



## Occupational health and safety challenges facing sanitary workers in Sekyere Central District in Ghana

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### ABSTRACT

In Ghana, most employers and employees are less conscious with matters of safety. The goal of this study was to investigate the occupational health and safety challenges facing sanitary workers in Sekyere Central District Assembly. A purposive sampling was used for the selection of 37 respondents. Carefully structured questionnaires, interviews, and field observations were used for data collection, which were afterward analyzed using the Statistical Package for the Social Sciences V20. The study showed that all the respondents faced safety, health, and working tools and equipment and work posture challenges which affected their job performance ( $p = 0.019$ ). About 96.4% experienced great pain due to their work posture. The body parts mostly affected were the waist and back (57%) and upper limbs (46%). About 71.4% were not provided with personal protective equipment (PPEs) for their work. This, however, did not affect their job performance ( $p = 0.339$ ) but was significantly correlated with the degree of sustaining injuries ( $p = 0.012$ ). They suffered from a wide range of diseases which resulted in absenteeism at work and job performance ( $p = 0.000$ ). The unsafe working environment affected their job performance ( $p = 0.002$ ). Although job dissatisfaction of workers never affected their job performance, it was likely to cause injuries at the work place and this could impact negatively on the safety of the workers leading to poor overall work output. Regrettably, workers were never offered any in-service training.

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### Introduction

The primary goal of working is to make a living, but unfortunately many work at the cost of their safety, health, and even lives [1]. Perhaps, most working environments and conditions of workers in myriad of organizations are fraught with challenges that are injurious to the health of workers. Healthy workers and safe working environments are paramount assets to increase the productivity in an organization; yet, employers and employees are less conscious with matters of safety. Consequently, work-related accidents and diseases continue to rocket to unacceptable levels drawing attention of governments, international health organizations, and the general public at large. There are unlimited number of hazards found almost in every workplace that affect the health of workers reducing their well-being, working capacity and output, and even their life span. [2].

These health hazards include exposure to harmful gases and dust, mechanical risk during the use of machinery, physical, mental strain from monotonous and heavy work, long working hours, lack of correct infrastructure in the collection, separation and processing of recyclable materials, poor ventilation, insufficient lightning, unsafe work organization, and exposure to sharp instruments [1, 3]. The International Labor Organization (ILO) reported that these hazards cause 270 million fatal and nonfatal work-related accidents yearly, through which some 160 million workers are afflicted with work-related diseases and result in the death of 2 million people.

Many attempts over the past decades were geared toward the formulation of health and safety policies to prevent work-related disease and injury and ultimately protect employees' health. For instance, ILO formulated Occupational Safety and Health Management Systems (OSH-MS) which encourages

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countries and organizations to integrate OSH-MS into their organizational framework to protect the health of workers through prevention of work-related injuries, ill health, diseases, and incidents [4]. This would be achieved through the maintenance and promotion of workers' health and capacity to work and improve the working environment [4]. However, their implementation was faced with many challenges as occupational accidents and diseases continued to rise with its negative toll being enormous [5]. While some sectors suffer neglect from OSH legislations and services [6], others lack the general logistics for effective implementation of the policy.

Environmental health and sanitary workers like other workers are faced with numerous health hazards that are likely to ruin their health and reduce their work capacity. Environmental health and sanitary workers are responsible for solid and liquid waste management through cleansing of communities, collection of waste, transport, treatment and disposal. Visit to insanitary sites and monitoring form part of their responsibilities. They are therefore exposed to all forms of hazards associated with waste materials. Although there are occupational health and safety statistics in some work industries in Ghana, e.g., road and transport industry, mining companies, there are little or no occupational health and safety statistics in the environmental health sector. Furthermore the only legislation that serves as edict for safety of workers in environmental health is the "The Factories, Offices and Shops Act 1970, Act 328". Inadequate safety and protective clothing, lack of logistics, excessive workload, poor remuneration, little or no supervision, lack of motivation, and lack of in-service training are some of the main factors that can greatly debilitate their performance, especially at the district level [7]. There is a dearth of information showing whether workers in these sectors comply with safe working standard or enjoy safe working environment. Moreover, most of these workers at the district level are casual workers who might have minimal knowledge about the significance of occupational health and safety and also unaware of their legal rights [3]; therefore, their unsafe acts and behaviors can cause occupational injuries and diseases at the work place [8]. It is against this background that this research sought to principally investigate the occupational health and safety challenges facing sanitation workers in Sekyere Central District of Ghana.

## Materials and Methods

The research was carried out in the Sekyere Central Assembly in the Ashanti Region of Ghana located geographically within longitude 0.05° and 1.30°W and latitudes 6.55° and 7.30°N.

The study employed the purposive sampling for the research. A total of 37 respondents were used in the study which comprised of one District Coordinating Director (DCD), eight Environmental Health Officers (EHOs), and 28 sanitation workers [13 sanitary workers (Laborers) and 15 sanitary guards]. These are the established ranks in the environmental health work system in all the districts in Ghana.

This group of people was used because they were knowledgeable in occupational health and safety and sanitary work in general. Questionnaire was the main instrument used for the data collection. The studies principally dwelt on challenges faced by the sanitation works (sanitary workers and sanitary guards); however, the EHOs and DCD were interviewed also for information to buttress the reports by the sanitation workers. The research involved quantitative and descriptive approaches. Since all the sanitary workers in the district were involved, the sampling technique used was purposive with complete enumeration that targeted the total sanitary workers officially employed in the District Assembly. Formal standardized questionnaire were designed and reviewed several times prior to their administration. The questionnaire involved both close and open ended formats. Both types were printed as hard copies and personal interviews were conducted. The questionnaires were distributed to solicit the varied views and responses of the respondents.

The data obtained were analysed using SPSS V20, and results were presented and discussed using descriptive statistics which involved, frequencies, percentages, ANOVA, qui square, etc.

## Results

### *Biodata of sanitation workers*

The study showed that 60.7% of the sanitation workers were males, whereas 39.3% were females. Age analyses showed that 39.2% of sanitation workers were between the ages of 20 and 29 years, 21.4% were between 30 and 39 years, and 17.9% were also between the ages of 40 and 49 years (Table 1). This is an indication that majority of sanitation workers were youths since 21.4% were 50

and above years heading toward pension. Almost all the respondents had some form of education with 17.9% who had no formal education. The highest level of education of sanitation workers was senior high school (42.9%), with basic, middle, and secondary school (old system) recording (10.7%, 17.9%, and 3.6%, respectively). About 7.1% had vocational institute certificate. About 60.7% of the respondents were married and 39.3% were single. Majority (78.6%) were working on full-time basis (Table 1).

#### **Job performed by the sanitation workers**

The study revealed that 32.1% of the sanitation workers were assigned to the sweeping of offices, streets, lorry stations, and market places which were mainly the work of the sanitary workers. About 39.3% of respondents were involved in refuse collection and conveyance, and 39.3% (sanitary guards) monitor and supervise laborers and

the Zoomlion workers (ZLWs). In addition, 46.4% of the respondents were involved in the inspection of sanitary facilities and food vendors in the district. Public health education (25.0%), corpse conveyance (7.1%), communal labor participation (7.1%), and assisting Sanitary workers (SWs) in difficulties (7.1%) were jobs not usually done at the workplace. Majority of the respondents (57.1) had worked for less than 5 years, whereas the rest had worked for at least 5 years (Table 2).

#### **Challenges faced by sanitation workers**

Majority of respondents (78.6%) indicated that they faced some form of challenges at the work place (Table 3). Some key challenges mentioned included inadequate working tools/equipment, lack of motivation and incentives, exposure to hazardous waste, and physical/verbal assaults. Others included delay in the payment of salaries; cleaning, handling, and lifting wastes; and unresponsiveness

**Table 1.** Biodata of sanitation workers.

Parameter	Variable	Percentage (%)
<b>Gender</b>	Male	60.7
	Female	39.3
<b>Marital Status</b>	Single	39.3
	Married	60.7
<b>Age</b>	20–29	39.2
	30–39	21.4
	40–49	17.9
	50 and above	21.4
<b>Educational Status</b>	No formal education	17.9
	Certificate	7.1
	Middle school leaving certificate	17.9
		10.7
	Basic school (BECE)	3.6
	Secondary school (old system)	42.9
	78.6	
<b>Employment Status</b>	Full time	21.4
	Part time	

**Table 2.** Job performed by the sanitation workers.

Study parameter	Variable	Percentage of cases (%)
<b>Years of employment</b>	<5 years	57.1
	5–10 years	17.9
	10–15 years	7.1
	Above 15 years	17.9
	Corpse conveyance	7.1
	Refuse collection and conveyance	39.3
	Sweeping, mopping, dusting	32.1
	Weeding/spraying weeds	14.3
<b>Type of Job</b>	Clearing cobwebs	10.7
	Draining and cleaning gutters	17.9
	Act on instructors from superiors and supervisors	14.3
	Monitor and supervise sanitary and Zoomlion workers	39.3
	Inspect sanitary facilities and food vendors	46.4
	Public health education	25.0
	Participation in communal labor	7.1

of community members. These were confirmed by 87.5% of the EHOs, whereas 12.5% did not give consent to that (Table 4). These myriads of challenges

**Table 3.** Challenges faced by workers.

Study parameters	Variables	Frequency (n)	Percentage (%)
Encounter Challenge at the work place	Yes	22	78.6
	No	6	21.4

**Table 4.** Availability and types of PPEs used at the workplace.

Study parameters	Variables	Frequency (n)	Percentage (%)
Use of PPE	Yes	8	28.6
	No	20	71.4
Adequacy of equipment to ensure safety	Yes	1	12.5
	No	6	75
	Somehow	1	12.5
Sources of the PPEs	Self	4	50
	EHOs	2	25
	Min. of Local Gov. and Rural Dev.	2	25
Type of PPEs used at the workplace	Rubber Gloves	7	87.5
	Safety Boots	6	75.0
	Helmets	1	12.5
	Overcoats/ Rain Coats	2	25.0
	Filter Masks	5	12.5
	Goggles	3	37.5

encountered, nonetheless, were found to affect job performance of the workers ( $p = 0.019$ ) (Table 11).

### Availability of PPEs

The use of personal protective equipment (PPEs) is important to help protecting workers from injuries, and it is imperative that workers are provided with PPEs, yet the study revealed that majority of the workers (71.4%) were not provided with PPE for work. The few (28.6%) who used PPEs, most of them indicated that the equipment were not adequate (75%). It is rather unfortunate that half of those, who had the PPEs, bought them by themselves with the rest, indicating that they obtained the PPEs from the EHOs and the Ministry of Local Government and Rural Development. The EHOs were responsible for ensuring that adequate PPEs were provided to the sanitation workers to ensure better working conditions, but the needed PPEs were not supplied (communication with the EHOs).

The PPEs used were rubber gloves (87.5%), safety boots (75%), filter masks (12.5%), goggles (37.5%), overcoat (25%), and helmet (12.5%) out of the multiple responses given by the SWs (Table 4). It was expected that lack of PPEs for work would affect job performance; nevertheless, the study proved otherwise. The study found no relationship between the lack of PPEs and job performance of the workers ( $p = 0.339$ ). This indicated that their job performance was not affected irrespective of the unavailability of PPEs for work. However, a statistical analysis indicated that the inadequate and unavailability of PPEs were significantly related to the degree of sustaining injuries ( $p = 0.012$ ).

Risk of sustaining injuries was estimated, and it was found that those who had no PPEs have higher risk of sustaining injuries (4.167) as compared to those who had PPEs (0.441) (Table 5). It was, therefore, not surprising that of the 20 respondents who did not have PPEs, 17 of them indicated some form

**Table 5.** Risk of sustaining injuries without PPE usage.

Study parameter	Sustained injuries in discharging duties				Risk estimate	
	Yes n (%)	No n (%)	$\chi^2$	p-value	p-value	
No availability of PPEs	3 (10.7)	5 (17.9)	6.318	0.012	Odds ratio availability of PPE (Yes/No)	0.106
	17 (60.7)	3 (10.7)			Sustained injuries = Yes (PPE)	0.441
Yes					Sustained injuries = No (PPE)	4.167



of sustaining injuries as compared to the minor group (10.7%) who had the PPEs.

On the type of tools used for work, some common tools which were named by respondents included wheelbarrows, cutlasses, shovels, rakes, dustbins, tricycles, pickaxes, long and short brooms, and cleaner mop with dettol/soap/parazone and dusters. However, half of the respondents (50%) stated that the tools were not effective at all, which have resulted in respondents (71.4%) sustaining degrees of injuries while using them for work. A Chi-square analysis showed that the ineffectiveness of the tools was significantly related to the degree of sustaining injuries ( $p < 0.000$ ) (Table 6). Only 35.7% showed that their tools were effective.

#### **Workplace hazards and Injuries sustained by sanitation workers and Actions taken by workers**

The study revealed that 96.4%, 89.2%, 85.7%, 75.0% 60.7%, 50.0%, and 17.8% of workers were exposed to odors, dust, noise, toxic fumes, high temperature, vibration, and shock, respectively. This showed that the working environment of the workers was not safe as indicated by majority of the respondents (64.3%). This was found to greatly affect the job performance ( $p = 0.002$ ).

The study revealed that 71.4% had sustained injuries in discharging their assigned duties, and out of them, 80% reported injuries to superiors (Table 7). Further interview with respondents revealed that some reported to their superiors verbally but continue to work, whereas some stopped working and informed superiors; nonetheless, some (20%) did not inform superiors at all.

**Table 6.** Incidence of injuries sustained as a result of ineffective tools used.

Study parameters	Variables	Frequency (n)	Percentage of cases (%)
Effectiveness of tools	Yes	10	35.7
	No	1	3.6
	Somehow	3	10.7
	Not at all	14	50.0
Sustained Injuries using the tools	Yes	20	71.4
	No	8	28.6

#### **Diseases suffered by the sanitation workers**

Almost all the workers (89.3%) indicated ever suffered from diseases as a result of their work which kept them away from work. About 95.2% of the workers indicated that they had stayed away from work for some few weeks (less than a month) after the disease (Table 8). The analysis showed that diseases which caused absenteeism from work greatly affected the job performance of the workers ( $p = 0.000$ ).

The most suffered disease was running nose (88%). Others included malaria, cholera, headache and migraine, chest and body pains, coughing, catarrh and difficult breathing, and eye problem recording 68%, 44%, 68% 72%, 32%, 80%, and 4%, respectively (Table 9).

#### **Job satisfaction of sanitation workers**

Job satisfaction of sanitation workers was found to be very poor since only 14.3% of them were

**Table 7.** Workplace hazards and injuries.

Study parameters	Variables	Frequency (n)	Percentage (%)
Safe working environment	Safe	10	35.7
	Unsafe	18	64.3
Type of work hazards exposed to at the work place	Bad odor	27	96.4
	Dust blows	25	89.2
	Noise	24	85.7
	Toxic fumes	21	75.0
	High temperature	17	60.7
	Vibration	14	50.0
	Shock	5	17.8
Sustained Injuries while working	Yes	20	71.4
	No	8	28.6
Report of injuries to superiors	Yes	16	80
	No	4	20

satisfied with their jobs. Further interview with respondents who are satisfied with their jobs revealed that they were close to their retiring age. The rest of the respondents were dissatisfied with their jobs. Dissatisfaction with salary and working conditions of respondents was 89.3% and 82.1%,

respectively (Table 10). In terms of salary satisfaction, only 3.6% indicated that they were satisfied. On assessment of the working conditions of sanitation workers, including salary payment and equipment for work, response by the EHOs seemed to be the reverse to the response from the lower workers.

Comparing the responses of the EHOs and SWs, the study noticed that most of the working conditions of the SWs were not seen and identified by the EHOs. The Chi-square goodness of fit was computed, and the significant  $p$  values ( $p < 0.05$ ) showed that there were significant differences between the responses and the existed problems. The statistical analysis showed that job satisfaction strongly affected job performance ( $p = 0.020$ ). The poor salary of the workers also affected their job performance ( $p = 0.003$ ) (Table 11). It is documented that employer–employee relationship contributes to the overall satisfaction of workers [21]. Although workers were dissatisfied with their jobs, there was no statistically significant relationship ( $p = 0.261$ ) between employer–employee relationship and job satisfaction.

**Table 8.** Ailments of workers and absenteeism.

Study parameters	Variables	Frequency (n)	Percentage (%)
Sickness due to work (n = 28)	Yes	25	89.3
	No	3	10.7
Absent from work due to disease (n = 25)	Yes	21	84.0
	No	4	16.0
Duration of absence (n = 21)	<1 month	20	95.2
	Between 2 and 3 months	1	4.8

**Table 9.** Common diseases suffered by sanitation workers.

Study parameters	Variables	Frequency (n)	Percentage of cases (%)
Type of diseases suffered	Malaria	17	68.0
	Cholera	11	44.0
	Headache and migraine	17	68.0
	Chest and body pains	18	72.0
	Coughing	8	32.0
	Running nose	22	88.0
	Catarrh and Difficult breathing	20	80.0
	Eye problem	1	4.0

#### **Organization of in-service training for workers**

In-service training was not the best as majority of the workers (64.3%) had never had any form of training on the job. The few (35.7%), who had some form of training including training on the effective and proper use of chemicals, use and maintenance of safety equipment, general safety training, and common solutions on environmental and sanitation issues, found that it is very useful; however, this was not organized on regular basis (Table 12). The study revealed poor coordination between the Environmental Health and Sanitation department and the DCD; there was no proper dissemination of information concerning in-service training for workers as these two departments gave contradicting responses concerning regular organization of training.

**Table 10.** Job satisfaction.

Study parameters	Variables	Frequency (n)	Percentage (%)	Chi-square Value	p-value
Job satisfaction	Highly dissatisfied	17	60.7	9.929	0.007
	Somewhat dissatisfied	7	25		
	Somewhat satisfied	4	14.3		
Satisfaction with working conditions	Yes	5	17.9	11.571	0.001
	No	23	82.1		
Satisfaction with salary	Yes	1	3.6	39.500	0.000
	No	25	89.3		
	Somehow	2	7.1		

**Table 11.** Chi-square analysis of factors that affected job performance of workers.

Study Parameter	Variable	Job Performance				$\chi^2$	p value
		Highly affected n(%)	Affected n(%)	Indifferent n(%)	Not affected n(%)		
Encounter challenge	Yes	9 (32.1)	7(25.0)	4 (14.3)	2 (7.1)	9.984	0.019
	No	1 (3.6)	0 (0.0)	1 (3.6)	4 (14.3)		
Availability of PPEs	Yes	3(10.7)	2 (71.)	0 (0.0)	3 (10.7)	3.360	0.339
	No	7 (25.0)	5(17.9)	5 (17.9)	3 (10.7)		
Safe working Environment	safe	1(3.6)	2(7.1)	1(3.6)	6(21.4)	14.373	0.002
	unsafe	9(32.1)	5(17.9)	4(14.3)	0(0.0)		
Job satisfaction	Highly dissatisfied	9(32.1)	5(17.9)	2 (7.1)	1(3.6)	15.082	0.020
	Somewhat dissatisfied	1(3.6)	0(0.0)	3(10.7)	3(10.7)		
	Somewhat satisfied	0 (0.0)	2 (7.1)	0 (0.0)	2 (7.1)		
Salary satisfaction	Yes	0(0.0)	0(0.0)	0 (0.0)	4(14.3)	20.194	0.003
	No	9 (32.1)	7(25.0)	5 (17.9)	1 (3.6)		
Sickness	Yes	10(35.7)	6(21.4)	5(17.9)	1(3.6)	17.960	0.000
	No	0(0.0)	1(3.6)	0(0.0)	5(17.9)		

**Table 12.** Organization of In-service training.

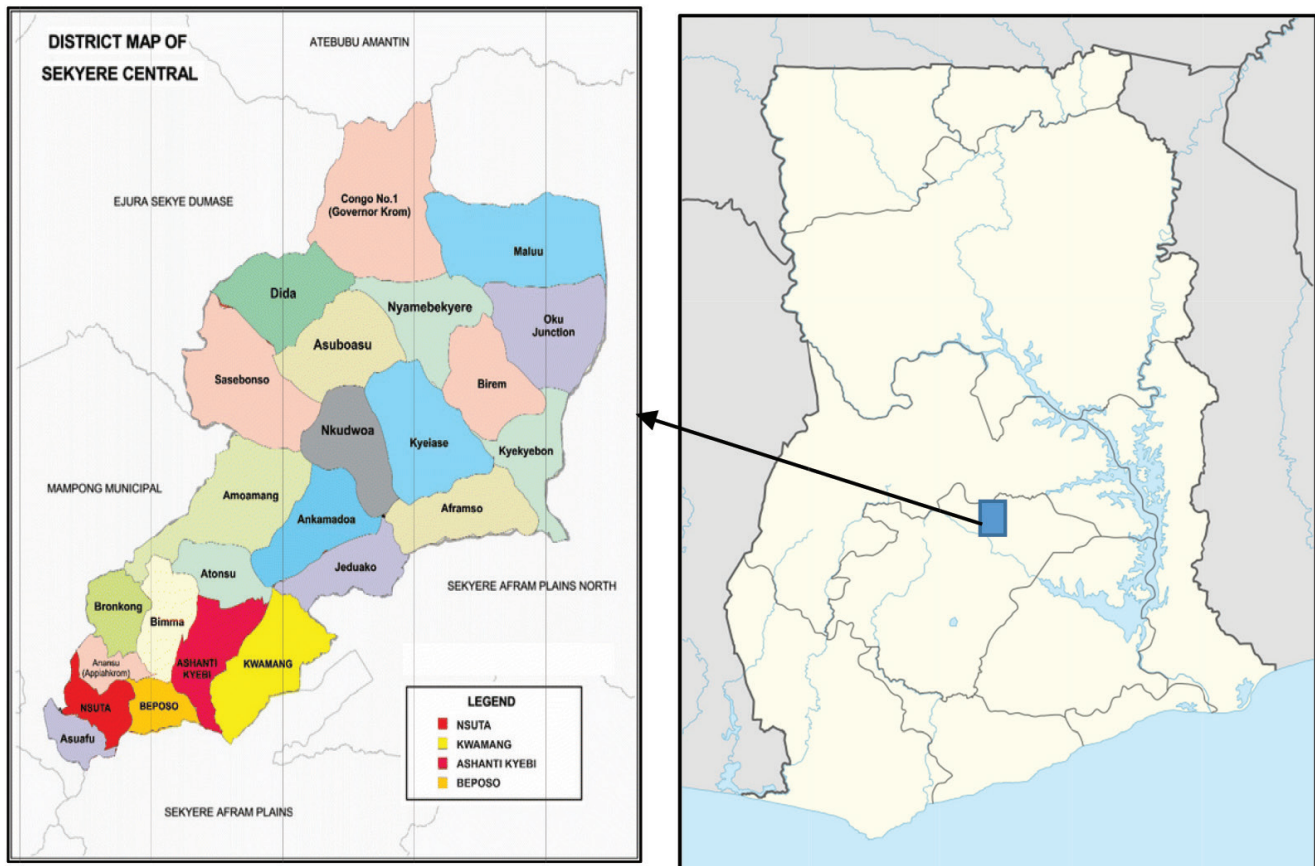
Study parameters	Variables	Frequency (n)	Percentage (%)
Presence of in-service training (n = 28)	Yes	10	35.7
	No	18	64.3
How often (n = 10)	Annually	5	50
	Occasionally	3	30.0
	Quarterly	2	20.0
Usefulness of training (n = 10)	Yes	10	100.0
	No	0	0.0

## Discussion

Personal protective equipment (PPEs) serves as the first, personal, defensive mechanism against the hazards encountered and also effective way to protect workers' health [9]. Its necessity during work cannot be overemphasized, yet the study revealed that most of the workers did not have PPEs for work. The employers, who were much aware of the importance of PPEs, did not make it available for workers' usage [7]. Although this was not found to affect job performance ( $p = 0.339$ ), it was found to significantly ( $p = 0.012$ ) affect the rate of sustaining injuries at the work place. A risk estimate showed that those who had the PPEs less sustained injuries as compared to those who did not have. Moreover, the few ones, who had the PPEs, were not using them frequently [10]. Compatible with the previous research [11], the principal reason for the nonusage

of PPEs was because workers found them uncomfortable, whereas others claimed that there was no need for such items [12]. This is partly because the PPEs were worn out which made their usage strenuous. Again, Tanko and Anigbogu [9] stated that PPEs should be suitably selected for the individual and task being performed. If the individuals find it uncomfortable and also slow down working, they are unlikely to use them. The workers reckoned the fact that the unavailability and inadequacy affected their health and safety.

The working environment of the workers was very unsafe as they were exposed to various hazards including odors, dust, noise, toxic fumes, high temperature, vibration, and shock. These were found to greatly affect job performance ( $p = 0.002$ ). The odors experienced, perhaps, emanated from the odoriferous gutters these workers cleaned. The gutters were filled with putrefying refuse, animal, and human waste. This has a great impact on their health as decaying wastes generate bioaerosols which contain several agents capable of inducing inflammation in the airways [13]. Sweeping streets, markets, and offices raise a quantum of dust particles which were probably inhaled by sweepers with no protection. This resulted in most of the workers suffering from diverse respiratory diseases. Mariammal et al. [14] cited this as the major cause for the high prevalence of sinusitis, sneezing, and dyspnea among workers. It is possible that these workers might sustain severe form of respiratory disorders if nothing was done about their prevailing working condition.



**Figure 1.** Map of Ghana (right), showing map of Sekyere Central District (left).

Every work has some form of challenges, and it was, therefore, not surprising that almost all the workers stated that they had some challenges of which the EHOs attested to. The respondents reported health and safety challenges, challenges with working tools and equipment, and work posture. It was apparent from the results that the most safety challenges encountered were the unavailability and inadequacy of PPEs and inadequate working tools and materials. These myriad of challenges encountered greatly affected the job performance of the workers ( $p = 0.019$ ). The sanitation workers suffered high postural discomfort [15]. The incessant bending and standing of the workers resulted in waist and back aches. Other causes of these musculoskeletal complaints were because the work of these workers was characterized by manual lifting, pulling, and pushing of heavy containers and carts; usage of faulty wheelbarrows and rakes; and usage of blunt cutlasses [16]. The parts of the body mostly affected were the waist and back (57%), followed by upper limbs (46%) and the neck among the least suffered ones. Workers found that at the site, working on refuse had no protective equipment which was a major challenge. This would expose them to sharp

objects as these wastes were not segregated [17]. These could result in sustaining physical injuries. It was, however, a good practice that workers reported injuries to superiors. This would require probing into the causes and implementation of proper intervention for prevention. However, if the injuries are not reported, as in the report of Kakaei et al. [18], then there will be no provision of corrective action [19]

Job satisfaction shows how much an employee likes his work as well as the level of his preoccupation with work [10] and involves the issues of pay level and benefits, the perceived fairness of the promotion system within the organization, and the quality of work conditions [20]. Workers job satisfaction is enhanced when they are well paid or employers invest in their well-being [21] and can lead to the avoidance of work-related stress [20]. This has been shown to positively correlate to employees' high morale, discipline, and their work performance [22], and therefore, it is mandatory for employers to ensure job satisfaction for employees. In spite of these, the findings of this study were quiet to the contrary. Job satisfaction was very poor. This dissatisfaction induces psychological stress which would eventually affect work performance



( $p = 0.020$ ) likely to result in accidents. Better salaries and incentives tend to enhance employees' confident [23] and improve their overall performance at work. Poor salaries of the workers, indeed, reduced the job performance of the workers ( $p = 0.003$ ). This could create stress which, in turn, leads to the frequency of accidents and sustenance of injuries of any form.

In-service training is needed by workers in all organizations and takes different forms ranging from training offered to hone the skills of workers to health and safety training. Either of these has been found to affect the performance of workers and increase job satisfaction [24]. Regrettably, in-service training had never been organized for some of the workers. All the EHOs confirmed the fact that they had never organized any in-service training for SWs. The trainings organized for some of the workers were intermittent, and most of them revealed that they had undergone the training once. Although the training was not frequent, the few workers involved found their training to be very useful. According to Burke et al. [25], training workers to realize and recognize possible health threat promote workers' motivation to learn more about such hazards and how to avoid them, as well as motivation for transferring such knowledge to the work setting.

## Conclusion

The study showed that almost all the environmental health and sanitation workers were faced with safety, health, working tools and equipment, and work posture challenges which affected their job performance.

The workers were found to be exposed to various hazards including odors, dust, noise, toxic fumes, and high temperatures which affected their job performance and could also be recipe for the incidence of occupational health-related diseases.

Although workers indicated that their job dissatisfaction never affected their job performance, it was found to correlate well with sustenance of injuries at the work place and this could have serious implications on the safety of the workers leading to poor overall work output.

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