HEALTH AND SAFETY PRACTICES AMONG FARMERS IN NIGERIA: A CASE STUDY OF KHANA AND GOKHANA LOCAL GOVERNMENT AREAS, OF RIVERS STATE

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ABSTRACT

The development of appropriate health and safety interventions for farmers and agricultural workers is important world-wide but data on present practices show that attitude to safety practice are lacking in Khana and Gokhana Local Government Areas. A representative sampling of 120 farmers was surveyed on health and safety practices, risk assessment and control measures, in relations to farming business using structured questionnaire and in-depth interview. Findings demonstrated that farmers in the areas have low awareness of assessment of risk hazards associated with farming. Based on this, the study suggests supportive strategies through orientation, awareness campaign, training and workshops to enable individual farmers accept basic health and safety practices to improve their health.

Keywords: *Health and safety, risk assessment, farmers, agriculture*

INTRODUCTION

Chemical and manual handling tools are important to the life of the people in the rural area where they are extensively used in agricultural activities. Agriculture is the single largest industry in Nigeria. Approximately, 80% of the work forces in Khana and Gokana are employed in agriculture. Chemical such as pestilence insecticides and manual handling tools are used to control pests and work on the farms. Most of the available evaluation of the farming business have been under taken by various agricultural administrators themselves and tend to represent their views of what they have achieved. A major feature of these evaluations is that variation in health and safety practices, risk assessment among trained and untrained farmers have been missing. It is important to appreciate that the type and extent of health hazard arising from the use of chemicals, manual handling tools and their consequent impact on trained farmers differ from untrained farm workers. This study therefore, offer a switch in thinking by considering health and safety practices in Rivers States, relying on data gathered from Khana and Gokana Local Government Area. The broad objective of this study is to find out the degree of risk assessment in relation to health and safety practices among trained and untrained farmers in the study area. To achieve the aim of this study, the following research questions were formulated to guide the study.

1 Is there any significance relationship between trained farmers risk assessment practices and non-trained farmers in Rivers State?

2 Is Risks assessment contingent upon level of training of farmers in Rivers State?

The following hypotheses were formulated to tentatively answer the reseach questions

1. There is no significance relationship between trained farmers risk assessment practices and non-trained farmers in Rivers State.
2. Risks assessment is not contingent upon level of training of farmers in Rivers State.

METHOD

The study focuses on Khana and Gokana Local Government Areas in Rivers State, Nigeria. Both Local Government Areas have enough landmass that encourages agricultural practices. The area is made up of 217 villages. They are Ogoni by tribe and lay claim to a common ancestral antecedence with relics of their ancestral heritage, having an unparallel impact on the people by means of traditional songs, dances, beliefs and temperament (Kia, 2008). The study was conducted in Ten (10) randomly selected rural communities in both local government areas. The were Lorre, Okwale, Lueku, Kpean, Gwara, Bera, Bodo, Nweol, D. Bere and Kpor. These communities are predominantly farmers; lack social amenities with most of the people living in poorly built houses and low income base.

The study adopted surveyed design to examine health and safety practices among the rural farmers. We sought to gain entry into how training and lack of training affect risk assessment and by extension, approach to safety regulations through indept interview and closed ended questionnaire. One hundred and forty people were recruited for the study but one hundred and twenty (120) people participated. Equal number of participants was surveyed from each study site. Sampling first involved clustering households in each village and using the fishbowl sampling to select specific households from which respondents were to be selected. Five field agricultural assistants and five health workers conducted the interviews in local languages. The 120 people participated in ten (10) focus group session held in each study site. Each focus group comprised between 8 and 10 persons and provided a forum for collective discussion of topics already surveyed at the level of individual respondents. This enables respondents to explore and match their views with those of others. The forum provided participants an opportunity to discuss in an environment free from the influence of non-participating on workers.

All the respondents were asked about health problems experience during work on farm. They were also asked if they protected their body during farming activities. The study relies on indept interviews and supplemented with the structured questionnaire. The questionnaire consists of 10 items that reflect five different issues that tried to find out the possible factors which may act as risk assessment factors

between trained and untrained farmers. The opinions of the farmers was recorded by using No or Yes model. Simple percentage was used as the test statistical tool for data analysis.

RESULTS AND DISCUSSION

Table 1: Socio-demographic characteristic of respondents

Age	Frequency	Percentage
18-27	25	19.2
28-37	40	33.3
38-47	36	30.0
48 and above	19	17.5
Gender		
Male	74	61.7
Female	46	38.3
Education		
None	13	10.8
Primary	60	50.0
Secondary	26	21.7
Tertiary	21	17.5
Farming status		
Full time farmer	74	61.7
Cavil servant farmers	46	38.3

Table 2: Percentage distribution on risk assessment

Respondents	Yes	%	No	%	Total
Gokana					
Trained farmers	20	17	10	8.3	30
Non-trained	6	4	24	20	30
Khana:					
Trained farmers	16	13.3	14	13	30
Non trained	10	8.3	20	17	30
Total	52	43	48	56	100

From the result indicated on table 2, using the simple percentage as the test statistics, it is quick evident that a total of 57% of the respondents out of the one hundred and twenty lack knowledge of risk assessment. The table 2 shows that farmers awareness of health and safety practices is very low. Insight into the reasons for such from the focus group sessions indicated that most farmers lacked any assessment of hazards associated with manual handling of working tools like cutlass, hoes and chemicals used to control pests and insects. The results of the study might not be a surprise since majority of the respondents developed ill attitude towards risk assessment. This finding reaffirmed the earlier finding of Hope (1999) who in his sunder study on rice farmers in India, noted that fewer farmers assessed risk but had no control measure. There is no significance relationship between trained farmers risk assessment and non-trained farmers risk assessment. This reaffirms with Writte (1993) result that both trained and untrained farmers never practised health and

safety regulations. High number of the respondents reported no protection of body skin from the heat of the sun. This finding also collaborated the finding of McNamara (1997) who has argued that neglecting personal health is frequently seen as a common features of farmers living in remote areas. The low level of awareness of risk assessment including hazards associated with farming industry occurred because many of the participants who are mostly farmers do not see themselves as personally susceptible to risk. Some do not know what the safety practice is and many had not heard of safety regulations. Knowledge of the control necessary for certain hazards are poor Dogle (1988) also applied that.

From the focus group sessions, the farmers seem to have "taken for granted" the minor ailment because they felt nothing is wrong with their health as long as they are working continually. Considerable number or percentage of farmers do not notice the health problems during and even after working on the farms. Accordingly, they do not mind the problem because some of the health related problems appeared in a short moment. For instance, health problems like tiredness, headache, body weakness, back pains and skin shores occurred momentarily (Health and Safety Authority, 1994). Though there is an evidence of limited access to medical facilities in both local governments, family, communities with limited financial resources resulted in minor ailments being overlooked or medical attention differed. Hence, there is high incidence of health related problems of farmers in both Khana and Gokhana Local Government Areas of Rivers State. Farmers in these areas do not appreciate that the lack of health and safety practices would place them in greater jeopardy.

CONCLUSION AND RECOMMENDATIONS

Farmers in Khana and Gokhana Local Government councils as observed in this study could not be said to have succeeded in carrying out health and safety practices. The findings of this study, therefore, draw attention to the relatively low rates of health and safety practices among farmers in both local government areas and suggest the need for supportive strategies, through orientation, awareness campaign, training and workshops which should focus on individual health and safety practices. In this case, health literacy of farmers should be encouraged. Health literacy is broadly used here to includes not only health education but the ability to discover information resources, discriminate between reliable and non reliable information resources, apply the reliable information to the individual own situations, and to make informed choices. Agricultural extension workers should increase their services to the rural farmers and make them understand the negative impact of farm related health problems

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