and take various forms including job ranking and stereo-typing of jobs by gender as earlier highlighted.

These have resulted in the concentration of women in particular types of jobs and lower levels of occupational hierarchy (JASPA/IOL, 1983 – 1986). Such jobs include clerical, primary school teaching, nursing, receptionist, secretarial duties, casual and repetitive jobs viewed as compatible with female gender socialization and household work, and often characterized by low prospects and insecurity. Moreover, the females are under – represented in high and middle hierarchy of the organizations as well as in high professions (Clermont 1987; Shettima 1989 and Human Development Report 1994).

Finally, there are also indications from studies in Nigeria of gender discrimination in employment involving women especially in the formal sector where work is organized with emphasis on efficiency and productivity. The reasoning is against employing a woman who will 'waste' several 'productive months' on maternity leave, plus intermittent excuses for child care (ILO, 1998).

2.1.13 Occupational Safety and Production

Araoye (1995) submits that:

A director – General of World Health Organisation stated in his progress report on occupational health programme that work, the key element to progress and achievement, is the human objective as well as a means of earning a living. The continuous interaction between man and his physical and psychological working environment may influence his health either positively or negatively, and the production process itself is influenced by the worker's state of physical and mental well-being. Work, when it is a well-adjusted

and productivity activity can be an important factor in health promotion – an aspect that has not yet been exploited to be advantage of the nation's health.

In like manner Izevbogie (1995) agrees that Good health is essential to leading a productive and fulfilling life, when a worker sustains one form of accident or injury which results in serious physical deformity or high loss of money, this can cause low productivity and further discourages others from aspiring to that job.

One major consideration of a protective and productive society is the health of its members. The promotion of occupational health and safety as part of an overall improvement in working conditions represents an important strategy, not only to ensure the well-being of workers but also to contribute positively to productivity. Hence, healthy workers are more likely to have higher work motivation, enjoy greater job satisfaction and contribute to better quality products and services, thereby enhancing the overall quality of life of individuals and society. (Araoye 1995).

The health, safety and well being of working people are thus prerequisites for quality and productivity improvements and are of the utmost importance for the overall socio-economic equitable and sustainable development. If there is a change in production process or an entire new production processes, there is bound to be new hazard and pressure to demonstrate economic returns to investments made in the social protection and human development aspects of production.

The emergence of internationally integrated production system makes it essential to intensify international; cooperation in building up national safety and health capability. This includes the appropriate use of foreign expertise often at short notice and the organization of exchange programmes aimed at bridging gaps in technical knowhow at the national level. This is necessary to enhance specific technical expertise at or connected to the work place (Valcarcel 2002). Ergonomics according to Lopez Pena (1995) is another essential factor to be taken into

consideration. If the operator has appropriate conditions with regard to temperature, lighting, cleanliness, workloads the probability of human error decreases significantly. As a result many enterprises now consider their policies for improving working conditions as a key element in their policies for improving quality.

Although, the ISO 9000 series do not explicitly cover the issue of occupational Safety and Health, they show many of the links that exist between OSH production and quality. Thus a programme for the management processes. The high level of quality required today can only be reached if the enterprise can also count on workers who are willing and interested in achieving it.

Therefore, terms such as motivation, participation and cooperation are becoming so important in the management of modern enterprises, thus, the importance of investing in the occupational Safety and Health of the workers in order to improve both quality and productivity (ISO, 2000). A wide range of specific occupational risks are covered in various ILO convention, the latest of which deal with the safe use of chemicals at work, (Convention No. 170 of 1990). Of importance is also the ILO code of practice on 'safety, health and working conditions in the transfer of technology to developing countries which was published in 1988.

In these instruments, there is a clear delineation of the responsibility of each technology exporting State to inform importing States of the type of the hazardous chemical processes or technologies being transferred with the overall aim of alerting receiving countries concerning measures which are necessary to safeguard the health of the worker and the environment, thus, promoting the universality and harmonization of standards which becomes a prerequisite within the frame work of globalization that results in a de facto shift of decision – making in occupational safety and health matters from the recipient to the technology exporting country.

Many countries have impressive technical capability but without the depth and the infrastructures that are needed to cope with the most serious problems. Valcarcel, 2002 submits that social dumping should be prevented, that is preventing the comparative advantages that are

derived from lower production costs at the expense of inferior working conditions in the enterprise. He states further that there is a need to invest in the workers both in their training and in the improvement of their working conditions. Thus OSH is beginning to be seen by many enterprises not only as a legal requirement but also as a means of improving productivity.

2.1.14 International Interventions in Labour Administration

According to Osuji (1985) as quoted by Odanye, 2004, the actual quest for the formulation of international labour legislation was started by a Frenchman called Daniel. European governments for just agreement on labour legislation as a means of eliminating excessive competition. He also worked on several projects for establishing international labour laws, covering hours of work, a day of rest, night work, unhealthy or dangerous occupations and special rules for children. Three types of arguments were put forward by the ILO's precursors for international labour standards. Originating in humanitarian consideration, the first argument, according to ILO (2000:4) pointed out the necessity of improving the harsh lot of the working masses. The initiatives, however, came from the industrial middle classes and not from the workers themselves. The organized workers' movement did not enter the scene until later, following the removal of various obstacles to freedom of association on the national scale.

The second, more political argument emphasized the importance of consolidating social peace in industrialized countries, with the aim of preventing social troubles. Political wisdom directed the founding fathers of the ILO to encourage the reformist aspirations of workers in order to return them away from the Siren song of communism, which was increasingly being heard in Europe following the October Revolution in Russian in 1917.

The third argument, according to ILO (2000:4) as quoted in Odanye, 2004 was economic and sought to make it clear that an international regulation of labour would prevent countries which had protective national legislation in labour matters from paying for this social policy in

the form of economic disadvantages in international trade. In other words, international regulation would allow equalizing of conditions for international competition.

These arguments were written into the preamble to the 1919 constitution which opens with the affirmation that universal and lasting peace can be established only if it is based on social justice, then clarified in the Declaration of Philadelphia in 1944, and, truer than ever in today's age of globalization, they still provide the ideological basis for ILO (ILO 2000:4).

The proposals of the ILO's historical predecessors were often simply ignored by governments (ILO 2000:4). Nevertheless, the arguments were taken up in the last decades of the nineteenth century by various private associations, which were particularly active in France, Germany and Switzerland. Under the influence of these bodies, the ideal of international legislation penetrated into political, regions, academic and economic spheres as well as, for the first time ever, the World of work. The most significant result of this intellectual fermentation was the creation, in 1901, in Basel, of the International Association for the Legal Protection of Workers. At a national level, the social laws of the German government were another forerunner of protective labour legislation in the last two decades of the nineteenth century.

Between 1905 and 1906, Switzerland convoked diplomatic conferences in Bern which resulted in the adoption of the first two international labour Conventions, one regulating night work by women and the other eliminating the use of white phosphorus in the match industry. During the First World War, several international meetings of trade unions took place. Participants advocated the insertion of social clauses in the future peace treaty as well as the creation of an international institution specialized in the field of working conditions. The sacrifices made for the war effort by the working masses called also for compensation.

According to the ILO (2000:4) the constitution of the ILO was elaborated by the Commission on International Labour Legislation set up at the Peace Conference in Paris (1919). It constituted part thirteen of the Treaty of Versailles. France and the United Kingdom were the

originators of this process. The authors of the British text, which the Commission used as its draft, were the future Directors of the ILO, Harold Butler and Edward Phelan.

According to the ILO (2000:5), the criteria were created to develop international labour standards and to ensure their application; the ILO devoted the bulk of its energies to the major task during its first years. During the twenty-year period from 1919 to 1939, 67 Conventions and 66 recommendations were adopted. Originally, standards focused on working conditions. The first Convention in 1919 dealt with hours of work, the famous eight-hour day and the forty-eight hour week. Employment has been the subject of several texts (ILO, 2000:5).

2.1.15 The Concepts of Workers' Rights and Responsibilities

The rights and responsibilities of the employees (and even employers) under a contract of employment are derived from the various sources of labour law which include the contract of employment, statutes and collective agreements. However, custom and practice in a particular organization may lead to the establishment of rights and obligations of employees in an organization. The contractual terms under which the rights and responsibilities of the employees are stated, could either be expressed or implied.

An employee is under duty to take order from his employer provided such orders are lawful and within the scope of the employee's duties under his contract of employment and are, in the circumstance of the case, reasonable (Uvieghara 1986). An employee is also under duty to serve his employer with good faith and fidelity, thus not putting himself in a position where his own interest will conflict or become incompatible with the interest of the employer. The employee is also under duty to perform his contract in such a way so as not to frustrate the 'objective of the employer. This, therefore, implies that an employee who embarks on a work-stoppage, or work-to-rule or go-slow may be held in breach of their contracts of employment where such conduct disrupts the employer's business.

According to Uvieghara (1986) as quoted in Odanye (2004) the employee is expected not to divulge his employer's trade or business secrets such as production process or formulae, specifications or trade connections. He is expected not to disclose, before or after leaving his employment, information or documents which he has received in confidence, however, an employee is not in any way bound to work longer hours than those which he has agreed with his employer to work, merely because by so doing, he will or may make his employer's business more efficient or more profitable. The employees by expression are entitled to stand on their contractual rights, if they so wish.

It is also very important to state here that an employee would be held liable to his employer only where he is negligent in the performance of a duty he is employed to perform under his contract of employment. Thus, in the submission of Uvieghara (1986) "a driver who drove his employer's van negligently and caused injury to his fellow employee, who happened to be his father, was held liable in damages to the employer. This, therefore, shows that the common law takes the position that when employee takes a job he professes at the same time that he possesses the skill necessary for the reasonable performance of his duties and that he would carry out his duties with reasonable care.

Going by the above highlighted responsibilities of employees to his/her employer, it could therefore, be deduced that these duties (and responsibilities) of the employees to the employers could be broadly categorized into four: economic, legal, ethical and discretionary responsibilities.

Discretionary Responsibility “Go beyond the call of duty”
Ethical Responsibility “Do what is right”
Legal Responsibility “Play by the rulers”
Economic Responsibility “Run an efficient and effective organization for the employer”

Uvieghara (1986) maintains that the employees by law are granted certain rights or protection which is very important for the management at any level of responsibility to keep and be aware of. These rights could be individual or collective. The individual rights of the employees arise out of the terms of the contract contained in the common law duties of the individual employees arising from custom and practice in the organization. While the collective rights of the employees arise out of the bargaining between employer(s) and the trade unions representing the employees on a collective basis.

The individual rights of the employees include the following:

- The provision of written particulars of employment;
- the right to work;
- conditions of work are just and humane;
- the right not to be unfairly dismissed;
- reasonable national minimum living wage;
- the right not to be unfairly discriminated at work on grounds of sex, race or disability;
- provision of appropriate health, safety and welfare measures;

- provision for time-off work with normal remuneration during time-off;
- provision of maternity rights for women employees;
- old care and pensions;
- rights to equal pay for equal work and
- entitled to be indemnified by the employer unless where the expenses were unreasonably incurred.

Where individuals think they have a case against their employers in respect of the various rights available to them under the employment protection and anti-discrimination laws, they may make an application to the industrial tribunal for financial compensation or other remedy (e.g. reinstatement, re-engagement and soon). Also, if individuals can no longer bargain for themselves, it becomes important that the union bargains effectively and impartially on their behalf. The union in return for its position as sole bargaining representative has a clear duty to represent fairly all workers within the bargaining unit.

2.1.16 The ILO Declaration on Fundamental Principles and Rights at Work

On 18 June 1998, the International Labour Organization (ILO) adopted the ILO Declaration on Fundamental Principles and Rights at work. According to ILO (2000:12) the impetus for the Declaration included concern in the international community over the processes of globalization and the social consequences of trade liberalization. The support of the role of internationally recognized labour standards in social development was expressed notably at the UN World Summit for Social Development (ILO/WHO, 1992). The Head of States and Governments attending the World Summit for Social Development adopted specific commitments and a programme of Action relating to “basic workers’ rights” – the prohibition of forced labour and child labour, freedom of association, the right to organize and bargain

collectively, equal remuneration for work of equal value and the elimination of discrimination in employment.

The Ministerial Conference of the World Trade Organization (WTO) in Singapore (1996) marked a renewed commitment to internationally recognized core labour standards and identified the ILO as the competent body to deal with and set such standards and redeem their support for its work in promoting them.

The adoption of the Declaration constituted the third step. It makes a significant contribution to the aim set forth in paragraph 54 (b) of the programme of Action adopted by the Copenhagen workers' rights, requesting States' Parties to the corresponding ILO Conventions to fully implement them and other States to take into account the principles embodied in them.

The existing supervisory machinery already provides the means of assuring the application of Conventions in the States that have ratified them. For those that have not, the Declaration makes an important new contribution. Firstly, it recognizes that the members of the ILO, even if they have not ratified the Conventions in question, have an obligation to respect "in good faith and in accordance with the constitution, the principles concerning the fundamental rights which are the subject of those conventions". Next, and this is the first aspect of the follow-up provided in the Annex to the Declaration, it seeks to achieve this aim by implementing the ILO's unique Constitutional procedure in accordance with which each year States that have not ratified the core Conventions will be asked to submit reports on progress made in implementing the principles enshrined in them.

Lastly, the solemnly committing itself to mobilize its budgetary resources and its influence to help its members to achieve the aims of the Copenhagen Summit, the Organization goes one step further. This commitment will be reflected in the global report, the second aspect of the follow-up provided in the Annex. The global report will provide an overview of the progress made in the preceding four-year period both in countries which have ratified the core

Conventions as well as in those which have not. It will also serve as a basis for assessing the effectiveness of the action taken during the preceding period and a starting point for action plans for future assistance.

2.1.17 The Concept of Social Welfare

According to 1997 edition of the Encyclopedia of Social Work, social welfare is defined as:

An Organized effort to insure a basic standard of decency in relation to the physical and mental well being of the citizenry... it includes considerably more than assuring the necessities to support life... is characterized by a large complex of interlocking preventive and protective laws and organizations designed to provide, at least, universal access to the mainstream of society ... involves the ever present, active assistance to individuals and groups to facilitate their attaining and maintaining a respectable life style.

This definition sees social welfare as an organized effort to improve the well being of individuals, groups, or communities. It also stresses the need for active assistance to persons who are having difficulty in obtaining access to ways of developing a respectable life-style.

Wolff (1977) and Brandi (1976) see social welfare as:

Including all those forms of social intervention that have a primary and direct concern with promoting both the well-being of the individual and of the society as a whole. Social welfare includes those provisions and processes directly concerned with the treatment and prevention of social problems the improvement in the quality of life. It involves social services to individuals and families as well as efforts to strengthen or modify social institutions.

Looking at it from a sociological point of the social system and to adapt it to changing social reality from an ideological point of view, it is society's answer to that ancient and ever – recurring question “An I my brother's keeper”?(Page 45)

The above emphasizes the purpose of welfare as being able to further the well- being of the population and also the better functioning of the social order.

According to Encyclopedia of Social Work (1997) social welfare is:

The administration of certain services to individuals and families who find it difficult or impossible to maintain themselves and their dependents in material solvency and in health by their own efforts.

Here social welfare is seen as the supply of financial assistance or material goods and health care to families or persons that have failed individually in coping with the essential tasks of life. This view sees social welfare coming into play only when individuals can no longer fend for themselves and have no recourses within themselves or their families to support them and solve their problems.

Walter A. Friedlander (1961) viewed social welfare as a system that should be undergoing rapid transformation in response to the transition of the society whether from scarcity to relative abundance or to the revolution of rising expectations. In all of these definitions, it can be noted that social welfare is seen as being complement to laws, programmes, benefits and services which indicate that some formal organizations and some form of social sponsorship are necessary.

Meanwhile the United Nations stated some objectives of social welfare as the development of human resources, including the strengthening of family life and the preparation of people including children and youths to improve their own lives as they contribute to national development. That social welfare objective strive “to enhance the well-being of people by raising their level of living, by ensuring social justice and a more equitable distribution of the national wealth and by enhancing the opportunity of the people to develop their highest capacities as healthy, educated, participating and contributing citizens.

Another related expression of social welfare objectives calls for achieving changes in social, economic and cultural systems to promote equity through the greater distribution of the economic benefits of development.

These are:

- Stimulating greater participation by all sectors of the society;
- serving the totality of the needs of the individuals;

- strengthening the inter-relationship between policy formulation at national and sub-national levels and social welfare participation at those levels;
- assisting in achieving the objectives of related sectors, such as social welfare, educational, health and housing and
- providing for the minimum needs and rehabilitation for those in immediate need while assuring and enhancing self reliance.

There is another aspect of social welfare called Industrial Social Welfare, The United Nation (1982) defines Industrial Social Welfare as the range of programmes, operation and activities carried out at any level or by any group which promotes or preserves the welfare of the worker and protects him and his family from the social costs of the work process and work setting.

In the past, Industrial Social Welfare has tended to become an “umbrella” term to indicate the general services provided by employers for their workers. The need for Industrial Social Welfare was given by the United Nations to promote or preserve the welfare of the work process and the work setting. This emphasis, according to UN upon the needs of the worker and his family and the objectives of positive compensation and social growth is one clearly derived from certain values. Alternatively the emphasis may be placed upon the needs of the industry or the employer, the community or society by which often means the powers of society.

According to a school of thought, in the economically advanced countries, there has been relatively little contact between the study of the industrial setting and the social needs of the worker. In the less developed countries concern has often been directed towards the need to establish a stable labour force; on some occasions both the financial and psychological security of the worker and his family had received little attention as opposed to the benefits of labour adjustments for economic development. It cannot be assumed that the gain of the community or the employer will necessarily be that of the worker and his immediate group.

The school of thought goes on that, in the newly industrialized countries the rate and extent of change may be considerable, especially for certain groups. Many will experience within short periods of time shifts of home and employment with little guarantee of a more permanent security. Their economic and political power, their social honour, may remain at best uncertain; at best they may lose all belongings, together with any sense of belonging.

Conclusively, the needs of the worker may be seen on the one hand as an intrinsic part of the industrial process but they will be affected by the stage of industrialization the country has reached and the speed and way it has arrived at this level of economic development.

2.1.18 Basic Human Rights

The ILO has always attached particular importance to certain basic human rights which constitute an essential element in all actions designed to improve the conditions of workers. These are dealt with in the conventions and recommendations on freedom of association, freedom from forced labour and freedom from discrimination (ILO 1998:47).

According to the ILO (1998:47) report, the workers have called for a campaign in favour of a world charter aimed primarily at universal ratification of the core human rights Conventions of the ILO, namely: Forced labour convention, 1930 (No 29) freedom of Association and protection of the right to organize convention, 1948 (No. 87). Right to organize and collective Bargaining Convention, 1949 (No. 98) Equal Remuneration Convention, 1951 (No. 100). Abolition of forced labour convention, 1957 (No. 105) Discrimination (Employment and Occupational) convention, 1958 (No. 111) Minimum Age Convention, 1973 (No. 138) Freedom of Association. The basic ILO Convention on freedom of Association are the freedom of and Protection of the right to Organize Convention, 1948 (No. 87) and the Right Association to Organize and collective bargaining Convention, 1949 (No. 98).

Convention No. 87 is one of the most important and most valued of all ILO Conventions, by workers everywhere. ILO (1998:48) states that workers and employers, without distinction whatsoever, shall have the right to establish and join organizations of their own choice without previous authorization. It also provides for guarantees permitting those organizations and any federations they may establish, to carry on their activities without interference from the public authorities. Member states ratifying the Convention are to take all necessary and appropriate measures to ensure that workers and employers may exercise freely the right to organize.

Conventions No.98 is designed to protect workers against acts of anti-union discrimination, to safeguard workers' and employers' organizations from mutual interference; it is also to promote voluntary negotiations between management and labour.

The Forced Labour Convention, 1930 (No. 29) provides for the progressive abolition of forced labour in all its forms and, pending this abolition, it is used only for public purposes and as an exceptional measure, subject to the conditions and guarantees set out in detail in the various Articles of the convention. Also, the use of forced labour as a means of political coercion for economic purposes became known to the international community which led to the abolition of such systems of forced labour. This invariably was one of the main objectives of the Abolition of Forced Labour Convention (No. 105) adopted by the International Labour Conference in 1957.

The Convention calls for the immediate and complete abolition of forced or compulsory labour for political purposes, as a method of mobilizing and using labour for the purposes of economic development, as a means of discipline, as a punishment for having participated in strikes and as a means of racial, social, national or religious discrimination.

The adoption in 1951 of a convention (No. 100) concerning equal remuneration for men and women workers for work of equal value proved to be one of the landmarks in the ILO's standard setting activities, that led to a great action in many countries. It provides that ratifying States must promote and, in so far as is consistent with the methods in operation for determining

wages ensure the application of this principle of quality. This should be done by means of legislation, collective agreement or wage-fixing machinery.

Again in 1958, the International Labour Conference adopted both a Convention (NO. 111) on discrimination in employment and occupation. Both instruments refer to grounds of discrimination as diverse as race, sex or political opinion, for example. They cover discriminatory law or acts in very general terms such as “any discrimination, exclusion or preference... which has the effect of nullifying or impairing equality of treatment” (ILO, 1998:50). This can be the result not only of legislation, but also of existing factual situations or practices. They reach into all sectors of employment and occupation, both public and private, and extend to vocational training and access to employment and to particular occupations, as well as to conditions of employment in general.

Employment

This is another international labour standards and it consists of employment policy; employment services and agencies vocational training a guidance; rehabilitation and employment of disabled persons; and employment security. These can be explained thus:

Employment Policy:

ILO (1998:51) says that the first concern of a worker will always be simply to have job. Thus, certain ILO Recommendations adopted just before and after the Second World War already reflect the view that this can best be achieved through an active employment policy. However, it was not until 1964 that the Conference adopted the employment Policy Convention (No. 122) and Recommendation (No. 122), the latter being expanded in 1984 by the Employment Policy (Supplementary Provisions) Recommendation (No. 169). The convention provides that each ratifying State must pursue, as a major goal, an active policy designed to promote full, productive and freely chosen employment. This is to be done in consultation with the

representatives of workers and employers, by methods appropriate to national conditions, and with due account taken of the level of economic development in the country concerned.

Also, in 1988, the Conference adopted the Employment Promotion and Protection against Unemployment Convention (No. 168) and Recommendation Convention (No. 168) and Recommendation (No. 176). ILO (1998:51) stipulates that the Convention requires each ratifying State to take appropriate steps to co-ordinate its system of protection against unemployment and its employment policy. The system of protection against unemployment should be such as to contribute to the promotion of full, productive and freely chosen employment.

Employment services and agencies: Convention No. 2, requiring the establishment of a system of free public employment agencies, dates back to 1919. This obligation to maintain free public employment services is set out in more concrete terms in Convention No. 88, of 1948, and the corresponding Recommendation (No. 83). The Convention specifies that the essential duty of the service is to ensure that best possible organization of the employment market as an integral part of the national programme for the achievement and maintenance of full employment. This contains detailed provisions on the organization of the service, and calls for co-operation with representatives of workers and employers.

Vocational training and guidance: The importance of vocational and technical education, initially emphasized in the ILO Constitution in 1919, has been reflected in series of standards adopted over the years (ILO, 1998, 52). The latest and most important of these is the Human Resources Development Convention, 1975 (No. 142). This requires all ratifying States to adopt and develop comprehensive programmes of vocational guidance and training, taking into account the employment needs and the level of economic objectives.

Employment Security: The important question of the protection of workers in case of termination of employment at the initiative of the employer is dealt with in convention No. 158 and Recommendation No. 166 of 1982.

Social Policy

The social policy is another international labour standard. In 1947, the Conference adopted a Convention (No. 82) concerning social policy in non-metropolitan territories. This was subsequently revised by a new Convention (No. 117) concerning basic aims and standards of social policy. These Conventions not only lay down the principle that all policies are to be directed primarily to the well-being and development of the population, but also contained a number of basic standards regarding, for example, wage rates, the protection of wages, freedom from discrimination, the minimum age of admission to employment and education.

Labour Administration

Under labour administration, we have the labour inspection, statistics and tripartite consultation. The essence of a competent and efficient department of labour in each country is essential if the proper application of labour legislation and social policies are to be guaranteed.

Conditions of Work

Conditions of works are also very important in international labour standard. Thus, wages, hours of work, night work and holidays, occupational safety and health, and social services, housing and leisure are the main features of conditions of work. These can be elaborated upon thus:

Wages: The obligation to provide machinery to lay down minimum wage was first established in a Convention (No. 76) and a Recommendation (no. 30) in 1928 and these apply only to manufacturing, including home working trades and commerce. The International Labour Conference adopted it in 1951 at a further Convention (No. 99) and Recommendation (No. 89) applying to agriculture. These texts provide for an obligation to create or maintain machinery for the establishment of minimum wage rates, in co-operation with representatives of the employers and workers concerned. They also prescribed a system of supervision and penalties.

The latest standards on the question are set out in Convention No. 131 and Recommendation No. 135 of 1970, which pays special regard to the need of developing countries. According to ILO (1998:56), these texts provide for an obligation to establish a system of minimum wages covering all workers whose terms of employment are such that coverage would be appropriate. In addition, they indicate for example, the factors to be taken into consideration in determining the wage levels and provide for the periodic adjustment of those levels.

Requirements regarding the protection of wages are to be found in a number of Conventions and Recommendations, the main one being the Protection of Wages Convention 1949 (No. 95) and the supplementary Recommendation (No. 85). This convention, which is of general application, is designed to protect workers against practices that might make them unduly dependent on the employer and also to ensure that their wages are paid in full and without delay. In this context, we should also mention the Protection of Workers' Claims (Employee's Insolvency) Convention 1992 (No. 173) and Recommendation (No. 180).

Hours of works, Night Work and Holiday

The ILO (1998:56) says that the first Conventions of the ILO, No. 1 of 1919, fixed maximum of eight working hours in industry per day and 48 hours per week. Some years later,

another Convention was adopted (No. 30, of 1930) providing for the same number of hours in commerce and offices. Both these Conventions authorize a limited number of exceptions, as regards scope and permit longer hours in certain specific cases subject to strict conditions. The principle of the 40-hour week was set out in Convention No. 47 of 1935 and more recently in 1962, a Recommendation (No. 116) was adopted which provides that each State should formulate and pursue a policy designed to introduce a 40-hour week without any reduction of wages. This text also contains provisions on the calculation of working hours, permissible exceptions, overtime, supervision and sanctions. A Convention (No. 153) and Recommendation (No. 161) of 1976, deal with hours of work and rest periods for road transport workers.

Standards on night work concerning the protection of women, children and young people are contained in the Night Work Convention (No. 171) and Recommendation (No. 178) adopted in 1990. These are meant to cover all employed persons, except in agriculture, stock raising, fishing, maritime transport and inland navigation. They are aimed at protecting the safety and health of night workers, and to assist them to meet their family and social responsibilities. Furthermore, the standards are to provide opportunities for night workers and for occupational advancement, and compensate them appropriately.

Weekly rest is prescribed in Convention No. 44, of 1921, as regards industry and in Convention No. 106 of 1957 as regards commerce and offices. According to ILO (1998:57), the first Convention holidays with pay, No. 52, of 1936, provides merely for one week's leave after one year's continuous service for workers in industry, commerce and offices.

Of particular importance for workers is another recent Convention (NO. 140, of 1974) which provides a new concept of paid leave. It reconnoiters both the need for continuing education and training and the fact that this need must be met, at least in part, by means of paid educational leave (that is leave granted during working hours, with adequate financial

entitlements) for the purpose of training at all levels of general education and of trade union education.

The Part-time Work Convention 1994 (No. 175) and Recommendation (No. 182) aim at ensuring that Part-time workers receive the same or equivalent protection or conditions of service comparable to full-time workers and that additional employment opportunities are facilitated. The Home Work Convention (No. 177) and Recommendation (No. 184), adopted in 1996, indicate measures to be taken to improve the situation of home workers”.

i. **Occupational Safety and Health**

Questions relating to the health and safety of workers have always been in the forefront of the ILO's concern. They are features in its Constitution and were in fact the subject of four Recommendations adopted in 1919, at the first session of the Conference. The ILO (1998:58) reports that altogether more than 30 conventions and even more Recommendations dealing with the problems of health, safety and welfare of workers have been adopted.

Among the more general texts, we find Recommendation No. 31 of 1929, regarding the prevention of industrial accidents and Recommendation No. 97 of 1953, on the protection of the health workers in their workplace. In 1981 the Conference adopted a Convention (No. 155) and Recommendation (No. 164) concerning the principles involved and the action needed (both at the national and the plant level) to ensure greater occupational safety and health in the working environment. There are also a number of standards that are designed to protect workers against specific risks. Some relate to risks due to toxic substance such as white lead (Convention No. 13 of 1921) or benzene (Convention No. 136 of 1971) carcinogenic substances and agents (Convention No. 139 of 1974) exposure of ionizing radiation (Convention No. 115 of activity against occupational hazards in the working environment due to air pollution, noise and

vibration. These two texts give details of the preventive and protective measures to be taken and the means of ensuring their application.

Finally, the Safety and health in Mines Convention 1995 (No. 176), and Recommendation (No. 183), require member States to formulate, carry out and periodically review policy and legislation on supervision, inspection, reporting and investigation, as well they are also requested to compile and publish statistics on accidents; diseases and dangerous occurrences.

Social Security

ILO (1998:60) reports that many ILO Conventions and Recommendations are concerned with the promotion of social security for workers and their families. The basic text is Convention No. 102 of 1952, which lays down minimum standards of social security. This covers nine branches (medical care, sickness, unemployment, old-age, employment injury, family, maternity, invalidity and survivors' benefits). Each ratifying State must undertake to observe the standards prescribed as regards at least, three of these branches for specified categories of workers or sectors of the population. The State can of course, subsequently accept obligations as regards other branches also. According to ILO (1998:60), Convention marks a turning-point in social security standard by introducing the idea of a general level of social security that can be attained everywhere, since the system can be adapted to the economic and social conditions prevailing in each country, whatever the degree of its development.

The standards laid down since 1919 in the many Conventions and Recommendations and the various branches of social security are briefly as follows:

Medical Care: Two ILO Conventions adopted in 1972 (No. 24 and 25) provide for compulsory sickness insurance systems in industry and agriculture respectively. Benefits include medical treatment and the supply of medicines and appliances, free of charge. Convention No. 102

describes in detail the medical care of a preventive or curative nature to be guaranteed and extends the benefits to include hospitalization.

Sickness benefit: The above-mentioned Convention of 1927 (Nos. 24 and 25) also provides for the payment of cash benefits in case of sickness. Convention No. 102 of 1952 goes further in that it fixes the minimum level of benefits in its general provisions on periodical payments. The latest Convention on the subject (No. 130 of 1969) fixes a higher level of benefits and has a wider scope. The supplementary Recommendation (No. 134) provides that the sickness benefit legislation should be applicable to all economically active members of the population.

Maternity Benefit: The right to maternity benefit is prescribed in two Conventions on maternity protection, the first of which (NO. 3 of 1919) is only for women employed in industry and commerce, whereas the second (No. 103 of 1952) also applies to workers in agriculture and other non-industrial occupations. Both texts provide for cash benefits during the period of maternity leave and for medical care to be granted through a compulsory social insurance system or by means of public funds.

Invalidity Benefit: According to ILO (1998:61), the first ILO Conventions on the subject of invalidity benefit were adopted in 1933 and they applied to industry (No. 37) and agriculture (No. 38). These provide for the payment of an invalidity insurance pension, under compulsory invalidity insurance schemes, to insure a person who becomes generally incapacitated of work. These standards were revised by Convention No. 128 of 1967, which provides for a minimum level of benefit higher than that required under Convention No. 102 and also lays down obligations regarding rehabilitation services and the placement of disabled persons.

Old-age benefit: In 1933 two Conventions were adopted to provide for compulsory insurance schemes under which old-age pensions would be paid at a prescribed age, not to exceed 65, to

insured persons in industry (Convention No. 35) and in agriculture (Convention No. 36). Convention No. 102 provides the old-age pensions which must not be lower than a prescribed level. Convention No. 128 of 1967 revises these earlier standards, and provides for old-age pensions on more favourable terms than were previously laid down.

Survivors' Benefit: The obligation to provide for compulsorily widows' and orphans' insurance was also first established in 1933, in Convention No. 39 as regards industry and in Convention No. 40 for agriculture. Convention No. 102 fixes the minimum rate of survivors' benefits payable under such schemes, and Convention No. 28 which revises the previous Conventions on the subject, provides for a minimum rate of benefit which is superior to that fixed by Convention No. 102.

Employment Injury Benefit: Convention No. 12 adopted in 1921 according to ILO (1998:62) merely provides that agricultural workers are to be covered by any existing legislation on workmen's compensation. Convention No. 17 of 1925, on the other hand, lays down basic rules on the subject, specifying that compensation normally in the form of periodic payments must be paid to workers or their dependants where permanent incapacitation or death results from an industrial accident. Another text adopted in 1925 Convention No. 18 (subsequently revised by Convention No. 42 of 1934P provides for the payment of compensation for occupational diseases in accordance with the general principles of the legislation, relating to compensation for industrial accidents.

Convention No. 102 also contains a part, requiring the grant of employment injury benefits in the case of an accident or a prescribed disease arising out of employment, to take the form of medical care and periodical payment. Twelve years after the adoption of Convention No. 102, these standards were revised by Convention No. 121 of 1964, which ensures more extensive protection than was specified in Convention No. 102. It also provides a wider scope as regards

persons covered, improved medical care and related services and provisions, regarding the minimum care and related services and provisions, regarding the minimum rate of the periodical payments.

Unemployment Benefit: It was only in 1934 that a v (No. 44) was adopted which required ratifying States to set up a system for the payment of benefits – as distinct from assistance to the involuntary unemployed. Detailed provisions regarding unemployment benefit were also laid down in Convention No. 102 which specifies how the periodical payments are to be calculated. However, in 1988 the Conference adopted Convention no. 168 and Recommendation No. 176 which provide for benefits in cases of full unemployment, partial unemployment and temporary suspension of work.

Family Benefit: Convention No. 102 provides for the granting of benefits for the maintenance of children. These benefits may take the form of periodical payments or allowances in kind or a combination of the two.

Social Security and Migrants: ILO (1998:63) states that most insurance or social security Conventions provide specially for equality of treatment either as regards all foreign workers, at least, as regards nationals of other States having ratified the Conventions in question. In the case of accident compensation, a special Convention (No. 19) was adopted in 1925 providing that ratifying countries must grant to the nationals of other countries bound by the Convention the same rights as to their own nationals as regards workmen's compensation for accidents, and that no conditions as to residence may be imposed. A more recent Convention No. 118 of 1962 provides for equality of treatment to be granted to workers of other ratifying countries, as regard all nine branches of social security, although the obligations of the Convention may be accepted as regards one of those branches.

Employment of Women

The earlier ILO standards on the employment of women, according to ILO (1998:63) aimed essentially at protecting them against abuses in the conditions of work, particularly in the case of maternity, whereas the more recent standards (including Convention No 100 on equal remuneration, and Convention No. 111, on discrimination, are designed to secure for women workers the same rights and treatment as those enjoyed by men. Under employment of women, we have maternity protection, night work and underground work.

Maternity protection: The maternity protection Convention (No. 3 and 103 of 1919 and 1951 respectively) provide for social security benefits and medical care. In addition, however, they establish the right maternity leave of not less than 12 weeks. Thus, Convention No. 3 which applies only to industry provides that six weeks of leave must be taken before childbirth and six weeks after. These instruments also provide that an employer may not dismiss a woman while she is on maternity leave, or give her notice of dismissal at such as time that it would expire while she is on leave.

Night work: Convention No. 6 of 1919 provides that young person less than 18 years may not be employed in industrial undertakings at night.

2.1.19 World Day for Safety and Health at Work

The World Day for Safety and Health at Work is held on 28 April and the theme chosen by the International Labour Organisation (ILO) for 2009 celebration is ‘My Life, my work, my safe work – managing risks in the work environment’. It particularly aims at highlighting the importance of controlling and reducing risks in workplaces to prevent work-related accidents and ill-health. The commemoration of the World Day emanated from the Workers Memorial Day started in America and Canada in 1989 to commemorate dead and injured workers annually on 28 April, a date which the International Confederation of Free Trade Unions and Global Union

Federations converted into a global event endorsing also the concept of sustainable workplaces and work.

Workers and management of labour mark the World Day for Safety and Health at Work on 28 April, drawing attention to work-related accidents and illnesses which annually take some 2 million lives and cost the global economy an estimated \$1,250,000 million US dollars (\$1.25 trillion). Events planned for the day include a safety and health fair and symposia. The observance of the World Day for Safety and Health at Work will bring a tripartite focus to the annual event, which has been organized by the trade union movement since 1996. Discussions at the ILO focus on the challenges of reducing the toll of death, injury and sickness at the world's workplaces, with special attention to prevention techniques that have proven effective in both avoiding occupational accidents and disease and improving business performance.

International day for Safety and Health is so recognized because:

- Each day, an average of 5,000 people die as a result of work-related accidents or diseases, totaling more than 2.2 million work-related deaths a year. Of these, about 350,000 deaths are from workplace accidents and more than 1.7 million are from work-related diseases. In addition, commuting accidents increase the burden with another 158,000 fatal accidents;
- each year, workers suffer approximately 270 million occupational accidents that lead to absences from work for 3 days or more, and fall victim to some 160 million incidents of work-related disease and
- approximately 4% of the world's gross domestic product is lost with the cost of injury, death and disease through absence from work, sickness treatment, disability and survivor benefits. (International Labour Organisation, 2005)

In the light of the above submission, Dalli (2009) said: "Decent work is a basic and fundamental human right; a prerequisite for this is working in a safe and healthy environment.

An annual event that commemorates those who lost their lives at work should not just be a normal date in our calendar when we make our voices heard and seek media attention. It should serve as a point of reflection on what is going wrong and what still needs to be done to minimise this as much as possible. It should, above all, give the impetus to everyone to move from rhetorical lip-service to real and concrete action,”

www.ilo.org/public/english/protection/safework/worldday/index.htm

2.1.20 Management Attitude/Disposition and Occupational Health & Safety

Employers and Managers must have a genuine interest in reducing workplace incidents and injuries. In practice, this interest manifests itself in a minority of instances only, often under the influence of OH & S professionals.

Steep reductions in injury/incident rates are an enormous saving for employers in terms of immediate monetary gains and longer term gains in morale and productivity. This is not to say that employers and employees have an identical interest in OH & S for instance the approach to what is “acceptable risk” is different. In general, for the employer, it is a financial risk while for the employee, the risk is usually to their person in the form of injury or ill-health. Unfortunately, many employers and managers take a short-term blinkered view of risk management and are hostile to ideas of employee’ right. This is despite an improving attitude from some employer organizations who again employ and are advised by OH & S professional and who take a more long-term and considered view of the issue, despite initial attitudes to legislation.

Management should be responsible for

- a) Providing a safe and healthy workplace including the necessary equipment, systems, and tools which are properly maintained
- b) Providing information, training, instructions and supervision, and facilities to protect the health and safety of workers

- c) Establishing, supporting, and consulting with Occupational Health and Safety Committees and workplace Health and Safety representatives on all matters to improve workplace health and safety including regular safety inspections of the workplace
- d) Immediately report all critical injuries to the government department responsible for OH&S
- e) Appoint a competent supervisor who sets the standards for performance, and who ensures safe working conditions are always observed.

The twelfth session of the Joint ILO/WHO Committee on Occupational Health, held from 5th to 7th April 1995, noted that it was high time to develop new social policies to improve occupational health. International economic and trade agreements require the recognition of workers' health protection and promotion. Use of voluntary quality-related management practices to improve health and safety was considered. The ILO/WHO committee took note of the new tools that could potentially improve occupational health and safety performance, such as: quality management standards for occupational health and safety, auditing procedures, compensation insurance premiums to audits of health and safety programs. Responsible care programs, product stewardship arrangements and others. Following the committee's recommendation, the ILO program of action of safety culture has in the last few years placed a special emphasis on occupational safety and health management systems. The ILO has also made technical contributions to WHO activities aimed at arousing the awareness of decision – makers in government health and environment sectors regarding the value of good practices in health, environment and safety management in enterprises (WHO 1999).

Management means the top executive management of an enterprise, corporation, organization or institution. Management with good attitude should be committed to ensuring the health, safety and welfare of its employees and any other people who may be affected by the organizations operations.

Management at all levels should be responsible in ensuring the following:

- Employees are consulted on workplace health and safety matters which may affect them.
- Communication of OHS issues are promoted as a normal component of work
- All plant, substances and work systems used, are suitable for their intended purpose in the workplace and meet safety requirements
- Adequate training, information, instruction and supervision are provided so that the work is conducted safely
- Contractors and visitors are made aware of safety procedures
- Workplace inspections are completed on a regular basis and incorporate all areas where employees, contractors and visitors may work, access or be present during employment duties
- Immediate and appropriate steps are taken to investigate and rectify any risks to health and safety arising from work activity
- All accidents and near misses are properly recorded, reported and an investigation is carried out to determine casual factors
- Safe access to and egress from the workplace is maintained at all times.

2.1.21 ORGANISATIONAL WELFARE POLICIES

Policy is a statement of agreed intent that clearly and unequivocally sets out an organization's views with respect to a particular matter. It is a set of principles or rules that provide a definite direction for an organization. Policies assist in defining what must be done. It is a tool in quality Improvement.

OHS POLICY

The OHS policy sets out the organization's commitment to occupational health and safety. The aim of the policy is to ensure that all staff are aware of their responsibility in relation to accident,

injury, incident and hazard reporting. The most senior person within the organization, such as the Chief Executive Officer or Managing Director should endorse the policy.

The OHS policy should include a commitment to;

- risk management processes
- compliance with relevant OHS, workplace injury management and workers compensation legislation and regulation.
- establishing measurable objectives.
- OHS training
- consultation
- disseminating OHS and related information
- implementing the OHS policy

All management representatives should be accountable for implementing OHS policies in their area of responsibility

A policy is to be implemented through the procedures and arrangements established by the health and safety activities within the organization. Specific policies, work practices and procedures have been prepared to address hazardous work processes in the workplace, e.g. manual handling, fire safety, hazardous substances etc/

The Benefits of an OHS Policy

An integrated OHS Policy is essential for developing a stable and productive work environment. Since 1994, the laws regulating the labour market have been raised to promote healthier labour relations, appropriate working conditions, equity in the workplace and improved skills. Improved working conditions are necessary to ensure higher labour productivity, better quality work, healthier labour relations and compliance with quality standards.

The economic gains associated with OHS improvements include:

- increased productivity and worker morale

- a reduction of working time lost due to injury and disease
- reduce equipment down-time, reduced damage to materials and machinery, and savings in the costs of recruiting and training replacement employees
- a reduction in transaction costs such as insurance costs and legal fees.

Jeebhay M. Jacobs, B. Occupational health services in South Africa. In Crisp N. and Ntuli A. eds South African Health Review, 5th edition- Durban, South Africa: Health Systems Trust, (1999).

Policy Review

The health and safety policy should be reviewed yearly in consultation with employees/volunteers and any health and safety representatives and kept up-to-date with new legislation and organizational changes.

Here is an example of an OHS Organizational Welfare Policy

Name Of Organization

Occupational Health, Safety and Welfare Policy

The General Statement of Policy

The management of (Name of Organization) is committed to ensuring that all of the employees/volunteers of the organization are safe from injuries and risks to health while they are at work and the management of (Name of Organization) accepts that employee health and safety is primarily the responsibility of the management.

Accountability for health and safety rests with the Owner/Manager of (Name of Organisation) who is the responsible officer appointed under the Occupational Health, Safety and Welfare Act 1986.

Policy Objective

The aim of this policy is to ensure that all employees/volunteers of (Name of Organisation) are safe from injuries and risks to health while they are at work.

In particular, this policy aims to ensure that

- A safe working environment and safe system or work are provided and maintained
- Machinery, equipment and substances are provided and maintained in a safe condition.
- All managers and employees/volunteers accept their responsibilities
- Employees/volunteers are provided with information instruction, training and supervision that they need to ensure their health and safety.

Responsibilities

Health and Safety is an integral part of the management of (Name of organization) and ranks equality with all other activities.

Responsible Officer

The Owner/Manager is responsible for ensuring:

- Effective implementation of the health and safety program
- Adequate consultation with employees/volunteers regarding health and safety
- All specific policies are implemented and kept up-to-date
- That agreed procedures for consultation with employees/volunteers (i.e. via any health and safety representatives and committee) are followed.

Supervisors

Supervisors are responsible for

- Day to day management of health and safety issues
- Ensuring new employees/volunteers receive induction training in health and safety

-Ensuring employees/volunteers receive training prior to commencing new work practices or using new equipment

-Supervising employees/volunteers sufficiently to ensure their health and safety is maintained legislative changes.

In order to ensure that (Name of Organisation) is aware of and able to respond to legislative changes in the area of Occupational Health and Safety, the following procedure will be followed

The Responsible Officer will:

-ensure that the organization has a well maintained file of up to date copies of appropriate information, including copies of the Occupational Health, Safety and Welfare Act, regulations and codes

-regularly peruse appropriate literature and identify any changes to relevant occupational health and safety legislation

-prepare a report on the implication of any such changes of practice, policy and procedure and circular as appropriate

-ensure that such changes are included for discussion on the agenda for any staff meeting

The Owner/Manager will:

-review policies and procedure effected by legislate changes

-recommend appropriate changes to the policies, procedures and practices of the organization

Managers and Supervisors will:

-review practices where these may be effected by the changes and inform, instruct and train staff as appropriate.

Owner/Manager:..... **Date:**

Employees/Volunteers Rep:..... **Date:**.....

When reviewing a policy, the following points should be considered

- 1) Legislative changes
- 2) Trying statistics
- 3) Changes within the organisation
- 4) Performance standards
- 5) Appropriate charges recommended

There should be an Occupational Health and Safety Policy Handbook compiled with general input from staff. It should serve as a general guide to comply with the relevant legislation needs.

Also to achieve best practice in safety.

While there are consistent policies and legislation across the board, specific industries are expected to also enforce policies relevant to that specific field for instance, fire fighters are expected to observe policies such as not running into a burning building without using breathing apparatus which would not ordinarily be a policy required by OHS to be employed in an office setting, for office workers.

2.1.22 PHYSICAL WORK ENVIRONMENT AND OCCUPATIONAL HEALTH AND SAFETY

The physical aspects of a workplace impact on the productivity, health and safety, comfort, concentration, job satisfaction and morale of the people within it.

Important factors in the work environment that should be considered include building design and age workplace layout, workstation, set-up furniture and equipment design and quality, space, temperature, ventilation, lighting, noise, vibration, radiation, air quality.

Ergonomics is the study of the relationship between people, the equipment they use and the physical environment, safety and health in which they work. Applying ergonomic principles to

the design, modification and maintenance of work place environment has a benefit on people's work performance and safety.

When people are working in situation that suit their physical and mental abilities, the correct fit between the person and the work task is accomplished. People are then in the optimum situation for learning, working and achieving without adverse health consequences e.g. injury, illness.

Occupational Health and Safety (OHS) can be described in many ways. The World Health Organization) collaborating centers in Occupation Health provide the following overview in their Global strategy on Occupational Health for All: The way to Health at work.

“According to the principles of the United Nations, WHO and International Labour Organization (IHO), every citizen of the world has a right to healthy and safe work and to a work environment that enables him or her to live a socially and economically productive life.

The second industrial revolution which results from wide implementation of new information technologies and automation, biotechnologies, new production methods and materials and the development of low impact, low energy and low waste industry generally has a positive impact on occupational health and safety, particularly in industrialized countries. Some new problems of workers' health have, however, been indentified. In addition new patterns of employment and new types of work organization are seen. Ensuring health and safety such changes is a key factor in determining their sustainability.” (WHO collaborating Centers in Occupational Health, 1994).

OHS laws are in place to ensure the health safety and welfare of individuals at the workplace while undertaking work activities.

According to Gallagher (1997) an unsafe or unhealthy workplace can be identified by

- high accident/injury rates
- unsafe systems of work
- the use of short cuts
- unguarded machines

- poor house keeping
- limited knowledge of OHS
- lack of care and interest.

Effects of Poor Workplace Health and Safety

Poor workplace health and safety affects the individual, the workplace and the community. Many of the effects of injury or illness are not fully recognized and range from minor inconvenience through to major consequences. Some of the effects include;

- injury, disease, death
- pain and suffering
- changes to lifestyle
- financial problems
- psychological impact of injury/illness
- low workplace morale
- absenteeism
- reduced or poor productivity
- poor corporate image
- high compensation costs
- community costs.

Workplace Injuries

Workplace injuries involve accidents that have occurred at the workplace either during work or during a work break where the workers activity was under the control of an employer. These include all accidents occurring on the premises at which the worker is employed and injuries that occur at a location other than the worker's normal workplace.

Employment Injuries are:

- all injuries resulting from accidents
- all occupational diseases contracted or aggravated in the course of a worker's employment.

Employment injuries include workplace (both during work and during work breaks) and non-workplace injuries (road accidents, whilst away from work during a break and commuting accidents).

Fatalities

Fatal employment injuries are those which result in the death of the injured worker. An injury is recorded as a workplace death if it occurs at work or a worker subsequently dies of injuries received at work.

Many work-related deaths are unrecorded. For example, cancers caused by workplace exposure to carcinogens can take up to twenty years before they are diagnosed and many road traffic accidents are not accurately reported as work related. It is also sometimes difficult to isolate the cause of death to the workplace as opposed to other environmental factors.

Non Workplace Injuries

These types of injuries involve accidents that have occurred away from the workplace but where the worker is considered to be on duty.

There are three categories:

- Road traffic accidents (arising out of or in the course of employment but not whilst commuting)
- accidents away from work during a break (where a worker has attended work but is injured whilst temporarily absent during a scheduled recess or an authorized absence)
- commuting accidents (where an injury occurs during travel between home and work, to/from education institutions for training associated with the worker's employment or to medical treatment for a compensable injury etc).

Basic Rights to Workplace Health and Safety

In the workplace, certain basic rights must be met. These include legally prescribed wages and conditions, fair and consistent treatment and a workplace that secures the health, safety and welfare of employees (Gallgher 1997).

Employees expect the employer to meet these basic rights. Society also expects certain actions to be taken by an employer to ensure that the basic rights of the individual and the community as a whole are met.

Changing community values have influenced workplace health and safety since the very first employment relationships. Today, most consumers expect products and services to be safe and that the community at large is not at risk from work activities.

Increased public awareness of health and safety issues, legislative requirements and medial knowledge of the health effects of various substances, processes and activities have contributed to improved work health and safety for example, smoking is now banned in the majority of workplaces and confined public areas.

Despite increased awareness and knowledge, conflict between expectation and the actual practice of health and safety can lead to an unsafe work culture.

Characteristics of an Unsafe Work Culture

Lack of concern or control-managers and supervisors may be unconcerned or attach low priority to health and safety. This may lead to a lack of due care and minimal control over OHS issues, which in turn, affects employee fault-managers and supervisors may consider health and safety problems in terms of the employee being uncooperative or at fault. The tendency to blame people for health and safety problems does not effectively manage them.

Unsafe Systems – employees adapt to unacceptable health and safety levels. The initial conflict between OHS expectations and practice may be dealt with by gradually adapting to unsafe workplace practices.

Poor employer –employee relations of an unsafe workplace may be the result of poor relations between the employer and employee.

Characteristics of a Safe Work Culture.

Management concern and control – Management has ultimate responsibility for OHS. It demonstrates appropriate duty of care and concerns itself with all aspects of workplace health and safety. There is an OHS policy that is displayed publicly and there is adequate training and supervision.

Employee due care and cooperation – If the employer is seriously attempting to meet the right of employees to a safe and healthy workplace, the employee generally has a good safety awareness and is happy to cooperate with the employer and not inhibit them carrying out their responsibility.

Consultation – employees can only cooperate effectively if there is appropriate consultation with management. These two concepts are mutually reinforcing – effective consultation leads to improved employer ability to ensure health and safety through employee cooperation, which in turn helps to develop a safety culture in the workplace.

Workplace Inspections

Workplace inspections conducted by OHS representative can provide significant information to assist management in its duty to provide a healthy and safe workplace. Regular inspections of the workplace encourage consultation and provide information about health and safety issues.

Workplace inspections are planned systematic examinations of the workplace for the purpose of identifying hazards, assessing the risks involved and controlling those risks in order to comply with the legislation. Safety issues can often be identified and solved during the inspection process and can prevent an accident or incident occurring. Regular inspections can also assist in identifying whether the workplace complies with the current legislation.

In addition, employees are more familiar with the work environment, equipment and processes, than anyone else in the workplace. Their observations and ideas can generate very effective and efficient solutions to health and safety issues. Regular consultation between employees and management will assist in developing mutual respect and ultimately a productive, solution – orientated relationship that will improve health and safety performance. Mackay (1998).

2.1.23 TRAINING AND RE-TRAINING AND OHS

Part of the duty of employers is to provide all necessary training instruction, information and supervision to ensure the health and safety of their employees. All persons involved in my work should be trained to apply systems of work and work practices that are safe and without risks to health. Only those person who have received training and instructions should carry out the work. Employers must ensure that persons carrying out the work have relevant training including OHS training. This includes identifying the OHS training requirements of persons carrying out any particular work activity. This is an existing obligation under the OHS Act. The general and work activity OHS training should be provided in the form of a documented training course. (McCarthy 1998). Training should also be based on hazard identification, risk assessment and the control measures being implemented. OHS training should be monitored, reviewed and updated by the employer. Some work activities required induction training which must be conducted appropriately by qualified trainers. All training should be provided in a manner that is appropriate and accessible to people with learning difficulties or people whose first language is other than English. Training provided should be recorded in a format that enables ongoing evaluation and review of training requirements. The main objective of training is to familiarize participants with basic principles of health and safety in that particular work activity in order to assist in the prevention of injury and illness at work.

The following topics should be included in course content of an OHS training programme.

- OHS responsibilities at the workplace
- Outline of responsibilities of employers
- Health and Safety information at the workplace
- Identifying safety signs
- Principles of risk management (identification, assessment and control)
- Reporting mechanisms for unsafe conditions and accidents/incidents
- emergencies and first-aid requirements
- Workers compensation and injury management
- Overview of common industry hazards including at least the following;

manual handling

-hazardous substances

-noise

-operation of plant

-UV radiation

-HIV and blood born infection

-hazards associated with drugs and alcohol

Management/Employers should be provided with additional training which should include the following topics:

-management responsibility-inspection and testing

-control of OHS issues

-non compliance and corrective action

-documentations

-management of emergencies

www.volunteeringnthqld.org.au/volorg.pdf

Training is an important component in any company's safety management program. Effective training is a three step process which involves the **trainer, trainee and employer**. The trainer provides the new skills and knowledge. The trainee learns then returns to the work place to practice and implement the new skills and knowledge. The employer – supports and guides, assesses, monitors and reviews performance and provides feedback to all stakeholders.

Organizations must:

- 1) Identify the OHS training needs of management supervisors and other employees in accordance with the OHS management plans and the OHS risk identification and control measures identified for the project.
- 2) Require that all their employees and service providers undergo induction and necessary task and ongoing training to conform with OHS requirements;
- 3) Maintain records of OHS training provided and keep these records for at least three years after project or contract completion.

Refresher Training

To ensure the required knowledge and attitude are maintained, refresher training will be required on longer-duration projects or for particular high-risk activities, such as work underground or in confined spaces, plant operation, use of hazardous substances and manual handling.

OHS Induction Training

An appropriate induction program builds understanding and responsible attitudes, as well as knowledge about safety rules, and OHS issues, hazards, risks and procedures.

Training is particularly required when

- a) Personnel and service providers commence work (induction)
- b) Main plant, work processes or systems are introduced
- c) New OHS hazard or risks arise or more information is found about a particular risk or management of a particular risk

d) Investigations identify a need for retraining member is elected (for that person)

-regulatory requirements or work site conditions change

-site personnel are required to work with hazardous substances or processes.

General Safety Training

The safety of many can be put at risk by personnel not being aware of their responsibility or safety rules or not following safe work method statements. Training must build understanding and responsible attitudes as well as knowledge about safety rules, OHS activities, hazards, risks and procedures. Each organization and its service providers must identify the OHS training needs of management, supervisors and other personnel.

2.1.24 LEGISLATION AND OCCUPATIONAL HEALTH AND SAFETY

If Occupational Safety and health services objectives are to protect and to promote the health of every worker, who are the most valuable resources for the economic recovery, then it is important that the services are regulated by appropriate laws and enforcement. Legislation ensures that policies and procedures that are employed at workplace, involve the health, safety and welfare of all employees. In the United States, the widespread concern about employees' safety and health led to the passage in 1970 of the most comprehensive law regarding worker safety. This act is known as the Occupational Safety and Health Act of 1970 but is frequently referred to simply by its initials: OSHA. At the time OSHA was passed, approximately 15,000 work related deaths occurred in the United States every year (Demsis & Criffin 2005).

Historically in Australia, each state adopted most of the provisions of the 19th century British health and safety legislation, so that by 1970 each of the six states had a work health and safety statute implementing the traditional British model of regulation. This traditional model relied upon detailed specification standards. By 1972, beginning with South Australia, Tasmania in (1977), Victoria (1981) and New South Wales (1983) each of the Australian jurisdiction enacted

new statues for work health and safety. In Nigeria due to colonization, the protection of factory workers in Nigeria against sickness, diseases and accidents arising out of their employment was administered under the British factories Act 1937 (amended in 1948) until promulgation of the factories. Ordinance, 1955, Labour laws. The first OS & H Act Factories Ordinance, 1955 came into force on 1st of September, 1956. It laid down in general terms what were considered to be minimum standards for safety, health and welfare of factory workers.

By legal Notice No. 129 of 1960, slight amendment was made to five sections of the original ordinance, the factories Ordinance 1955 and it became the factories (Amendment) Ordinance 1958 with effect from 1st April, 1959. The amendment was done to adapt the copied British law to the Nigerian situation. On attaining independence in 1960 from the British colonial masters, a Legal Notice no. 57 of 1961 was issued to change the Factories. Ordinance, 1958 to the Factories Act 1958 (chapter 66; Laws of the Federation of Nigeria and Lagos). This law makes provision for the appointment of a Chief Inspector and other Inspectors of factories to execute the Act. Some aspects of the main Legislation were expatiated on in subsidiary regulations and six of such regulations were made between 1956 and 1958 while only one was added in 1991 up to date.

The law in Nigeria concerning safety, health and well-being of the workers include:

- 1) The factories Act, 1990 (Chapter 126 Laws of the Federation of Nigeria (LFN), Which protects the workers from employment related risks and hazards. It has subsidiary regulations and notices including:
 - a) Declaration of Occupational Diseases Notice 1956
 - b) Factories (Sanitary Accommodation/Regulations), 1958
 - c) First-Aid Boxes (prescribed standards) Order 1958

- d) Docks (Safety of Labour) Regulations, 1958
 - e) Docks (Sanitary Accommodation) Regulations 1958
 - f) Factories (woodworking machinery) Regulations 1958
 - g) The factories (Registration fees) Regulations 1991
- 2) The Labour Act 1990 (Chapter 198 LFN) stipulates on sick leave, hours of work, shift work, labour health areas etc.
 - 3) The Federal Environmental Protection Agency (Decree No. 58 of 1998) National Environmental Protection (Effluent Limitations) Regulations, 1991, National Environmental protection (Abatement in Industries and facilities general wastes) Regulation, 1991 enforced by Federal Ministry of Environment
 - 4) The Petroleum Act 1997 (CAP 350 LFN), Mineral Oils (Safety) Regulations 1997 and Oil Pipelines Act, 1990
 - 5) the workmen's compensation Act (Chapter 470 LFN) which provides for payment of monetary compensation to workers who have suffered injuries and ill-health during course of work. The Employment and wages Department of Federal Ministry of Labour and productivity are administering it.
 - 6) The Fire Service Act 1998 (Chapter 147 LFN), which applies to Factories, Industries, Major workshops and high-rise buildings.

In addition to the National Laws and Regulations, there are also different international agreements, declarations and working conditions program drawn up by different United Nations Organization including International labour Organization (ILO) AND World Health Organizations (WHO) and adapted by many countries including Nigeria. Of particular importance is the International Labour Organizations (ILO) conventions and Recommendations concerning Occupational Safety and Health and Welfare of workers. Out of about 175

conventions and accompanying Recommendation given by the ILO for regulations of conditions of work close to 509 of these instruments, relate directly or indirectly to occupational Safety and health. That shows the seriousness the ILO attached to OHS issues, However, Nigeria has ratified only three of the ILO conventions concerning occupational safety and health. Among the three ILO Conventions ratified by Nigeria is the convention No. 155 concerning “Occupational safety and Health and the Working Environment”. This convention stresses application of occupational safety and health laws to all branches of economic activity and emphasize tripartite and bipartite cooperation on matters concerning occupational safety and Health and working Environment. It is noted that the Institutional framework and the implementation of the convention is not fully put in place. Up till this moment, the national policies on occupational safety and health proposed by both the Federal Ministry of Labour and productivity and their Health counterpart exist only as draft (Arogundade 2006).

The ILO recognizes that national legislation is essential but sometimes insufficient on its own to address the challenges faced by industry and therefore elected to ensure free and open distribution of administrative tools in the form of occupation health and safety management system guidance for everyone. This open access forum is intended to provide the tools for industry to create safe and healthy working environments and foster positive safety cultures within the organization.

2.1.25 MONITORING AND OCCUPATIONAL HEALTH AND SAFETY

Staff are usually trained to take part in continuous improvement groups or quality process committees. Individuals are encouraged to conduct monitoring activities. They should fully informed in the use and reasons for using particular monitoring strategies and tools. Consultation between staff responsible for establishing the hazard control implementation plan and the staff monitoring should be planned open and friendly. This allows everyone an

opportunity to clarify the monitoring process. Voice any concerns with the choice of monitoring strategies and tools and enable the people responsible for establishing the plan to check the monitoring standards. While monitoring and evaluation of results allow for short-term results and fine-tuning of the implemented control measures, the action of reviewing allows for more calculated results over a longer period of time. Review periods need to be set when establishing the implementation plan. Review periods can be set at either quarterly, bi-annually or annual installments. Alternatively, review changes can be made in incremented steps or via continuous improvement. Results from the review are calculated from the information gathered during the monitoring/evaluation phase. This may involve reviewing collected data as well as feedback from stakeholders. All changes made and their reasons for being made need to be documented as this information may be useful for future hazard control measures or the development of the new implementation plan. Monitoring strategies and tools provide data to inform process improvement.

These may include:

Monitoring Strategies

Employee self monitoring	Checklists, recording documentation
Daily monitoring	Checklists, documentation-daily, report, observation
Weekly monitoring	Reports-work area report
Performance reviews	Performance review forms or checklists
Benchmarking	Statistical evidence
Re-engineering	Client, contractor, supplier surveys

Review strategies and tools may include:

REVIEWING STRATEGIES	REVIEWING TOOLS
Quarterly statistical Review	Accidents, near misses, no of induction completed
Comparisons of statistical reviews	Accidents, near misses, no of inductions completed
Monthly Management meetings	Reports, discussions, observations
Stakeholder surveys	Survey sheets
Employee meetings	Toolbox talk topics, participation
External reviews and audits by Professional OHS Consultants	External audit tool
Review of manufacturers' & suppliers' safety documentation	Operations manual, maternal safety data sheets
Review of internal documentation against legislative or industry standards	OHS legislation, codes practice, standards
Consultation with contractors, subcontractors, manufacturers & suppliers regarding any changes to operations of plant, equipment or product used	Operations manuals, maternal safety data sheets

Monitoring and reviewing ensures that the optimum level of workplace occupational healthy and safety is maintained within the event environment and carried out in accordance with the OHS policy, objectives and targets. More specifically it will:

- aid in continues planning of hazard identification and control processes
- determine areas of success
- identify areas for corrective action and improvement
- ascertain he viability of specific processes
- highlight areas of integration with other occupational health and safety programs.

The monitoring and review process must be carried out in consultation between employer and employees. This can be done in a committee, working party or via informal discussion. However, it should be done on a regular basis.

Monitoring (quality control)

The job safety analysis document and observation is to be used as part of the monitoring process. These two strategies combined will determine whether all employees are following the safe work procedures outlined in the job safety statement (JSA). If it is identified that safety procedures are not being followed then reasons why they are not being followed need to be explored through consultation. The reasons could be that:

- Elements within the safety procedure are not appropriate (e.g. incorrect or ill-fitting personal protective equipment)*
- a new hazard has been identified that needs to be controlled*
- Staff have not been fully informed of the correct procedure.*

These issues need to be addressed and corrected and modifications made to the safety document where needed. If new hazards are identified then the hazard must be assessed accordingly to the risk management process. If it is a matter of just changing the type of personal protective equipment, then the safety document can just be amended.

Reviewing (quality improvement)

The job safety analysis document, records of observations and the events safety audit form will be used as part of the review process. The review process will look at issues such as:

- hazards and risks have been identified according to safety standards*
- advances in technology*
- changes in operational requirements*
- skill and knowledge requirements*
- options for risk treatment.*

These issues often change the content and safety requirements of documents resulting in new hazards identified and therefore new control measures required. The Event Manager is responsible for ensuring that any required changes to internal documents are made to ensure that all OHS requirements are maintained. Internal documents that are changed will be renamed as the next version and the original document archived. Any changes required will be reported to the Area Managers at the next operations meeting. Each Manager is responsible for consulting with their employees about the change.

2.1.26 ENFORCEMENT AND OCCUPATIONAL HEALTH AND SAFETY

There are three major enforcement tools:

- *Officer Reports of Inspections*
- *Notices of contravention, and the ability stop work and*
- *prosecution*

Officer Reports

Officer Reports are factual accounts of the Occupational Health Officer's inspection and an assessment of a particular workplace at that point in time. They are a written record, not an order for corrective action. An officer may use an Officer's Report to record such things as complaints or concerns, action taken to address concerns, follow-up with corrective actions, or to recommend action that goes beyond minimum legal requirements.

Notices of Contravention

An officer uses a Notice of Contravention to:

- Identify a violation of the Act or Regulations
- Specify the corrective action to be taken and the date that action is to be done by and
- Require a progress report on the correction to be submitted to the OHS Division and to the committee, worker representative or, where neither of those are in place, to workers, within seven days of the deadline.

When Occupational Health Officers come across a serious risk to health and safety, they must use the Notice of Contravention to order the cessation of work that involves a serious risk to workers. The “cessation of work” order remains in effect until the officer is satisfied that the risk has been dealt with. The Occupational Health Officer then withdraws the order.

Prosecution:

The Inspectors considers prosecution when

- Contravention of health and safety requirements results in a death or serious injury
- A person repeatedly refuses to comply with a Notice of Contravention
- A person consistently and flagrantly contravening health and safety requirements.

Role of the Inspectors

The legal responsibility to identify and correct health and safety hazards rest on the shoulders of all workplace parties (employers, owners, workers, supervisors, contractors, self – employed people and suppliers)

The Inspectors supports workplace parties understand in fulfilling their legal responsibilities by

- i.) Helping workplace parties understand their responsibilities
- ii) support occupational health committees, worker representatives and supervisors/managers in resolving concerns
- iii) inspecting workplaces
- iv) investigate incidents including serious injuries and fatalities and
- v) enforcing compliance with the Occupational Health and Safety Act and Regulations.

Purpose

The purpose of the Compliance Policy and Enforcement Procedures is to guide ministry staff in selecting the appropriate enforcement tools when responding to instances of non-compliance at organization.

The ministry's OHS Officers (officer) are responsible for enforcing the OHS Act, Regulation and code. The primary role is to ensure people meet their legislative responsibilities for workplace health and safety at work sites and enforce the minimum OHS legislated standards. The ministry, along with the employer and worker associations/organizations, provides health and safety information and educational materials to help work sites implement safety practices and meet minimum legislated OHS standards.

Enforcement Procedures

The most effective enforcement method in a particular case depends on the circumstances of the violation. Factors to be considered include, but are not limited to

- The level of hazard or risk caused by the violation
- Whether an injury, disease or death has occurred and
- The party's prior health and safety compliance history.

Tools to promote health and safety awareness and education are used in conjunction with enforcement action to achieve compliance with OHS legislation. When contraventions of the OHS legislation are observed, officers may issue Orders under the authority of the OHS Act to bring work sites into compliance. The modern workplace health and safety authority uses a wide selection of compliance strategies ranging from information, advice, persuasion, co-operation, inspection, verification and compulsion through to deterrence activities. The primary emphasis is on assisting industry to comply with occupational health and safety obligations through the provision of programs that build industry capability to properly manage workplace risks.

Workplace health and safety authorities have adopted a strategy to use an effective mix of positive motivators and strong deterrents to achieve compliance with the law and improved health and safety. This strategy seeks to encourage duty holders to comply while ensuring that there are fair and swift consequences for those who do not. A wide range of measures are available to

authorities ranging from advice education and information to the issue of compliance notices and prosecution and/or removal of license or other authorization or permission. The provision of information, advice, education and assistance are important elements in achieving compliance.

Criteria applied when enforcing the OHS legislation

Most enforcement activity is undertaken by inspectors who adopt a flexible and responsive approach with the provision of advice, education and assistance being recognized as important elements in achieving compliance.

In making a decision, whether or not to take enforcement action, and what type of enforcement action is appropriate in the circumstances, relevant considerations are:

- a) Adverse effect, that is, the extent of the risk, the seriousness of the breach and the actual or potential consequences
- b) culpability of the duty holder, that is not necessarily the consequences of the lack of compliance, but rather how far below acceptable standards the conduct has fallen:
- c) compliance history and attitude of the duty holder, and the likelihood of the offence being repeated
- d) whether the duty holder has a license or permission to undertake any activity
- e) impact of enforcement on encouragements or deterrence
- f) any mitigating or aggravating circumstances, including the extent of effort a duty holder has expended in controlling risks
- g) whether the risk to health and safety is imminent or immediate
- h) whether the safety issue can be rectified in the presence of an inspector.

An Inspector will consider the duty holders in the workplace and determine if each has discharged his or her duties under the Act. Such duty holders might include:

- employers, including contractors and labour hire companies
- employees and other workers
- officers and/or directors of corporations
- persons who control or manage workplace
- designers of plant, buildings and structures
- manufacturers of plant and substances
- suppliers of plant or substances and person, who install, erect or commission plant.

All employers, employees and other parties who have duties under the OHS Act 1991 are subject to the compliance, enforcement and penalty provisions of the OHS Act.

2.1.27 SANCTIONS AND OCCUPATIONAL HEALTH AND SAFETY

The board of directors provides overall strategic direction for the company. Generally directors are not required to become involved in the day-to-day management of corporation. Directors have statutory duties to ensure their companies do not breach OHS standards. If their companies fail to discharge their OHS duties, then directors can face fines. If a person is killed because of their company's breach, then directors can face jail sentences. (Harper 2010). The imposition of these substantial penalties upon directors is aimed at increasing corporate compliance with OHS standards. The obligations upon directors are extremely high. It is immaterial if the director is uninvolved in the day-to-day operations of the company. In Australia, the most serious punitive measure is incarceration while monetary fines can cause financial hardship; imprisonment deprives a person of their liberty. The importance of the right to liberty of the person is reflected in human rights laws Article 13 of the Universal Declaration of Human Rights provides: Everyone has the right to freedom of movement and residence within the borders of each state. When charging a person, the charge must be given in a language the person

understands, interpreters must be provided where necessary, accused persons must have the opportunity to present witnesses in their defense and there must be a right of appeal. Directors and Corporations could be liable under standard manslaughter provisions. These prosecutions were generally extremely difficult. As a consequence, very few prosecutions were even attempted; even where the risk to safety was caused by overall managerial risks for example in Australia, there was an explosion at Esso Australia Pty Ltd's Langford gas processing plant in 1998, where two employees were killed and eight seriously wounded. Esso was prosecuted for a number breaches of the Victorian OHS Act. The Royal Commission into explosion found Esso's overall management systems were to blame for the accident. Despite the fact that blame for the accident and deaths could be attributed to high level managerial problems, no directors or senior company officers were charged for the deaths. While some convictions have been recorded, the difficulties in obtaining such convictions resulted in calls for specialized industrial manslaughter provisions-McCallum, Hall, Hatchor and Searle's "Workplace Death, Occupational health and Safety legislation Report" and a Tasmanian Law Reform Institute Report supported the introduction of punitive industrial manslaughter. Not all reports supported the idea of industrial manslaughter. The Commonwealth parliamentary Committee in the Occupational Health and Safety (Commonwealth Employment) Amendment (Promoting Safer Workplaces) Bill 2005 Report recommended that the Commonwealth Parliament should exempt all Commonwealth workplaces from state industrial manslaughter laws. The Committee concluded that focusing upon punitive provisions did not assist in reducing the instance of workable fatalities. The majority of the Committee argued that relying on soft law options such as focusing upon further education, advice and improved compliance strategies, was the best method of achieving safer workplaces. Five Australian jurisdictions have now introduced industrial manslaughter law, or introduced imprisonment as a sentencing option for OHS breaches which result in an industrial death. While the maximum Australian penalty for criminal

breaches of the OHS is \$495,000 and \$242,000 (civil breaches) and Ontario \$500,000. The maximum penalty for negligent causing of injury is a fine of ₦5000.00 or two years imprisonment or both. The maximum penalties for other offences are a fine of ₦2000,00 or one year imprisonment or both. (Arogundade 2006)

2.1.28 INCENTIVES AND OCCUPATIONAL HEALTH AND SAFETY

An effective and efficient safety, rehabilitating and return to work culture within an organization sends a very clear message to all staff that they are respected, valued and important to the success of that organization. Developing a strong safety and injury management culture within an organization relies on commitment and leadership from senior management. In order to achieve ongoing improvements in OHS and injury management, commitment must extend beyond satisfying minimum regulatory requirement to giving incentives.

Incentives that recognize good performance are necessary motivators in OHS and injury management. Awards provide a good source of case study information and signal those organization that invest in and derive a sense of pride from their excellent OHS and injury management performance.

Practical tips for providing incentives to achieve better OHS and injury management

- Include consideration of excellent OHS and injury managements performance as part of organizational reward and recognition programs
- Look to the winners of states or national awards for case studies of leadership, excellence and innovation.

- Invite the winners of these awards to address your executive team or safety and injury managements program steering committee
- Showcase your organization’s excellent leadership and innovation in OHS and injury management by applying for an award (<http://www.comcare.gov.au>)

In Canada, provincial governments are becoming increasingly involved in promoting and driving OHS awareness and performance initiatives. Some of these initiatives at the Partnerships Program in Alberta, Worksafe in British Columbia, and Workwell and Safety Groups Program in Ontario. Some of these initiatives linked to financial incentives and to the work place insurance boards. In Alberta, qualifying organizations can earn a rebate of up to 20% on their annual work place insurance premiums and in BC and Ontario up to 5% and 6% respectively.

The significance of these incentives is demonstrated by the fact that in 2007 more than 6866 employers in Alberta registered for the Partners in Injury Reduction Program and qualified for rebates by obtaining a certificate of Recognition (COR) and shared a record \$73.4million in rebates based on their 2006 performance. (<http://www.ecompliance.ca/why-be-safe/govt/>)

However Barry Schwartz, has a contrary opinion, he says “Rules undermine the skill it takes to be wise and incentives undermine the will it takes to be wise. The whole idea of relying on incentives is wrong to start with, but it is exacerbated when you end up incentivising the wrong things.....”. No matter how clever are the incentives you set up, eventually people will find ways to subvert their aims. People are smarter than incentive systems and they will extract the pay – off without doing the thing that the pay-off is designed to encourage.

www.onepetro.org/nslib/servelet/onepetroview

2.1.29 Empirical Studies on Occupational Health and Safety

The History of industrial labour in India shows that, during earlier stages of industrialization, rules of workplace were governed by the employers being the powerful player in the whole system. In several cases, society perceived those rules as too exploitative. It was at that time that Government was pressurized to protect the weaker party, 'the workers'. During that period, the growth of trade unions, enactment of several labour legislations, implementation of some of the ILO conventions and recommendations substantially influenced the industrial relations system in the country.

Labour and Management were gradually brought under the umbrella of government's labour policy. The directive principles of State Policy embodied in the constitution of India (Articles 41 and 42), places upon the government the responsibility of securing by legislation or economic organisation, or any other way, to all workers, industrial or otherwise, work, living wages, conditions of work ensuring a decent standard of life, equal pay for equal work for both men and women, education, human conditions of work, maternity relief, public assistance in case of unemployment, old age, sickness and disablement, full employment, leisure and cultural opportunities and participation of workers in the management of undertaking. Such intensive government involvement led to over a number of pieces of labour legislations in the country covering various aspects of employer-employee relations from providing guidelines for setting the work place norms to providing better working conditions, welfare, health and safety measures for employees and their families.

The concept of employee welfare and benefits actually began to evolve in the Indian industrial scene from the later part of the 19th century. Welfare, which refers to anything for the comfort and improvement in intellectual and social well-being of the employees over and above the wages paid, has a broad scope to include any policies and provisions that help employees live comfortably. These provisions were either "statutory" that refer to the bare minimum facilities

provided by the organisation to comply with the labour legislations imposed by the government (e.g. The Factories' Act, 1948) or "voluntary" which were the schemes undertaken by the employers on their free will or through negotiations with trade unions and associations (Mamoria, Mamoria, & Ganker, 2000). A first of its kind was to improve the productivity of workers especially in the textile industry, which was a major source of employment during that period. Care was taken to improve the working conditions and provision of other amenities. During the early stages of industrialization, employers were forced to provide housing facilities to workers coming from distant villages.

Enactment of legislations to provide certain welfare provisions can be considered to be family-friendly as these provisions certainly helped employees to maintain their health and safety, thereby making them productive workers as well as better family members. Some of the government mandated welfare provisions as prescribed by labour legislations are:

Working Hours: The Factories' Act, 1948 regulates the working hours of employees including leave, holidays, overtime, and employment of children, women and young persons. This is the first of its kind of legislation in India that has regulated the working conditions in factories and has ensured basic minimum requirements for the safety, health and welfare of factory workers. The working hours for an adult worker are prescribed not to exceed 48 hours in a week and 9 hours a day. This Act also restricts the working time of women employees and adolescents during evening that is 7 pm to 6 am. It provides for weekly holidays of one day so that the total workdays do not exceed 10 consecutive days. In case of requirement to work on a holiday a worker should be allowed a compensatory holiday (Secs. 52, 53 and 71).

Crèches: The Factories' Act, 1948 also requires having crèches in factories employing more than 30 women workers to take care of their children (Sec. 40) which can be

considered as a kind of WLBP since it helps women workers to better integrate their work and family demands.

Leave Provisions: Various kinds of leave provisions and benefits are available under Factories' Act, 1948, Industrial Employment (Standing Orders) Act, 1946 and Employee State Insurance Act, 1948. These include: 1) Earned Leave (the convenient leave sought by individual employee); 2) Casual Leave (leave for some family related purpose e.g. burials, weddings, etc.); 3) Sick Leave (most times with doctors' recommendations) and 4) Compensatory leave (compensated with leave with wages for the absence from duty against the work performed by workers on any other day than normal working day). Under Employee State Insurance (ESI) Act, 1948 every insured employee is entitled to get cash benefits for the period of sickness occurring during the benefit period and certified by a duly appointed medical officer.

Maternity Benefits: Another much acclaimed benefit considered to be family-friendly is, maternity benefits provided to working women for certain periods before and after childbirth. In Western countries, much talk on statutory provision for maternity benefits comes from the Family & Medical Leave Act (FMLA), 1993 which mandates that all "eligible" employees of a covered employer can take up to twelve weeks of unpaid, job-protected leave during any 12-month period to care for a newborn child or newly adopted child; to take care of a child, parent, or spouse with a serious health problem; or to recover from one's own serious health problem. Some of these benefits are also provided to working women in India under Maternity Benefit Act, 1961. The Act extends to the whole of India and is applicable to every

factory, mine or plantation (including those belonging to Government) and to every shop or establishment wherein 10 or more persons are employed or were employed on any day of the preceding 12 months. Every woman shall be entitled to, and her employer shall be liable for, the payment of maternity benefit, which is the amount payable to her at the rate of the average daily wage for the period of her actual absence. As per this Act, any woman shall be entitled to maternity leave of 12 weeks in all whether taken before or after childbirth. However, one cannot take more than six weeks before the expected delivery as per the amendment made in the act in 1989. The ESI Act, 1948 ensures comprehensive health coverage for employees below a certain income level. A periodical cash benefit is payable to an insured woman employee, in case of confinement, miscarriage, medical termination of pregnancy, premature birth of a child, or sickness arising from pregnancy, miscarriage, etc., occurring or expected to occur in a benefit period. Medical bonus or expense in lieu of medical expenditure or confinement expenses (up to a certain limit) is paid to an insured woman and an insured person in respect of his wife, if confinement occurs at a place where necessary medical facilities under ESI scheme is not available. Apart from these statutory provisions, many other provisions are provided by organisations voluntarily to their employees either as a result of union's bargain or as pragmatic concerns of employers. These provisions include high standards of working condition, housing facility to more encompassing benefit packages that include health, dental and life insurance, vacation and leave policies, investment and retirement plans.

Also in Europe, European Agency for Safety and Health at Work in October, 2009 conducted a survey on the knowledge and thinking of average European about the condition of work, the opinion poll reflect that 6 out of 10 Europeans expect the global economic downturn to deteriorate working conditions, especially regarding health and safety. And a significant majority of respondents (75 per cent) across member States believe that ill health is caused at least to some extent by the job that people have. The findings, all also indicate that as unemployment increases, people may be more concerned with their immediate job security than with the safety and health of their working conditions. When asked about the deciding factors for choosing a new job, European Union citizens believe that job security and salary level are more important than safe and healthy working conditions, which ranked third in the poll before working hours. 57 per cent of the respondents also agreed that they were well informed of the risks involved in their working places and believed that health and safety at work had improved over the last five years.

On gender differences, there was variation in attitudes about OSH. Male participants regarded salary (61 per cent) and job security (55 per cent) as the most important factor when taking a new job, in comparison to lower percentages among female respondents (53 per cent and 51 per cent, respectively). On the contrary, women seem to give more importance to working hours (52 per cent) than men (19 per cent). In addition, more male respondents believe that health and safety conditions have improved over recent years (62 per cent) than their female counterparts (Only 52 per cent) and the men feel better informed on safety and health matter (71 per cent) than women (61 per cent) (<http://osha.europa.eu/mt/statistics/eu-poll/index>).

Likewise in Vietnam, in 1996, the National Institute of Labour Protection (NILP), at the suggestion of the ILO planned a project as part of the Inter-Regional Programme to support the design and implementation of Tripartite National Occupational Safety and Health Policies and Measures. Based on the working condition in Viet Nam, the task force members proposed and

established a plan and methodology for conducting surveys focusing mainly on workers on fish processing within 196 frozen-fish enterprises, where 80-85 per cent of the work force is female.

Survey of the results indicated the following:

- Most of the female workers were young (62 per cent are 20-30 years old);
- they had not been trained in OSH;
- Female workers in fish-processing factories were often exposed to such hazards as high humidity, cold water, a variety of hazardous gases, strain from maintaining the same posture for long periods, and monotonous operations, often at work tables and using imported equipment designed for taller workers. Sometimes they were required to work long hours and
- These factors typically contributed to a rapid decline in health. In consequence, the number of workers aged 40 years or older was very low. Common occupational diseases included rheumatism (31 per cent), throat inflammations (37 per cent), and skin rashes (30 per cent), as well as cumulative trauma disorders in hands (60 per cent), shoulders (51 per cent), back (52.5 per cent), and legs (52 per cent).

In Vietnam, only 25.5 per cent of the people who suffered from occupational injuries had a work contract and only 17.1 per cent had social insurance. The rate of people with occupational injuries who did not receive first aid was 28.5 per cent. The injured body parts mainly were the upper extremities (40.3 per cent), the lower extremities (24.5 per cent), the head (18%) and the spine (15.5 per cent). Factors in the work environment that led directly to fatal accidents in 2007 included electrocution (18.9 per cent), falling from a height (15.5 per cent), being trapped in a machine (14.3 per cent) and the collapse of a structure (10.2). Other factors in the work environment that contributed to occupational accidents were vibration (32.9 per cent), noise

(31.6 per cent), heavy workload (29.7 per cent), working at a high level (25.3 per cent and stress (23.4 per cent).

The causes of fatal accidents were mainly due to employer-related shortcomings (35.5% of accidents), such as violation of safety regulations or standards, no safety measures, faulty equipment at work, no training on occupational safety and failure to provide personal protective equipment. Employee-related causes accounted for 30 per cent of accidents; these causes included violation of safety regulations (25.3 per cent) and not wearing personal protective equipment (4.7 per cent).

A total of 85.4 per cent of the people who suffered from occupational injuries were the breadwinners in their families, which have an average income of about USD 125. On average, each case of injury cost the victim and his family about USD 177 daily. Loss due to injuries occurred among 64 per cent of all deaths in 24 studied provinces. The victims of occupational injuries extend beyond the people who had died or suffered from temporary or permanent disability due to injuries; their relatives and children were also victims.

The Chinese government has been placing great importance on issues regarding work safety. In recent years, by taking major measures such as institutional reform, merchandisers installation, increased funding, etc., China has continuously improved workplace safety conditions nationwide and on a preliminary basis, reined in the rising trend of accident total, in the context of sustained and rapid growth of the Chinese economy. It is also on record that China, the world's largest developing country is going through an industrialization process; due to challenges such as un-balance economic development between different regions and low productivity as a whole, China's work safety infrastructure remains weak, as time and again major accidents occur in some industries and areas. China's work safety states is so far incompatible with what a well-off, harmonious society demands, and in this connection still has challenging tasks to handle and a long way to go.

The recent situation of work-related hand injury in China, and the development of study initiatives on factors affecting return to work (RTW), as well as further study considerations in China would be discussed further. According to Asian-Pacific Newsletter on Occupational Health and Safety (2008) reports during the period 1994-2000, 26.2 per cent -55.2 per cent of clinical visits to emergency departments in China are due to traumatic injuries of the hand. Of these, 49.5per cent-76.7per cent are work-related. According to a case study in East China, the most frequently injured locus was finger (=80 per cent (n=1130), and three most common types of injury were contusions, incisions and extrusions (11.5 per cent -75.0 per cent, 25.4 per cent -44.9 per cent, and 25.7 per cent -36.3 per cent, respectively) (1). 41 per cent of the injuries were rated as 'mild' according to the Hand Injury Severity Scoring System (HISS).

Machinery workers, carpenters, construction workers and farmers were the worker categories at increased risk of inducing hand injuries. Punch, electric saw and planer, and knives were the most dangerous tools causing hand injury. The majority of accidents causing hand injury occurred in companies owned by townships and privately-owned small scale enterprises. The main causes of work-related hand injury were ranked as inadequate training in occupational safety (26.2 per cent -48.2 per cent), fatigue and distraction (20.2 per cent -25.2 per cent), malfunction of a machine (18.1 per cent -20.2 per cent), poor cooperation among coworkers (10.1 per cent -18.2 per cent) and lack of proper preventive measures (11.1 per cent -12- per cent).

THEORETICAL FRAMEWORK

2.2 Theories of Occupational Health and Safety

According to Princeton (2007) citing Cohen (1969) a theory is a well-substantiated explanation of some aspect of the natural world; an organised system of accepted knowledge that applies in a variety of circumstances to explain a specific set of phenomena. Thus, in view of this, this section provides the theoretical frame of reference for this study by reviewing relevant theoretical positions.

2.2.1 Humanistic Theory

The focus of the humanistic perspective is on the self, which translates into "YOU", and "your" perception of "your" experiences. This view argues that you are free to choose your own behavior, rather than reacting to environmental stimuli and reinforces. Issues dealing with self-esteem, self-fulfillment, and needs are paramount. The major focus is to facilitate personal development. Two major theorists associated with this view are Carl Rogers and Abraham Maslow. Carl Rogers feels that each person operates from a unique frame of reference in terms of building self regard or their self concept. Self Concept is one's own belief about oneself. These beliefs stem, in part, from the notion of unconditional positive regard and conditional positive regard. Unconditional positive regard occurs when individuals, especially parents, demonstrate unconditional love. Conditioned positive regard is when that love seems to only come when certain conditions are met.

Rogers' theory states that psychologically healthy people enjoy life to the fullest; hence, they are seen as fully functioning people. In social management and to express job satisfaction, an employee may exhibit a trait of either of the two based on the number of safety needs available in the company where he/she works. However, Abraham Maslow feels that individuals have certain needs that must be met in a hierarchical fashion, from the lowest to highest. These

include basic needs, safety needs, love and belonging needs, achievement needs, and ultimately, Self-Actualization.

According to Maslow's Hierarchy of Needs, the needs must be achieved in order of priority. For instance, one would be unable to fulfill their safety needs if their physiological needs have not been met. Petersen, in 1978 developed the humanistic approach to management as it applied to safety. He considered that the traditional approach to accident causation was not keeping up with the changes and influences of the post 1960s management styles in industries. Petersen wrote extensively on the need to treat safety management in the same way business treated all other forms of management. He stressed the need to set objectives in safety performance and to make people accountable for meeting the objectives (Forder, Cashin, Ponton and Wawklate, 1994).

2.2.2 Motivation – Hygiene Theory

To better understand employee attitudes and motivation, Frederick Herzberg performed studies to determine which factors in an employee's work environment cause satisfaction or dissatisfaction. He showed that certain factors truly motivate (motivators) whereas others tend to lead to dissatisfaction (hygiene factors). According to Herzberg, Man has two sets of needs, one as an animal to avoid pain and two as a human being to grow psychologically. He illustrated this also through Biblical example: Adam after his expulsion from Eden having the need for food, shelter, safety, etc. – the 'hygiene' needs; and Adam capable and achieving great things through self-development-the motivational needs.

Herzberg's ideas relate strongly to modern ethical management and social responsibility. Many decades ago Herzberg, like Maslow, understood well and attempted to teach the ethical management principles that many leaders today typically in business and organization that lack humanity, still struggle to grasp. In this respect Herzberg's concepts are just as relevant now as

when he first suggested them, except that the implication of responsibility, fairness, justice and compassion in business are now global.

Although Herzberg is most noted for his famous ‘hygiene and motivational factors theory, he was essentially concerned with people’s well being at work. Underpinning his theories and academic teachings, he was basically attempting to bring more humanity and caring into the workplace. Herzberg and the others like him did not develop their theories to be used as ‘motivational tools purely to improve organizational performance. They sought instead primarily to explain only to manage people properly, for the good of all people at work.

Herzberg’s research proved that people will strive to achieve ‘hygiene’ need because they are unhappy without that, but once satisfied, the effect soon worn out – satisfaction is temporary. Then as now, poorly managing organizations fail to understand that people are not ‘motivated’ by ‘hygiene’ needs. People are only truly motivated by enabling them to reach for and satisfy the factors that Herzberg identified as real motivators. Examples of Herzberg’s hygiene needs in the work place are:

- The organization;
- its policies and its administration;
- the kind of supervision (leadership and management including perception) which people receive while on the job;
- working condition (including ergonomic);
- interpersonal relations;
- salary;
- status and
- jobs security.

These factors not only lead to higher levels of motivation but without them there is dissatisfaction. The second component in Herzberg’s motivation theory involves what people

actually earn on the job and should be engineered into the jobs employees do in order to develop intrinsic motivation with the workforce. The motivators are:

- Achievement;
- recognition;
- growth/advancement and
- interest in the job.

These factors result from internal instincts in employees, yielding motivational rather than movement. Both of these approaches (hygiene and motivation) must be done simultaneously. Treat people as best as you can so they can have a minimum dissatisfaction. Use people so they get achievement, recognition for achievement interest and responsibility and they can grow and advance in their work. Therefore, the hygiene and maturation factors can be listed as follows:

Hygiene; Company policies and administration:

- Working conditions and interpersonal relations and
- salary, status and security.

Motivators – Achievement:

- Recognition for achievement;
- interest in the task;
- responsibility for enlarged task and
- growth and advancement to higher level.

Effects on Individuals of Working Environment

The working environment has effects on individuals as follows:

- It will provide at least sufficient contentment for his basic needs and often much more;

- it may or may not provide adequate security. Again most individual seek a secured job, there are others including some men on oil rigs, whose seek high pay for a limited period but with limited security;
- it provides an individual with an identity. As a member of an organization, he carries out a specific function;
- it also gives the worker comradeship freedom from boredom, and an interest during his working life;
- it also provides self-fulfillment for individual where consideration has been given to ensure that the job is creative and gives job satisfaction and
- it provides the individual with status there is a status in all jobs providing the job content is investigated to make the work more interesting.

Effects of Motivation – Hygiene Theory on Work Group of Working Environment

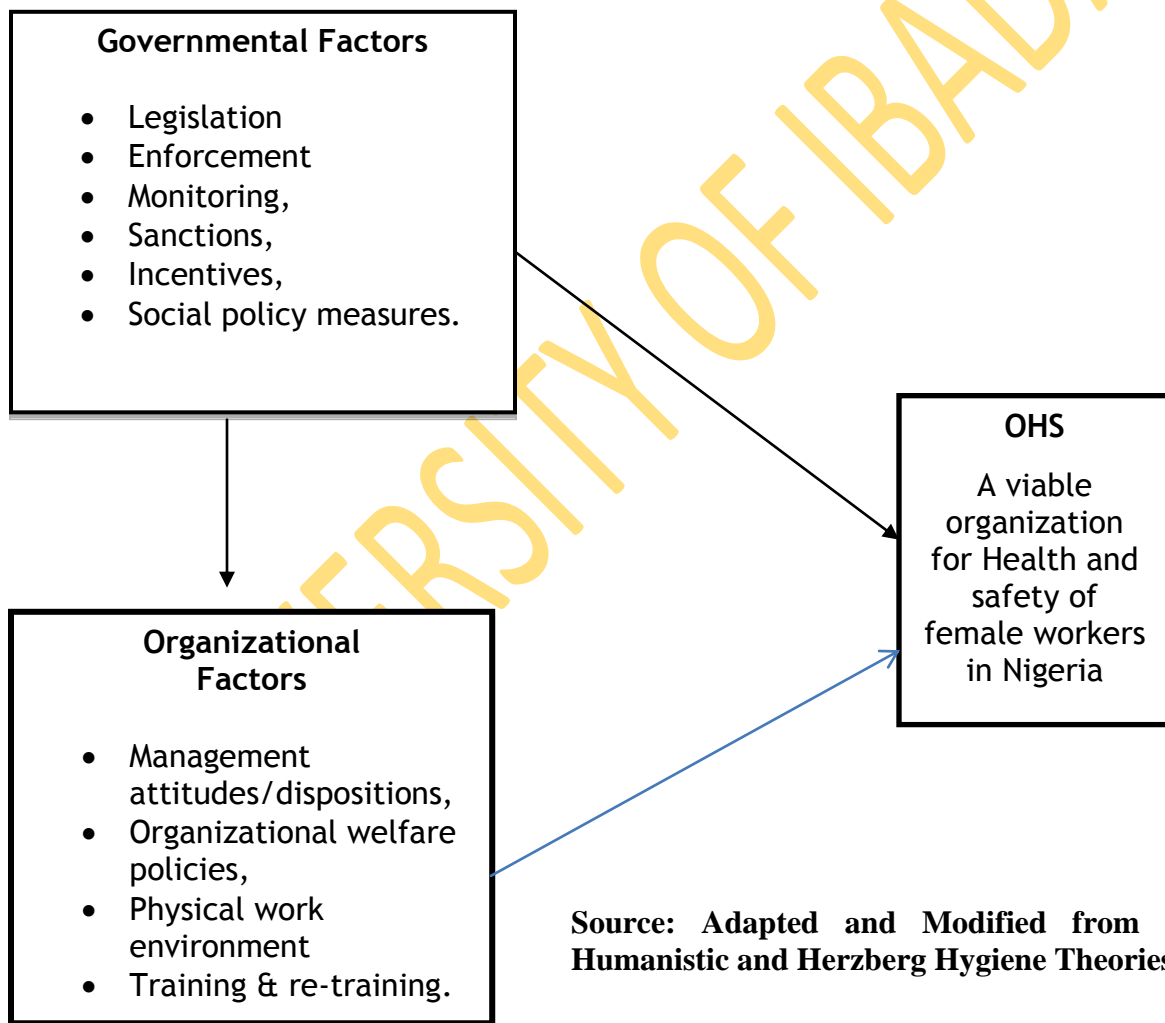
Whilst the working environment will affect individuals, it will undoubtedly have a greater effect on working groups; since an individual may have certain needs he will not obtain those needs of the working group. The working group is the instrument of society through which in large measure, the individual acquires his attitudes, opinions, goals and ideals; it is also one of the fundamental sources of discipline and social controls.

Therefore, the working environment has effects on the group as follows:

- It will affect the morale of the group;
- it will determine whether the group achieves the objectives set by the organization;
- it will determine whether the degree of cooperation provided by the group;
- it will motivate the group to give of their best;
- it will determine whether the human relations within an organization are good or bad and
- it will also affect the relationship between management and trade unions.

Therefore within the content of this study, the theoretical framework will be a synthesis of both the Petersen Humanistic Theory and Herberg Hygiene theory. The Governmental factors will rest on the Petersen’s approach as the theoretical foundation, while the organizational factors will be based on Herberg – Hygiene theory. In specific terms, the Organizational factors and Governmental factors that are measured as far as this study is concerned are as illustrated in the diagram below:

Conceptual Framework for Occupational Health and Safety of Female Workers



Governmental role policies also influence the organizational factors in terms of welfare programmers’ for the workers and the type of structure they must put in place which ultimately affect the occupational health and safety of workers.

2.3 Appraisal of Literature Review

OHS is seen as the promotion and maintenance of the highest degree of physical, mental and social well 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 worker in an occupational environment adapted to his physiological and to summarize, the adaptation of work to man. From a general perspective, safety means a condition of being safe from undergoing or causing hurt, injuries or loss. Hence, safety policies may encompass activities directed at other reducing or complete removal of hazardous conditions capable of causing bodily injuries.

For the purpose of the study, various dimensions of literature on Occupational Health and Safety were reviewed from individual basis and international organisations perspectives, however, that of joint committee of WHO and ILO were accepted on the basis of this study, major concepts, organisational and governmental factors contributing to Occupational Health and Safety were critically looked into independently and jointly. The study also x-rayed the ILO Conventions on health and safety as well as various welfare programmes that promote health and safety of workers generally. From the review of literature, it is clear that many of organisations are not adequately promoting health and safety of their workforce.

Literature revealed that many of the organisations are not taken care of safety of workers as priority, hence, many workers were not trained and do not have the proper skills to perform their job safely. While some employees identify the need for health and safety needs in their places of works, identify their responsibilities for keeping the workplace safe but do not have enough training skills to uphold the occupational health and safety in their working places.

Literature review on women showed that certain health disorders are related to occupations or industries which employ large numbers of women workers for example, a high proportion of back injuries of women working in the manufacturing sector are related to the

nature of the work. Due to the multiple roles they have in society, women workers have special needs concerning nutrition, lifestyle and reproductive health. Women have a dual reproductive and economic role as unpaid workers at home and fields, and as paid workers outside the household. Many women suffer from excessively long hours of work and they usually have to do the predominant share of the housework as well. Empirical studies revealed that many of the people who suffered from occupational injuries had a work contract and only few had social insurance. The rate of people with occupational injuries who did not receive first aid was also very low. Theories of OHS were also reviewed.

2.4 Hypotheses:

HO₁: There is no significant difference in the health and safety needs of single and married junior female factory workers in Lagos and

HO₂: there is no significant influence of occupational health and safety of female workers on the productivity of industries in Lagos;

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

The research design adopted for the study was the descriptive survey research design of the ex post facto type. This is because it is an empirical method which presents a description of events as they are and there is no need to manipulate any of the variables. The survey research design also facilitated easy collection of factual information about the research problem. This design was adopted because it helps to describe vividly the existing true picture of the population under study.

3.2 Population

The target population for this study comprised of all the female workers in the 14 purposively selected Food and Beverages industries used for the study. These were estimated to be two thousand one hundred and sixty-eight (2,168) female workers.

3.3 Sample and Sampling Technique

The samples for the study were selected from the women working in the factory floor of the selected companies. A two stage sampling technique was used. In the first stage, the choice of firms selected for the study was based on the classification process of the industries that are involved in the food and beverages. The nature of their jobs and the stress experienced thereof were found to constitute major sources of health and safety hazards from previous studies.

The second stage involved the use of random sampling technique to select 50% of the women population working in the industries in Lagos State. A total of 1084 respondents were selected for the study (See Table 1), using a purposive sampling technique to pick 14 Food and Beverages Industries where female workers were prone to occupational health and safety problems.

Table 3.1**Population****Sample**

		Population	Sample
1	Dangote Flour Mills, Lagos	74	37
2	Dangote Sugar Refining, Ikeja, Lagos	100	50
3	Tantalizer PLC, Oregun, Lagos	150	75
4	UNILEVER, Oregun, Lagos	200	100
5	Cadbury, Agidingbi, Lagos	202	101
6	Nigeria Bottling Company, Agidingbi, Lagos	197	98
7	7up Bottling Company, Ikeja.	230	115
8	Nestle Nigeria Ltd, Ogba, Lagos	100	50
9	Union Dicon Salt	90	45
10	Morison Industries, Oregun, Lagos	95	48
11	Flour Mills Nig. Ltd	256	128
12	Big Treat	196	98
13	Guinness PLC, Ikeja, Lagos	124	62
14	UAC Foods, Ojota, Lagos	154	77
	Total	2167	1084

Source: Field Survey, 2009

3.4 Research Instrument

The major instruments used for this study were three sets of questionnaires: Governmental Factors' Questionnaire, Organizational Factors' Questionnaire, and Occupational Health and Safety Scale. These were complimented with Focus Group Discussions (FGDs).

3.4.1 Governmental Factors' Questionnaire:

Section A of the questionnaire dealt with demographic information on the respondents like age, marital status, level of education, occupation while Section B had statements on the variables such as government and organizational policy on OHS that the research covered. The questionnaire items in section B were designed along the Likert format of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The oral interview was used to have direct contact with the women workers on duty and to access the extent to which they were vulnerable to occupational health problems.

3.4.2 Organisational Factors' Questionnaire

Section A of the questionnaire dealt with demographic information on the respondents like age, marital status, level of education, occupation while section B had statements on the variables such as government and organizational policy on OHS that the research covered. The questionnaire items in section B were designed along the Likert format of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The oral interview was used to have direct contact with the women workers on duty and to access the extent to which they were opened up to occupational health problems.

The draft version of the questionnaire was given to the experts in social welfare, occupational health and safety, psychologists and sociologists for critical appraisal in order to confirm the content and face validity of the test items before the supervisor's consideration.

After constructive criticism of some of the contents of the questionnaire and suggestions for amendments which were subsequently carried out through the guidance of the researcher's supervisor, a pilot test was carried out on some selected women workers in some related companies in Ibadan, to test the reliability of the Questionnaire.

3.4.3 Occupational Health and Safety Scale

The section A of the questionnaire dealt with demographic information on the respondents like age, marital status, level of education, occupation while section B had statements on the variables government and organizational policy on OHS that the research covered. The questionnaire items in the section B were designed along the Likert format of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). The oral interview was used to have direct contact with the women workers on duty and to access the extent to which they were opened up to occupational health problems.

3.5 Validity and Reliability of the Instruments

The draft version of the questionnaire was given to the experts in social welfare, occupational health and safety, psychologists and sociologists for critical appraisal in order to confirm the content and face validity of the test items before the supervisor's consideration. After constructive criticism of some of the contents of the questionnaire and suggestions for amendments which were subsequently carried out through the guidance of the researcher's supervisor, a pilot test was carried out on some selected women workers in some related companies in Ibadan, to test the reliability of the Questionnaire.

The instrument was pre-tested 60 female factory workers in industries in Lagos state. After the pre-test, the instrument was scrutinized and necessary amendment made prior to final administration. Reliability co-efficient of the instrument was section A-0.92, section B-0.79 and section C-0.83.

3.6 Focus Group Discussions (FGDs)

The qualitative method of Focus Group Discussion (FGD) was used as supplement to the survey method in order to ensure that some information that may not be captured by the survey technique was captured through mutual interaction of the researcher with the respondents. Questionnaire alone may not serve the purpose of getting adequate pieces of information from them. A total of 8 focus group discussion sessions were conducted with the junior female

workers from the 14 Food and Beverages industries selected for the study. The FGD sessions were conducted with the aid of discussion guide and tape recorder to store up responses apart from note taking (See appendix D).

The following themes were guide during the FGDs:

- Risks faced by female workers
- Gender appropriate work placement for women
- Awareness about World Health Safety Day
- Communications on Safety Issues:
 - I. Employers and Employees
 - II. Employers Representatives and Management
- Women involvement in workplace accidents:
 - I. Types of accidents
 - II. Women Vs Men occupational hazards
- Availability of Staff Clinic
- Company welfare programme
- Women Vulnerability to health and safety hazards
- Knowledge about ILO's safety conventions

Table 3.2: Schedule of FGD Sessions Conducted for the Study

Location of FGD	No of Sessions	Date	No. of Members Per Session
Victory Grammar School, Ikeja, Lagos	1	March 1, 2009	6 – 10
Victory Grammar School, Ikeja, Lagos	1	March 29,2009	6 – 10
D'Ivy College, Ogba, Lagos	1	April 5, 2009	6 – 10
D'Ivy College, Ogba, Lagos	1	April 26, 2009	6 – 10

3.7 Administration of the Instruments

The instrument was personally administered on the respondents by the researcher with the assistance of two research assistants. The oral interview was conducted in all the selected companies for the representatives of the sample selected in each of the companies. Through this approach, the researcher was able to have an in-depth knowledge, experience and feedback on the occupational health and workers safety.

3.8 Data Analysis

The data collected through the questionnaires were analysed using the descriptive statistics of simple percentages and frequency counts, t- Test and Multiple regression at the 0.05 level of significance. However, information collected through the FGD sessions were analysed using content analysis

CHAPTER FOUR

ANALYSIS OF DATA AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter discussed the statistical tools used in obtaining the data for this study while the findings of the study were presented using relevant tables, figures and simple descriptive statistical charts. In order to achieve the aforementioned, subsequent discussions in this chapter dwell on demographic information, research question and hypothesis.

4.1 Summary of Data

This section presented the characteristics of the respondents by age, marital status, religion, nature of occupation in relation to the identified welfare programmes available in their working place.

DEMOGRAPHIC INFORMATION:

Table 4.1: Showing Distribution of Respondents by Marital Status

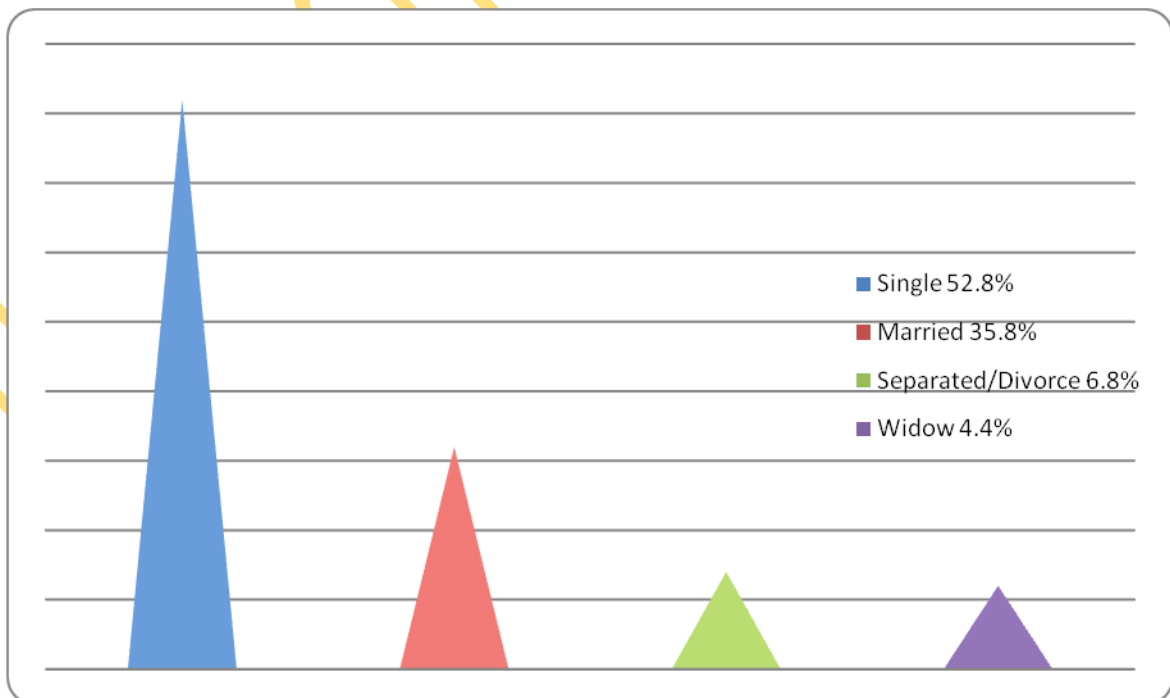


Table 1 shows that many of the respondents were single 468 (52.8%). Those that were married were 317 (35.8%) of the total respondents. Also, 61 (6.8%) of the respondents were either separated or divorced while those that had lost their husbands were 39 (4.4%). On the basis of the above, one could conclude that while the majority was single, those that had lost their husbands but needed State intervention in terms of support were still found working to sustain themselves. However, during the analysis of the data, the finding showed that there was no significant difference in the Health and Safety Needs between the Single and Married Female (Crit-t = 1.96, Cal.t = 1.590, P >.05 level of significance).

Table 4.2: Age Distribution of Respondents

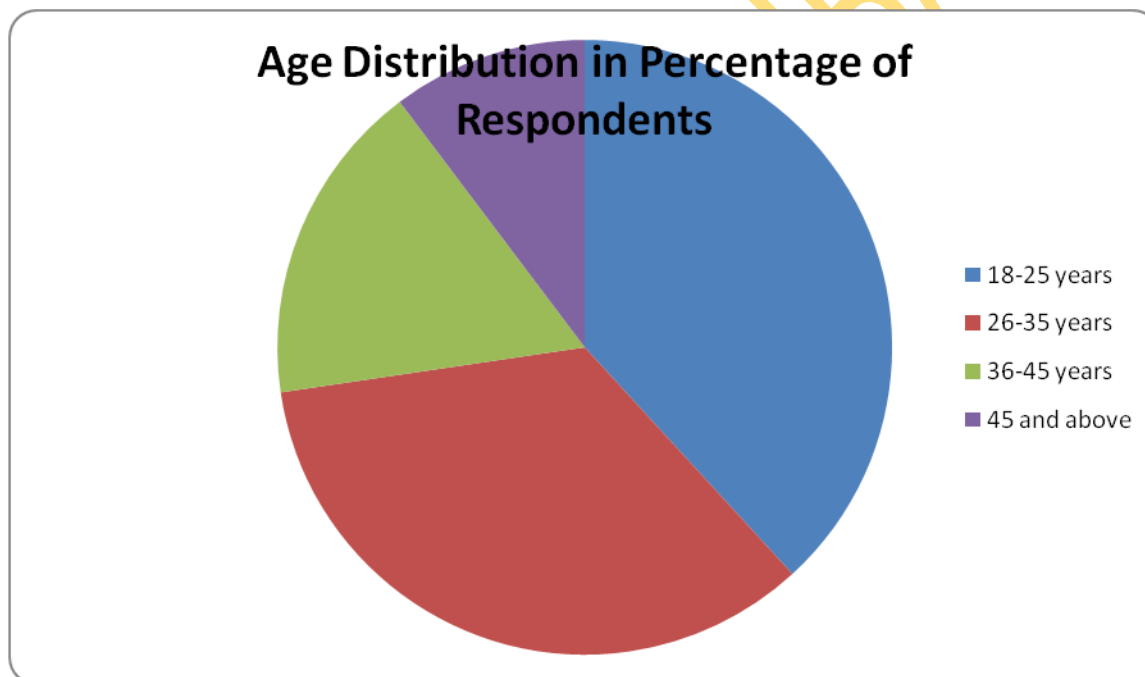
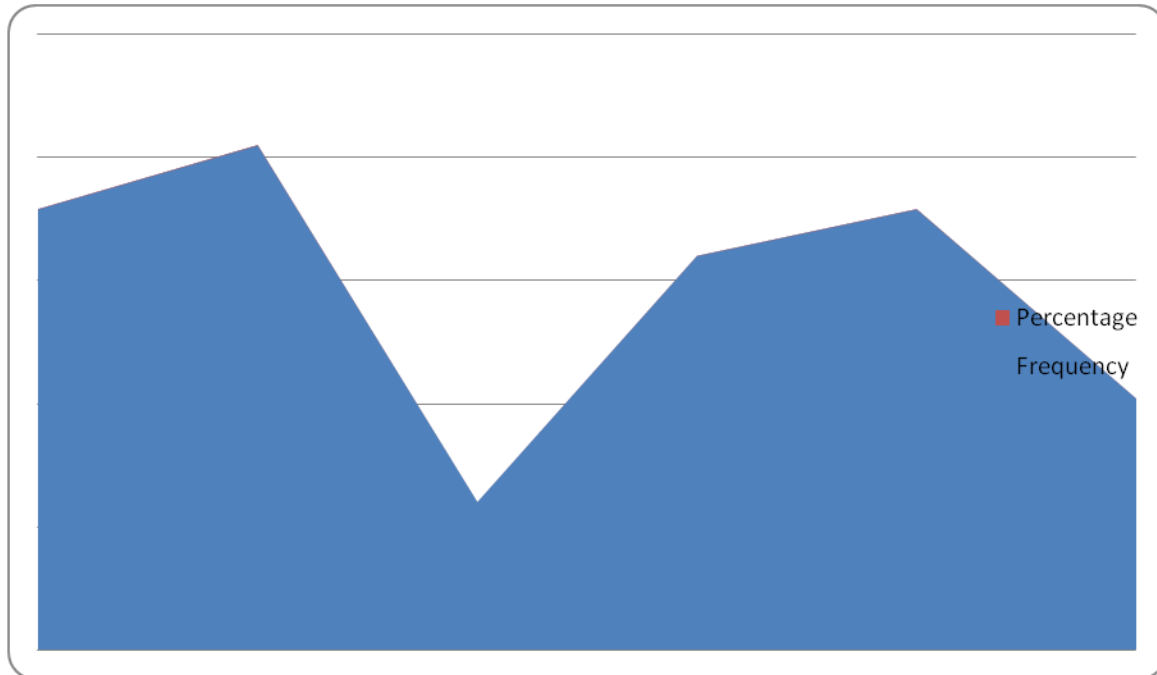


Table 4.2 shows that 38.2% of the respondents' age fell within 18-25 years, 34.5% were in 26-35 years range. 17.1% were within 36-45 years while the remaining 10.2% were those from 45 years and above. The implication of the finding is that majority of the respondents were young females. This could be associated with the economic recession in the country where there is massive unemployment; hence, many people generally seek for job wherever it is available.

This shows the extent to which people are searching for something to sustain themselves economically.

Table 4.3: Distribution of Respondents by Educational Qualification



As the table shows, majority of the respondents had low educational qualifications. 179 (20.2%) of the 885 respondents had no formal education at all. While 205 (23.2%) had primary education, only 60 (6.7%) had junior school certificate. 160 (18%) had senior school certificate. 179 (20.2%) were OND holders while only 102 (11.5%) were university graduates. The implication of the above is because majority of the female workers had low qualification (S.S. 3 and below) and also junior staff at the lower level of the organization thus, they may not have a voice on issues affecting their work and their lives as workers in the various industries.

Table 4.4: Distribution of Respondents by Nature of Occupation

Nature of Job	Frequency	Percentage
Casual / Part time	556	62.8%
Contract	217	24.5%
Full time	112	12.6%
Total	885	100

Table 4.4 shows that more than half of the respondents were casual workers in all the industries selected for the study, 556 of the 885 (62.8%). This group was closely followed by 217 (24.5%) female workers on contract agreement with the management to work in some of the industries. The remaining 112 (12.6%) were on full time appointments with the selected industries used for the study. This finding is instructive as reflected in table 3 where the majority of the female workers had poor educational background. This reflected in the job they performed in some of the industries which did not require too much of qualification. Some of the respondents were however happy with their job specification as they believed they were better off than being unemployed.

RQ1: To what extent do governmental and organisational factors collectively and independently predict occupational health and safety of female workers in industries in Lagos?

Table 4.5: Dependent Variable: Occupational Health and Safety

Variable	Unstandardised Coefficient		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta contributions		
(Constant)	33.951	1.935		17.547	.000
Legislation	.411	.063	.199	6.524	.001
Monitoring	.372	.091	.156	4.088	.002
Enforcement	-.240	.148	-.231	-1.622	.008
Social policy measures	.171	.077	.136	2.221	.001
Sanctions	-.131	.033	-.084	-3.969	.037
Incentives	.014	.017	.071	0.824	.155
Management attitude/disposition	.360	.095	.149	3.789	.001
Organization welfare policy	.301	.099	.138	3.040	.002
Training and retraining	.221	.150	.126	1.473	.003
Physical work environment	-.103	.109	-.198	-.945	.045
Multiple R	0.4947				
R-squared	0.2447				
F	16.210				
Sig. F	0.0000				
Standard error	0.03564				
Durbin-Watson	1.8762				

The table above shows that there were significant contributions of independent variables (Governmental factors) ($F_{(3,1080)}=86.12, p<0.05$) and (Organisational factors) ($F_{(3,1080)}=62.42, p<0.05$) on occupational health and safety of female workers. With the establishment of a Ministry that controls occupation health and safety and a signatory to OSH and Health Convention of 1981, the Nigerian Government has complied with the ILO Occupational Safety and Health Convention.

The table above shows different efforts of the government on OSH and organisational efforts at implementing the efforts of the policy that controls hazards being faced by Nigerian workers in general and female workers in particular. Five components of governmental factors

made significant relative contributions in the following order: legislations ($\beta=.41$; $p<0.05$), monitoring ($\beta=.37$; $p < 0.05$); enforcements ($\beta=.24$; $p< 0.05$); social policy measures ($\beta=.17$; $p< 0.05$), sanctions ($\beta=.13$; $p< 0.05$). Incentives had no significant relative contribution.

Going by probability level, the result indicates that legislation has the highest level of prediction of Occupational Health and Safety of female worker, meaning that the legislative framework required for effecting appointment conditions for the Health and Safety needs of female workers are statutorily available. This is followed by the existence of the provision for monitoring and evaluation of the level of compliance of the safety requirements of female workers. However, the level of monitoring is not as high as one would have expected. This is in tandem with a relative low level of enforcement ($\beta=.24$; $p< 0.05$), this explains to a large extent the low level of enforcement of the existing legislations. The results further indicate low social policy measures or weak social policy measures. Finally, the result also indicates very low level of sanction against any erring company.

This study agreed with the study of Lopez-Valcarcel (2002) and Schilling (1991) that Nigerian government's efforts on the prevention and control of hazards facing workers generally resulted in the existence of policy that established the Factories' Ordinance of 1955, Factories' Decree of 1987 and Factories' Act of 1990. The Nigeria Policy on Occupational Health Service was revised in 1992. The Federal Ministry of Labour and Productivity's Inspectorate Division was in charge of the implementation and enforcement of the Act. The Ministry of Labour and Productivity also helps in the area of inspection and enforcement of penalties on erring organisations.

Reports from the field showed that some of organisations under study had established occupational health services within their factories and some of them had sent their staff for training in occupational health care delivery. However, majority of the staff under this training were men, which contradicted the equal rights to be enjoyed by both male and female workers in

the labour market. Amenechi (1985) and Otite et al (1994) whose studies revealed inadequacies in the provision of setting of standard in health and safety services within Nigeria workplaces validate our position.

The government's efforts were geared towards occupational health services covering all workers. The policy in place was aimed at protecting and promoting workers' health and improvement of working condition. Majority of the respondents through the FGD established the fact that they were aware of the existence of the policy but its implementation had not been judiciously respected.

While the Article 4 of the ILO 1981 Convention encourages consultation with both the organisation of employers and workers to jointly formulate, implement and periodically review a coherent health and working environment, this had not been adequately effected in Nigeria as shown in the course of investigation and visit to the organisations used for the study. While some of the organisations said they had done enough in the implementation of the OHS policy, the female workers disagreed totally with this.

The reason for the weak compliance of some organisations could be attributed to both the unemployment level and poverty that is ravaging the masses, hence making casual and part time jobs the best alternative for the survival of the people. As shown above, about 63 per cent out of the 885 sampled respondents in this study were casual workers who were prone to be laid off at any opportunity.

The study through FGD showed that the organisations where they worked did not publish annually information on measures taken or proposed to be taken in pursuance of the policy referred to in Article 4 of the ILO Convention of 1980 on occupational accidents, occupational diseases and other injuries which arose in the course of the work.

RQ₂: To what extent will each of the components of governmental factors predict occupational health and safety of female workers in industries in Lagos?

Table 4.6: The Influence of Governmental Factors on Health and Safety of Female Workers in Industries in Lagos

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	5961.246	6	993.541	20.844	.000
Residual	41849.590	878	47.665		
Total	47810.836	884			

Predictors: (Constant). Incentives, Social Policy measures, Monitoring, Sanctions, Legislation, Enforcement.

Dependent Variable; Occupational Health and Safety of female workers

Table 4.7: Regression Result of the Relative Contribution of Governmental Factors on Occupational Health and Safety of Female Workers in Industries in Lagos
Dependent Variable: Occupational Health and Safety

Variable	Unstandardised Coefficient		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta contributions		
(Constant)	21.753	2.315		9.397	.000
Legislation	.521	.066	.293	7.894	.000
Monitoring	.432	.098	.189	4.408	.000
Enforcement	-.210	.178	-.231	-1.179	.005
Social policy measures	.201	.077	.136	2.610	.001
Sanctions	-.171	.043	-.084	-3.977	.121
Incentives	.054	.026	.071	2.077	.103
Multiple R	0.6534				
R-squared	0.4269				
F	20.844				
Sig. F	0.0000				
Standard error	0.02731				
Durbin-Watson	1.9325				

As shown in Table 4.7 above, five components of governmental factors made significant relative contributions in the following order: legislations ($\beta=.41$; $p<0.05$), monitoring ($\beta=.37$; $p < 0.05$); enforcements ($\beta=.24$; $p< 0.05$); social policy measures ($\beta=.17$; $p< 0.05$), sanctions ($\beta=.13$; $p< 0.05$). Incentives had no significant relative contribution.

With the establishment of the Ministry of Labour and Productivity and putting in place an Inspectorate section that was saddled with the responsibility of taking care of OHS in various organisations in the country, the government had fulfilled all righteousness necessary for protecting the workforce. As shown in the table above, the respondents were of the opinion that laws and adequate policies were essential ingredients that may checkmate the occurrence of accidents and hazards that workers experience in the workplace.

Legislation closely followed monitoring in terms of relevance and contribution to workers' welfare and safety. Reports showed that monitoring is also very significant to occupational health and safety of workers. The government used a multi-disciplinary approach to monitoring of occupational health and safety. Inspectors appointed were graduates who were physicians, nurses, microbiologists, biochemists, occupational hygienists, chemists, laboratory technologists and engineers. These operators operated from the Occupational Health Division, Occupational Safety Division of Information and Training Division of the Inspectorate.

To enforce compliance of the rules and regulations guiding OHS, inspectors undertook inspections periodically, observed check-visits and occasional special visits. Based on such visits, remedial actions were taken and when necessary revoked certificate of registration of erring organisations, issued warnings and put prohibition notices and so on. The inspectors were also empowered to institute and proceed with legal action against breaches of occupational health and safety provisions of the Act establishing OSH in Nigeria.

However, observations from the visit to the organisation showed that there had been irregularity in the operation of the inspectors as to see to the implementation of OHS in them. 68 per cent of the FGD respondents said workers that experienced occupational accidents were not adequately compensated and there were no records that showed if and when there was accident in the workplace. This finding was in line with Amenechi (1985) who observed that there are no adequate records of OHS in Nigeria especially on women whose majority work is cosmetic manufacturing, food processing, textile manufacturing packing and light assembly industries.

RQ₃: To what extent will each of the organisational factors predicts occupational health and safety of female workers in industries in Lagos?

Table 4.8: The Influence of Organisational Factors on Health and Safety of Female Workers in Industries in Lagos

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	7763.819	4	1940.955	42.651	.000
Residual	40047.017	880	45.508		
Total	47810.836	884			

a. Predictors: (Constant) Physical Work Environment, Organisational Welfare Policies, Training and Retraining, Management Attitudes.

b. Dependent Variable: Occupational Health and Safety of Female Workers

Table 4.9: Regression Result of the Relative Contribution of Organisational Factors on Occupational Health and Safety of Female Workers in Industries in Lagos

Variable	Unstandardised Coefficient		Standardised Coefficients	T	Sig.
	B	Std. Error	Beta contributions		
(Constant)	22.156	2.136		10.373	.000
Management Attitude	.176	.061	.110	2.871	.004
Organisational Welfare Policies	.268	.052	.159	5.120	.000
Training and Retraining	.187	.056	.114	3.340	.001
Physical Work Environment	.252	.037	.250	6.850	.000
Multiple R	0.5976				
R-squared	0.3571				
F	42.651				
Sig. F	0.0000				
Standard error	0.0137				
Durbin-Watson	1.7322				

a. Dependent Variable: Occupational Health and Safety of Female Workers

Each of the organisational factors predicted occupational health and safety of female workers as follows: management attitudes/dispositions ($\beta=.36$; $p< 0.05$), organisational welfare policies ($\beta=.30$; $p< 0.05$) and training and re-training ($\beta=.22$; $p< 0.05$) while physical work environment had negative contribution. However, there was no significant difference in the health and safety needs of single and married junior female factory workers. The FGD sessions revealed that many of the junior female factory workers believed that paying particular attention to certain governmental and organisational factors enhanced their occupational health and safety in the work place, yet these organisations' attitude to OHS was not satisfactory.

The management disposition as far as this study is concerned is not encouraging as both the respondents used for FGD and questionnaire agreed that many of the organisations were not workers- friendly as far as their welfare issues were concerned. FGD revealed startling facts that some of the female workers were often taken out on major street promotion of markets as this is expected to attract especially male customers to their products, thus exposing them to harassment and danger on major roads.

The respondents also revealed that there was no special treatment for pregnant women no matter the level of pregnancy and in most cases were not encouraged to go for maternity leave while those that actually privileged to go were not entitled to any payment for the period of their maternity leave. This in effect had made the ranking of the organisations' welfare policies zero.

On training and retraining of workers, the respondents were of the opinion that training and re-training of workers made the workers' performance effective and enhanced productivity. Even though training was on the lower chat of the regression table, female workers were of the opinion that it made them to be effective and responsive to the demand of the duties. However, most of these organisations were not doing well to improve the workers' level of performance in

terms of introducing them to training under the excuse that it was either costly or workers whose majority were on casual or contract job did not deserve to be trained.

85 per cent of the female workers sampled for the FGD said they had never gone for any training or capacity building workshops either in line with their educational qualifications or the nature of work they performed in the selected industries used for this study. This finding is against ILO (1981) Occupational Safety and Health Convention, Article 4. It states that the aim of the policy shall be to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment and Article 5 Section (c) of the part II which says training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health.

The implication of this finding in the lives of the female workers is that they were endangered on the use of tools, machinery and equipment, chemical, physical and biological substances within the working environment and put a question mark on the security and safety of workers especially female workers whose majority are casual workers in the sampled industries.

RQ₄: To what extent does the junior female factory workers perceived governmental and organisational factors as being important to the enhancement of occupational health and safety.

Table 4.10: Perception of Junior Female Factory Workers about the importance of Governmental and Organisational Factors on the enhancement of their Occupational Health and Safety

		Yes (%)	No (%)
1	During pregnancy, there are places I am not permitted to visit in my place of work.	213	672
2	I am excused from certain types of work during pregnancy	215	670
3	The location of my office takes into consideration of my gender.	15	870
4	The company where I work makes special provision for nursing mothers working in the company.	22	870
5	There is provision for at least 3 months maternity leave for women.	705	180
6	Women are not allowed to handle heavy machine and job that can expose them to risk in my working place.	440	445
7	There has been a case of women involved in accident and problem associated with health matters in the industry I work.	745	140
8	The industry where I work have record of accident where information about staff health and safety matters are computed.	50	835
9	I have knowledge about the ISO and ILO conventions about workers' occupational health and safety issues.	05	880
10	Occupational injury and illness of the workers generally are matters of concern to the company where I work.	25	860
11	Those involved in accident are adequately compensated.	75	810
12	There should be a limit to the work schedule sharing between men and women.	880	05
13	Workers employed under temporary arrangement are more at health risk, exposed to injuries and lost workdays than the full time workers in the same risk classifications.	805	80

The result in Table 4.10 showed that majority of the respondents 672 (75.9) were exposed to various occupational hazards that abound in most of the industries selected for the study. In fact, because of the need to work to sustain them, the female workers work in situations that were risky to their gender peculiarities. Some of them as reflected in the findings were involved in heavy work. The reason for this could be unemployment which, made people to endure the risk attached to the part time and odd jobs they took.

Most of the female workers on whose the questionnaire were administered were met filling the questionnaire during their night shift because most of them (female factory workers) were scared to grant the interview during the day because of their managers. They were usually too busy during the day time except for few of them who could attend to the researcher during their break time. Some of them were even afraid to grant audience, thinking the researcher and her teams were officials from NAFDAC because they did not want to implicate their companies.

None of the female workers have had training in relation to occupational health and safety, and they were not even aware of the International safety day recognised by ILO. In fact, the majority of the workers (68.1%) were not aware of the risks associated with their work, which resulted in their non-compliance practices. However, in order to enhance positive attitude towards occupational safety and health, safety promotions were adopted to improve awareness. These included safety training and the distribution of OSH's booklet that promoted safety at work. These channels served as the major sources for workers to obtain OSH information. Only three out of the fourteen industries used for the study had inspectorate division as stipulated in the Factories' Act of 1992.

Majority of the respondents were not aware if their organisations ever kept record of accidents and if information about staff health and safety matters were computed. The Management of the organisations however maintained they kept records but refused to show the researcher, claiming it is not official to do so. To corroborate this finding, members of the FGD recounted attitude of some of these organisations to victims of occupational accidents and to workers' plight generally. They all agreed that the companies apart from not keeping such records as it will give bad reputation to their organisations, the management disposition to those involved in any accident was not favourable to workers especially women as these victims were left on their own to take care of themselves and experienced the pains alone.

In some of these organizations, there was the availability of fire extinguishers, and fire point, clinic, and transportation. Some of them had clinics and sick bays, medical fees subsidy for minor accidents. On resumption, female workers claimed they underwent training under supervisors who headed the sections where they worked. There was no training and re-training of workers or opportunity to attend workshops or conferences. The female workers in the FGD were bitter that nursing mothers found it difficult to concentrate in their work as they needed to breast feed or take care of their babies because of non-availability of crèche for children of workers.

This finding contradicted what the condition of service that exists in the OHS Act especially in countries like China and Europe, but because of job security, there was nothing these female workers could do as they were being threatened if and when they complained about this shortcoming.

Test of Hypotheses

Hypothesis One

There is no significant difference in the health and safety needs of single and married female factory workers in Lagos.

To test this hypothesis, scores were obtained on the responses of married and single junior female factory workers in Lagos. These scores were then subjected to t-test analysis to determine if there was a significant difference in their mean responses. A summary of the result is presented in Table 10

Table 4.11: t-test Difference in Health and Safety Needs of Single and Married

Female Factory Workers in Lagos

Variable	N	Mean	Std. Dev.	Crit-t	Cal-t.	DF	P
Single	468	21.1043	1.1588	1.96	1.4265	783	.112
Married	317	21.1981	0.4611				

Table 10 shows that the mean responses of single and married junior female workers were 21.1043 and 21.1981 respectively. The t-test calculated based on these figures showed that there was no significant difference in the Health and Safety Needs between the Single and Married junior female workers at 0.05 level of significance (Crit-t = 1.96, Cal.t = 1.4265, P >.05 level of significance). The null hypothesis is therefore accepted. This means that there was no significant difference in the health and safety needs of single and married junior female factory workers in Lagos. This means that marital status has no effect on the hazards that the female workers faced in their working environment.

HO₂: There is no significant influence of occupational health and safety of female workers on the productivity of industries in Lagos.

There is no significant influence of occupational health and safety of female workers on the productivity of industries in Lagos

To test this hypothesis, the responses of the respondents regarding their health and safety needs were subjected to chi-square test. A summary of the result is presented in Table 4.12 below.

Table 4.12: Influence of Occupational Health and Safety of Female Workers on the Productivity of Industries in Lagos

Variables	Health and Safety Needs		Total	χ^2 Crit.	χ^2 Cal.	df	P
	Yes	No					
Q1	213 (5.1%)	672 (9.2%)	885 (7.7%)	21.0	6891.261	12	.000
Q2	215 (5.1%)	670 (9.2%)	885 (7.7%)				
Q3	15 (0.4%)	870 (11.9%)	885 (7.7%)				
Q4	22 (0.5%)	863 (11.8%)	885 (7.7%)				
Q5	705 (16.8%)	180 (2.5%)	885 (7.7%)				
Q6	440 (10.5%)	445 (6.1%)	885 (7.7%)				
Q7	745 (17.8%)	140 (1.9%)	885 (7.7%)				
Q8	50 (1.2%)	835 (11.4%)	885 (7.7%)				
Q9	5 (0.1%)	835 (11.4%)	885 (7.7%)				
Q10	25 (0.6%)	860 (11.8%)	885 (7.7%)				
Q11	82 (2.0%)	813 (11.1%)	885 (7.7%)				
Q12	873 (20.8%)	2 (0.01%)	885 (7.7%)				
Q13	805 (19.2%)	80 (1.1%)	885 (7.7%)				
Total	4195 (100.0%)	7310 (100.0%)	11505 (100.0%)				

Table 4.12 shows that the critical value was less than the calculated value, which indicate that Health and Safety Needs of female junior workers have significant influence on the productivity of industries in Lagos ($\chi^2_{crit} = 21.0$, cal. = 6891, df= 12, $P < 0.05$). However, 85 per cent of the female workers sampled for the FGD said they had never gone for any training or capacity building workshops either in line with their educational qualifications or the nature of work they performed in the selected industries used for this study.

This finding was against ILO (1981) Occupational Safety and Health Convention, Article 4 which states and encourages organisation to train and retrain workers so as to enable them understand their roles for personal and firm development. The policy also helps to prevent accidents and injury arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment and Article 5 Section (c) of the part II which says training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health.

RQ 5: What are the problems facing the female factory workers in the implementation of occupational safety and health policies implementation in industrial organisations in Nigeria?

Averagely, there was a ratio of 1 to 10 of females to male representation in the management level of all the companies studied. There was however improvement in the number of female representation in the supervisor's class.

With that, women were not always heard or given a say in decision taken in all the companies studied. Observations of records of the visited organisations as well as FGD revealed that female workers were exposed to various dangers that were inimical to their gender as well as being contrary to OHS Act as operated in the industrialised countries.

Respondents sampled for the FGD were of the opinion that they were not well paid since their jobs was casual. Many of them also complained that apart from the fact that the jobs were hard, some of them experienced sexual harassment on the jobs. Other problems being experienced by female workers were no special treatment for pregnant women no matter the level of pregnancy. (Maternity leave was not generally approved; those that were opportune were

not paid for this). This contravened the OHS Act. These females could not complain as they had no option of leaving the job for nothing else.

A respondent recalled a gory scene when one of the female workers got her finger chopped off, only for the management to release a sum of #50,000.00 for the treatment and relieved her of her post afterwards. Another participant in the FGD (Felicia) said there was a story of a casual worker (lady) in her company that got her limb broken in a night shift. The lady had been working to take care of her old mother after her father had died. However, the management paid the hospital bill but later started removing the paid amount from the salary of the lady after she started work again. Despite this, the lady could not function well and lost her limb completely because she could not get adequate treatment for herself. Only full time employers did go for training. No training for casual workers. None of the participants ever heard of April 28 as the Safety Day for Workers and their management had never observed the day. A participant narrated a nasty experience she had when she was nursing a baby. Her efforts to make the management established a crèche fell on dump ears. She was given a query for bringing her baby to the company afterwards and was accused of instigating other nursing mothers to do the same.

Female workers were often taken out on major- street- promotion of products as this is expected to attract especially male customers to those products (Semolina Products). Some of them were also involved in night shift.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study set out to identify governmental and organisational factors affecting occupational health and safety of female workers in selected industries in Lagos State, Nigeria. Specifically, in chapter one, the researcher discussed some background information about the study followed by the statement of the problem, objectives and significance of the study, the scope of the study and operational definition of terms as applied to the study.

In chapter two, the relevant theoretical framework and literature were extensively reviewed, various concepts, international declarations on occupational health of workers especially those affecting female workers and findings of some experts on industrial welfare and occupational hazards were also examined.

Chapter three of this study presented the methodology through which the study was carried out. The study made use of a sample size of eight hundred and eighty five respondents drawn randomly from thirteen organisations in Lagos State. However, the descriptive survey research design was adopted for the study while the close - end type of questionnaire supplemented with FGD was used as the main instruments in obtaining information from the respondents.

The information collected from the respondents through the questionnaire and the FGD formed the basis for data analysis in chapter four. In other words, chapter four dealt with the presentation, analysis, interpretation and discussion of the major findings and results of the study.

Finally, chapter five gave the summary of what the study is all about and based on this certain salient recommendations were made. The chapter also drew an over-all conclusion on

occupational hazards facing female workers, welfare programmes and services and female workers' productivity.

5.2 Conclusion

During the last few decades, the proportion of economically active women has increased dramatically in both developing and developed countries. According to World Bank estimates, from 1960 to 1997, women had increased their number in the global labour force by 126% (World Bank, 2001). Today, women make up about 42% of the estimated global working population, making them indispensable as contributors to national and global economies (ILO, 2000; WHO, 1999).

The study revealed that there were various international conventions which the government subscribed to, but because enough of efforts were not put into the application of these conventions, workers especially women had not been adequately protected and catered for in Nigeria. In some of the organisations visited, female workers' rights were not provided for as they were prone to various occupational health and safety hazards on their jobs.

Work affects women's and men's bodies and minds in many ways. Workers can gain great satisfaction from their jobs, but they can also be exposed to hazards that can affect their health. Toxic chemicals may lead to cancer, reproductive problems, and even to death. Repetitive movements and heavy loads can damage bones, joints, muscles and nerves. Working in overly hot or cold temperatures can affect the cardiovascular and reproductive systems, causing pain and illness. Working under pressure with little power to change the work environment can cause psychological and physical distress.

In ensuring economic survival for themselves and their families they employed a variety of strategies, some of which entailed great danger to their health. This review highlights the necessity to strengthen and put in place more and better programmes and practices so as to

ensure women's health and safety at work, while facilitating their access to economic and social equality.

To this end, workers must be accorded adequate protection against work-related diseases and accidents. Occupational Safety and Health is a human right and an integral part of a people-centred agenda for sustainable development. Unsafe work is a human tragedy. It deepens poverty if ill- health or injury reduces or takes away the capacity to work, especially if mechanisms for support are absent. A safe workplace is a win-win situation as workers, their families, governments and enterprises will all benefit from improved productivity and workplace motivation.

In the field of occupational safety and health, the basic Convention is No. 155, adopted in 1981, concerning occupational safety and health and the working environment. This requires ratifying States to formulate, implement and periodically review a coherent national policy on occupational safety and health and the working environment, in consultation with the most representative employers' and workers' organizations. This study has been able to establish the fact that while Nigeria is a signatory to the conventions, it has not been squarely enforced in the country.

Convention No. 161, adopted in 1985, on occupational health services provides that ratifying States must institute progressive health services at work for all workers. Many of the organisations have not been visited recently by operatives of the Ministry of Labour and Productivity, the ministry saddled with the responsibility of monitoring and enforcing occupational health and safety in Nigerian industries. The role of these services is notably to identify and assess risks of health hazards at the work place by surveillance of the working environment and working practices. They should also give advice on the planning and organization of work, including the conception of the work place, and the choice and maintenance of machines and equipment as well as substances used at work.

5.3 Recommendations

Based on the findings of this study, the following recommendations were made by the researcher:

- a. The Ministry of Labour and Productivity should wake up to her responsibility by enforcing health and safety ordinances as stated in the ILO Conventions and establish appropriate regulations and standards that guarantee the protection of female workers against hazards that threaten their health and safety of working environment.
- b. Governments should monitor and update levels of various hazards within the working environment in consonance with international health standards. Establish safety and health monitoring squad in all states in order to enforce implementation of ILO recommendations by all industries in the country.
- c. Recognition of the International Safety Day (April 28) every year, enlightenment programmes for both the management and workers' union leaders; sensitization of workers on International Labour Organisation Conventions on workers duties and rights and compliance on all agreement signed.
- d. Providing the workers with adequate safety and protective equipment suitable to the nature of their particular work should be a priority concern to the employers and government (as well as the individual workers and their unions).
- e. Provision of prompt medical attention and financial assistance to injured workers especially female workers.
- f. There is the need for workers to keep abreast with the legislation relating to their health in the work place. The industrial worker also needs to be safety-conscious and avoid danger by taking necessary precautionary measures.

- g. It is in the interest of all to have a safe and healthy work environment either in public or private enterprises. Consequently, there is no doubt that a lot more needs to be done by the government in order to guarantee an appropriate standard of health and safety for Nigerian workers (especially female workers) in line with ILO standards.

5.4 Suggestions for further studies

After considerations of all factors to occupational health and safety is concerned in this study, it is discovered that much is still needed to be done to overcome the problems of workers as the study could not because of time limit and scope able to cover all, hence, there is the need to work on the following in order to have a better frame of work to handle the problems facing workers generally and female workers in particular:

- Identification and role of pressure groups on OHS
- Trade Unions roles in occupational health and safety of workers generally
- Comparative studies on OHS in Africa and West Africa sub-region

The study has been able to come up with a new framework of analysis for predicting the governmental and organizational factors on Occupational Health and Safety of female workers. This can be of immense help to government, policy makers, industrialist and Trade Union Leaders.

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UNPLISHED MATERIALS

Arogundade ,N.A.2006 Current Developments in Inspection Services

Arogundade,N.A.2008 Government Initiatives on Promoting Decent Work. Federal Ministry of Labour and Productivity.

Arogundade,N.A.2005 International and National Safety, Health Environment At Work Regulatory Requirements

Arogundade, N.A. Promoting Decent Work and Enhancing Compliance with Occupational Safety and Health Legislations in Nigeria through strategic Partnership. Federal Ministry of Labour and Productivity.

UNIVERSITY OF IBADAN

APPENDIX A
UNIVERSITY OF IBADAN, IBADAN
DEPARTMENT OF ADULT EDUCATION
GOVERNMENTAL AND ORGANISATIONAL FACTORS ON OCCUPATIONAL
HEALTH AND SAFETY OF FEMALE WORKERS SCALE (GOHSFWS)

Dear Sir/Madam,

This instrument is designed to collect and analysis information on female workers' occupational health and safety welfare in the selected companies. Your candid opinion will be much appreciated as the study is purely for research purpose.

Kindly tick the portion that is applicable to your choice.

Thanking you in anticipation of your cooperation.

Mrs Nassar, B.A.

SECTION A
DEMOGRAPHIC INFORMATION

1. MARITAL STATUS: Single () Married ()
Separated () Widow/er ()
2. AGE: 18-25 () 26-35 ()
36-45 () 45 and above ()
3. RELIGION: Christianity () Islam ()
African Traditional Religion () Others ()
4. PREVIOUS EDUCATIONAL BACKGROUND: No Formal Education ()
Pry. School Certificate ()
Junior Secondary School Cert. ()
Senior Secondary School Cert. ()
O.N.D. and Equivalent
First Degree ()
5. NATURE OF OCCUPATION: Casual / Part time ()
Contract ()
Full time ()

Please indicate by ticking either **YES** or **No** as applicable to you.

SECTION B: GOVERNMENTAL FACTORS

	Governmental factors on Health and Safety	YES	NO
1	Are you aware of any government policy on occupational health and safety of workers?		
2	The involvement and intervention of government helped to raise the standard level of infrastructures in companies.		
3	Will you agree that the government has always participated fully in the developmental programmes undertaken in industries?		
4	The involvement of government will open up possibilities for the advancement of industries.		
5	Does the governmental provision on issues relating to occupational health and safety identified and honoured in the company where you work?		
6	Was the government provision clearly indicated that the organisation required providing safety in the workplace?		
7	Does the policy and statement on occupational safety show clearly the duties for health and safety required of the organisations?		
8	Do you understand what is expected of you to observe and respect the government provisions on occupational health and safety?		

**APPENDIX B:
ORGANISATIONAL FACTORS**

	Organisational factors on Occupational Health and Safety	YES	NO
9	Does your organisation make provision for health and safety of workers?		
10	Are the following provided for in your organisation? Accident records Fire precautions and evacuation procedures First aid Safety inspections Training programme		
11	Is your employer's concern for health and safety as great as her concern for economic financial and marketing matters?		
12	Does occupational health and safety provision include information on who are responsible for instruction and training about health and safety?		
13	Do all employees have copies of their employer's safety policy?		
14	Does the policy provide for provision of committee and periodical review of the policy?		
15	Does the policy clearly state the role of the senior employees on the implementation of the policy?		

**APPENDIX C:
OCCUPATIONAL HEALTH AND SAFETY**

	Occupational Health and Safety Needs	YES	NO
+1 6	During pregnancy, there are places I am not permitted to visit in my place of work.		
17	I am excused from certain types of work during pregnancy.		
18	The location of my office takes into consideration of my gender.		
19	The company where I work makes special provision for nursing mothers working in the company.		
20	There is provision for at least 3 months maternity leave for women.		
21	Women are not allowed to handle heavy machine and job that can expose them to risk in my working place.		
22	There has been a case of women involved in accident and problem associated with health matters in the industry I work.		
23	The industry where I work has record of accident where information about staff health and safety matters are computed.		
24	I have knowledge about the ISO and ILO conventions about workers' occupational health and safety issues.		
24	Occupational injury and illness of the workers generally are matters of concern to the company where I work.		
25	Those involved in accident are adequately compensated.		
26	There should be a limit to the work schedule sharing between men and women.		
27	Workers employed under temporary arrangement are more at health risk, exposed to injuries and lost workdays than the full time workers in the same risk classifications.		
	Welfare Programmes	YES	NO
28	The industry where I work conditioned the temperature to suit my work and body system.		
29	There is provision of clinic and first aid materials that are well taken care of regularly.		
30	There is provision for paying female workers on excess work load.		
31	The company where I work has special programmes that take into consideration the health and safety of the workers.		
32	I have seen the following ILO convention documents on workers health and safety. <ul style="list-style-type: none"> • Convention number 155 on Occupational Safety and Health and the Working Environment, [1983]. • Convention 161 on Occupational Health services, [1985] • Convention 170 on Safety in the use of Chemicals at work, [1991] • Convention 174 on major Industrial Accidents, [1993] 		
33	The company regularly trains and sends workers (including females) to seminars that expose them to various occupational health and hazards that can be experienced at work.		
34	The company encourages women to face the same occupational tasks as men.		

35	There are various safety and risk measures taken care of by the company where I work.		
36	This company has existing rules and regulations on the various occupational tasks and exposes new workers to these rules and regulations.		
37	The training and workshop that workers are exposed to improve their knowledge of risks involved in work places.		
	Productivity	YES	NO
38	Are you proud to be identified with the organization you work with?		
39	Is your promotion regular and commensurate with your certificate?		
40	I have interest in doing your job.		
41	I am happy and motivated to do more.		
42	I am regularly rewarded for performing well at work.		
43	Female workers are used for promotion sales representatives in the company whenever there is low sales organization without being adequately compensated.		

Please tick whichever that best represents your feelings/attitude towards the following statements from the options **SA** (Strongly Agree), **A** (Agree), **SD** (Strongly Disagree) and **D** (Disagree).

		SA	A	SD	D
44	There is effective welfare programmes designed to cater for pregnant women in the industry where I work.				
45	Recruitment of workers in my organization favours male more than female.				
46	Workers promotion in my work place favours male more than female.				
47	There is a programme that protects the welfare of female workers all the time.				
48	Training and re-training of workers favour male than female.				
49	There are more contract female workers in my industry than the permanent female workers.				

50. Identify various problems that you are facing as a female worker.

51. What are the ways you think the identified problems above can be solved?

APPENDIX D

OCCUPATIONAL HEALTH AND SAFETY WELFARE PROGRAMME FOCUS

GROUP DISCUSSION LEADING QUESTIONS

1. What types of risk are you involved in your duty?
2. Are you given the same type of work assigned to men?
3. Are you aware of World Day for Safety and Health at work? What type of activities do your company carry out on that day?
4. How many times have your employers ever discussed with you on health and safety at your workplace?
5. How many women are involved in any accident (whether fatal or not) in the company where you work?
6. Does your company have a clinic?
7. Can you identify various welfare programmes put in place by your company?
8. Is there any forum where employers' representatives and management meet to discuss safety and health related issues?
9. Are there special occupational hazards for women?
10. Are women more vulnerable to health and safety hazards than men? Why and How?
11. Have you ever seen or heard about ILO papers on the condition of workers health and safety especially Convention No155 and 158?

APPENDIX E

2.1.13 Convention on the Elimination of all forms of Discrimination against Women

The States' Parties to the present Convention:

Noting that the Charter of the United Nations reaffirms faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women;

Noting that the Universal Declaration of Human Rights affirms the principle of the inadmissibility of discrimination and proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, including distinction based on sex;

Noting that the States Parties to the International Covenants on Human Rights have the obligation to ensure the equal rights of men and women to enjoy all economic, social, cultural, civil and political rights;

Considering the international conventions concluded under the auspices of the United Nations and the specialized agencies promoting equality of rights of men and women;

Noting also the resolutions, declarations and recommendations adopted by the United Nations and the specialized agencies promoting equality of rights of men and women;

Concerned, however, that despite these various instruments extensive discrimination against women continues to exist;

Recalling that discrimination against women violates the principles of equality of rights and respect for human dignity, is an obstacle to the participation of women, on equal terms with men, in the political, social, economic and cultural life of their countries, hampers the

growth of the prosperity of society and the family and makes more difficult the full development of the potentialities of women in the service of their countries and of humanity;

Concerned that in situations of poverty, women have the least access to food, health, education, training and opportunities for employment and other needs;

Convinced that the establishment of the new international economic order based on equity and justice will contribute significantly towards the promotion of equality between men and women;

Emphasizing that the eradication of apartheid, all forms of racism, racial discrimination, colonialism, neo-colonialism, aggression, foreign occupation and domination and interference in the internal affairs of States is essential to the full enjoyment of the rights of men and women;

Affirming that the strengthening of international peace and security, the relaxation of international tension, mutual co-operation among all States irrespective of their social and economic systems, general and complete disarmament, in particular nuclear disarmament under strict and effective international control, the affirmation of the principles of justice, equality and mutual benefit in relations among countries and the realization of the right of peoples under alien and colonial domination and foreign occupation to self-determination and independence, as well as respect for national sovereignty and territorial integrity, will promote social progress and development and as a consequence will contribute to the attainment of full equality between men and women;

Convinced that the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women on equal terms with men in all fields;

Bearing in mind the great contribution of women to the welfare of the family and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole;

Aware that a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women and

Determined to implement the principles set forth in the Declaration on the Elimination of Discrimination against Women and, for that purpose, to adopt the measures required for the elimination of such discrimination in all its forms and manifestations have agreed on the following:

PART I

Article I

For the purposes of the present Convention, the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

Article 2

States' Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake to:

- (a) Embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;
- (b) adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;
- (c) establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;
- (d) refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;

(e) take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise;

(f) take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women and

(g) repeal all national penal provisions which constitute discrimination against women.

Article 3

States' Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.

Article 4

Adoption by States' Parties of:

1. Temporary special measures aimed at accelerating de facto equality between men and women shall not be considered discrimination as defined in the present Convention, but shall in no way entail as a consequence the maintenance of unequal or separate standards; these measures shall be discontinued when the objectives of equality of opportunity and treatment have been achieved and

2. special measures, including those measures contained in the present Convention, aimed at protecting maternity shall not be considered discriminatory.

Article 5

States' Parties shall take all appropriate measures to:

(a) Modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women and

(b) ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

Article 6

States' Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.

PART II

Article 7

States' Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right to:

(a) Vote in all elections and public referenda and to be eligible for election to all publicly elected bodies;

(b) participate in the formulation of government policy and the implementation thereof and to hold public office and perform all public functions at all levels of government and

(c) participate in non-governmental organizations and associations concerned with the public and political life of the country.

Article 8

States' Parties shall take all appropriate measures to ensure that women are on equal terms with men and without any discrimination, the opportunity to represent their Governments at the international level and to participate in the work of international organizations.

Article 9

1. States' Parties shall grant women equal rights with men to acquire, change or retain their nationality. They shall ensure in particular that neither marriage to an alien nor change of nationality by the husband during marriage shall automatically change the nationality of the wife, render her stateless or force upon her the nationality of the husband.

2. States' Parties shall grant women equal rights with men with respect to the nationality of their children.

PART III

Article 10

States' Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:

(a) The same conditions for career and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in

urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training;

(b) access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality;

(c) the elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;

(d) the same opportunities to benefit from scholarships and other study grants;

(e) the same opportunities for access to programmes of continuing education, including adult and functional literacy programmes, particularly those aimed at reducing, at the earliest possible time, any gap in education existing between men and women;

(f) the reduction of female student drop-out rates and the organization of programmes for girls and women who have left school prematurely;

(g) the same Opportunities to participate actively in sports and physical education and

(h) access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

Article 11

1. States' Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular the right to:

- (a) Work as an inalienable right of all human beings;
- (b) the same employment opportunities, including the application of the same criteria for selection in matters of employment;
- (c) free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;
- (d) equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;
- (e) social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave and
- (f) protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States' Parties shall take appropriate measures to:

- (a) Prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;
- (b) introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;
- (c) encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in

particular through promoting the establishment and development of a network of child-care facilities and

(d) provide special protection to women during pregnancy in types of work proved to be harmful to them.

3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

Article 12

1. States' Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph I of this article, States' Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 13

States' Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular the right to:

(a) Family benefits;

(b) bank loans, mortgages and other forms of financial credit and

(c) participate in recreational activities, sports and all aspects of cultural life.

Article 14

1. States' Parties shall take into account the particular problems faced by rural women and the significant roles which rural women play in the economic survival of their families, including their work in the non-monetized sectors of the economy, and shall take all appropriate measures to ensure the application of the provisions of the present Convention to women in rural areas.

2. States' Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women that they participate in and benefit from rural development and, in particular, shall ensure to such women the right to:

(a) Participate in the elaboration and implementation of development planning at all levels;

(b) have access to adequate health care facilities, including information, counselling and services in family planning;

(c) benefit directly from social security programmes ;

(d) obtain all types of training and education, formal and non-formal, including that relating to functional literacy, as well as, inter alia, the benefit of all community and extension services, in order to increase their technical proficiency;

(e) organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self employment;

(f) participate in all community activities;

(g) have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes and

(h) enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

PART IV

Article 15

1. States' Parties shall accord to women equality with men before the law.
2. States' Parties shall accord to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals.
3. States' Parties agree that all contracts and all other private instruments of any kind with a legal effect which is directed at restricting the legal capacity of women shall be deemed null and void.
4. States' Parties shall accord to men and women the same rights with regard to the law relating to the movement of persons and the freedom to choose their residence and domicile.

Article 16

1. States' Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women the same:

(a) Right to enter into marriage;

- (b) right to freely choose a spouse and to enter into marriage only with their free and full consent;
- (c) rights and responsibilities during marriage and at its dissolution;
- (d) rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
- (e) rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
- (f) rights and responsibilities with regard to guardianship, ward ship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;
- (g) personal rights as husband and wife, including the right to choose a family name, a profession and an occupation and
- (h) rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration.

2. The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.

APPENDIX F

International Labour Organisation Convention on Occupational Safety and Health

C155 Occupational Safety and Health Convention, 1981

Convention concerning Occupational Safety and Health and the Working Environment (Note:

Date of coming into force: 08:1983.)

Convention: C155

Place: Geneva

Session of the Conference: 67

Date of adoption: 22:06:1981

Subject classification: Occupational Safety and Health

Subject: **Occupational Safety and Health**

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and

having met in its Sixty-seventh Session on 3 June 1981, and

Having decided upon the adoption of certain proposals with regard to safety and health and the working environment, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

Adopts this twenty-second day of June of the year one thousand nine hundred and eighty-one the following Convention, which may be cited as the Occupational Safety and Health Convention,

1981:

PART I. SCOPE AND DEFINITIONS

Article 1

1. This Convention applies to all branches of economic activity.
2. A Member ratifying this Convention may, after consultation at the earliest possible stage with the representative organisations of employers and workers concerned, exclude from its application, in part or in whole, particular branches of economic activity, such as maritime shipping or fishing, in respect of which special problems of a substantial nature arise.
3. Each Member which ratifies this Convention shall list, in the first report on the application of the Convention submitted under Article 22 of the Constitution of the International Labour Organisation, any branches which may have been excluded in pursuance of paragraph 2 of this Article, giving the reasons for such exclusion and describing the measures taken to give adequate protection to workers in excluded branches, and shall indicate in subsequent reports any progress towards wider application.

Article 2

1. This Convention applies to all workers in the branches of economic activity covered.
2. A Member ratifying this Convention may, after consultation at the earliest possible stage with the representative organisations of employers and workers concerned, exclude from its application, in part or in whole, limited categories of workers in respect of which there are particular difficulties.
3. Each Member which ratifies this Convention shall list, in the first report on the application of the Convention submitted under Article 22 of the Constitution of the International Labour Organisation, any limited categories of workers which may have been excluded in pursuance of paragraph 2 of this Article, giving the reasons for such

exclusion, and shall indicate in subsequent reports any progress towards wider application.

Article 3

For the purpose of this Convention the term:

- (a) *branches of economic activity* covers all branches in which workers are employed, including the public service;
- (b) *workers* covers all employed persons, including public employees;
- (c) *workplace* covers all places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer;
- (d) *regulations* covers all provisions given force of law by the competent authority or authorities and
- (e) *health* , in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work.

PART II. PRINCIPLES OF NATIONAL POLICY

Article 4

1. Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment.
2. The aim of the policy shall be to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment.

Article 5

The policy referred to in Article 4 of this Convention shall take account of the following main spheres of action in so far as they affect occupational safety and health and the working environment:

- (a) Design, testing, choice, substitution, installation, arrangement, use and maintenance of the material elements of work (workplaces, working environment, tools, machinery and equipment, chemical, physical and biological substances and agents, work processes);
- (b) relationships between the material elements of work and the persons who carry out or supervise the work, and adaptation of machinery, equipment, working time, organisation of work and work processes to the physical and mental capacities of the workers;
- (c) training, including necessary further training, qualifications and motivations of persons involved, in one capacity or another, in the achievement of adequate levels of safety and health;
- (d) communication and co-operation at the levels of the working group and the undertaking and at all other appropriate levels up to and including the national level and
- (e) the protection of workers and their representatives from disciplinary measures as a result of actions properly taken by them in conformity with the policy referred to in Article 4 of this Convention.

Article 6

The formulation of the policy referred to in Article 4 of this Convention shall indicate the respective functions and responsibilities in respect of occupational safety and health and the working environment of public authorities, employers, workers and others, taking account both of the complementary character of such responsibilities and of national conditions and practice.

Article 7

The situation regarding occupational safety and health and the working environment shall be reviewed at appropriate intervals, either over-all or in respect of particular areas, with a view to identifying major problems, evolving effective methods for dealing with them and priorities of action, and evaluating results.

PART III. ACTION AT THE NATIONAL LEVEL

Article 8

Each Member shall, by laws or regulations or any other method consistent with national conditions and practice and in consultation with the representative organisations of employers and workers concerned, take such steps as may be necessary to give effect to Article 4 of this Convention.

Article 9

1. The enforcement of laws and regulations concerning occupational safety and health and the working environment shall be secured by an adequate and appropriate system of inspection.
2. The enforcement system shall provide for adequate penalties for violations of the laws and regulations.

Article 10

Measures shall be taken to provide guidance to employers and workers so as to help them to comply with legal obligations.

Article 11

To give effect to the policy referred to in Article 4 of this Convention, the competent authority or authorities shall ensure that the following functions are progressively carried out:

- (a) The determination, where the nature and degree of hazards so require, of conditions governing the design, construction and layout of undertakings, the commencement of their operations, major alterations affecting them and changes in their purposes, the safety of technical equipment used at work, as well as the application of procedures defined by the competent authorities;
- (b) the determination of work processes and of substances and agents the exposure to which is to be prohibited, limited or made subject to authorisation or control by the competent authority or authorities; health hazards due to the simultaneous exposure to several substances or agents shall be taken into consideration;
- (c) the establishment and application of procedures for the notification of occupational accidents and diseases, by employers and, when appropriate, insurance institutions and others directly concerned, and the production of annual statistics on occupational accidents and diseases;
- (d) the holding of inquiries, where cases of occupational accidents, occupational diseases or any other injuries to health which arise in the course of or in connection with work appear to reflect situations which are serious;
- (e) the publication, annually, of information on measures taken in pursuance of the policy referred to in Article 4 of this Convention and on occupational accidents, occupational diseases and other injuries to health which arise in the course of or in connection with work and

- (f) the introduction or extension of systems, taking into account national conditions and possibilities, to examine chemical, physical and biological agents in respect of the risk to the health of workers.

Article 12

Measures shall be taken, in accordance with national law and practice, with a view to ensuring that those who design, manufacture, import, provide or transfer machinery, equipment or substances for occupational use:

- (a) Satisfy themselves that, so far as is reasonably practicable, the machinery, equipment or substance does not entail dangers for the safety and health of those using it correctly;
- (b) make available information concerning the correct installation and use of machinery and equipment and the correct use of substances, and information on hazards of machinery and equipment and dangerous properties of chemical substances and physical and biological agents or products, as well as instructions on how known hazards are to be avoided and
- (c) undertake studies and research or otherwise keep abreast of the scientific and technical knowledge necessary to comply with subparagraphs (a) and (b) of this Article.

Article 13

A worker who has removed himself from a work situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health shall be protected from undue consequences in accordance with national conditions and practice.

Article 14

Measures shall be taken with a view to promoting in a manner appropriate to national conditions and practice, the inclusion of questions of occupational safety and health and the working

environment at all levels of education and training, including higher technical, medical and professional education, in a manner meeting the training needs of all workers.

Article 15

1. With a view to ensuring the coherence of the policy referred to in Article 4 of this Convention and of measures for its application, each Member shall, after consultation at the earliest possible stage with the most representative organisations of employers and workers, and with other bodies as appropriate, make arrangements appropriate to national conditions and practice to ensure the necessary co-ordination between various authorities and bodies called upon to give effect to Parts II and III of this Convention.
2. Whenever circumstances so required and national conditions and practice permitted, these arrangements shall include the establishment of a central body.

PART IV. ACTION AT THE LEVEL OF THE UNDERTAKING

Article 16

1. Employers shall be required to ensure that, as far as is reasonably practicable, the workplaces, machinery, equipment and processes under their control are safe and without risk to health.
2. Employers shall be required to ensure that, so far as is reasonably practicable, the chemical, physical and biological substances and agents under their control are without risk to health when the appropriate measures of protection are taken.
3. Employers shall be required to provide, where necessary, adequate protective clothing and protective equipment to prevent, so far as is reasonably practicable, risk of accidents or of adverse effects on health.

Article 17

Whenever two or more undertakings engage in activities simultaneously at one workplace, they shall collaborate in applying the requirements of this Convention.

Article 18

Employers shall be required to provide, where necessary, for measures to deal with emergencies and accidents, including adequate first-aid arrangements.

Article 19

There shall be arrangements at the level of the undertaking under which:

- (a) Workers, in the course of performing their work, co-operate in the fulfillment by their employer of the obligations placed upon him;
- (b) representatives of workers in the undertaking co-operate with the employer in the field of occupational safety and health;
- (c) representatives of workers in an undertaking are given adequate information on measures taken by the employer to secure occupational safety and health and may consult their representative organisations about such information provided they do not disclose commercial secrets;
- (d) workers and their representatives in the undertaking are given appropriate training in occupational safety and health;
- (e) workers or their representatives and, as the case may be, their representative organizations in an undertaking, in accordance with national law and practice, are enabled to enquire into, and are consulted by the employer on, all aspects of occupational safety and health associated with their work; for this purpose technical advisers may, by mutual agreement, be brought in from outside the undertaking;

(f) a worker reports forthwith to his immediate supervisor any situation which he has reasonable justification to believe presents an imminent and serious danger to his life or health; until the employer has taken remedial action, if necessary, the employer cannot require workers to return to a work situation where there is continuing imminent and serious danger to life or health.

Article 20

Co-operation between management and workers and/or their representatives within the undertaking shall be an essential element of organisational and other measures taken in pursuance of Articles 16 to 19 of this Convention.

Article 21

Occupational safety and health measures shall not involve any expenditure for the workers.

(International Labour Conference, 90th Session, 2002)

APPENDIX G

Injured Nigerian Workers



UNIVERSITY OF IBBADAN