An Analysis of the Level of Awareness and Barriers to Effective Organizational Health and Safety Practices among Nigerian Public and Private Sectors Workers

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ABSTRACT
Occupational health and safety (OHS) is sine qua non to a safe work place and productive workforce. Developing countries are widely criticised for the lack of effective OHS policy and consequent lack of awareness. This study analysed barriers to effective occupational health and safety uptake in Nigeria's public and private sector. The objectives were to determine current barriers to effective OHS uptake; examine extant OHS policies and their adequacy, ascertain the level of awareness of applicable OHS standards in the workplace, and compare the level of awareness of OHS between public and private sectors workers. In order to achieve this, a survey research method was conducted. Questionnaire survey was used to collect relevant data for the study. Test statistics includes percentage and charts, chi-square and inter-rater agreement. Findings of the study reveal that unemployment, lack of government commitment, low accident reporting culture are current barriers while corruption and non-domestication of safety standards are disincentives for the uptake of effective OHS. Further finding indicates there is a high level of awareness on the needs for safe work place practices. The study however contend that a high level of awareness ought to drive the demand for standard health and safety policies where there are none in the workplace, but regrettably, the enforcement mechanisms available to the employees are very weak. While barriers and disincentives may be distinguished, the implication is that, strategies towards improving OHS practices in Nigeria should first be targeted at mitigating barriers in order to curb the challenges arising from disincentive factors.

Keywords: *Occupational health and safety, Health and Safety awareness, Health and safety barriers, Public sector, Private sector, Workers*

1. INTRODUCTION

Development of occupational health & safety (OHS) dates back in history when industrialization was in crude form, un-mechanized system of farming was the major occupation, slave labour was in high demand (Iden, 2010; Assogwa, 2007). Due to the harsh and poor working

environment in this era, the accident and death rate was on the increase. Georgious Agricola and Berndino Ramazzine were the early medical pioneers of OHS who initiated the idea of making the work environment safe and healthy in order to reduce the rate of accidents and ill health (Omokhodion, 2009). However, health and safety law in the UK came as a result of agitation (industrial revolution) from the public over the health and safety standard in workplaces.

In Nigeria, almost all existing occupational health and safety regulations are imports from abroad. For example, the existing Factory Act of 1990 is an adaptation of the UK Factory Act of 1961. Also, the Occupational Safety and Health Act of 1970 was originally an American regulation. The Control of Substances Hazardous to Health Regulations of 1988, the Personal Protective Equipment at Work Regulations of 1992, and the Management of Health and Safety at Work Regulations of 1999 are all British regulations and are also in force in European countries. The Manual Handling Operations Regulations of 1992 and the Construction Design and Management (CDM) Regulations of 2007 are also UK regulations. Apart from the Factory Act of 1994, which was enacted by the legislative arm of the Nigerian government, no other OHS regulations that exist in European and other foreign countries have yet been domesticated in Nigeria (Idoro, 2011; Asogwa, 2007).

Like other laws, the Occupational Health and Safety Act and regulations is yet to gain wide acceptability among the citizenry in Nigeria (Adeniyi, 2001). The lack of health and safety professionals may be a contributory factor. Although, in the private sector, most of the multinational companies tend to have robust health and safety guidelines, but the implementation, compliance level and effectiveness is widely unknown due to lack of research in the area. The present study therefore focuses on bridging this research gap in answering research problems raised in the aim and objective section.

2. STATEMENT OF PROBLEM

Globally, it is estimated that 2.34 million people die each year from work-related accidents and diseases. There is also an estimated 160 million cases of non-fatal work-related diseases occur yearly (ILO, 2013 & ILO, 2011). Not less than 200 cases of industrial accidents occur in the workplace in Nigeria daily with an equal rate of fatalities (Adeleke, 2001).

Nigerian workers across all sectors of the economy are endangered and prone to accident ranging from minor to fatal. Some have lost their lives right in line of duty and some lost vital organs which has rendered them permanently incapacitated. This high rate of workplace accidents affects productivity as reasonable hours are lost (ILO, 2011). This in turn affects the country's economy as the international labour organization (ILO) estimated that occupational accidents, injuries and diseases amount to 4% of loss in global gross domestic product (GDP) or 2.02 trillion US dollars, in direct and indirect cost of occupational injuries and diseases (Lia , 2013).

In recent times, several safety disasters in the workplace have been a recurrent incidence in Nigeria. For example, the Boiler explosion in a Distillery company in Otta, south west Nigeria where two workers lost their lives and many others injured. Ikorodu fire incident that badly injured some workers and the electric shock that killed a staff of Dura pack a Chinese owned

company in Lagos and several other related incidents that call for a thorough investigation of work place safety consciousness among the different sectors in Nigeria. All these safety disasters can be attributed to the lack of safety standards at workplaces, low awareness of health and safety practices and a lack of compliance to safety rules (Ezenwa, 2010).

It is against this background that the study will set out to evaluate barriers to effective OHS practices and assess the level of awareness of occupational safety among workers in the private and public sectors.

3. AIM AND OBJECTIVES

The aim of this study is to analyze barriers to effective OHS practices in Nigeria. The specific objectives include to:

i. Determine current barriers to effective OHS policies uptake in the Nigerian public service and private sector;
ii. Ascertain the level of awareness of applicable OHS standards in the workplace;
iii. Compare the level of awareness of OHS standards among public and private sector workers; and
iv. Recommend the approach in tackling the barriers to effective OHS and increase level of awareness.

4. THEORETICAL FRAMEWORK

4.1. Historical Antecedence of Occupational Health & Safety

The industrial revolution that happened in the UK between 1760 and 1830 lead to profound social change in every sector of the economy and addresses mainly the workers' health and safety in the work place (Harrison, 2012). Health hazards associated with certain occupation were identified early in history throughout the distant past. However, little interest was shown in protecting workers' health.

The historical development of occupational health and safety policies and regulations has its roots in the United Kingdom (UK) and United States of America (USA). Developments in the Uk and USA influenced OHS rational throughout the industrialized world. Global Safety awareness was shaped as a result of several industrial disasters mostly in Europe. The 1974 Flixbrough accident that blew away a whole village as a result of an explosion at the Nipro Ltd (Venart , 2007), and the Piper Alpha disaster of 1987 among others lead to the enactment of safety management system (SMS) by some organizations (Adeogun & Okafor , 2013).

During pre-industrialization era, safety was seen to be the responsibility of individual companies. Occupational health and safety was seen in some companies in the developing countries like Nigeria as only the neatness of employee, premises and the work environment (Adeogun & Okafor , 2013). Figure 1 depicts the evolution stages of OHS policies and practice.

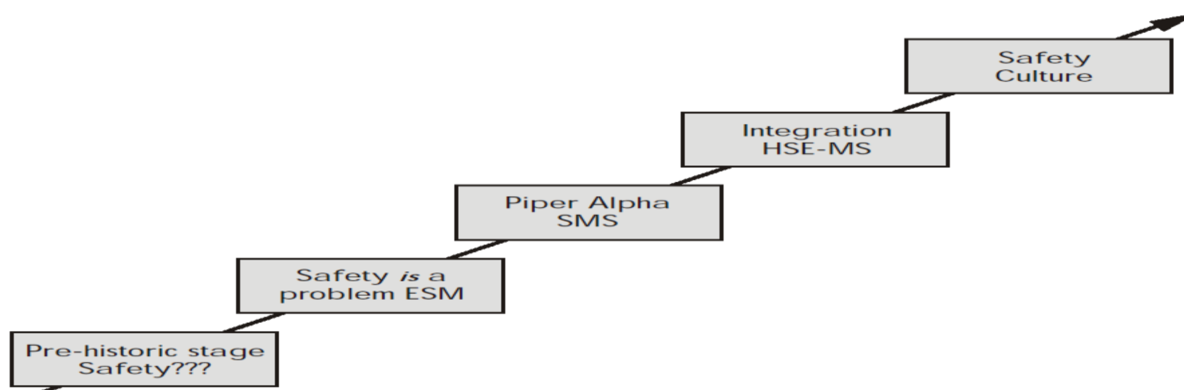

Figure1: Evolution of occupational health and safety (Adegoun & Okafor, 2005*)*

4.2. Development of Occupational Health and Safety (OHS) In Nigeria

The development of OHS in developing countries varies according to each country's political attainment, developmental changes and economic emancipation. OHS in the developing countries especially in Nigeria followed the pattern of United Kingdom (UK). According to Idoro (2011), contemporary occupational health comes as a result of colonization and industrialization by Britain. OHS program was introduced in Nigeria during the Colonial era, when Nigeria was under British colony. In those days the duties of the health officers who were mainly Britons, was to monitor the workers. OHS activities in those days were more of a reactive measure to health and safety than proactive, in the sense that safety and health of workers were only addressed when accident occur (Adeogun & Okafor, 2013).

The laws relating to OHS in Nigeria is fashioned after the legislation of Britain, with whom Nigeria still maintain strong economic ties till date (Asogwa, 2007)**.** In Nigeria, almost all existing occupational health and safety regulations originated from foreign countries; UK & USA. The existing Factory Act of 1990 is an adaptation of the UK Factory Act of 1961. The Occupational Safety and Health Act of 1970 was originally an American regulation. The Control of Substances Hazardous to Health (COSHH) Regulations of 1988, the Personal Protective Equipment at Work Regulations of 1992, and the Management of Health and Safety at Work Regulations of 1999 are all British regulations and are in enforced in European countries. The Manual Handling Operations Regulations of 1992 and the Construction Design and Management (CDM) Regulations of 2007 are also UK regulations. However, the first indigenous OHS law was the Factory Act of 1994, which was enacted by the legislative arm of the Nigerian government (Idoro, 2004).

Factory Act of 1987 was a landmark in legislation in occupational health in Nigeria, a significant review of the colonial legislation factory Acts of 1958. The decree changed the definition of a factory from an enterprise with 10 or more workers to a premise with one or more workers, this act covers both the medium and small scale enterprises that constitute a larger part of Nigeria workforce (Kalejaiye, 2013) .The current legislation is the Factory Act of 1990 which is the

same as the 1987 legislation. However, the present government has recently passed a health and safety regulation bill, although it is yet to be signed into law (Pedro, 2012).

The Nigeria Ministry of Labor was created in 1951 and it is the body with the responsibility of enforcing the legislation and to carry out factory inspection. In 2006, the ministry produced a national policy on safety and Health which details the responsibilities of employers, workers, manufacturers and government agencies in the maintenance of the health and safety of workers both in the private and public sectors (Okojie, 2010).

Nigeria demonstrated a genuine effort towards implementing OHS laws, programs and practices at the initial stage and this yielded some good results. In spite of the effort and progress so far in OHS in Nigeria, it is reported that the workers knowledge of workplace hazards and existing legislation is still low especially in the public sectors as well as the medium and small scale industries (Adeogun & Okafor , 2013).

4.3. Health and Safety Policies and Programs in Nigeria

In every nation, it is the responsibility of government to ensure the safety of its citizens. In a bid to achieving this, government of many nations developed laws that outline the scope of workplace health and safety policies. For instance, in the United States of America, the law that governs health and safety in the workplace is the Occupational Safety and Health (OSHA) Act which was established in 1974. Although the OSHA law1974 was a remedial act designed to remedy safety problems on the job (Kalejaiye, 2013). In Britain, the Health and safety at work Act (HSAWA) 1974 and other related Acts provides the legal framework for the code of practice on workplace health and safety issues (HSE, 2004).

In Nigeria, the government enshrines the health and safety law in two acts; the factory Act and the compensation Act of 1987. The objective of the factory Act is to provide a safe workplace for factory workers and other professionals exposed to occupational hazards and to enforce penalties for any breach to the health and safety law (Laws of the Federation of Nigeria, Vol. 6, chapter F1: F1-4). The Factory Act (1987) proposes the area in which the employer is expected to develop H&S policies in order to protect their workers. There is a general provision for health in the factory Act which covers issues like; cleanliness, overcrowding, ventilation, lighting, drainage of floors and sanitary conveniences among others, while the provision for safety covers equipment and facilities. The workers compensation Act is an Act for the payment of compensations to workman for injury or harm sustained in the event of their work. Section 32 of this act specifies that compensation is to be made for any disease or injury arising out of or in the event of his work.

Although, the Factory Act generally covers the hygiene and safety requirement of work environment, it however focuses mainly on factory workplace. It is only by extension that it can be applied to non-factory workplace. The Workers Compensation Act has been replaced with Employee Compensation Act and the new Act covers every aspect of the contract of employment entered between employee and employers, such as wages, working hours, holidays pay, sick pay and suspension (Ocheri, 2003).

It can be rightly said that Nigeria OHS regulations are autonomous in nature, such that various ministries, parastatals and agencies have their own enforcement organs. Noticeable among the laws are The Public Health Act (1990) being enforced by the ministry of Health, The Employee Compensation Act (2010) being enforced by Ministry of Labour and Productivity, The Fire Safety Regulations (1988) which is being administered by the Federal Fire Service, The Oil Pipeline Act (1990) enforced by the Department Petroleum Resource (DPR), Nigerian National Petroleum Company, NNPC, among others (Iden, 2010). Lack of harmonization of these Acts and regulation decreases enforcement and compliance.

Despite the statutory provision and expectation, there is still a gap in OHS management in Nigeria. Okojie (2010) assert the gap between what OHS stipulates and what is actually established in practice is caused by the lack of health and safety awareness and regulations in every sector of the Nigeria economy. Nowacki (2009) confirmed that the awareness level of OHS program is at infant stage. He argued that workers who are uninformed about hazards to which they are exposed to, find it hard to adhere to such regulations. In response to this point, Maji, (2006) emphasized that all workers should be well informed about the hazards and risk associated with their work.

Although the health and welfare of workers in developing countries like Nigeria appears easy to manage given the traceable nature of the issues raised, in reality the case is different. Benjamin (2008) attributed the difficulty to lack of compliance to OHS statutory requirements by management, lack of interest of workers health by trade union like the Nigeria Labor Congress (NLC) who only struggle for increase in wages over the health and safety of the workforce. As a result, most organizations take advantage of the situation and decline to comply with OHS regulations to protect workers from workplace hazards (Maji, 2006).

4.4. Safety Awareness in the Public and Private Sectors

Several research carried out so far in Nigeria with regards to OHS practices indicates that there is OHS regulations and law in Nigeria although still at the embryonic stage. In Nigeria, the statutory regulations capable of ensuring the adoption and implementation of health and safety management systems by organizations seem ineffective. This is because of some barriers and lack of awareness on the importance of H&S in the workplace (Diugwu, Baba, & Egila, 2012). Equally noted is the inability and unwillingness by organizations to pay adequate attention to health and safety management. Thus, the overall H&S standards, operations, capabilities and corporate image of Nigerian workers' health and safety are neglected (Iden, 2010).

Although research on the effectiveness of the occupational and environmental health program remains scrubby, occupational health and safety program in the private sector have been reviewed over the years while much has not been said about public sector OHS programs globally (Yarborough 1994; Hathaway 1994; Rudolph 1996; and Clifford, 1998). `A review of Medline for the years 1966 to 1997 showed no article devoted specifically to the evaluation of OHS programs in the USA public sector (Clifford, 1998). Such can be said of the present situation in Nigeria. Generally, Nigeria focuses more on environmental management issues and

product standardization regulations and overlooks the health and safety of the working population. This assertion is back by the emphasis the government places on such agencies as the Standard Organisation of Nigeria (SON) and Federal Environmental Protecting Agency (FEPA) which oversees such responsibilities (UHY, 2010).

Adeogun & Okafor, (2010) stated that, the few companies in Nigeria that recognize occupational health and safety are the big multinationals. They argued that the reason why the multinationals tend to practice what seems like effective OHS programs is because their OHS policies are constituted in their parent countries of origin like UK and USA. Also Asuzu (2003); Omokhodion (2009) and Ehi (2010) in like manner buttressed the point. They noted that health, safety and welfare services in Nigeria were adequate mostly in large industries that still have international involvement and participation.

According to Clifford (1998), OHS practices in the private and public sectors vary both in their program structure and work environment. He argued that the public sector environment is different from the private sector. The public sectors have high human resources which makes the OHS management across the sectors very cumbersome. The salary structure of the public sector staff may not be able to attract qualified personnel who can effectively implement OHS practices in the workplace. In Nigeria - a greater percentage of OHS personnel are seen in the private multinational companies, while only 60 factory inspectorates are employed in the public sector and are distributed all over the country of thirty six (36) states (Ezenwa, 2010).

One argument given for this anomaly is that the private multinationals have well-structured organizational culture and more attractive pay package for their staff than the public sector. As a consequence, OHS program administrators in the public sector have more difficulties than their counterparts in the private sector (Adeogun & Okafor, 2013).

The public sector OHS program covers public safety and emergency response. These twin responsibilities call for OHS practices in unique legal and regulatory issues (Clifford, 1998). A research carried out by Jane *et al*. (2008) showed that the public sector employees reported lower safety climate perceptions and more work-related illnesses than private sector employees.

4.5. Key Risk/Hazard in the Public and Private Sectors

For an organization to meet its goals and objectives, the health and safety of the workers should be seriously considered and taken into account as a "healthy worker is an able worker and safer worker is a focused worker" (Kalejaiye, 2013). According to Maslow (1954), workers ability and motivation to work is affected by unsafe and unhealthy environment. In agreement to this, Haslop (1999) noted that unsafe work practices cost money and reduces profit, because maximizing profit relates to the extent losses are avoided or managed.

In tackling OHS issues, deliberations on working conditions focuses attention on the various aspects of work environment: physical, chemical, biological, ergonomic, and psychological as already indicated. On the other hand, deliberations on work behaviors focus attention on habits, lifestyle, compliance with rules and regulation, body types and proneness to accidents.

Interactions between these two broad factors are the major cause of accidents resulting in injuries and health problems (Adeniyi, 2001).

Workplace accident and occupational ill-health are the main cause of absenteeism resulting from sickness in the various sectors of the economy both in the developing and developed countries (Maji, 2006). Most of the workplace accidents occur as a result of unsafe behavior of workers. This may be because of their lack of awareness of safe practices that their job requires or because they chose not to do the right things (Maji, 2006 and Oleru, 1984).

Eva (1998) stated that although the public sector services centered on office work which may not require much physical strength or direct contact with hazardous elements, there are occupational health and safety issues that are still inherent in the sectors. Employees from organizations such as the government ministries do more of clerical jobs, paper work and a little of manual handling, which does not entail high risk. Western Australian (WA) code of practice (Australian, 2007) identified some hazards for the public sectors to include slips, trips and falls, workplace violence, bullying, stress among others. Also poor ergonomics design of the work environment such as, poor lighting, ambient temperature, poor ventilation of offices; workplace arrangement and fire risk are high in the public sectors. This results to high rate of health issues, like musculoskeletal disorder (MSD), low back pain (LBP) and other occupational ill-health (HSE, 2001).

According to a research carried out in China by AAOCHAM, about 85% of the people working in the private sectors have some form of occupational health issues compared to the public sector workers. The researchers argued that the prevalence of occupational health issues and stress related disorder in the private sector is caused by long work hours, threat of losing their jobs, work pattern and hazardous nature of their job (Figley, 2008). Some Private organizations in Nigeria run shiftwork with extended hours and schedules that starts and ends at almost any time of the day (Ejibunu, 2012). Chronic fatigue, gastrointestinal upsets, psychosomatic disorders, coronary heart disorders are major work related ill health common in the private sectors (Figley, 1999; Vila & Taiji, 1999; Patterson, 1997; Bohle, 2000; Violanti, 1996). The following are also identified as common private sector work related OHS issues: fall from heights; noise and hand arm vibration syndrome; respiratory and breathing problems such as asthma from exposure to asbestos dust; silica and other hazardous substances; skin diseases; stress and instant death mostly in the construction companies (HSE, 2002; ROAPS, 2007; Davies & Tomasin, 1996).

Ezenwa (2000) stated that injury and fatality rate is higher in the private sector especially in the petroleum industry than other Nigerian factories. He gave the figure of reported injured workers in the petroleum industries with fatalities to be 14.4% of total annual report of workplace injuries in Nigeria. A Similar observation was made in US oil and gas industries: McNabb reported that non-fatal work-related injury rate is 49% higher among oil & gas field workers than among workers in all USA industries put together (Mc Nabb et al, 1990).

Idoro (2011) observed that Nigeria lacks necessary statutory regulations on health and safety. The inadequate regulation of health and safety in the private and public sector is as a result of the

forgoing limitations in the provision of the law. Irregularities in reporting and recording of workplace accidents and H&S performance contributes in making it impossible for any meaningful improvement in health and safety standard of employees. Idoro (2004) further argued that some of the OHS regulations in place are skeletal in nature and lack the local contents as they originated from the foreign countries like UK and USA. This makes the regulations and programs difficult to implement and comply with. Also Chief Rotimi Williams a senior advocate of Nigeria (SAN) in a seminar stated that the Nigeria factory Act is too dense because it was formed after British law and standards (Rotimi, 2012). He noted that the Nigerian OHS regulations are static and does not change with tides of event. Benjamin (2008) concurred to this by stating that national OHS polices should be established according to countries' specific problems, local contents, severity or extent of risk/hazards, level of technology development and sector or enterprise in question within the country. He also advised and stressed that adverse socio-economic condition should not be used as excuse for inaction.

4.6. Causes of Discrepancy of barrier to OHS

OHS programs vary accordingly between the private and public sectors. The private sector incorporates OHS programs in the management system and set safety culture and safety climate to implement such policies. Bennet (2002) argues that workers view on OHS management is often ignored in Africa in general, but workers in the private sector are more exposed to OHS programs and regulations at workplace.

Some causes of such discrepancies include the following:

i. Public and private sectors differ in their operations level, and this means that the extent of risk and hazards differ as well, as each job has it peculiar risk and hazards associated with it (Asogwa, 2007). Although management style and organizational safety culture in place determines the safety climate in any organization (Reason, 2000).
ii. Majority of the organized private sectors in Nigeria, like the oil and gas and other production companies have more effective OHS programs because the OHS policies are constituted in their parent countries (Adeogun & Okafor, 2013; Iden, 2010; Okojie, 2010).
iii. According to Clifford (1998), the public sector environment is different from the private sector in that the public sector has high human resources. The salary structure of the public sector staff may not be able to attract qualified personnel who can effectively implement OHS practices in the workplace.
iv. Educational standard of the workforce. Graham (2004) postulates that education provides the required skills and knowledge base needed to achieve social status and make healthy choices. According to Murtala & Bala (2013), so many Nigerian workers mostly in the informal sectors are illiterates. He stated that public sector employees are made of rank and file staff (junior workers) that has the basic qualification of Senior Secondary School Certificate or General Certificate of Education (GCE). The private sector workforce is characterized by educated employees, who are experts, qualified personnel and skilled employees (Clifford, 1998). These elites have access to information and can easily understand concepts and implement accordingly. Findings from her studies undertaken by Graham (2004) reveals that those with less education are at greater risk.

v. The public sector OHS programs push to justify economic benefits while the private sectors organizations strive towards quality system management standards. For instance the ISO 900 and 14000 series have driven many private organizations to adopt internal quality measures within the health and safety organization. While the private organizations struggle to get required ISO standards, the public organizations show no interest in such third party standards (Levine & Dyjack, 1996)

Furthermore, the way employees in the public and private sectors in Nigeria perceive risk affects their response to health and safety. Majority of Nigerian employees see the risk and occupational hazards associated with their job as part of their job whereas in the developed countries, the public is of the opinion that accidents in workplace happen out of ignorance of safety precautions, inefficiency and poor management (Ezenwa, 1996). This confirms the study carried out by Rundmo et al. (1998) which showed that employees attitude towards risk perception has a significant positive effect on occupational risk. Thus the risk imposed on individuals by occupational hazards is dependent upon the individual's perception of the risk and action taken to avoid it.

Cox and Cox (1991) in a literature stated that the most effective safety culture for any organization is the generative safety culture (Figure 2.3), where safe behaviour is fully integrated into every activity of the organisation. Despite the fact that the multinational private organisations have more awareness for OHS practices, workers attitude, perception and value for safety and safe workplace is still poor. Bruce (2009) reported that overzealous investment promotions in the private sectors may have a tendency to expose workers to hazardous process operations especially where labour and occupational health standards are compromised as in the case of Nigeria. Figure 2 shows the generic approach to safety culture. Over the year safety culture has undergo many changes ranging from pathological to generative. The generative approach enshrines safety behaviour in organization activities.

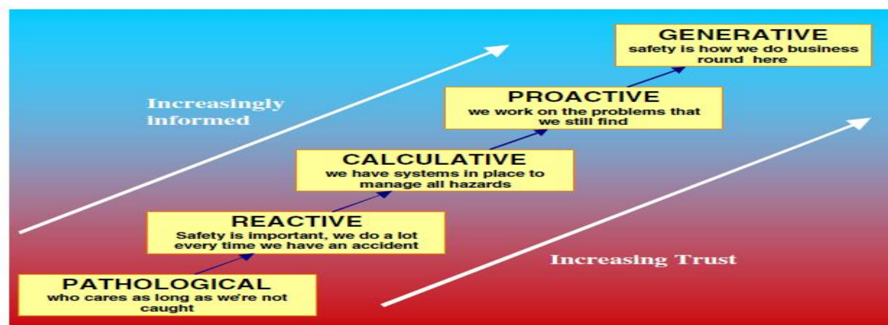

Figure 2. Generic Approach to Safety Culture (Adapted from Cooper, 2000)

Seaton *et a*l. (2008) is of the view that gender, age, psychological problems, management factors and gaps in communication increase the rate of accidents. Also, it has been understood that women are less prone to accidents and injuries than men. Research has shown that 90% of fatal accidents happen to men because they tend to choose more hazardous jobs even in the same industrial sector. This could be likened to the current situation in the Nigeria public sector.

Majority of the public sector employees are female and the kinds of job that are predominant in the public sector are clerical jobs which their male folks finds unattractive. In line with findings of Nichole (2001), people within the younger age rang have been found to be more at risk in the workplace: this is as a result of their agility, adventurous nature and the need to show off.

5. METHODOLOGY

The present study adopts a survey research approach. This approach was selected for this research because the study involves questionnaire survey. This study was conducted in the Federal Capital Territory (FCT) Abuja, Nigeria. This region hosts the federal civil service headquarters and hundreds of multinational companies including job centres. Abuja was mainly selected for this study based on the concentration of civil service ministries and other leading public sector agencies that provide a fairly reasonable amount of study sample. The concentration of public service and private establishments enhance the benefit of this study and easy access to participants.

The study targeted 200 respondents for the study. The study population consists of two strata: public and private sector workers. Sixty-five percent (65%) of the survey questionnaire was administered to the public sector respondents while the private sector respondents were 45%. One hundred and twenty seven (127) responses were retrieved. Twenty five (25) were unsuitable for analysis. The reasons for unfitness ranged from incomplete answering, partial attempt to outright withdrawal from participation. One hundred and two (102) questionnaire responses were analyzed. This is equivalent to 57% response rate. This is a significant response rate in a survey administration. Studies have shown a 30% response rate to be acceptable in a survey (Hoxley, 2008; Peterson, 2000).

Non-probabilistic sampling technique was used in sampling the study population. The rationale behind the use of this method is anchored on the lack of specific number of elements in a population. Due to the sampling technique adopted, a random sample was studied. The study utilizes both primary and secondary sources of data. Secondary sources are generated from literature and it forms the conceptual framework and establishes the need for the study. It consists of sources from published textbooks, published journal articles, other referred sources, online journals, other online sources, periodicals and reports. The internet provides a veritable reservoir of data for the literature; thus, most of the journal was accessed in soft copies. The primary data was generated from the field.

The questionnaire items comprised 19 questions in three sections A, B and C. Section A consists of questions relating to respondents characteristics. Section B questions are based on OHS standards and compliance, while section C deals with OHS awareness issues and possible barriers to effective OHS standards.

The data was first tested for reliability and coherency using alpha Cronbach reliability test. The analysis involved determination of interdependency, proportion, range and measure of dispersion among others. Chi square, percentages and variance were used.

6. RESULTS AND DISCUSSION

In examining basic impediments, challenges and barriers militating against effective occupational health and safety programme uptake in Nigeria, a list of 12 perceived obstacles was generated, and respondents ranked the extent in which each factors impedes effective OHS uptake in Nigeria. The ranking opinion of each factor across the entire population was subjected to hypothesis testing using appropriate statistics. It was hypothesized that the identified barriers to effective OHS uptake in Nigeria are not significant factors challenging effective OHS practice. From the analysis, all factors are less than Asymp. Sig. –P-value 0.005. The Null hypothesis is therefore rejected and alternate hypothesis accepted; that is, the identified barriers to effective OHS uptake in Nigeria are significant factors challenging effective OHS practice.

The corroborated ranking opinions of respondents on barriers to effective OHS uptake in Nigeria showed a clear distinction between the corroborated view analyzed and the independent view of respondents in the public and private sectors. Low accident reporting culture is the leading barrier challenging effective OHS uptake among the private sector workers while high rate of unemployment leads the drivers of ineffective OHS uptake in the public sector. The 2nd and 3rd highly ranked factors in hierarchy in the private sector are: lack of government support and lack of regulatory framework, while the second factor, lack of government support was ranked first. This implies the public sector respondents' opinion significantly influenced the result obtained. The 2nd and 3rd highly ranked factors in the comparative public sector are lack of government support and the lack of OHS professionals.

The result on the comparative perception of respondents in the respective sector on the awareness level on OHS in Nigeria showed 55% of the respondents are engaged by the public sector while 45% are engaged by the private sector. On the availability of OHS department in the work places, 85% of the work places in the private sector have organized and structured OHS department while only 35% of the work places in public sector have a structure OHS department. There is a slightly higher level of awareness about OHS in the private sector than the public sector. Although, both sector proportions are related 89% and 84% respectively. Similarly, public sector workers are more informed about the employer's responsibility on the work place safety issues than private sector workers. Though, the difference is minimal 82% and 79% respectively.

From the data obtained, only 40% of the public sector's work places have enforcement mechanism such as disciplinary actions while 89% of the private sector work places are regulated with OHS enforcement mechanisms. There is no difference between private and public sector level of awareness about work place risk mitigation policies. Respondents' opinions are identically distributed in the proportion of 42% and 48% for private and public sector.

The study sought to determine how wide spread OHS awareness is in Nigerian workplaces. Critical to this objective is the need to examine OHS framework applicable in different workplaces. In response to the question whether there is OHS department in your organization, precisely 57.8% opinionated yes indicating there are OHS departments in their individual workplaces; while 33% however responded with a 'No', signaling the lack of OHS department.

Nine percent of respondents did not acknowledge if there is an OHS department in their work places.

The study also sought the awareness level of the respondents on the responsibility of employer to the employees in respect of health and safety at the work place. They were asked, 'Are you aware that every employer is expected to ensure Health & Safety of their workers?' 86% of the respondents acknowledged and are fully aware that it is the duty of their employers to provide measures of protecting them in the work place. This significant awareness did cut across the entire population. About 7% of the respondents were not aware of this employer's responsibility. Also, awareness level of the respondents was sought about the duty of an employer and employee to promote OHS practices. Their opinion were based on attitudinal scale but analyzed in proportion. Eighty percent (80%) of the respondents strongly agree based on the perceived awareness, that employer and employee has a role to play for effective OHS practices. Eighteen percent (18%) however merely agreed while 2% are not aware. On the whole, significant proportions (98%) of respondents are fully aware of the obligations of employers and employees in respect of the safety of the work place.

Data relating to the enforcement mechanisms of management to ensure compliance to OHS policies and regulation by employees in different workplaces indicated that 67% admits there is one form of disciplinary action or another against non-compliance in their workplaces. Within this proportion 38% noted there are clear disciplinary actions while 46% simply admits there are enforcement mechanisms not strictly identified as disciplinary action.

Perceived performance of OHS awareness in the workplaces by the respondents studied was also explored. From the sample 54% of the study sample perceived the awareness level in their workplace to be moderate and high. Thirty-one percent (31%) however agrees it is low while 16% lack awareness. This result reinforces the earlier significant awareness based on the availability of OHS department in the various workplaces. Similarly, the proportion of the respondent that answers 'No' is insignificant thereby implying dissatisfaction with the level of OHS practices in their work places.

7. CONCLUSION

This study analyzed barriers to effective OHS practices in Nigeria. The study reveals there are impending barriers to effective OHS practices. These barriers were ranked. Significant high ranking factors that must be mitigated are also highlighted. This includes developing effective framework for effective monitoring and enforcement of OHS policies. This also involves taking steps to set up and train professionals. Enabling regulatory framework should be strengthened. While the problem may not be a total lack of regulatory framework, attention should be driven towards strengthening institutional framework for enforcement. Effective orientation can improve accident reporting culture. Developing effective framework may be difficult without appropriate statistics of accident rate in every sector. Every workplace must be encouraged to report accidents. This is necessary as an enabler that will ensure that victims are adequately compensated. The trade union must be educated, orientated and restructure especial with oversight over work places enforcement of OHS policies.

In addition, government should endeavor to establish regulatory agencies and other Local authorities, like the Health and Safety Executive of the UK, which will be saddled with the responsibility of enacting Health and Safety Act and see to the compliance such laws. There is need to also promulgate a unified regulating law for all sectors in Nigeria. Also, government should endeavor to promote for indigenous Health and Safety at Work Act, rather than updating borrowed Acts and regulations from foreign countries.

Management and policy making attention should be targeted at mitigating problems associated with the lack of government support, lack of management support, low literacy, and Lack of regulatory framework. These are the significant barriers militating against effective OHS uptake in Nigeria. In other words, effort should be aimed at improving government and management support for effective OHS uptake. It is also imperative to recommend that the management of the public and private sectors should; intensify measures and procedure to further improve workers attitude towards health and safety.

In conclusion, the above factors are the leading impediment to OHS uptake in Nigeria. Policy aimed at improving OHS uptake should be directed at solving problem associated with barriers as an incentive for mitigating disincentives for effective OHS uptake.

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