

OCCUPATIONAL HEALTH AND SAFETY PRACTICES AMONG SANITATION WORKERS IN A PUBLIC UNIVERSITY IN GHANA: A QUALITATIVE APPROACH

ABSTRACT

Background: Satisfactory sanitation, together with decent hygiene and safe water, are central to good health and a bedrock of social and economic growth. If we are not able to safeguard the lives of those who protect us, then it is palpable that our lives are also at stake exclusively in a period where there are so many genetic adversaries to combat so as to maintain, inspire and protect the lives of the individuals. To shield ourselves from environmental diseases, the welfare of sanitary workers is of overriding prominence.

Aim: The study aimed at reconnoitering occupational health and safety practices of sanitation workers of University of Education, Winneba, (UEW) Ghana.

Place and Duration of Study: The study took place at University of Education, Winneba campus in the Effutu Municipality in the Central Region of Ghana, between May, 2021 and January, 2022.

Method: The study employed a qualitative approach with a case study design in investigating occupational health and safety (OHS) practices among sanitation workers in UEW. A purposive sampling method was used to recruit the respondents for the study with a focus group discussion guide and in-depth interview guide as the main instruments for data collection. Data were analysed qualitatively using the content analysis technique.

Results: The findings of the study revealed four indices that embodied and affected the working conditions of sanitation workers. These include: occupational stress; hazardous conditions; remuneration; and job security. Again, it was also revealed that there was inadequate personal protective equipment (PPEs) supplied by the university management and poor use of PPEs with the most used PPEs being nose masks by the sanitation workers as a result of the enforcement of Covid-19 protocols. Major challenges faced by the sanitation workers in adhering to OHS practices were found to be poor remuneration, inadequate tools/equipment, poor supervision, unfavourable weather condition and abuse as well as assault.

Conclusion: The well-being of every individual matters, if there is a poor condition of service and poor adherence to OHS practices by sanitary workers in an institution of higher education then worse cases or scenario may be bound to happen elsewhere. There is therefore the need for relevant stakeholders to stand and advocate for proper formulation and enforcement of OHS protocols as well as ensuring good working conditions for all.

Keywords: biological, enforcement, formulation, occupational health and safety, well-being and nose masks.

1. INTRODUCTION

In an era where there are so many nemeses to battle, in order to safeguard, encourage and look after the lives of the people, every effort or practice that can help contribute to the well-being of the people should not be taken for granted. Even though there is a growing global effort to ensure the well-being of every individual and also significantly reduce the number of preventable deaths and illness from hazardous chemicals, pollutions and contamination just as it is being emphasized in the United Nations Sustainable Development Goals (SDGs) specifically target 9 of the goal 3, there is still high reported cases of such preventable deaths and illness.

Every year, an estimated 2.3 million people die as a result of work-related accidents or diseases globally; this equates to about 6,000 deaths every day; there are also an estimated 340 million occupational accidents and 160 million victims of work-related illnesses each year [1]. It is also revealed that every year 1.9 million people worldwide die as a result of work-related risks [2] and that such work-related accidents, diseases and deaths are even more prominent in developing countries where the risks that foster ill-health are estimated to be 10 to 20 times higher than in developed countries and this is so in developing countries because only about 10% of workers in those regions have access to occupational health services [3]. Even in developed countries such as US, in 2020, it was found that in every 111 minutes, a worker dies from a work-related injury [4]. According to the Ghana Statistical Service [5], out of a total of 9,269,889 persons who were in employment in 2015, 1,341,890 (14.5%) had had a work-related injury in the past, with males (19.4%) being twice as likely as females (10.3%). About 6.3% of all employed persons have had an accident in the last 12 months, leading to a reduction in productivity and economic loss even though the idea of occupational health and safety (OHS) in industries was understood in Ghana before the Factories, Offices, and Shops Act 1970 was introduced [6]. One can therefore infer from the statistics so far that just as the delivery of healthcare is essential in promoting and ensuring the well-being of the people, the same argument can be made for the need for proper initiation, formulation and enforcement of health and safety measures at the various sectors of the economy.

International Labour Organisation defined occupational health and safety (OHS) as the outcome of adequate protection of a worker from sickness, injury and disease arising from work [7]. Health and safety practices at the workplace are essential for making sure that individuals are not harmed during work, and that pain, suffering and loss of life are avoided. Safety at the workplace can prolong the productive working lives of individuals and contribute to economic growth and prosperity. The benefits of promoting occupational health and safety also include: enabling people to live happier and longer lives; enhancing economic activity; reducing demand on health and social services and reducing the costs associated with illness and injury on both individual and community bases [8]. The need to enforce health and safety protocols has become so crucial considering the pressure and fear the world is even subjected to as a result of the emergence of “Covid-19”. Even though a long-term solution is sought for through the development of a potent vaccine, the constant mutation of the virus has depicted just as in the beginning the need to continually enforce safety measures such as the use of personal protective equipment such as the nose mask.

Though every individual or working group is exposed to some level of occupational risks and hazards, one of the most vulnerable working groups who are exposed to serious occupational and environmental health hazards, risking, illness, injury and death are said to be sanitary workers [9]. With ever-increasing urbanisation and globalisation which come with increasing problems of sanitation and waste management, these occupational risks, illness, injuries and so on of the sanitary workers is said to escalate significantly [10]. Aside from the multiple occupational and environmental hazards, these workers are also faced with weak legal protection, financial insecurity, social stigma and discrimination and these challenges are even worse in developing countries [9] as there are no comprehensive national policies and bodies responsible for monitoring and ensuring that the occupational health and safety (OHS) fragment legal requirements are met or implemented in the case of Ghana [6].

In the absence of proper enforcement of OHS policies, literature has also revealed that often times, the necessary equipment needed for physical protection is also most often unavailable. According to Pollit [11], one key component of health and safety practices is the use of Personal Protective Equipment (PPEs). PPEs play a vital role in ensuring the overall health and safety of workers [11] yet these PPEs are mostly given to

these workers occasionally and in an insufficient quantity and since sanitary workers are mostly underpaid, they are not able to purchase the PPEs because of their expensiveness [12]. As to whether they used these limited PPEs, different studies have revealed that PPEs are often not worn by workers in both formal and informal sectors [13, 14 & 15]. Exploring why sanitary workers find it difficult in adhering to OHS practices like the use of PPEs, it was found that inadequate working tools/equipment, lack of motivation and incentives, exposure to hazardous waste, physical/verbal, unqualified safety officers to ensure proper supervision, assaults, high cost of providing health and safety materials were some of the factors [16,17 & 18].

Even though there are some numbers of researches on Occupational Health and Safety focusing on sanitary workers, only a few used a qualitative approach and were being carried out in the service industry such as the institutions of higher education. In the light of this, this research study aimed at addressing some of the gaps in the occupational health and safety literature by assessing occupational health and safety practices among sanitation workers in the University of Education, Winneba through a qualitative approach.

Specifically, the study sought to achieve the following objectives to:

1. assess the working conditions among Sanitation Workers at the University of Education, Winneba.
examine the availability and use of personal protective equipment by Sanitation Workers of the University of Education, Winneba.
2. investigate the occupational health and safety challenges facing Sanitation Workers at the University of Education, Winneba.

2. MATERIAL AND METHODS

This research employed a qualitative research approach with a case study design. The qualitative approach is described as “a systematic subjective approach used to describe life experiences and situations to give them meaning” [19]. A qualitative approach in this research was used to explore and describe the opinions of sanitation workers on their working conditions, availability and use of PPES as well as the challenges they faced with respect to their adherence to OHS practices.

The population of the study comprised all the sanitary workers in the University of Education, Winneba Campus. As a qualitative study, the principle of saturation which has become the gold standard by which purposive sample sizes are determined in health science research [20] was considered in purposefully recruiting thirty-four (34) out of the 116 total sanitation workers in UEW, Winneba campus to participate in the study. The principle of saturation was used to reduce repetitiveness and the collection of large responses that do not necessarily add up to what had been collected [21]. In determining the sample size, the policy of the Archives of Sexual Behaviour which recommended not less than 25–30 respondents for this kind of study as cited by Dworkin [22] was also taken into consideration. The study engaged only sanitary workers who have been working for a minimum period of **one year**.

The main instrument used for the collection of the primary data were a well-structured focus group discussion guide and an in-depth interview guide complimented by a form entailing only questions regarding respondents' demographic characteristics. The study also made use of a notebook and audio recorder in the collection of the data. Before the commencement of each focus group discussion and interview, consent was being sought from the participants and the form was given out to each participant to fill before the discussion started. Out of the thirty-four (34) participants, ten (10) of them had an equal number of males and females representing all the categories (janitors, groundworks and conservers) of sanitation workers were interviewed separately and confidentially on campus, that was after they had consented to partake in the exercise. The remaining twenty-four (24) respondents were divided into four groups, thus six members in each group for the focus group discussions. A deliberate effort was made to ensure that at least each category of sanitation worker was represented in each of the four groups. The focus group discussion guide was used to conduct the discussion with a cyclical arrangement. Since most of them claimed were fluent in “Akan” language (“Twi” and “Fante” to be precise), the language for the discussions was predominantly “Twi” and “Fante” interspersed with little English. An average of one hour and thirty minutes was spent for each Focus Group Discussion whilst the interview took an average of thirty minutes. The whole data collection process lasted four weeks. Audio responses were transcribed and translated verbatim and analysed qualitatively using content analysis

methodology. Data generated on the form designed to collect respondents' demographic information was however, analysed with the help of Microsoft Excel version 19.

Before the study, permission was sought from the Department of Health Administration and Education of the University of Education, Winneba and a letter was issued through the researchers' department in form of acceptance by the University for the Study to commence. The management of the sanitary workers was also made aware of the intended study through the serving of a letter. As already indicated, during the study, consent from the respondents was sought before their participation.

3. PRESENTATION OF FINDINGS

3.1 Socio-Demographic Characteristics of Respondents

The result of the forms given out to each participant to fill in order to collect data on their demographic characteristics revealed that, out of the total number of 34 sanitation officers who participated in the study, the majority were males (67.6%) whilst the rest were females (32.4%). Concerning the ages of the respondents, a little above two-fifth was from the ages of 40-49 (41.2%) whilst ages 30-39 and 50-59 both accounted for 25% each. The majority of the respondents were found to be basic school graduate. The detailed data collected on respondents' demographic characteristics are summarised in **Table 1**

Table 1: Demographic Characteristics of Respondents

VARIABLE	FREQUENCY (n=34)	PERCENTAGES
Gender		
Male	23	67.6
Female	11	32.4
Total	34	100
Age		
20-29	2	5.9
30-39	9	26.5
40-49	14	41.2

50-59	9	26.5
Educational Level		
No Education	6	17.6
Basic	20	58.8
Secondary	3	8.8
Tertiary	1	2.9
Middle School Leaving Cert (MSLC)	4	11.8
Marital Status		
Married	26	76.5
Single	6	17.6
Divorced	1	2.9
Widowed	1	2.9
Years of Experience		
1-3	4	11.8
4-7	10	29.4
8-11	10	29.4
12-15	3	8.8
16-19	2	5.9
20-23	2	5.9
24-27	2	5.9
38-41	1	2.9

Source: Researchers' Fieldwork, (December, 2021).

3.2 Workplace Conditions

The working conditions of the sanitation workers were explored from three angles thus on occupational stress and injuries, working with hazardous substances and remuneration and job security basis. For the rest of the result presentation “1” was used to denote a male respondent and “2” a female respondent.

3.2.1 Occupational Stress and Injuries

The working conditions of the workers in terms of occupational stress were assessed. The result of the study revealed that sanitation workers were made to work averagely nine hours (9) a day with most of them working throughout the week. The schedule was found to be dependent on area one is working, for example, cleaners and conservers report to work 5:30 am and closed 2:30 pm whilst gardeners report 6:00am and closed 3:00pm. Clarity was made to the fact that those employed on a contract basis do not go for leave as opined by one of the respondents (2) that:

“We the contract staffs do not go for leave but the permanent workers do. Saturdays and Sundays are off-days for us and also public holidays.”

When being asked whether they feel exhausted and get injured during the course of discharging their duty. Most of the respondents responded to having experienced over warming stress almost every week in the cause of discharging their duty. A respondent (1) in support of what others were saying opined that:

“I am old now and I wish I can stop this work, the pressure is too much, and I always get home very tired.”

Another respondent (2) in support of what others are saying also shared her experience:

“Before being employed I had no chronic back pain but ever since I joined this work, I have been experiencing back pain. I have tried almost every herbal cream but to no avail.”

It was observed that the most people who experience most of the stress and injuries were the ground workers followed by the conservers as opined by one of the respondents (2) who happens to be a cleaner:

“Our case is even better; I do not think I can do the grounds work. Most of them deformed with time”

The study also revealed that they almost get injured every day since most of them work with no protective equipment. This is evidenced in the assertions of these respondents:

“I work with a machine “sometimes you need someone to help you lift it, it is a metal and can cut you anytime. The last time, I was about lifting the machine and did not know I had touched the exhaust, I got burns.” (1)

“I was working somewhere when my supervisor instructed me to go and work elsewhere, my supervisor and I were beaten by bees to the extent that both of us were hospitalized, I could not eat nor speak; indeed, I was victimized by them.” (1)

When asked whether they have experienced any form of work-related accidents in the last 12 months, all ground workers asserted that they have experienced one form or the other. Emphasis was also made that it mostly happens when it is least expected as indicated in support of what others are saying by one respondent (1) that:

“It happens when least expected. It can happen even when sharpening our cutlass.”

3.2.2 Hazardous Conditions

The respondents were also assessed whether they are faced with any hazardous substances in the course of discharging their duty. The result of the study depicted that they were exposed to a lot of hazards. The cleaners, grounds and conservers all expressed a form of hazard they are being exposed to. The cleaners argued that they work with a lot of chemicals which they perceived to be very detrimental to their health. What is even alarming is the fact that they mostly work with no protective equipment on. A respondent (2) discussing the issue buttresses that:

“Yes, we are faced with a lot of hazards, I and my colleagues use “akasha” (Chlorine) Dettol among others to work. Some of these chemicals like “akasha” can burn your skin. I cannot even withstand their smell but this is the only work I have; I have to manage even after experiencing a lot of chest pains after usage.”

The ground workers specifically also discussed that they sometimes work in busy areas and since they also normally worked with no safety boots and other protective tools, they faced a lot of harm. In discussing the issue some of them explained that:

“Some of the places we weed are dusty such that before you finish weeding some of the dust might have entered your eyes causing itching of the eyes.” (1)

“I use chemicals for spraying the weed; I do not know the name but it very poisonous. Your eyes will be itching and nose running when you are done.” (1)

“I am often almost bitten and chased by snakes especially where I work. If you make a mistake, they will bite you. Sometimes it is not easy to see them. All the same it is God who protects us.” (1)

Similar arguments were made by most of them to express the various hazardous conditions they are being exposed to in the course of discharging their duties daily.

3.2.3 Remuneration and Job Security

Generally, the workers expressed their concern about the fact that they are being underpaid by their employers. They argued that their employers have been taking advantage of them in the sense that most of them are casual or temporary workers even though they have served many years for them to qualify to be permanent staff as the laws of the land dictates. This was further explained by a respondent (2) that:

I consider my working environment not safe. I can never be safe for working as a casual worker for so many years, almost 1 1years now. I can never be happy at work because even Ghanaian law says that you can be a casual worker for only 6 months and after the 6 months you become a permanent staff but up to 15 to 17 years, I am still a casual worker so my working environment not safe because of my job security.

Some also discussed that there is biased in their remuneration system (example, access to loan facility) whilst others are treated with some level of fairness, others are treated badly especially those who do not have “connections” and are mostly casual workers as evidenced in the statement of one of the casual workers:

“I do not have any happiness in my working environment because I have been in the department for so many years and some people come and get loans about 2000 Ghana cedi and 3,000 Ghana cedi, I do not even get up to 1000 Ghana cedi so I am not safe in my working environment. I do not even have a zeal for the work anymore and I don't feel happy even when working.” (2)

All of them (both casual and permanent respondents) expressed the fact that they are not happy with the amount they take a month as they compare with other workers such as those who worked in the offices. They argued that they do not expect to take the same salary as those workers however, looking at the hazard they are faced with, the government or the university could do better. A respondent (2) buttressing on this point alleged that:

“I have worked for more than seven years but my pay a month is not even half of my daughter who was just posted’ .”

3.3 Availability and Use of Personal Protective Equipment

It is one thing for equipment to be available and another for it to be used or unused. In line with the study objectives and research questions, the availability and the usage of personal protective equipment for the sanitary workers were assessed through the interviews and focus group discussions.

3.3.1 Availability of Protective Equipment

When asked whether they have an idea about what personal protective equipment was, there was a mixed response. Others claimed to have heard and know about it whilst others were not. However, when asked whether they have given anything to protect themselves in the course of discharging their duties before, almost all the respondents responded “Yes”. Very few alleged that they have never received anything of such before. Emphasis was made that the giving of PPEs to assist them was done once in a blue moon and that it is the

wake of Covid-19 that has propelled the management to give them some of the PPEs such as safety boot, utility gloves and nose masks among a few others recently as indicated by a respondent (1):

“I have been working here for a while, but it is only the emergence of the disease (covid19) that they have given us gloves and nose mask to work with.”

Another (2) also opined that:

“No we don't have; neither the utility nor the disposable gloves at our disposal so we have been working with our bare hands and even sometimes we use our hands to pick rubbish from the grounds.”

Clarity was also made on the fact that those PPEs procured are normally inadequate and so most at times it is the permanent workers that are able to receive theirs. This was made clear by a permanent worker (2) that:

“Most of the permanent staff has some but temporal staffs normally do not receive some unless it is adequate.”

The respondents also discussed that they are supposed to request for them at their department, however most often they are ignored and that they never receive anything even after officially requesting for them.

3.3.2 Use of Personal Protective Equipment

The discussions revealed that even though the availability of PPEs was limited however even the limited ones available to them were not utilized by most of them. Reasons given were that they are used to working with no PPEs and so they normally forgot using them even if they are available. Others also alleged that using the PPEs obstruct their work and makes them uncomfortable as being buttressed by two ground workers that:

“Maybe the cleaners may feel comfortable for using the gloves, but for me, I feel uncomfortable for using gloves or goggles when weeding. They are most often not even there so I will not worry myself.

(1)

“I have it but I cannot use it to weed due to the heat within it during sunny days.”(1)

Only a few indicated that they used them during their daily activities due to the nature of their work. A janitor (2) asserted that:

“Yes, for me, I used it, I cannot work in the washroom without the gloves on.”

They also discussed that generally, the only PPEs that is common and mostly used by both the casual and permanent staff is the Covid-19 nose masks which most often were being purchased by them.

Generally, it was observed during the discussions that the use of PPEs by the sanitary workers was very minimal with no proper supervision for them to utilize the very limited ones available by their supervisors. What was of particular concern to the supervisors was getting the work done. The process involved in getting it done is rarely part of their business as opined by a respondent (2) when asked whether they faced problems from their supervisors for failing to utilize the very few PPEs given to them:

“My supervisor is very strict, just get the work done and you will have no problem with him.”

3.4 Challenges of Occupational Health and Safety Practices of Sanitation Workers

The challenges encountered by the sanitary workers in an attempt to put OHS into practice were explored. The result of the study revealed numerous factors that were accountable or served as a barrier for sanitation workers to conform to occupational health and safety practices. These challenges for the easy presentation were categorized into Remuneration/incentives factors, inadequate equipment/tools, poor supervision, weather conditions and abuse/ assault.

3.4.1 Remuneration/ Incentive Factor

When discussing the challenges or barriers making them (sanitation workers) not to comply with OHS practices, the discussions revealed that salary and incentives play a major role. They argued that some of them are overburdened with a lot of financial problems due to the infinitesimal nature of their salary and the fact that they have so many financial obligations to attend to. This creates an imbalance among their physical, emotional and mental state whenever on duty. The result is that they do not think about OHS not to talk about conforming to the practices associated with it. This is evidenced in the statement made by some of them below:

“They must increase our salaries, sometimes we come to work with financial issues running through our heads because our salaries are not enough. The person may not be psychologically sound and maybe grieving in his heart; all these lead to occupational injuries and accidents.” (1)

“We all are doing the work; we know we have contract staff and permanent staff. If a permanent staff can go for 22 working-days leave and contract not even a day, and you are being deducted from your small money when you are sick and absent yourself for even a day, what do you expect me to do (1)

I would like to divert a little. If we have a good financial standing, we would not wait for someone to tell us what to do. Our payment is not good and must be increased. (2)

Others emphasizing on the issue argue that all casual workers who have served for some years must be mechanized to solve some of this problem as opined by one of the respondents (2) in support of what others are saying:

“I would not have talked about this but for the sake of my brothers here. We were made known that you qualify for permanency after working for 6 months. We have been in the work for 20 years, 15 years, and 17years. Ours is much more difficult than any other staff on this campus. For those of us who weed, our work is more difficult than the rest. I plead that they should be mechanized into permanency otherwise we will not have the peace of mind to even conform to some of this practice.”

Incentives and remuneration were found to play a role in motivating the workers to conform to the OHS practices. In summing it up one of the respondents (1) asserted that:

“It is all about our salaries; the salaries are very low. They have to increase our salaries. If they increase our salaries, then we can do whatever they want us to do”

3.4.2 Inadequate Equipment/Tools

Inadequate equipment/ tools was also recognized from the result of the discussions to play a major role in the non-adherence to OHS practices on the side of the sanitation workers. They discussed the fact that the

adherence to OHS practices cannot take place in a vacuum and that equipment and tools needed to conform to them are beyond their reach. In expressing this one of the respondents (1) opined that:

“How do you want us to put on PPEs when we do not even have them? I have applied for a safety boot but it is almost a year now I have received nothing.”

Inadequate availability of equipment was discussed to be one of the major barriers to the non-compliance to adherence of OHS practices as all of the respondents alleged to be without one or the other type of PPEs needed to carry out their daily tasks.

3.4.3 Poor Supervision

The results of the discussions indicated poor supervision on the side of field supervisors and management plays a major role in the non-adherence to OHS practices by the respondents.

Since management has not procured the necessary tools/equipment to be given to a sanitary worker, they feel reluctant to hold supervisors accountable for not seeing to it that workers use the appropriate equipment/tools in discharging their daily task and the same is true on the supervisor's side. In discussing this, these recommendable assertions were made by two of the respondents (1 and 2 respectively) that:

“Our leaders should be firm and ensure that we put on our PPEs when we report to work; especially when we log in. Our supervisors should insist on that by asking we to go home; marked absent when you don't put on your PPEs this will help enforce the wearing of PPEs but, they cannot do that because they know the reality on grounds”

“Procurement of PPEs must be fast-tracked to ensure their availability by the management.”

Similarly, others also expressed their views that supervisors were not interested in the workers conforming to OHS practices. What they care about is the deduction of money and getting the work done. This is revealed by one of the respondent's (2) submissions that:

“You absent yourself for a day and he will deduct you, ask for a boot and it will be a problem.”

3.4.4 Weather Conditions

The weather condition, thus excessive heat due to the sun was also found to be a barrier to adherence to OHS practices. They alleged heat to be also a major problem; respondents discussed that they experience a lot of discomfort in the usage of the very limited PPEs available such as overall, safety boots, gloves since most of these equipment were made up of rubber and polyester. Most of the respondents admitted, wearing overalls and/or boots in sunny weather was very uncomfortable and unbearable. One of them (2) expressed his sentiment this way:

“I have been given the overall coat to wear but because of heat within it, I have stopped wearing it during work time because of sweat and heat.”

They therefore discussed and recommended that an alternative uniform be made available for them to be able to better work with.

3.4.5 Abuse/ Assault

The results of the discussions also indicated abuse and assault as one of the barriers to adhering to OHS practices. Respondents alleged that students have been abusing them sometimes in the course of them discharging their daily duties as opined by one of them (1) that:

“Sometimes you put on your gloves on ready to work, but you go to the lecture room and meet the students but instead of them moving out they will not. Woe onto you to ask them to leave, they will hail all sort of abusive words on you, and you will be left with no other choice than to remove your gloves and wait and because of that anger you will not even think of putting on the gloves on when the room is ready.”

Another respondent (1) also shared her experience of assault by students of the university:

“I was nearly beaten by a student for mistakenly touching a student with my dirty gloves, for the insults, it still fresh in my mind as the day that incidence happened and I do not think I will ever forget this.”

4. Discussions of the Results

The discussions of the results are presented in line with the presentation of the results which in turn reflect the study objectives.

4.1 Workplace Conditions

The findings of the study revealed three indices that embodied and affect the working conditions of sanitation workers and these include occupational stress, hazardous conditions and remuneration and job security. All these factors affect the working conditions of sanitation workers in different ways. Deducing from these three indices one can find that the workplace conditions that sanitation workers in the study are being exposed to include low and biased salary payment, injuries, and stress and health problems from the usage of poisonous detergents. These findings do not deviate from what is being reported indicating that many employees suffer from workplace injuries, stress and property damage, resulting in economic crisis [9]. The low wages given to these workers may be attributed to the fact that most of them are classified as unskilled labour and hence are mostly not paid by the government but through the university's internal generated fund (IGF). The connotation as "casual workers" accounts for the very reason why they are stressed and often not allowed to go for leave. The alleged unnecessary deduction from the small salary of these casual workers on grounds of absenteeism among others is worth discussing. These anomalies are seen almost everywhere in the country where people have to work for more than eight hours a day and six days a week and yet could not go for leave nor even be paid up to the monthly minimum wage. The root cause of these anomalies may be associated with the poor enforcement of labor laws and regulations as enshrined in the 1992 constitution of the country.

4.2 Availability and Use of Personal Protective Equipment

In the area of PPEs availability and usage, the findings of the study showed that there was inadequate supply and under-utilization of these limited PPEs. This conform with other studies revealing that PPEs is often not utilized by workers in both formal and informal sectors and hence undermining their general health and safety as it leads to different types of injuries and harms [13, 14 and 15]. The most common PPEs readily available and utilised were found to be the nose mask which was probably as a result of the enforcement of the Covid-19 protocols. The root cause of inadequate availability of PPEs may be attributed to inadequate procurement of

the items which may be due to lack of commitment on the part of management to invest in such venture. However, a second look at the issue may also be attributed to the fact that the workers are mishandling the items being given to them due to poor supervision. The issue of under-utilization of these PPEs can be generally traced to the poor enforcement of OHS practices by the government. And until the government intervenes it will be very difficult for institutions to ensure that employees get the necessary PPEs and ensure their usage. The inadequate and under-utilization of PPEs by these workers must therefore be critically looked at, as this exposes them to a lot of health conditions that serves as a threat to their life. The current double burden of disease and the emergence of degenerative and chronic diseases in the elderly especially in our part of the world should in part be the basis for addressing this shortage and underutilization of PPEs by sanitation workers taking into consideration the fact that most of these worker are in their mid-thirties or more.

4.3 Challenges of Occupational Health and Safety Practices of Sanitation Workers

Numerous factors were accountable or served as barriers for sanitation workers not to conform fully to occupational health and safety practices and these factors include Remuneration/incentives factors, inadequate equipment/tools, poor supervision, weather conditions and abuse/ assault. These findings of the study are consistent with a similar study which found out that key challenges facing sanitation workers were inadequate working tools/equipment, lack of motivation and incentives, exposure to hazardous waste, and physical/verbal assaults [16]. The various submissions made by the respondents can generally be entrenched on the fact that there are no internal or external motivations or forces to compel them to oblige to OHS practices. The submission made by one of them (2) that

“I do not see the relevance of putting on gloves or whatever you call it, it does not concern me. I will not be paid or punished for that. What I care about is to come to work, log in to work, close and go home.”

clarify the discussion on the challenges elaborated by them. Thus, if monitoring is put in place to ensure adherence to OHS practices and workers are being punished for not adhering then they will have no other option than to conform to it thus, where there is more supervision, workers are likely to conform to safety regulations than where there was little supervision. The other bid from the assertion is that if they are paid

(motivated) for conforming to such OHS practices then they will equally adhere to it. It also suggests that the sanitation workers need to be educated and trained enough for them to know the relevance of adhering to OHS practices. It is, therefore, logical to argue that when such measures are put in place, there is a likelihood that these sanitation workers will do everything to adhere to OHS practices. It is also worth considering the various PPEs and their fit in our environment which is dominated by heat. It is a high time we set standards for OHS practices looking at our environmental conditions. As found by the study it is unlikely that grounds workers will not wear overall during their working hours even when overalls are available to them as it can be inferred in the statement made by one of them (2) that:

“I have been given the overall coat to wear but because of heat it generates, I have stopped wearing it during work time.”

5. CONCLUSION

Generally, occupational health and safety practices among sanitation workers in the UEW Winneba campus did not conform to the standards required by the International Labour Organisation to describe them as good practice. This is evidenced throughout the responses given by the respondents in the study. Most of the sanitary workers experienced over warming stress almost every week in the cause of discharging their duty and that they were exposed to a lot of hazards. Again, even though the availability of PPEs was limited however, even the limited ones available to the employees were not utilised by most of them. In addition, poor supervision on the side of field supervisors and management played a major role in the non-adherence to OHS practices by the sanitary employees. Therefore, it is important that management of UEW prioritises the health and safety of workers most especially sanitary workers by making all reasonable efforts to identify and correct health and safety hazards. It is also necessary for them to include health and safety training in its staff orientation and in-service training programmes for sanitary workers. Finally, the University’s Health and Safety Policy document ought to be updated to reflect current OHS best practices and ensure that copies of the document are made available to all employees and employees encouraged to go by them.

Consent

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s).

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