



Healthy Work Environment: Promoting good work practices through workplace design and wellness programme among artisans (informal workers) in 'Mechanic's Village' (Automobile Repair garages) in Abeokuta, Nigeria

SHAMUSIDEEN KADIRI¹, DAKWAK SELLE²

¹ Principal Consultant, Zub Chord Tech Ventures, Lagos Nigeria

² Deputy Director, Industrial Training Fund, Jos, Nigeria

Introduction

The International Labor Organization (ILO) showed that informal sector workers in industrially developing countries are exposed to poor working environments, low safety and health standards, and environmental hazards.

Such exposure impairs their health and productivity as well as the general well-being and quality of life of the informal workers and their families.



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Objectives

- To provide capacity building to help this group of workers learn concepts for improving work conditions;
- To facilitate their understanding of the risk factors associated with their occupations;
- To provide awareness on various approaches of workplace health promotion.



STUDY AREA



NIGERIA POPULATION = 170 MILLION
OGUN STATE = 3,751,140



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STUDY AREA

NIGERIA AUTOMOBILE TECHNICIANS
ASSOCIATION (NATA) LAGOS ROAD UNIT
OBADA-OKO ABEOKUTA OGUN STATE



Methods

The study used the approach in Work Improvement in Small Enterprises (WISE) by ILO and WHO model of Healthy workplace in providing solution to the identified problems of poor working condition and awareness on healthy workplace.

Both the WISE and WHO model of Healthy workplace methods focus on the participatory approach convincing the artisans to join in the self-help practice of solving occupational health and safety (OHS) problems identified in their workplace.

This capacity building was conducted in English language and translated into local language in other for those with little or no education to benefit.

The techniques used include using pictures and signs to facilitate the participants' understanding of the safe work practices.

THEME

**ISE A SE JERE... O WO RE A SE
YE**

**Doing Business Safely and Profitably - Is It
Possible?**



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Work Improvement Small In Enterprises (WISE)



Work Improvement Small In Enterprises (WISE)

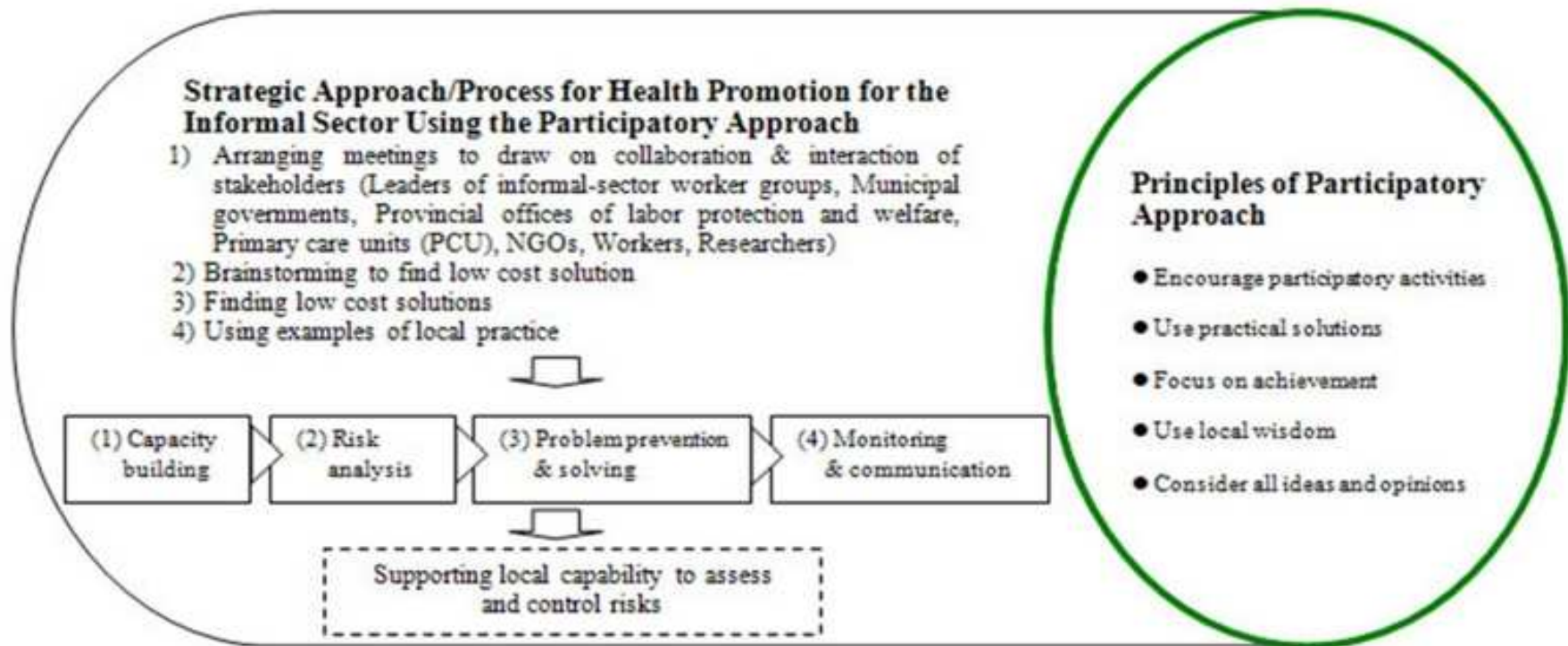


Figure 1: Concept for promotion of OHS management in the informal sector by using the participatory approach

Manothum A. & Rukijkanpanich J. *J Inj Violence Res.* 2010 Jun; 2(2): 111-120. doi:

Work Improvement Small In Enterprises (WISE)

The consequences of participatory approach

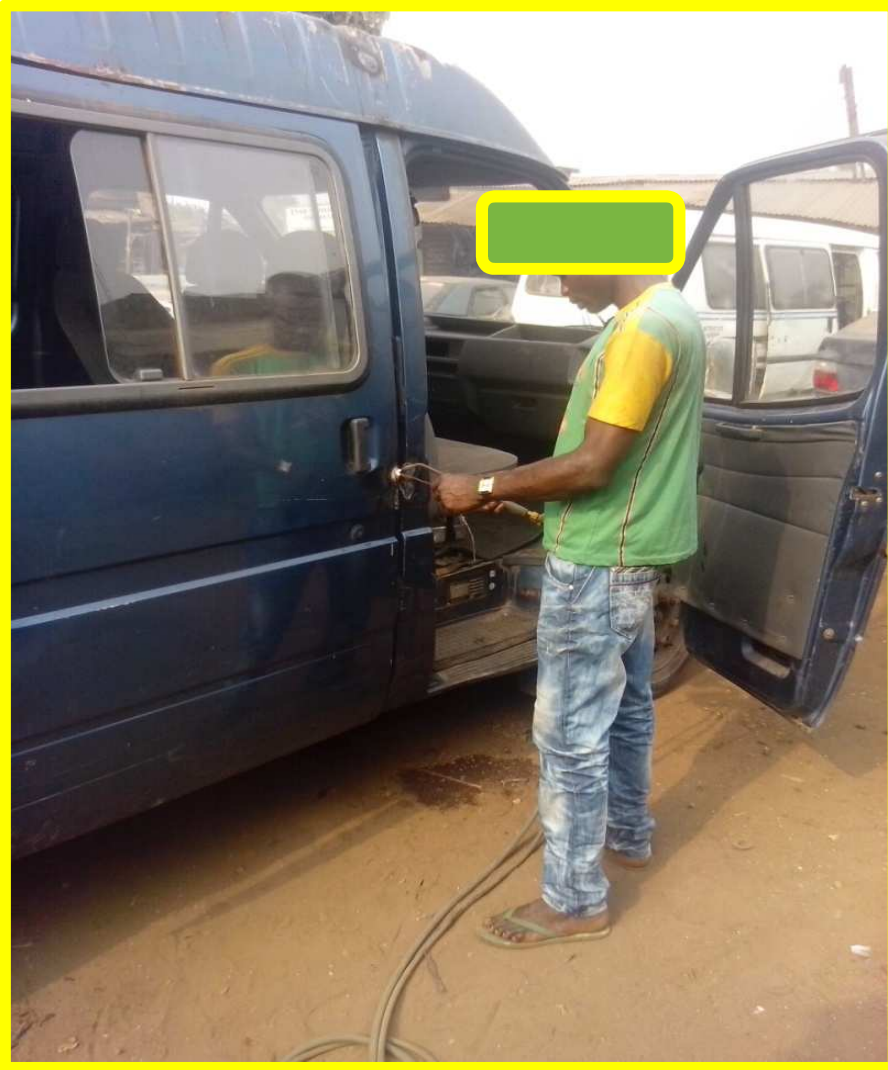
1. Promotion of Industrial Safety and Health Activities
2. Enhancement of Voluntary Management
3. Implementation of Safe and Healthy Workplace
4. Productivity and Contribution to Improvement of QOL



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Personal Protective Equipment



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Work Improvement Small In Enterprises (WISE)

The WISE methodology is unique because it relies on the initiative of the local people, entrepreneurs and workers. They are guided to look at good local examples, check available local solutions, plan and implement actions which will be useful for improving working conditions and productivity.

The six principles of WISE are:

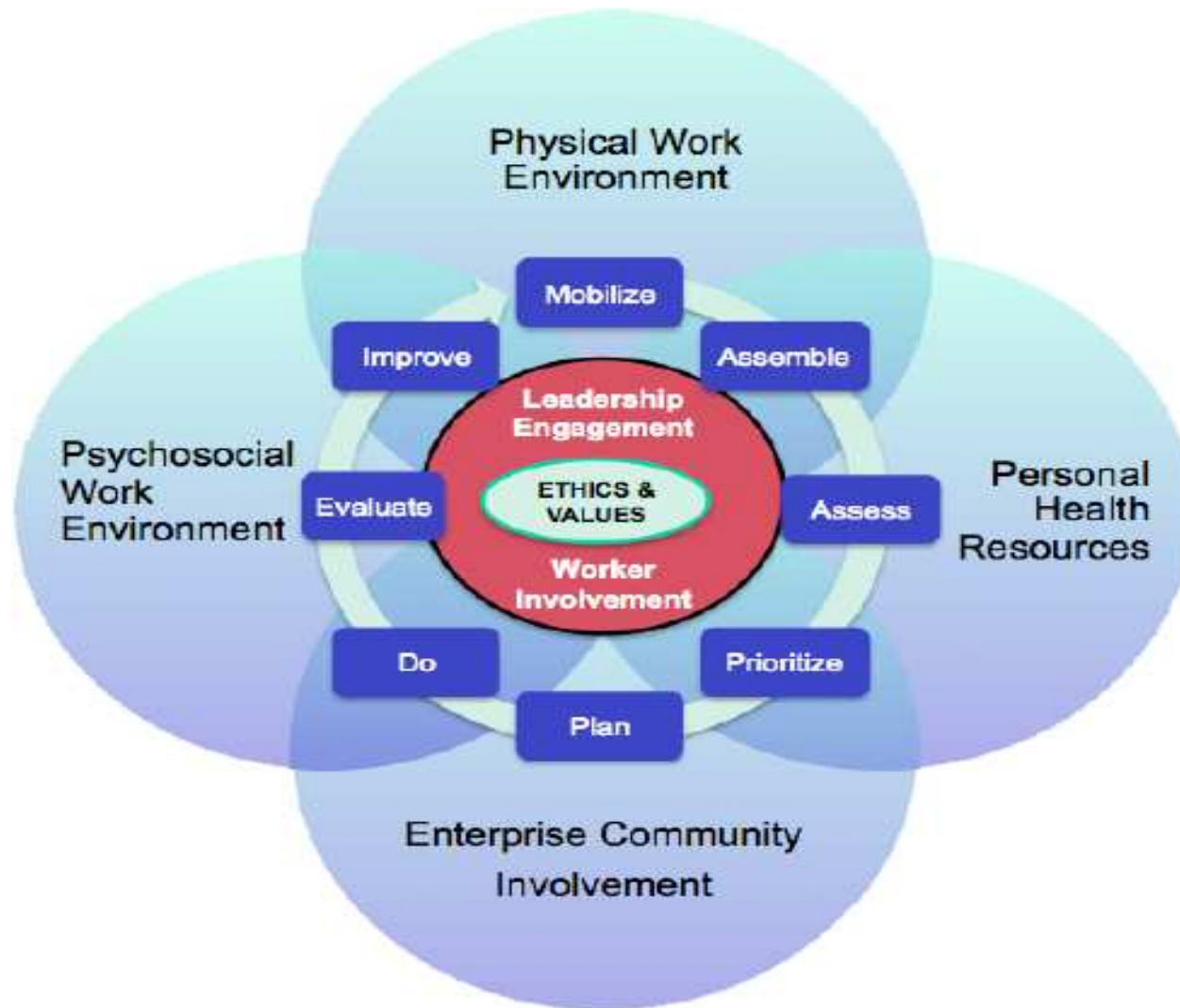
1. Build on local practice
2. Use learning-by-doing
3. Encourage exchange of experience
4. Link working conditions with other management goals
5. Focus on achievements
6. Promote workers' involvement

Healthy Workplace

According to WHO “A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs”:

- *health and safety concerns in the physical work environment;*
- *health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;*
- *personal health resources in the workplace; and*
- *ways of participating in the community to improve the health of workers, their families and other members of the community.*

(WHO) Healthy Workplace Framework



Methods

One hundred and seventeen(117) participants were involved in the study consisting of (44) auto mechanic artisans, (27) auto electricians artisans, (7) (Tire repairs) vulganizers artisans, (19) automobile body repair artisans, (8) battery chargers, and (12) food vendors.

Only the master craftsman was selected for the training apprentices were excluded.

The estimated population of these artisans were about two thousand and five hundred (2500) in the selected garages.

Methods

The participants were divided into two groups and the duration of the training was three (3) days

Onsite training was carried by the researchers and stakeholders in OHS within the locality.

The observation of work practice improvement involved using a checklist based on the Work Improvement Small Enterprises (WISE) and the WHO model of Healthy workplace.

The checklist consists of the 27 practice improvement sections and including improvements in the: materials storage and handling, work-station design, machine safety, control of chemicals, working conditions, waste disposal, welfare facilities and health promotion such HIV awareness and Workplace Hygiene.

Methods

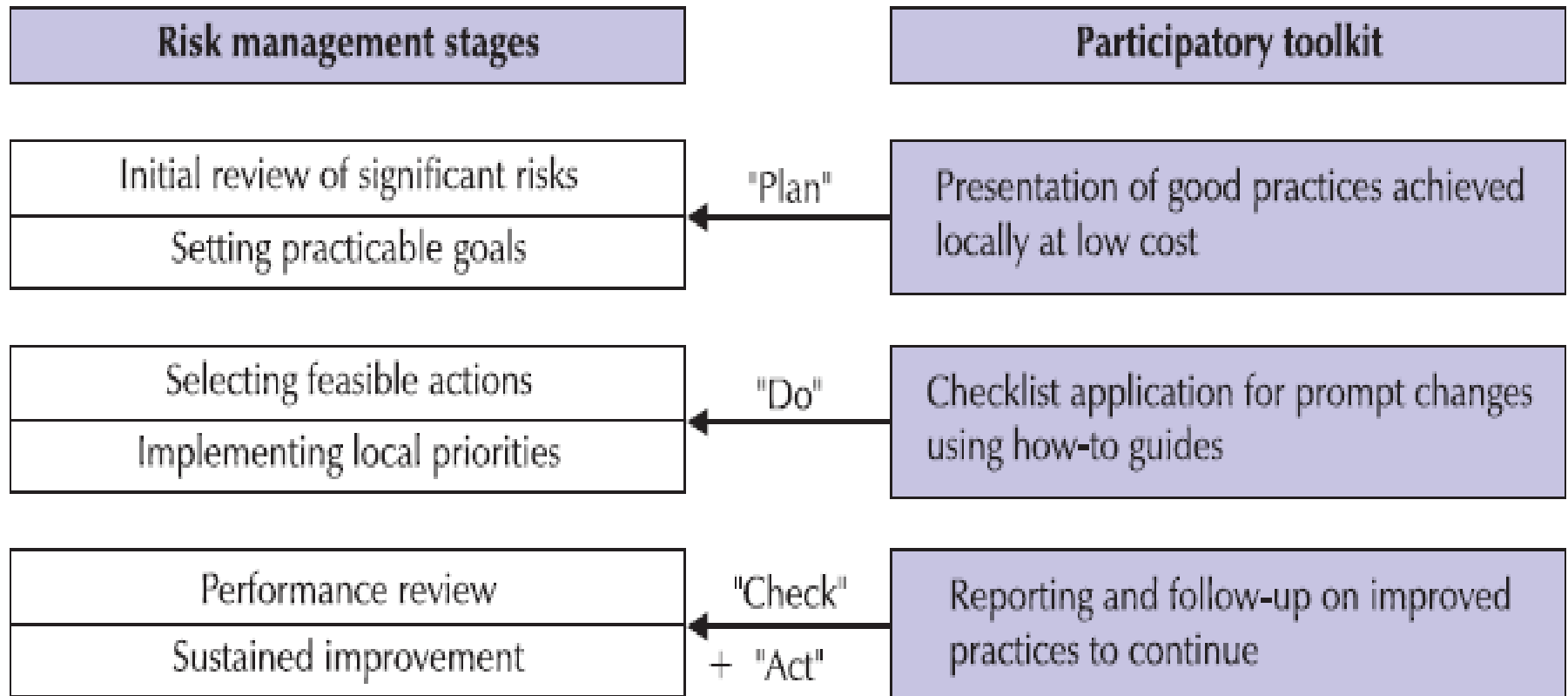
Pre test

Measuring knowledge, attitudes and behaviors

There was no statistical baseline to determine level of the Health and safety problems among these artisans. Questionnaire was used prior to the start of the training. The questionnaire consists of three parts:

1. Measuring the participants' knowledge of OHS including their understanding of the definition of accidents, causes of accidents, prevention of hazards and dangers, and the use of PPE. Questions with multiple response categories (i.e. multiple choices) were used and respondents were instructed to select only one answer.
2. Measuring participants' attitudes toward OHS. Likert scale type questions were used to measure attitudes toward five aspects of OHS using both positive and negative phrases—i.e. attitudes about the cause and prevention of accidents, the use of PPE, etc.
3. Measuring participants' OHS-safety related behavior using questions with the “yes-no” response categories.

Methods



Kazutaka K. Safety and Health at Work | Vol. 3, No. 3, Sep. 30, 2012



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Results

The OHS knowledge, attitude and behavior of the workers were increased. The capacity building process enabled the workers to recognize risks associated with their occupation and therefore implement safety measures by using PPE and by learning about safety improvement concepts.

During the participatory learning activities that were presented in this study, the workers engaged in the group discussions and identified the OHS problems in their own sector. They subsequently attempted and accurately understood work related safety issues, and collectively proposed and implemented safety measures.

Their awareness on workplace health promotion increase and they were able to identify measures to prevent ill health either at work or at home.

Results

Gender		Age		Marital status		Work Experience Years		Qualification	
Male	99 (36%)	< 25	11 (9%)	Single	36 (30%)	< 5	7 (64%)	Informal	90 (78%)
Female	18 (64%)	26 – 35	61 (53%)	Married	67 (58%)	6-10	28 (25%)	Formal	27 (22%)
N=117		36 – 45	31 (26%)	Divorced	8 (7%)	11-15	6 (5%)		
		> 46	14 (12%)	widow	6 (5%)	16 -20	6 (5%)		
						> 20	1 (1%)		

Table 1. Population characteristics of the respondents



Discussion

The study revealed that the majority of workers understand the need for PPE and want to be protected against accident, injury and illness.

However there is a need to address the issues of availability, comfort and education with respect to PPE usage to ensure that the equipment is properly used to protect the artisans.

It was also surprising to note that most of the participants disagree on the use of hand gloves to protect their hands. They were of the view that their hands need to be free for them to use to carry out workshop activities in exception of welders and vulcanizers. It was observed that their hands are body part which are easily bruised and with little wounds which they do not consider occupational accidents.

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In terms of the work practice improvement, our results show that the post-test average scores of the participants improved across all groups after going through the participatory process and these scores were significantly higher than the pre-test average scores.

Conclusion

Our findings suggest that positive attitudes toward promoting safe working conditions and practices can be fostered among the workers by raising their knowledge and skills regarding issues related to OHS through a capacity building process.

The level of awareness among the workers is considered a positive factor and will make the workers themselves become more actively involved in improving their working or living conditions or in the decision making process about their future.

ACKNOWLEDGEMENT

The authors wish to express their profound gratitude to **Safety Advocacy And Empowerment Foundation (SAEF) Nigeria** for providing secretarial services and field assistance, the executives of **National Association Of Automobile Technicians (Ogun State Branch)** and other stakeholders for their diverse contribution to the success of this study.



**THANK
YOU**

Kadiri Shamusideen

+2348023395118

skadiri782000@yahoo.com