

Health Risk Behaviors of Employees in Selected Oil Servicing Companies in Port Harcourt

Imiete Godspower¹, Kpang Meelu-Bari Barinua Tsaro²

¹Centre for Disaster Risk Management and Development Studies, University of Port-Harcourt, Choba, Rivers State, Nigeria

²Department of Geography and Environmental Management, University of Port-Harcourt, Choba, Rivers State, Nigeria

ABSTRACT

Background: The recent rate of deaths of worker in the oil industry is alarming. However, the way managers of the workers handle the problem is even more worrisome. This study investigated the health risk behaviours of employees in selected oil servicing companies in Port Harcourt city, Nigeria.

Methodology: The study adopted the purposive sampling technique to select three notable oil servicing firms in the area and then selected 175 workers of the 350 workers as target population. Questionnaires were used to elicit information regarding the subject matters from the respondents. Data generated were presented in tables, while percentages were used as a yardstick for conclusions.

Results: Findings showed that most of the respondents exceeded driving speed limit (73.6%), do not get enough rest (84.9%), alcohol consumption (76.1%), cannot manage their individual stress (75.9%), having more than one sexual partners (74.8%). Also noted in the study is that most workers do not maintain low sugar diet (65.6%), do not take adequate fruits/vegetables (54.1%), do not get adequate sleep (54.6%), regular exposure to sun (58.5%), not coping with work stress (59.2%) and not socializing with friends (56%).

Conclusions: The exposition revealed that as a result of work demand oil company workers in the study area engage in poor life styles that are risky to health. Therefore, there is need to synchronise the work demand and the life style of workers in a way that, work that is supposed to give a better life to workers does not kill them instead.

Key words: Behaviors, Companies, Health, Oil-Servicing, Risk

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Introduction

With lifestyle and behavioural choices strongly contributes to a significant proportion of chronic diseases globally. Evidence-based strategies to improve behavioural risk factors such as healthier eating and regular physical activity should be considered in a variety of settings. The workplace offers several advantages, in that a substantial number of the working population can be reached and multiple

levels of influence on behaviour can be targeted. The health of an individual can be endangered by many risk agents. According to different studies, risk is a possibility or likelihood that something done will result to a loss. Almost every human action has some levels of uncertainty, but some are more perilous than others.¹⁻⁹

Health behaviour are steps taken by an individual to stabilize the health or to avert sickness.¹⁰ Health behaviour is a function of personal health and mental acceptance.¹¹⁻¹⁵ Health behaviour is steps taken by individuals in order to guide against illness and at the same time balancing food health.¹⁶ Good health

Corresponding Author

Imiete Godspower
Centre for Disaster Risk Management and Development
Studies
University of Port-Harcourt, Choba, Rivers State
Nigeria
E-mail: godspowerimiete@gmail.com



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behaviour can be achieved through regular exercise, inoculations and balanced dieting. Disease precursors are related to certain demographic variables, individual behaviours, family and individual historic and physiologic changes.¹⁷⁻²⁰

Nevertheless, any action that an individual undertakes, the health condition notwithstanding, for to promote or stabilize health and that such a conduct is geared towards achieving the desired objective for health, is considered as health behaviour.²¹ Lifestyle is associated with health and risk behaviours, they are interwoven in a complex clustered pattern.²² Risk factors are linked to disability, ill health and death; while health and wellness are aftermath of many factors. Risk factor perception is individualistic though they do not exist independently in practice. Often, they have mutual existence interacting in the same environment. Behavioural risk factor is among the various classes of risk factors identified.²³ This risk factor is reducible or can be exterminated through the way a person lives his or her life or change of behaviour that may include-sun exposure, alcohol, tobacco smoking etc.

Health risk behaviours are actions or practices of an individual which have the potentials of causing ill-health, disability or death to the individual or society at large.²⁰ Health risk behaviours increase an individual's risk for chronic disease, often acting as common causes of illness and premature deaths. Health risk is a diseases indicator linked with high death rate.²⁴⁻²⁸ Health risk behaviours such as physical activity, poor nutrition, tobacco use and high alcohol consumption are contributing factors to the leading causes of illness and death in the United States.²⁹⁻³⁰ There are basically three major health risk behaviours namely, physical health risk behaviours (lack of exercise, non-use of personal protective equipment in the workplace and nutrition), social health risk behaviours (excessive alcohol consumption, smoking and keeping of multiple sex partners) and mental health risk behaviours (stress, lack of sleep, and prolonged standing in the sun) which are consciously or unconsciously undertaken by people.²⁸

The main objective of health risk assessment is to assess health status, estimate the level of health risk and inform or provide feedback to the participants to motivate behavioural change.⁸ The health risk assessment is widely used in putting together aggregate data for an employee and organization.³⁰ This data reveal such information as demographic data

of participants, health risk area and cost projection and saving in terms of increase health care. Furthermore, the study identified that functional health risk assessment is effective in identifying health risk factors, predict health related cost, measure absenteeism and presenteeism, evaluation and return an investment of health promotion strategies.²⁹ They further maintained that health risk assessment also forms part of integrated multi-component health promotion programmes as it promote behaviour change with a population and target health intervention.

Generally, in the developing world, there is a little regard for proper health of workers. The situation is even worse in Nigeria, where there is little regard for the workers who grind out the wealth of the nation. The reason for this is, the population seeking to work are far more than the available job opportunities. This on the other hand, creates tension on the part of the already employed to meet up with targets, hence, the use of hard drugs, alcohol and other performance enhancement substances by workers. The ultimate effect of this is, workers health is compromised, which in turn leads to poor health, breeding of diseases and the consequent death. This study is thus set out to assess the health risk behaviours of employees in selected oil servicing companies in Port Harcourt

Methodology

This study was carried out in Port Harcourt city Nigeria. The area is known to be one of the major producers of crude oil for Nigeria as a country. The concentration of crude deposits is also known to attract the oil servicing firms into the area. As a result, there are very many oil servicing firms. For the purpose of this study, the researcher adopted the purposive sampling technique three notable oil servicing firms in the area and then selected 175 workers of the 350 workers as target population. This represented 50% of the total work force of the selected companies. Copies of questionnaire were used to elicit information regarding the subject matter from the respondents. Data generated were presented in tables, while percentages were used as a yardstick for conclusions.

Results

Out of total number of participants 128(73.1%) are male and 47(26.9%) are female. The age distribution of respondents shows that, 18.3% of the population were within the age range of 20-30yrs, while 26.3% of the

population are within the age limit of 31-40yrs, 36.6% of the population are within the age limit of 41-50yrs and 18.8% of the population are within the age limit of 50yrs and above.

Similarly, level of education attained by respondents in table 1, shows that 12.6% of the population have attained only primary education, 22.3% of the population have obtained secondary education, 55.4% of the population have obtained tertiary education and 9.7% do not have any form of education.

Health risk behaviour patterns of the participants are presented in the table 1.

Discussions

Out of 175 respondents, 128 were male representing 73.1% of the population while 47 representing 26.9% were female. This showed that the society and work type is male dominated. This study shows that most of the respondents are polarized around the ages of 31-40 years, supporting the suggestion by earlier researches that, the oil and gas industry is dominated

by the younger people due to the demand of the job.^{3,4}

Table 1, showed that most of the respondents exceeded driving speed limit (73.6%), not getting enough rest (84.9%) alcohol consumption (76.1%), cannot managing their individual stress (75.9%), having more than one sexual partner (74.8%). This identified from the table are health risk behaviours associated with oil servicing employees, this health risk behaviours are classified to be excessively high, since they fell within the range of 100-70%. This is followed by not maintaining low sugar diet (65.6%) not taking lots of fruits/vegetables (54.1%); not getting adequate sleep (54.6%), regular exposure to sun (58.5%), not coping with work stress (59.2%) and not socializing with friends (56%). These health risk behaviour was classified as high since they range between 70-55. This finding corresponds with that of the findings from Moy FN²¹ and Blanchard C²², who asserted in their studies that, the listed problems are the major habits of oil and gas workers, who as a result of work demand fall into these habits and the overall effect being a shortened life.

Table 1: Health risk behaviours amongst employees of oil servicing companies in Port Harcourt

S.N.	Health Risk Behaviours	Frequency			
		Yes	%	No	%
1	Do not exercise	69	39.4	106	60.6
2	Do not use seat belts	28	16.0	147	84
3	Exceeds speed limits	128	73.6	47	26.8
4	Do not use of PPE	27	15.4	148	84.6
5	Do not Plan meals	29	16.7	146	83.3
6	Do not maintain low sugar intake	115	65.6	60	34.4
7	Do not eat lots of fruits/ vegetables	95	54.1	80	45.9
8	Consume fast foods	58	33.5	117	66.5
9	Not having adequate sleep	96	54.6	79	45.4
10	Regular exposure to sun	102	58.5	73	41.5
11	Do not get enough rest	148	84.9	27	15.1
12	Not coping with work stress	104	59.2	71	40.8
13	Not coping with personal stress	133	75.9	42	24.1
14	Not socializing with friends	98	56	77	44
15	Smoking	61	34.9	114	65.1
16	Alcohol consumption	133	76.1	42	23.9
17	Have more than one sexual partner	131	74.8	44	25.2
18	No use of condom	28	16.1	147	83.9
19	Keep late night	54	31.0	121	69
20	Patronize commercial sex workers	29	16.5	146	83.5

Source: (Authors field work, 2018).

From table 1 above also, it is observed that not exercising (39.4%), not use of seat belts (16.0%), not using personal protective equipment P.P.E (15.4%), not planning meals (16.7%), consumption of fast food (33.5%), smoking (34.9%) not using condom during sexual intercourse (16.1%), keeping late night (31%) and patronizing commercial sex workers (16.5%) are also health risk behaviours but the involvement of the employees is low and so can be considered moderate. These findings have also been corroborated by other studies.¹⁷⁻²⁰

Conclusion

This study has been able to assess the health risk behaviours of employees in selected oil servicing companies in Port Harcourt. The exposition revealed that as a result of work demand oil company workers in the study area engage in poor life styles that are risky

to health. Therefore, there is need to synchronise the work demand and the life style of workers in a way that, work that is supposed to give a better life to workers does not kill them instead.

Limitations and recommendations

The study identified that the workers are engaged in activities that are risky while carrying out their jobs or living their daily lives. However, the researcher encountered some limitations in this study, such as; 1) the unwillingness of the oil companies to expose their works to investigation, which the researcher overcame by using the purposive research design to select the few who were willing to be exposed to such investigation; 2) there was security problem in the area at the period of carrying out this study. The researcher overcame this by using locals who understood the terrain to permeate the area.

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