

THE STATE OF OCCUPATIONAL HEALTH IN NIGERIA

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Abstract

This short review paper decried the poor state of occupational health in Nigeria with few rays of sunshine at the horizon. The situation of the Nigerian workplace exposes the worker to a variety of health hazards and injuries. Poor government support, illiterate workforce and absence or poorly implemented legislations were identified as contributory factors. The paper recommended enforcement of existing laws and training of workers and health personnel on best practices in occupational health.

Key Words: *Occupational Health, Workplace, Occupational Health Legislation, Occupational Diseases, Work Injuries.*

Introduction

In this paper on occupational health, attempt is made to paint a background of the state of occupational health in Nigeria. I am afraid however that the resulting picture that is presented could best be described as gloomy or cloudy, although there may be a few rays of sunshine on the horizon.

We are not concerned at the moment with the provision of a comprehensive occupational health service, comprising of health promotion, early diagnosis and treatment as well as rehabilitation services, as is the case in developed countries. We are concerned with the promotion of the most basic primary preventive services to millions of Nigerian workpeople, the majority of whom are engaged in small and medium-scale industries.

A number of factors have summed up to contribute to the gloomy state of occupational health in Nigeria and the aim of this paper is to highlight these factors and suggest ways of improving them.

The Nigerian Workplace

Before delving into these factors, it will be worthwhile to explore the picture of the workplace in Nigeria. A typical Nigerian workplace exposes the worker to a variety of health hazards that contributed to injuries. Mechanical hazards, unshielded machinery, unsafe structures in the workplace and dangerous tools are some of the most prevalent workplace hazards of small and medium-scale industries in Nigeria, as in many other developing countries. While approximately 30% of the workers in developed countries may be exposed to heavy physical workload or economically poor working condition, between 50-70% of workpeople in a developing country are exposed to same (WHO 1975).

Occupational exposure to chemicals is also very common in many industries. About 100,000 different chemicals are in use in workplace, all of which are toxic, depending on the dose and level of exposure. They include petrol which is commonly used in nearly all trades as well as other petrochemicals such as benzene, engine oil and break oil.

Exposure to some hundreds of biological agents, viruses, bacteria, parasites, fungi, moulds, and organic dust is common in agricultural and medical industries. Person potentially at risk

of exposure to medical wastes include health workers who generate the waste and those outside the source who handle them, such as the workers in waste disposal facilities, including scavengers who recycle hospital wastes.

Often protective clothing's are not used by the majority of these workers. For instance, in a study of environmental hazards of small scale industries carried out recently in Ibadan, Western Nigeria, it was found that only 8% of workers were wearing protective clothing at the time of survey.

This picture illustrates the typical work condition of Nigerian workers, especially in small and medium-scale industries but also in large industries. The work environment thus exposes many of the workers to health hazards that contribute to injuries, respiratory disease, cancer, muscular skeletal diseases, reproductive disorders, allergies, cardiovascular diseases, mental and neurological illnesses, psychological stress, eye damage and hearing loss, as well as communicable diseases.

A common feature of the workplace is that these hazards are usually left uncontrolled. The condition is best described as gloomy, more so, when the basic primary preventive service are not provided. **Primary preventive services** are meant to anticipate where disease might strike, and by taking appropriate steps, to prevent it altogether or to minimize its effect. It is concerned with general health promotion and specific protection.

Secondary prevention is to search for the disease before it becomes manifest, diagnose it at an early stage and treat it (early diagnosis and treatment) while **tertiary prevention** is concerned with limitation of disability when disease is already manifest, and includes rehabilitation of victim.

While these three levels of care are commonly rendered by occupational health services in developed countries, in Nigeria only few large factories offer some aspects of health promotion and treatment services to their workers. Very few, if any, venture into tertiary prevention.

Factors that Contribute to the Poor State of Occupational Health in Nigeria

The factors that contributed to the gloomy state of occupational health in Nigeria are as follows

Profit-Oriented Industries

Most industries, especially the small and medium-scale industries are profit-oriented. Their owners are mainly interested in making their profits with little or no attention to the health needs of their workers, including attention to conditions that affect health in the workplace, such as latrines, water supply, canteens, etc.

Lack of Support from Government

There is no support from Government for the small-scale industries in Nigeria, and because of financial constraints, most of them cannot provide occupational health service of any kind to their workers.

Illiterate Work force

A great proportion of the workforces are illiterate with no guidance or training. Many of them are people with limited education who took up their trades as a last resort. They do not appreciate the hazards associated with their work. In some of the industries, especially the small-scale private ones, children are part of the workforce.

Absence of Occupational Health Legislation

There is no legislation in Nigeria making it mandatory for a factory owner to engage the services of a physician or nurse, whether or not the individual has training in occupational health. A few factories that provide such services do so as a sort of fringe benefit or incentive for their workers.

Obsolete Equipment and Work Tools

Due to poor economic, many industries and factories operate with obsolete and dangerous equipment that are poorly maintained, thus exposing the workers to increased risk of accidents and injuries.

Lack of Trained Occupational Health Experts

Statistics show that there are very few occupational health experts in Nigeria. They include occupational health physicians, nurses, hygienists, safety officers and factory inspectors etc.

Lack of Reporting of Occupational Diseases

Finally, is the problem of non-reporting of occupational diseases and accidents. While occupational diseases are being increasingly reported in developed countries, reporting of Occupational diseases is decreasing or nonexistent in Nigeria and statistical data are therefore lacking for future planning preventive services.

Solutions Some of the solutions for improving the state of occupational health in Nigeria are:

Enforcement of Factory Decree

The factory decree of 1987 should be amended to take care of small-scale industries The Ministry of Labour should strengthen her inspectorate division to enable it cope with the supervision of scattered premises across large cities.

Training of Occupational Health Personnel:

There is need for government to train more occupational health expertise to cope with the challenges facing occupational health in Nigeria.

Alternatively, occupational health should be integrated into the primary health care services, bringing health care not only to where people live but also where they work. Khogali (1982) has suggested that occupational health cannot be practiced in isolation in developing countries, but that it must be part of a total health package which will include treatment of communicable diseases and the prevention of occupational injuries and diseases.

Government Support for Small and Medium-Scale Industries

Lastly, there is need for government to support the smaller industries who are financially constrained and unable to provide adequate health care and welfare services to their workers many of whom are left to their own devices.

Conclusion:

The health of the workers is important as they hold the economy of any nation. Likely, the Nigerian government in recognition of this fact has a unit for environmental and occupational health in the Federal Ministry of Health. The government has also subscribed as member of various international agencies concerned with the health of workers, such as the International

Labour Organization (ILO). These are positive steps that show that all hopes are not lost. Therefore, as stated at the beginning of this paper, there are a few Rays of sunshine on the horizon.

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