

THE ANTECEDENT PREDISPOSING CEMENT FACTORY WORKERS TO THE UTILIZATION OF HEALTHCARE SERVICES PROVIDED BY EMPLOYERS IN NIGERIA

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ABSTRACT

The cement industries are among the most vital industries for the Nigeria economy. Most of the workers engaged in cement factories are low income earners, subjected to rigorous and long working hours. They are exposed to hazards such as burns, dust, noise water and air pollution, machine injuries and toxic chemicals for the working population. This paper highlights the level of healthcare services provided by employers and how such services are utilized by the workers, depend on the consumers' perception of the level of quality of care to prevent or ameliorate illness arising from occupational diseases, and if employer perceives there is a threat of occupational diseases that are severe enough to harm their productivity and profitability. The paper therefore recommended that employers of cement workers must ensure health education section in the factory to increase safety awareness of the workers and to ensure proper behaviours, emotional desires and make the desired changes without upsetting the factory programmes.

Keywords: Healthcare services; provision; utilisation; cement factory workers and Nigeria

Introduction

Quality Healthcare Services was asserted by Gummesson (1993) that should be available to factory workers, since workers may be unaware of the possible relationship between occupational diseases and their symptoms and their work environment. Commonly workers do not associate the symptoms of cough, chest tightness, irritation on the skin, or shortness of breath with their industrial exposures (Mc Vean, Spencer & Chaix, 2005) There is a proliferation of factories that manufacture or make use of potentially hazardous products such as cement and the workers in these industries are, in most cases, unprotected from the hazardous agents that are known to impair their health (Mc Kenzie & Smelter, 2001). The problem is made worse by inadequate provision and utilization of healthcare services, the absence of effective systems of factory inspection, partly because of an acute shortage of such inspectors and partly because of the inspectors' inability to enforce the laws governing health, safety and welfare provision in the factories (Nwachukwu, 1984; Ewald, Paul & Plague, 2008).

The Factories Decree (1987) and Workman Compensation Act (1990) of Nigeria, made recommendations on the need for the individual factories to consider the immediate health needs of the work environment. The quality of services provided and how such services are utilised depends on some obvious measurable characteristics accompanied by the consumer's perceptions of level of the quality of care. Janz and Backer (1984) proffered the Health Belief Model where they explained that individuals or organisations will take action to ward off, to screen for, or to control an ill health condition (provide and utilise healthcare services) if:

1. They regard themselves as susceptible to the condition
2. They believe it to have potentially serious consequences
3. They believe a course of action can reduce the susceptibility and seriousness
4. They believe the costs of the action are outweighed by its benefits. Therefore a cement factory management will tend to provide adequate healthcare services and workers will tend to utilise such services because a worker who is in a very good state of health is a productive one. Workers' health status has been shown to have direct impact on their production capacity (Nwankwo, 1998). Management therefore, stands to lose in output if adequate healthcare services that can handle all occupational ill health and sickness induced absenteeism are not put in place.

Protection Motivation Theory (Rogers, 1984), which is an extension and re-working of the Health Belief Model explained that intention to protect oneself is the proximal determinant of health behaviour. Intention is dependent on four components; perceived susceptibility, perceived severity, self-efficacy, response efficacy (benefits versus barriers). Therefore, cement factories should provide adequate Healthcare services if they perceive themselves to be susceptible to profit loss due to reduced output as a result of workers ill health. Also, workers should utilise provided healthcare services if perceive themselves to be susceptible to the occupational diseases associated with their work, which are severe enough and they perceive that provided healthcare services can adequately handle such diseases.

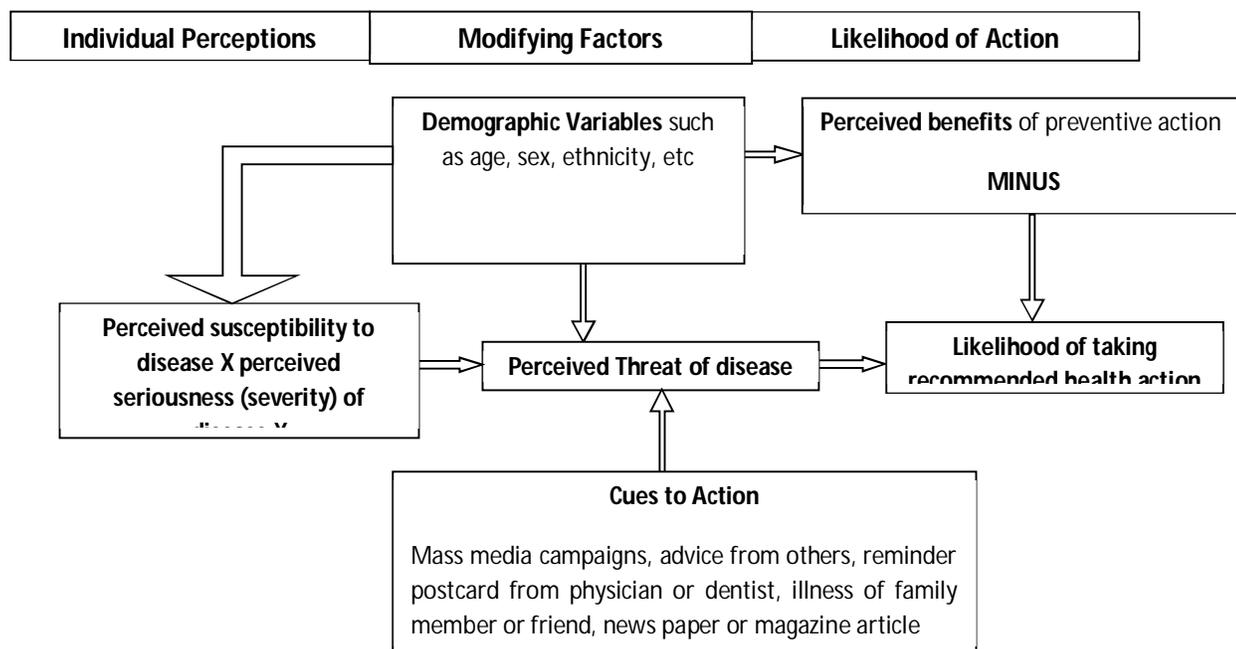
Studies on industrial health of cement workers, miners and construction revealed that in technologically advanced countries, the quest to beat rising cost of healthcare services has increase the desire to pursue preventive healthcare services. Afolabi, Fajemonyomi, Jinadu & Boyunjoko (1993) asserted that a proper understanding of the various workers situation in manufacturing match industry, mining,

construction and other labour intensive industries revealed that workers are exposed to hazards. These include physical contact with poisons, dusts in halation, exposure to organic and inorganic chemicals, extreme temperatures of hot or cold, accident injuries, falls, burns and scalds, other dangers and sudden death.

The general work site health programme involves activities designed to improve the health of workers in the work environment. The programmes are aimed at reducing risk behaviours, factors that contribute to ill health, increase the workers awareness, response to self protection and work motivation, influence workers performance in particular organisations. However, the health and safety of workers have been recognized as a fundamental human right (Field, 1989 & Akpofure, 2009). Employers of Labour are therefore expected to protect the lives and health of workers by reducing the level of exposure to occupational hazard and promote the cement workers' health in Nigeria.

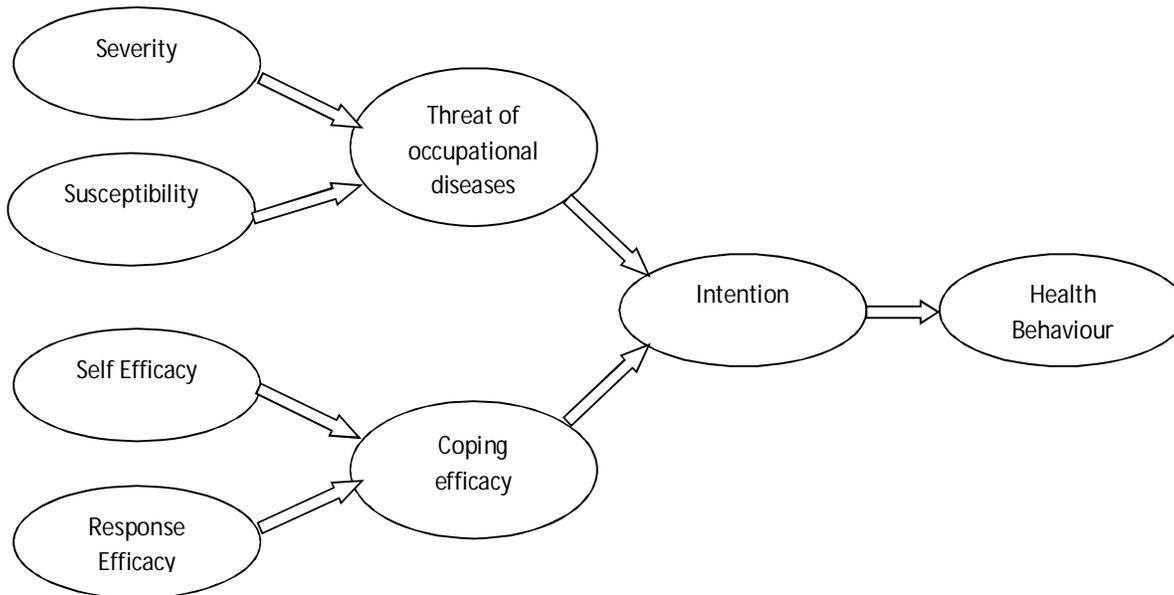
The conceptual model used for this study was modified from the Health Belief Model (HBM) and the Protection Motivation Theory (PMT). Though Rogers (1984) believes the PMT to be an extension and a reworking of the HBM, it has been demonstrated that HBM is more suitable for measuring utilisation of healthcare services (Janz & Becker, 1984) while the PMT is more suitable for explaining healthcare services provision (Ajzen, 2006). According to Janz and Becker (1984), HBM explains that health-related behaviour (utilisation of provided healthcare services), depends on figure (1) the desire of the individual to avoid illness arising from incidence of occupational disease(s) or if ill, his/her desire to get well. Also, provided healthcare services would be utilized if there is the belief that a specific health action (utilisation of provided healthcare services) will prevent (or ameliorate) illness or illnesses arising from occupational diseases. In other words, individuals' estimate the threats of illness arising from occupational diseases, and of the likelihood of being able, through personal action, to reduce that threat.

Figure 1: Basic Elements of the Health Belief Model



Source: Janz & Baker, (1984). The Health Belief Model: a decade later. 1-47

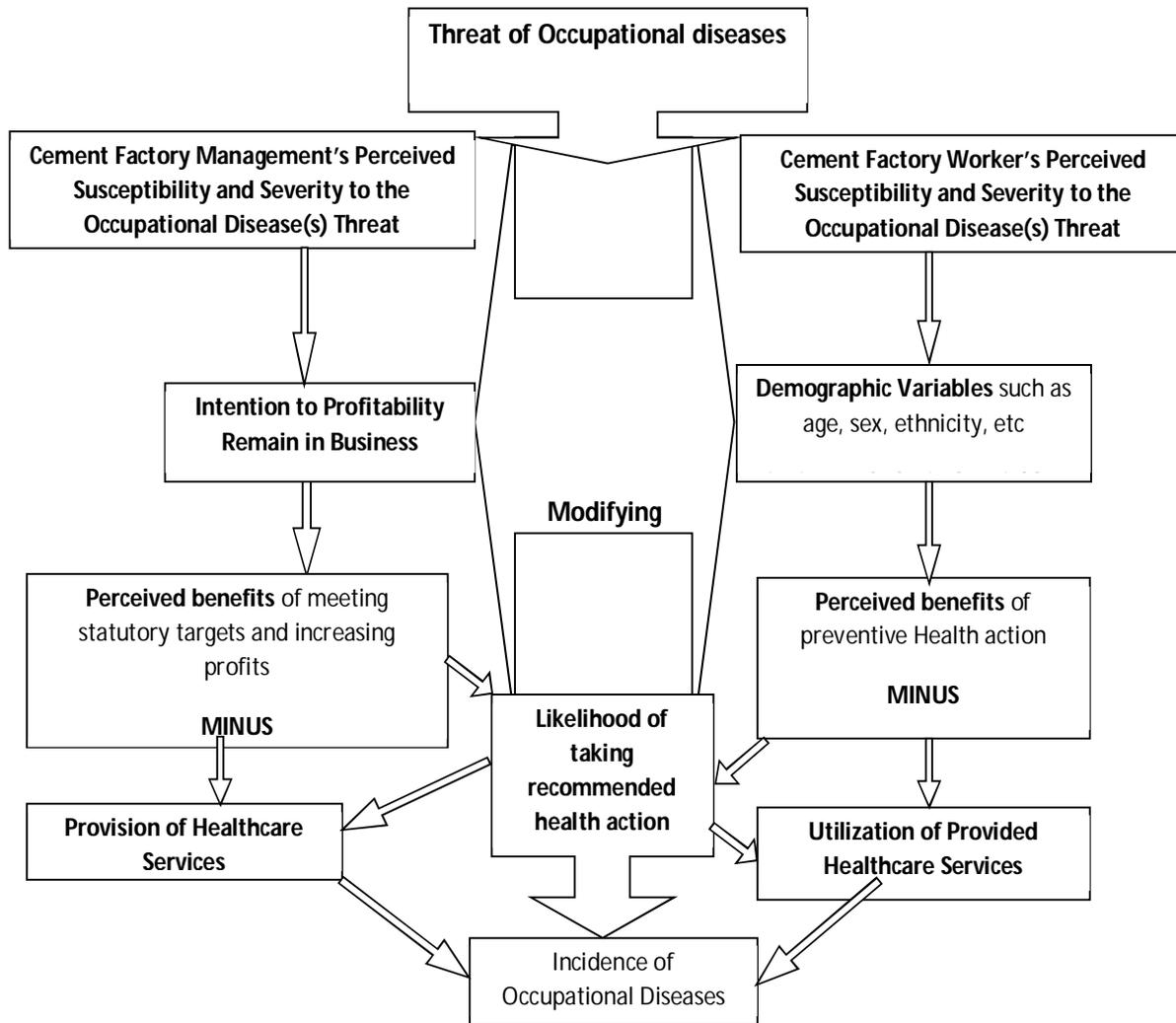
Figure 2: Model of a Protection Motivation Theory



Source: Rogers, (1984). A source book. New York Guilford Press. 153-176.

According to Rogers (1984) the intention to protect oneself is the proximal determinant of health behaviour. Intention is dependent on four components; perceived susceptibility, perceived severity, self-efficacy, response efficacy and response efficacy (benefits versus barriers). Therefore, the cement factory's intention to protect itself is the proximal determinant of its health behaviour (provision of healthcare services). A factory will provide healthcare services if it perceives that there is a threat of occupational diseases that are severe enough to harm their productivity and profitability. Ajzen (2006) defined behaviour of interests (intention for providing healthcare services by cement factories) using Target, Action, Context, and Time (TACT) elements and explained behaviour that is a manifest, observable response in a given situation with respect to a given target. In other words, management of cement factories will take the action of providing healthcare services to meet the target set by statutory regulations in the context that its productivity and profitability would not be affected if it takes the necessary action at the appropriate time.

Figure 3: Conceptual model explaining provision and utilization of healthcare services impact on incidence of occupational diseases among cement factory workers



Source: Adapted from Janz & Baker (1984). The Health Belief Model: a decade later 1-47 and Rogers (1984). A source book. New York Guilford Press. 153-176

The Health Belief Model, Janz & Baker (1984) and Protection Motivation Theory, Roger (1984) was used to form a conceptual model for this study. The researcher interest in this study was that the industrial work force maintains good health and remains motivated for maximum productivity through the satisfaction of certain basic human needs provided by the employers and freedom from diseases at work place. Environmental good health can be identified as an essential condition for efficiency, since no individual can perform most activities of daily living when the individual's health status is compromised with quality healthcare services.

This conceptual model explains that it is the constant presence of threats of occupational diseases in the cement factories that informs the likelihood of taking preventive health actions. The actions expected from the factories' management is the provision of healthcare services while the action expected from the workers is utilisation of provided healthcare services. Even these actions would only be taken if the factories' management and individual workers feels susceptible to the perceived threats and are perceived to be severe enough to demand action (Janz & Becker, 1984). The perceived susceptibility to the threats and the perceived severity of the threat of occupational diseases are affected by certain modifying factors. The modifying factors on the part of management are the intention to profitably remain in business, while they are demographic variables such as age, sex and ethnicity, and socio-psychological variables on the part of the individual workers (Masound & Akireza, 2007).

There is likelihood of the factory management to take the recommended action of statutorily setting up healthcare services if it perceives that it would benefit maximally from a healthy workforce. The individuals would take preventive health actions if they believe that they can benefit from provided healthcare services. Take away perceived barriers from perceived benefits to healthcare services and utilisation of healthcare services would really reflect in a reduced incidence of occupational diseases.

Studies on industrial Health cement workers, construction and miner revealed that in technologically advanced countries, the quest to beat rising cost of healthcare services has increased the desire to pursue preventive healthcare services. Afolabi, Fajemonyomi; Jinadu, Boyunjoko, (1993) ascertained that a proper understanding of the various situations in manufacturing match industry, mining, construction and other labour intensive industries reveal that workers are exposed to hazards. These include: physical contact with poisons, dust inhalation, exposure to organic and inorganic chemical. Therefore, employers provision and motivation of the workers will increase their knowledge in the utilization of healthcare services to promote their health and increase productivity.

Conclusion

The paper affirmed that occupational healthcare services should be provided to the cement workers, their families and the immediate community. This is because health promotion and disease prevention are concerned with quality of the healthcare services (product and services) provided considering how well the services are delivered, level. Of provision and how such services are utilized depends on some obvious measurable characteristics accompanied by the consumer's perceptions of level of the quality of care.

Recommendations

1. Employers should provide healthcare services that will assist to redirect and correct the workers for proper behaviours, emotional desires and make the desired changes without upsetting the industry programmes
2. The government through the factory inspectors should ensure that employers of labour put in place a comprehensive company-based clinic employs trained qualified occupational health and safety personnel equipped to promptly manage occupational diseases among the workers.
3. Employers of cement workers must ensure of health education section in the factory. This will help to increase safety awareness in the workers and to improve training through public lectures, symposia, safety talks, employer-employee interactive sessions and the exhibitions of safety gadgets and safety drill/demonstrations.
4. Occupational health policies should henceforth be formulated not only to simply attempt to change lifestyle through information and education of the workers but should also be to ensure that the social and environmental conditions are conducive to the development of responsible and healthy lifestyle of the population.

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