

Work Place-Related Health Problems Among Small and Medium Enterprises In Makurdi and Gboko, Benue State, Nigeria

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Abstract

The study is about the factors influencing workplace-related health problems among small and medium enterprises in Makurdi and Gboko of Benue State, Nigeria. To lay the foundation for the study, three research objectives were set. These are; to ascertain the extent to which nature and type of job influence the workplace related-health problems among workers, to find out health-related causes that influence workplace related-health problems among workers, and to determine the extent to which nature and type of job, health-related causes, level of occupational risk, and intervention support strategies would jointly predict workplace related-health problems among workers in Makurdi and Gboko. The social support theory was used. The cross-sectional design was adopted with the use of a questionnaire as the main instrument for data collection from a sample size of 385. Out of the sample size, only 249 questionnaires were returned for analysis. The data collected was analysed using both descriptive and inferential statistics. The result was statistically interpreted. The nature of and type of job has a positive relationship with workplace-related health problems, there is a significant association between causes of health-related problems and workplace-related health problems, there is an overwhelming preponderance of the evidence that workplace-related health problems among workers in Small and Medium enterprises in Makurdi and Gboko could be significantly predicted by nature and type of job, occupational health risk, and intervention support strategies but not by the causes of health problems. The study recommends among others that labour law is expanded to include occupational health scheme (OHS) regulations in small and medium enterprises, Workers should be properly trained and educated on the use of work-related equipment to avoid health-related accidents. And there should be the enactment of the law to ensure the small and medium enterprises put in place the intervention strategies of addressing the health problems of workers.

Key words: Work related health problems, small and medium enterprise, Makurdi, Gboko

Introduction

It is no gainsaying that the energetic people spend on an average concerning one-third of their time at the work environment (Asikhia, 2013, Shima & Fayza, 2018). Employment and working conditions have powerful effects on the health condition of workers (Ewuzie & Ugoami, 2016). Several scholars concurred that good working environment can offer social defense as well as condition, personal advancement chances, and defense from physical as well as psychosocial risks (Elenwo, 2018, Bach, 2019; Isah, 2021). It can additionally improve social relations as well as self-worth of staff members as well as lead to favorable

wellness impacts. Working in the sector is fraught with occupational risks and also threats in addition to health issue which are categorized into work, ecological, and also public health (Hamid, 2018). The danger of illness encounter in the industrial setting is defined as the presence of a material or condition that has the possibility for triggering loss or injury. Emodi (2015) specified work-related health problems as the threat to the health of workers normally emerging out of employment. Conditions in the workplace, which could result to health hazards such as accidents, injuries, musculoskeletal diseases, deafness, circulatory disease, constant irritation, headache, respiratory diseases, and lack of coordination due to stress,(WHO, 2017, Gaafar, et al., 2016).

Factors in the workplace, which can result in health and wellness risks such as mishaps, injuries, musculoskeletal diseases, deafness, blood circulation disease, continuous irritation, headache, respiratory diseases, and lack of coordination as a result of stress, (WHO, 2017, Emodi, 2015). Developing nations of the globe live in destitution and also disease circles. Industrialization in the 50's/ 60's came as a welcoming process of damaging this circle of destitution as well as illness, therefore the peasants who were subsistence farmers understands little about modern-day techniques of production came to be conveniently offered, labor force for the industries; subjecting them to diseases of numerous professions and also risks therein. The provision of work-related health services is an outcome of the realization for management that a healthy employee is a productive employee (Chineke, 2016).

Scholars concluded that the workers might be exposed to five different sorts of dangers relying on their line of work. These are the physical, chemical, biological, mechanical, as well as mental hazards. Work risk is a worldwide trouble influencing both developed as well as developing nations. As a result of technical developments in industrial health, several harmful factors both physical and chemical that were extremely prevalent in the early part of the industrial revolution have been to a large degree regulated in the innovative countries. Nevertheless establishing nations and also countries in change deal with the typical industrial threats in addition to the widespread level of malnutrition, poverty, and also condition unsettling the area (Nilima & Maya 2015, Isah, 2021, Hamid, 2018, Elenwo, 2018, Oluwafemi, 2018).

Globally, there more than 2.9 billion workers that are revealed to hazardous threats at their workplaces (Emodi (2015). Oluwafemi, (2018) reported that there has been a yearly mortality price of 1,249 per 100,000 employees in Nigeria in the past decade. Ranges of threats exist, nearly as various as the various kinds of work, consisting of chemicals, organic representatives, and unfavorable ergonomic conditions. Each year there are 2 million fatalities, attributable to job-related conditions as well as injuries and 4% of Gross Domestic Product (GDP) is lost as a result of work-related illness as well as injuries. Job-related injuries present a significant public health issue resulting in serious social and also economic consequences that could be stopped if appropriate measures are taken (Iden, 2016.). Annually, throughout the globe, an estimated 271 million individuals endure work-related injuries as well as 2 million die from their injuries. The estimated financial loss brought on by occupational injuries and also condition amounts 4 % of the globe's gross national item (Elenwo, 2018). The effect is 10 to 20 times higher in creating areas consisting of Nigeria, where the best concentration of the globe's workforce is located (Oluwafemi, 2018; Teklit, 2016).

According to a research study performed among 268 smaller sized industrial workers in Norway, an injury rate of 317 per 1000 subjected employees was observed in one year period (Elenwo, 2018). The research study accomplished in Thailand in 2001 reported that there were 189,621 instances of work injuries. Of this number, 607 were deaths, 20 situations of impairment, as well as 48,078 instances of over 3 days shed from work (Afube, Ify, Nwaogazie & Ugbebor, 2019). Results from a United States research showed the rate of 75 per 1000 subjected workers annually (THAT, 2017, Teklit 2016). Moreover, working problems for the majority of the 3 billion workers worldwide, do not fulfill the minimum standards and also standards established by the World Wellness Company as well as International Labor Organization for

work-related health and wellness, safety, and also social protection (WHO, 2017). Most of the world's workforce does not have access to health services. Just 5 to 10 percent of the workforce in establishing nations and also 20 to half of the labor force in developed nations have access to some kind of health services (Hamid, 2018, Edmund, 2015).

The primary trouble of the lack of work health services is the continuous presence of dangers in the work environment such as dust, heat, sound, hazardous chemicals, and hazardous equipments leading to a significant burden of occupational injuries, death, and illness (Ismaila, 2015). It has actually been observed that Job-related injuries are injuries and ailments resulting from events or exposures happening in the work environment. It adds substantially to the worldwide problem of disease as well as impairment, and also death among the working-age group. The occurrence of injury as well as frequency of incident are figured out by several factors. These include the degree of direct exposure of workers to work risks, lack of experience, overconfidence, absence or underutilization of protective gadgets, inadequate work/equipment communication, and suitability of tools to physical as well as physiological characteristics of employees, psycho-social and also ecological aspects (Nilima & Maya 2015, Eziki, 2019). It is an objective fact that the wellness of workers is an essential prerequisite for home earnings, efficiency, as well as economic advancement. Consequently, recovering and also keeping working capability is an important function of health services (Teklit, 2016). Job-related health and wellness are some of the most essential aspects of human concern. It aims an adaptation of work to male as well as each male to his work for the promotion and upkeep of the greatest degree of physical, mental, and also social wellness of employees in all professions. Work-related health service has to fulfill the special demands of the undertaking concerned and also individuals utilized. The demands of the endeavors worrying the functioning population ought to be well identified and also correctly resolved (Isah, 2021; Teklit, 2016). World Health programme (WHP) is, according to the Luxembourg Statement of (1997), the co-operations of employers, workers, and also society to boost the health and wellness and also health of people at the office (Inah, et al., 2019, Iden, 2016, Ashi & Teklit, 2016).

Workplace Health Promotion (WHP) is, according to the Luxembourg Declaration of (1997), the combined efforts of employers, employees, and society to improve the health and well-being of people at work. The World Health Organization considers the workplace as one of the priority settings for health promotion into the 21st century "because it influences physical, mental, economic and social well-being" and offers an ideal setting and infrastructure to support the promotion of health of a large audience." Broadly the category of OHS (occupational health and safety) refers to efforts to guide and protect workers against health hazards on the job as well as combined efforts of employers, employees, and society to improve the health and well-being of people at work (Eberendu, et al., 2018).

Health problems in the industry have been freely discussed during the war period and some preliminary standards have been defined and partially applied (Nilima & Maya 2015, Chineke, et al., 2016). Beginnings have been made which promised much for the solution of some vexed labour questions. How much goodwill finally results now depends upon the way the temporary experiences are molded together into a permanent labour policy (Owosile, et al., 2014). Health-related problems were forced upon the attention of the country by the national exigency. Immediate war needs to be to be required maximum production on the part of every industrial agency. It soon became evident that this level of production could not be reached or maintained except by the physical fitness of every unit (Ojojie, 2010, Ezisi, 2019).

The health of workers is an essential prerequisite for household income, productivity, and economic development. Therefore, maintaining as well as restoring working capacity is an important responsibility of health services. Health risks at the workplace, such as heat, noise, dust, hazardous chemicals, unsafe machines, and psychological stress, cause occupational diseases and can aggravate other health problems. Conditions of occupation, employment, and position in the workplace also affect health. People working

under stress or with precarious employment conditions are likely to smoke more, exercise less, and have an unhealthy diet (Edmund, 2015, Teklit, 2016).

It has been believe that work-related injuries result from a complex interplay of multiple risk factors. Exposure to physical, mechanical, and chemical hazards and the performance of unsafe practices by workers are the leading causes of work-related injuries. Similarly, psychosocial factors, work organization, socio-demographic characteristics of workers, and environmental and social conditions are other potential risk factors as depicted in Figure 1 (Liv, 2004, Bull, 2002). Reports from France, U.S, and China revealed that men have the highest rates of work-related injuries than women. These studies explained that the difference would be in part by the difference in jobs for the same job category and possible by the difference in the perception of risk and behavior (Rango, 2004, Bembe, 2004). However, studies conducted in eleven urban industries and textile factories in Addis Ababa reported that gender has no association with the prevalence of work-related injuries (Ezisi, 2019, Olufunsho, et al., 2016).

Different researcher showed that there is a difference in the rate of work-related injuries in age groups. A study done in eleven urban factories in Addis Ababa for instance revealed that the highest rate of work-related injury was observed in the age group 15-19 years (Bull, 2002, Liv, 2000). Age groups, less than 30 years were more affected by work-related injuries according to a textile factory study in Addis Ababa (Dembe, 2002). Ministry of Labor and Social Affairs of Ethiopia has reported that the majority (18 %) of work-related injuries were observed in the age group of 25-29 (Dembe, 2006). These studies emphasized that work-related injuries in young subjects were more common due to lack of experience, lack of job knowledge, and know-how than in 7 other subjects. Furthermore, many workers begin working at an early age and often without safety training (Edmund, 2015, Aliyu & Saidu, 2011, Foad, 2018).

In addition to general health care, all workers and particularly those in high-risk occupations need health services to assess and reduce exposure to occupational risks, as well as medical surveillance for early detection of occupational and work-related diseases and injuries (Adegum & Okafor, 2013). Respiratory diseases, noise-induced hearing loss, skin problems, musculoskeletal disorders among others are the most common health problem among factory and industrial workers. Yet only one-third of countries have programs in place to address these issues (Adegum & Okafor, 2013). Work-related non-communicable diseases (NCDs) and cardiovascular diseases and depression caused by stress leads to an increased rates of long-term illness and absence from work. Factory and industrial health problems also cancer, chronic bronchitis, and asthma caused by air pollution in the workplace and radiation (Edmund, 2015, Meswani, 2000). Despite these diseases, in the majority of countries physicians and nurses are not adequately trained to address work-related health problems (Ezisi, 2019, Olufunsho, et al., 2016).

The industrial safety situation in developing countries like Nigeria is worst off due to low concern for safety, lack of accurate records, and poor regulations and control Nigeria's statutory regulations on industrial safety are largely inherited from British or American codes. This includes the Factory Act of 1990, which is a local version of the Factory Act of 1961 of Britain (FGN, 1990; Gaafar, et al., 2016). The Federal Government of Nigeria has put up statutory practice and structures for inspecting the safety condition of factories, reporting accidents and injuries in factories, and sanctioning non-compliance with statutory safety laws. However, it was evinced that the provisions, regulations, and sanctions were poorly implemented and regulated (Inah, et al., 2019).

Most Nigerian employers pay lip service to safety management as a subject and too few are willing to act towards solving these problems. Although every employer is duty-bound to secure workers and also keep them informed concerning health and safety practices. However, the dominating safety and security of monitoring methods have actually been determined to be debilitating, as well as how these affect employees is of substantial top priority to scholars. These conditions adversely impact the physical as well as emotional wellbeing of the industrial workers . These conditions negatively impact the physical and psychological

wellbeing of the small and medium enterprises workers. Empirical study linking industrial safety to wellbeing status in Makurdi and Gboko town is scarce. Also, studies localized to the study of industrial hubs in the Nigerian society are limited. Despite the voluminous studies elsewhere on this topic particularly on large scale industries, there is a shortage of literature on the health problem among small and medium enterprise workers in the area . It is against this background that this study set to assess the health problems among small and medium enterprise workers in Makurdi and Gboko town, Nigeria for proper documentation.

Purpose of the study

- i. To identify the work- related health problem among workers in small and medium enterprises in Makurdi and Gboko town.
- ii. Determine the causes of workplace related-health problems among workers in Makurdi and Gboko town.
- iii. Determine the extent to which nature and type of job, health-related causes, level of occupational risk, and intervention support strategies would jointly predict workplace related-health problems among workers in Makurdi and Gboko town.

Hypothesis

Nature and type of job, health-related causes, level of occupational risk, and intervention support strategies will not significantly predict work-related health problems among workers in small and medium enterprises in Makurdi and Gboko town.

Theoretical frame work

Social Support Theory

Thoits 1995 provides a classic helicopter view of the study of social support. Apainstakingly and more current presentation of the development of social support and its implications for individuals is given by Taylor 2011. Ditzen and Heinrichs 2014 provides a concise introduction. Cohen and Wills 1985 buttress the two main competing hypotheses on how social support may influence health outcomes, and House, et al. 1988 uses relevant literature to establish a causal link between social support and health. Gottlieb 1985 expands the construct of social support to include the transactional process of giving and receiving support that occurs in interpersonal relationships. This bidirectional process is further discussed in Sarason and Sarason 2009, with particular emphasis on the fit of an individual to his or her social support environment. Explorations of the potential pathways through which social support affects physiology and health are found in Uchino 2006.

Social support is the perception and actuality that one is cared for, has aids available from other people, and most popularly, that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), informational (e.g., advice), or companionship (e.g., sense of belonging); tangible (e.g., financial assistance) or intangible (e.g., personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as management, family, friends, pets, neighbors, coworkers, organizations, etc. Government-provided social support may be referred to as public aid in some nations. Social support can be categorized and measured in several different ways.

There are four common tenets of social support:

- *Emotional support* is the offering of concern, empathy, love, intimacy affection, trust, acceptance, encouragement, or caring. Providing emotional support can let the worker know that he or she is valued.
- *Tangible support* is the provision of financial aid, material goods, or services. Also called instrumental support, this form of social support covers the concrete, direct ways individuals assist others.
- *Informational support* is the provision of guidance, advice, suggestions, or useful information to workers. This type of information has the potential to help worker in problem-solving.
- *Companionship support* is the type of support that gives workers a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities.

Application of the social Support Theory

Social support variables are associated with increased psychological well-being in the workplace and in response to important life events. There has been a plentiful amount of evidence showing that social support aids in lowering problems related to one's mental and physical health. In stressful times in a work place, social support helps people reduce psychological distress (e.g., anxiety or depression). Social support can simultaneously function as a problem-focused (e.g. receiving tangible information that helps resolve an issue) and emotion-focused coping strategy (e.g. used to regulate emotional responses that arise from the stressful event). Social support has been found to promote psychological adaptation in conditions with chronic high stress like stroke, cancer, HIV, rheumatoid arthritis, and coronary artery disease. Whereas a lack of social support has been associated with a risk for workers' physical and mental health. The social support acts as a buffer to protect workers from different aspects in regards to their mental and physical health, such as helping against certain life stressors. Additionally, social support has been associated with various acute and chronic pain variables.

Workers with low social support report more sub-clinical symptoms of depression and anxiety than do workers with high social support. In addition, workers with low social support have higher rates of major mental disorder than workers with high support. These include post panic disorder, traumatic stress disorder, social phobia, dysthymic disorder, eating disorders, major depressive disorder.

Social support has a clearly attested the link to physical health outcomes in individuals, with many ties to physical health including mortality. People with low social support are at a much higher risk of death from a variety of diseases (e.g., cancer or cardiovascular disease). Various studies have shown that people with higher social support have an increased likelihood for survival. Workers with lower levels of social support have: more cardiovascular disease, more inflammation and less effective immune system functioning, more complications during pregnancy, and more functional disability and pain associated with rheumatoid arthritis, among many other findings. Relatively, higher rates of social support have been link with many positive outcomes, including faster recovery from coronary artery surgery, less susceptibility to herpes attacks etc. People with higher social support are also less likely to explicate colds and are able to respond to sickness faster if they are ill from a particular disease.

Model of Social Support theory

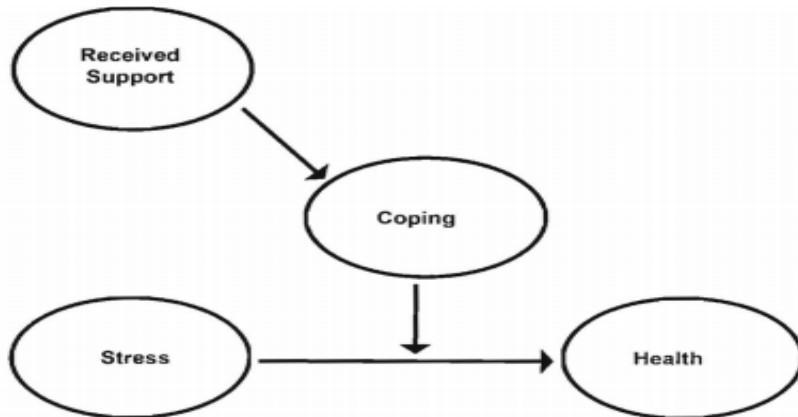


Figure 1: The supportive action approach predict that perceived support enhance coping, which buffer the relation between stress and health outcomes.

Methodology

This study employed a cross-sectional survey design. Thus, the cross-sectional survey method is appropriate for obtaining opinions of people in a large population setting and allows for standardized and qualitative data (O’ Leary, 2005, Gabriel, 2004). In this study, the target population were the total population of all the workers in the Small and Medium enterprises in Makurdi and Gboko town. This will include those who work in small-scale and medium enterprises such tailoring, block-making, poultry, welding, automobile mechanics, bakery, etc. middle scale and. This will provide the researcher with in-depth knowledge of the situation under investigation. The sample size determination formula developed by Cochran (1963) was used to select sample size of the study. The source recommended the following sample size determination formula for populations; usually those between 10,000 to 100,000 in size:

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where:

n_0 = Required sample size.

Z = Standard normal deviate, usually set at 1.96, which corresponds to 95% confidence level.

p = Proportion of the population estimated to have a particular characteristic. When there is no reasonable characteristic, 50% (0.50) is used.

q = 1.0- p

e = Desired level of precision, usually set at 0.05 or occasionally 0.03.

The size of the study population-worker in small and medium enterprises is greater than 10000. Thus, the formula is appropriate. Applying the formula, the sample size will be:

$$\begin{aligned}
 n_0 &= \frac{Z^2 pq}{e^2} \\
 &= \frac{(1.96)^2(0.50)(1-0.50)}{(0.05)^2} \\
 &= \frac{(1.96)^2(0.50)(0.50)}{(0.05)^2} \\
 &= \frac{0.9604}{0.0025} \\
 &= 384.16
 \end{aligned}$$

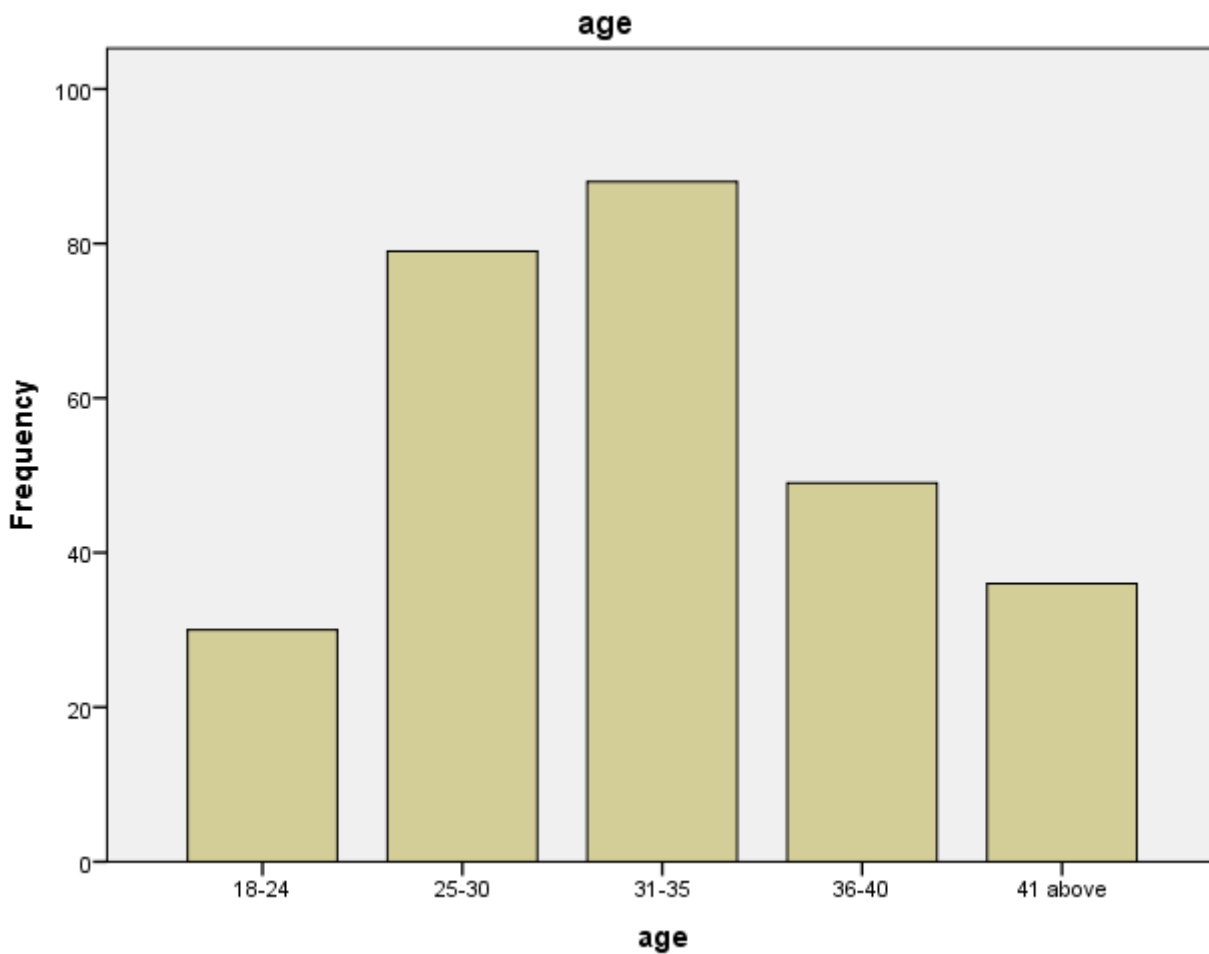
= 385 (Rule of integer)

Cochran's (1963) formula is preferred because it does not necessarily require knowledge of exact population figure before a representative sample size could be calculated (Israel, 2013). The instrument for the research is a structured questionnaire. Each item was structured using a 5 point Likert scale of strongly agree (5), agree (4), undecided (3), disagree (2), and strongly disagree (1). The data gathered were properly coded and identified. The data gathered are properly cleaned and examined for errors to enhance data entry, missing values and ensure no violation of statistical assumptions such as normality, linearity. The categorical data was analyzed using descriptive statistics while the null hypothesis was tested using the parametric test. The analysis was facilitated with the help of computer software named SPSS version 23. Out of 385 questionnaires administered, only 64.7% (249) questionnaires were returned for the analysis. In support of this response rate for analysis Mugenda and Mugenda (as cited in Isah, 2021) averred that a 50% response rate is adequate, 60% and above is good, while 70% is very good. The result of the study presented as follows:

Result

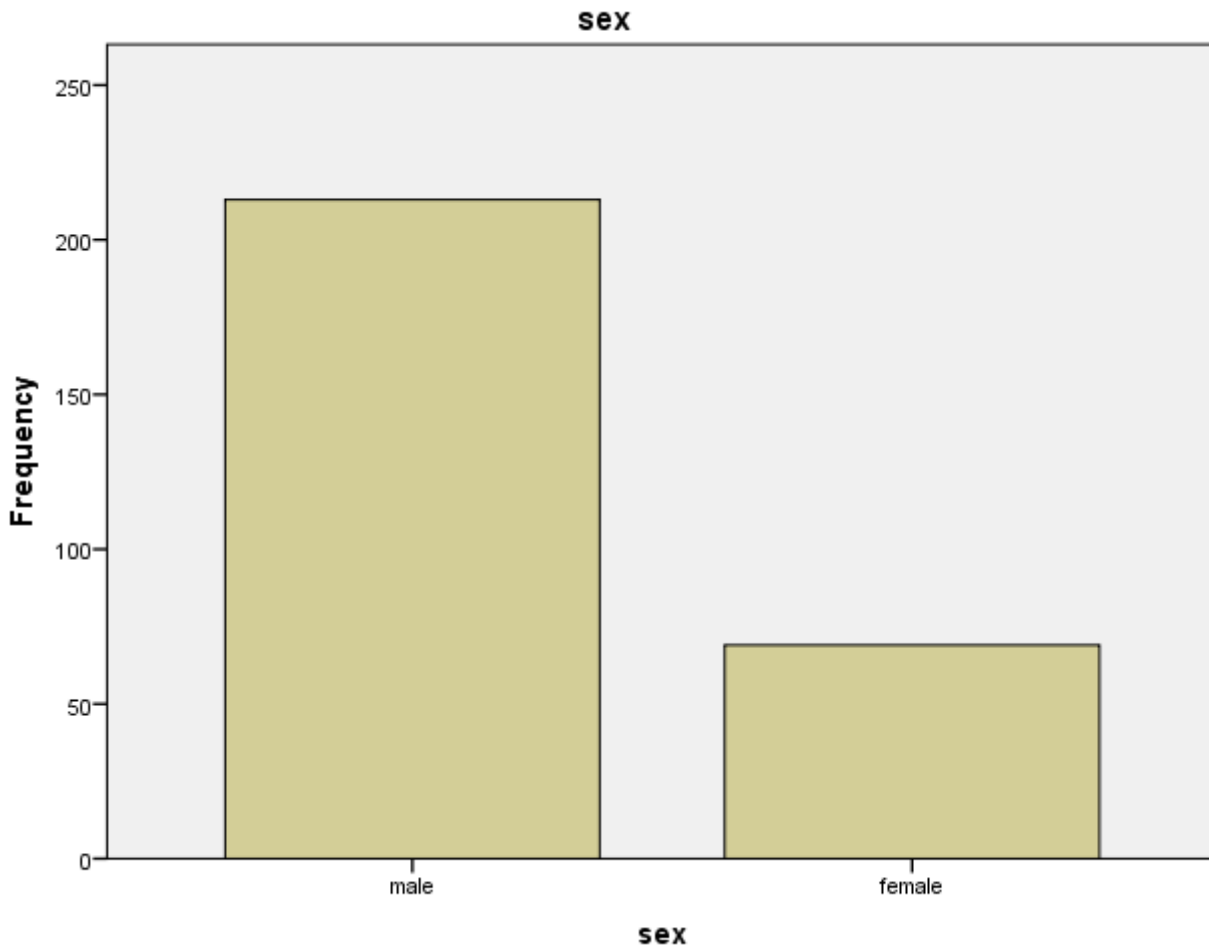
Socio-Demographic Characteristics of Respondents

Figure 1: Age distribution of workers



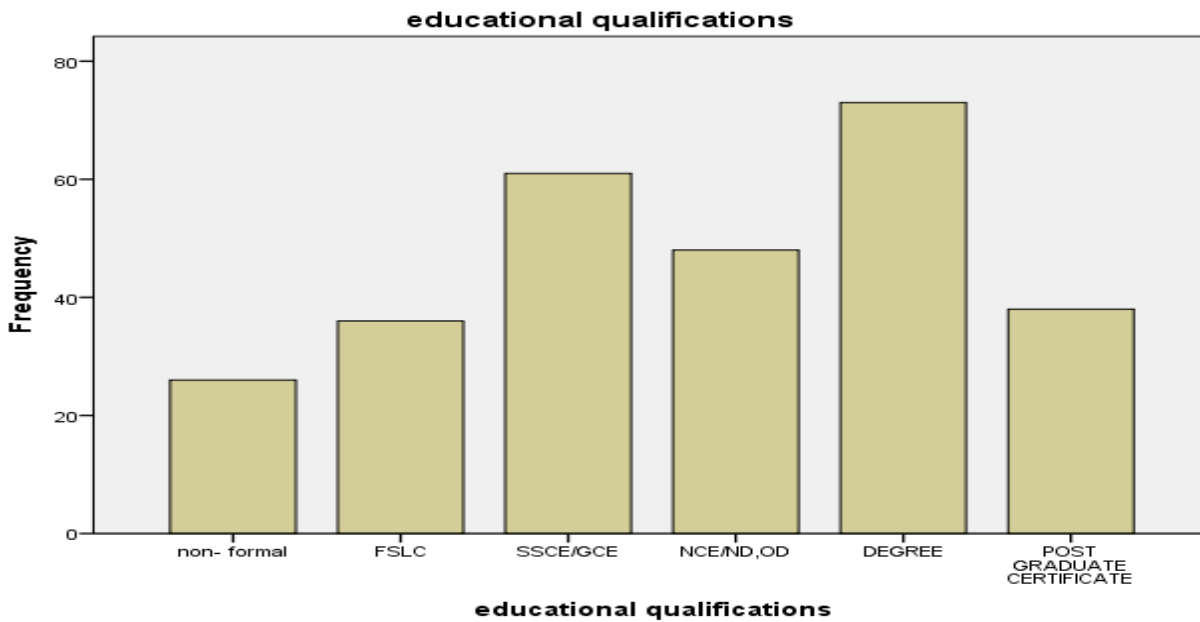
The row data on the age range of the respondents shows that 10.0% (30) belong to the age range of 18-24 years, 28.0% (79) belong to the age range of 25-30, 31.9% (88) belong to age range of 31-35, 17.4% (49) belong to age range of 35-40 and 12.8% (36) belong to the age range of 41 and above. This implies that the active population were workers in small and medium enterprises in the two towns.

Figure 2: Sex distribution of the respondents



The row data on the sex of the workers in small and medium enterprises shows that majority of the workers 75.5% (213) were male, 24.5% (36) were female. The implication of the data indicates that more male were engaged in small and medium enterprises in the two towns.

Figure 3: Educational Qualification of the Respondents



The data pertaining the educational qualification of workers indicates that majority of the workers 25.9% (73) were degree holders, followed by those with GCE/SSCE which constitute 21.6% (61), NCE/ND constituted 17.0% (48), 13.5% (38) have PG certificate, 12.8% (36) obtained FSLC and 9.2% (26) have no formal education. This shows that degree holders in the state were working in the small and medium enterprises. It also shows that the small and medium enterprises provide job opportunity to the teaming youths of tertiary education certificates.



The data pertaining the experience of the workers indicates that majority of the worker 37.2% (105) at the point of this study have 1-5 years of experience, 19.1% (54) have 6-10 years of experience, 13.1%(37) have 11-15, and 16-20 years of experience respectively. The data shows that 10.6% (30) have 21-25 years of experience and 6.7% (19) have 26 years and above.

Table 1: Responses of the respondents on Workplace-Related Health Problems

Items	M	SD	Remark
Muscles pains/problems	3.48	1.45	Agreed
Skin reactions/Allergy	3.30	1.40	Agreed
Chet tightness	3.54	1.35	Agreed
Back pains	3.51	1.19	Agreed
Stress-related issues	3.56	1.36	Agreed
Hearing problem due to excessive noise	3.62	1.34	Agreed
Neck pain	3.61	1.31	Agreed
Forearm pains	3.47	1.32	Agreed
Eye irritation/problem	3.66	1.32	Agreed
Excessive heat	3.60	1.34	Agreed
Abdominal/stomach pain	3.51	1.29	Agreed
Problem with hearing	3.53	1.26	Agreed
Job insecurity	3.59	1.27	Agreed
Increased blood pressure	3.47	1.32	Agreed
Grand Mean	3.53	1.32	Agreed

Empirical data depict in Table 4.7 shows that the grand mean of 3.53 and SD of 1.32 is higher than the specified cut-off-point of 3, indicating the respondents have agreed on the Workplace-Related Health Problems among respondents in Small and Medium enterprises in Makurdi and Gboko town. Item by item analysis reveals item No 53 had the highest mean (M=3.66, SD=1.32), which eye irritation problem while item No 46 with the lowest mean score of 3.30 (SD=1.40) specifying skin reactions/Allergy as it relates to Workplace-Related Health Problems .

Table 1: Responses of the Respondents on Causes of Health-related problem

Items	M	SD	Remark
Injuries from poor working machines	3.83	1.27	Agreed
Hit by object(s)	3.82	1.17	Agreed
Vibration from machines	3.72	1.19	Agreed
Chemical spilling	3.51	1.26	Agreed
Poor usage of safety measures	3.59	1.26	Agreed
Absent of preventive safety equipment	3.77	1.22	Agreed
Worker’s ignorant of safety measures	3.85	1.15	Agreed
Worker’s not expose to training orientation	4.12	1.15	Agreed
Long exposure to hazardous chemical	3.64	1.23	Agreed
Long exposure to hazardous dusts	3.61	1.35	Agreed
Grand Mean	3.75	1.23	Agreed

Analyzed data contained in Table 4.4 shows that the grand mean of 3.75 and SD of 1.23 is higher than the specified cut-off-point of 3, indicating the respondents have agreed on the causes of health-related problems in Small and Medium enterprises in Makurdi and Gboko town. Item by item analysis reveals item No 21 had the highest mean (M=3.60, SD=1.22), which states that workers are not expose to training orientation as the highest cause while item No 17 with the lowest mean score of 3.22 (SD=1.36) specifying chemical spilling..

Table 4.13: Multiple regression of Nature and type of job, causes of health related problems, level of occupational risk and intervention support strategies will not significantly predict workplace – related health problems among workers in Small and Medium enterprises in Makurdi and Gboko Town

Model	R	R square	Adjusted square	R	Standard error of Estimate
1	.586	.343	.331		8.22353

ANOVA

Model	Sum of Squares	Df	Mean square	F	Sign
Regression	7677.958	4	1919.489	28.384	<.001
Residual	14674.930	217	67.626		
Total	22352.887				

(a. Dependent Variable: Workplace-related health problems (b. Predictors: (constant), Nature/type of job, Causes of H/Problem, occupational risk, Intervention . Support strategies

Model	Unstandardized Coefficient		Standardized Coefficients		Sig
	B	Std Error	Beta	t	
(Constant)	27.005	4.167		6.481	<.001
Nature/Type of Job	.192	.077	.174	2.475	.014**
Causes of HRP	.022	.101	.015	.216	.829
Occupational H. Risk	.633	.088	.454	7.152	<.001**
Interv, Suuport Stratg	-.178	.072	-.138	-2.467	.014

a. Dependent variable:Workplace-related heath problems.

Statistical data shown in Table 4.13 displayed the independent variables when combined or jointly pulled together tends to significantly predict workplace – related health problems among workers in Small and Medium enterprises in Makurdi and Gboko town. The results of multiple regression reveals R- value of .586, R- square of .343 and R- square adjusted) of .331. It then implies that the whole variables could explain 34.3% of the variation in workplace – related health problems among workers in Small and Medium enterprises in Makurdi and Gboko town. Similarly, the ANOVA performed was found to be statistically significant $F(4,217) = 28.384, p < .001$. With this information, the sixth hypothesis is hereby not supported and thus rejected for the alternative. It implies that there is an over whelming preponderance of evidence that workplace – related health problems among workers in Small and Medium enterprises in Makurdi and Gboko town could be significantly predicted by nature and type of job, occupational health risk and intervention support strategies but not by the causes of health problems.

Discussion of findings

The first finding of the study in respect to the work relate health problems in the study area revealed that the workers of small and medium enterprises in Makurdi and Gboko town experienced series of injuries. These include, Skin reactions/Allergy, Chet tightness, back pains, hearing problems due to excessive noise. Neck pains, forearm pains, eyes irritation problem, excessive heat, problem with hearing, stomach pains, increased blood pressure among others. This finding is in tandem with Nilima & Maya (2015), Chineke, et al., (2013), Hamid, (2018), Elenwo, (2018), Oluwafemi, et al., (2018) Sani (2021) who identified series of the work related hazards in work place in their respective studies. The finding also tallies with (Asikhia, 2019) who averred that globally, there are over 2.9 billion workers who are exposed to hazardous risks at their workplaces reported that there has been an annual mortality rate of 1,249 per 100,000 workers in Nigeria in the past decade. The finding corresponded with Kalejaiye (2013) who found that varieties of hazards exist, almost as numerous as the different types of work, including chemicals, biological agents, and adverse ergonomic conditions.

The second finding of the study as an answer to the research question revealed that there is a significant association between causes of health-related problems and workplace-related health problems. In other words, the higher is the causes of health-related, the more will be workplace-related health problems among the workers. This agreed with the finding of different studies such as Tekele and Abera (2005), Owosile and Omoshaba (2014), Salamatu and Ibrahim (2015), Nwosu and Amah (2018) have shown different causes of work-related injuries. Also according to a study done in eleven urban industries in Addis

Ababa, hit by or against objects and fall were the commonest causes of work-related injuries (Tekele, & Abera 2005). The finding tallies with Tekele, & Abera (2005) who found that the most frequent causes of work-related injury were machinery, hit by or against objects. Related to this the Department of Environmental Health of the Ministry of Health of Ethiopia reported that striking, falling, and flying objects from machines were the major causes of a work-related injury. Asikhia (2013) observed the psychological hazard, work-related stress, violence, bullying was major causes of psychological stress. Elenwo (2018) also revealed that the long exposure period makes workers more vulnerable to the illnesses attributed to their job. This agrees with a study by Sambo et al., (2014) in Zaria where 71.5% of the automobile mechanics worked between 6-11 hours daily. Onawumi, et al., (2016) averred that work-related challenges observed by the respondents show work stress and dissatisfaction as predominant and neck pain being the least experienced trouble. Edmund (2015) averred that some of the hazards faced by workers are brought about by the ignorance of the workers, resulting in the workers not adhering to the guiding rules in the occupation. Besides, the employers themselves also contribute towards bring these hazards into place in the working environment.

The third finding of the study revealed that there is an overwhelming preponderance of the evidence that workplace-related health problems among workers in Small and Medium enterprises in Makurdi and Gboko town could be significantly predicted by nature and type of job, occupational health risk, and intervention support strategies but not by the causes of health problems. The finding of the study in tandem with Asikhia (2013) who observed the psychological hazard, claimed was caused by work-related stress, violence, bullying was a major cause of psychological stress, sexual harassment was a psychological hazard. Elenwo (2018) also revealed that (65.8%) of the automobile mechanics in Port Harcourt work between 6-10 hours every day. The long exposure period makes them more vulnerable to the illnesses attributed to their job. This agrees with a study by (Sambo et al., 2014) in Zaria where 71.5% of the automobile mechanics worked between 6-11 hours daily. Oluwafemi, et al., (2018) in their study reviewed that respondents' knowledge of occupational hazards was found to be statistically associated with their attitude to and practice of occupational measures while their attitude to safety measures is statistically associated with their practice. Hence, the need to provide adequate information on construction hazards and improve the attitude to occupational safety measures for the high practice of safety measures especially the utilization of personal protective equipment. Onawumi, et al., (2016) averred that work-related challenges observed by the respondents show work stress (22.6%) and dissatisfaction (22.6%) as predominant and neck pain (3.2%) being the least experienced trouble. Other in the list of trauma experienced by the subjects include Fatigue (16.8%), Back pain (18.7%), and Head ace (15.2%). Job dissatisfaction was found to have been influenced by lack of motivation, job insecurity, and poor working condition most of which were kept secret to workmen for fear of being sacked. The prevalence of stress suggested that the identified work-related hazards such as heat, smoke, noise, and dust had taken a significant turn on the workmen and consequently on their productivity. The identified pains and aches were the results of unsafe conditions to which the respondents were exposed. This trouble tends to cumulate with time, workload, and attitudinal abuses.

Conclusion/ Recommendations

It can be deduced from the study that the workers in the small and medium enterprises are exposed to work that requires high concentration such as cutting, stitching, and finishing which causes headache and visual discomfort. The workers also receive low income to survive and spend a majority of their time in the factory. They find it difficult to buy the required calories and to cook food. For this reason, they choose to take unhygienic foods which cause various types of health problems like food poisoning, diarrhea, gastric pain, malnutrition, abdominal pain, etc. The industrial safety situation in developing countries like Nigeria is

worst off due to low concern for safety, lack of accurate records, and poor regulations and control of Nigeria's statutory regulations on industrial safety. Based on the findings of the study, the following recommendations are made:

1. labour law should be expanded to include occupational health scheme (OHS) regulations in small and medium enterprises.
2. Workers should be properly trained and educated on the use of work-related equipment to avoid health-related accidents.
3. Public health preventative services such as the provision of flu vaccines, and protective equipment may be one way of supporting workers in small and medium enterprises with acute seasonal episodes of health problems.
4. There should be the enactment of the law to ensure the small and medium enterprises put in place the intervention strategies of addressing the health problems of workers.

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