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ASSESSMENT OF LEVEL OF COMPLIANCE TO HEALTH AND SAFETY MANAGEMENT PRACTICES IN CONSTRUCTION SITES IN ABIA STATE

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Abstract
The construction industry contributes enormously to any country's GDP and therefore important to the economic development of the country. However, the construction industry is confronted with high risk of fatal injuries from varying work environment. This study aims at assessing the level of compliance of Health and management practices in building sites in Abia State. Copies of a well-structured questionnaire was administered to 96 professionals in various construction firms. The data was analyzed using the mean score. A mean score range of 1- 1.49 shows no compliance while 1.5 – 2.49 shows little compliance. 3.5-4.0 shows high compliance. The data results show a lot of little compliance to Health and safety measure which include non-use of PP equipment, lack of signs and symbols to warn workers on impending hazardous area. Recommendation includes the need to have a Health and Safety plan, enforcement of safely regulation and stakeholders' commitment to safety.

Introduction

The constructed industry is viewed both in the developed and the developing countries as the sector of the economy which through planning, design, construction, maintenance, repair and operation, transforms various resources into constructed facilities (Isa *et al* 2013).

The significance of construction industry in both the developed and developing nations have been analyzed over the years since it is evident in the provision of the necessary public infrastructure and private physical structure for many productive activities such as services, commerce, utilities and other industries (Hamimah *et al* 2008). The construction industry is responsible for the production and manufacturing of construction products such as buildings, roads, dams, tunnels, railways line and tracks, airport and harbours. (Abiola – Falemu 2009). The sector generated 4.13% of GDP in Q1 2016, making it a cornerstone of infrastructure development and a crucial factor in economic expansion (National Bureau of Statistics, 2016). In the First quarter of 2019, the Nigeria's construction Sector contributed 6.17% of the country's GDP (Oludare *et al* 2019). This shows a level of progression in its contribution to national growth and development indices. However, the entire construction industry is confronted with high risk of fatal injuries from varying work environment. At construction site, the environment, the work to be done, and the composition of the crew changes continuously and exposes the workers to unforeseen and unaccustomed hazards (Helandar, 1991). Health and safety are factors that must be pursued with as much vigor as other management objectives. Ensuring the well being and safety of all workers or visitors at construction sites well improve performance, minimize accidents and illness which in turn will reduce description of work as well as consequential expenses. The health and safety at work (Act 1994) imposes various obligation affecting all work places. According to the construction Design and Management (CDM) Regulation (1994), a Health and Safety plan must be prepared before construction Work Commences. However, in Abia State area of Nigeria, it is hardly observed leading to Knee-jerk approach to safety in construction sites.

According to ILO (1992), the construction industry has been identified with the highest occurrence rate of accidents compared to any other industry. In the United Kingdom, it was estimated that 137,000 people whose current or most recent job in construction industry suffered from an illness which they believed was caused by or made worse by the job (HSE, 2002).

Health and Safety Managements planned one of the ways to mitigate risk associated with accidents and injuries in the construction states. According to CORBON (Project Health and Safety Management Plan), an effective Health and safety plan in construction can be achieved by delegation responsibility and accountability to all involved in an organization's operation.

Incentives can also be of great help in encouraging forms to indulge in safety practices Umeokafor (2017) suggested Financial and Insurance forms to have economic incentive for their client to engage in Health and Safety practices.

It is believed that falls are mostly the occupational hazards observed in most sites.

According to Tunji – Olayeri *et al* (2018) most Occupational hazards on construction sites in Nigeria includes Falls, electrical Hazards and exposure to hazards substances. Al-Bayati (2021) suggested construction safety in improving occupational health and safety in construction sites.

This study aims at accessing the level of compliance of Health and safety management practices in Abia State with a view of improving safety and reduce accident and injuries.

The spate of accidents and injuries in sites is increasing astronomically. In developing countries, the number of accidents in the construction industry is much worse (Zou, and Zhang 2009). This can be traced to inadequate Health and Safety Management measure by various construction firm. However, in advanced countries of the World, Visible improvement here been made to mitigate construction site accidents and injuries.

Most employers fail to provide a safe and conducive working environment while some cases the workers use the facilities inappropriate; these practices have implications to the workers themselves the construction company and even the society at large (Diugwu, et al 2012). This is worrisome and calls for a national emergency on safety on sites. As noted by Godwin, (2011) safety during construction is usually not given priority in most developing nations like Nigeria as it is regarded as a burden.

There is no clear policy put in place in Nigeria to guide how the construction industry should operate (Abiola – Falemu 2009). Most safety measure in sites depends or the management commitment to safety and not to abide by any regulation by the government. Ugwu *et al* (2009) attributed in industries tax regulation and on low health and safety practices. Some workers are not aware of the health implication of several jobs on construction sites and precaution to be taken. Workers suffer from poor health due to exposure to hazards on construction workers who goes on retirement will not be able to do any further work for a living, especially if the work is physically taking (Kaplum and Wenzel, 2012).

Some of the materials used in construction constitute health hazard when inhaled. Precaution may measures need to be taken to ensure protection from these hazards. Good housekeeping is another area that need emphasizing. Good house-keeping on a construction site is very important, if accidents are to be avoided on site.

Research Methodology

This study assessed the Health and Safety Management practices in Nigeria. A survey design approach was adopted by this study. Ninety-six copies of the structured questionnaire were distributed to the professionals and Artisans in these forms. The construction professionals were drawn form the database of various professionals in the built industry (Builders, quantity surveyor, engineers, architects). The data used in the

study were collected using a mean score on level of level of practices of satisfy and Health management practices.

According to Morenikeji (2006) on analysis of data mean score range 1.0 – 1.49 no compliance, 1.50 – 2.49 = little compliance, 2.5 – 3.49. average compliance 3.5 – 4.4 high compliance 4.5 and above = very compliance.

DATA AND DISCUSSION

This section consists of analysis of respondent's characteristics, the questionnaire distribution and response rate, the level of practice of Health and satisfy management measures.

CHARACTERISTICS OF THE RESPONDENTS

The result of the analysis of the sex, age, educational qualification and work experience of the respondents are presented in table 1-5 respectively.

TABLE SOURCE: FIELD SURVEY (2005)

Table 1

S/N	QUESTIONNAIRE	FREQUENCY	PERCENTAGE
1.	Returned	80	83%
2.	Unreturned	16	17%
	Total	**96**	**100%**

The table shows number of questionnaires analyzed 96 copies of questionnaires were administered while 80 were returned 16 were not returned.

SOURCE: FIELD SURVEY (2025)

Table 2

S/N	HIGHEST EDUCATIONAL LEVEL	FREQUENCY	PERCENTAGE%
1.	OND	4	5
	HND	8	10
	B.Sc	60	75
	M.Sc	8	10
	PHD	-	-
	TOTAL	**80**	**100**

Table 2 shows the respondents profile, it can be observed that majority of the respondents with the highest frequency are B.Sc holders 75% while M.Sc is 10%, HND is 10% and none has a Ph.D it shows the respondents are knowledgeable and have the ability of providing the professional requirement for achievers health and safety practice.

Table 3 Work Experience of Respondents in Construction Site.

YEAR OF EXPERIENCE	FREQUENCY	PERCENTAGE%
0-5	20	25
6-10	30	37.5
11-15	20	25
16-20	4	5
20 Years and Above	6	7.5
TOTAL	**80**	**100**

Source: Field Survey (2025)

Table 3 shows that 37.5% of respondents have working experience of 6-10 years and at least 5% have working experience of 16-20. Therefore, the respondents can be said to have adequate knowledge and experience in Health and Safety Management and construction sites

Table 4

S/N	PROFESSIONALS	FREQUENCY	PERCENTAGE%
	Architect	20	25
	Builder	20	28
	Civil Engineer	30	37.5
	Others	6	12.5
	Total	**80**	**100**

Table 5

LEVEL OF COMPLIANCE PRACTICES AND PREVENTIVE MEASURE	MEAN	LEVEL OF COMPLIANCE
• **Keeping the site tidy**	2.16	LC
• **Clearing hazards debris**	3.85	HC
• **Removing nails from used timber**	2.28	LC
• **Ensure nails, glasses are safely disposed**	3.85	HC
• **Ensure each worker clean up area after work**	3.04	AC
• **Ensure live powerlines are not exposed**	3.67	HC
• **Ensure materials are stocked properly to avoid harm**	2.38	LC
• **Live flames are controlled**	3.60	HC
• **Pits and trenches are properly identified**	2.29	LC
• **Ladders are not placed on slippery floor or polythene temporary floor covering**	2.68	AC
• **Ensure edges of covering materials are properly done to avoid tripping persons**	2.38	LC
• **Make sure right tools and equipment not**	3.60	HC
• **Ensuring paint splashed on skin is cleaned using proprietary cleaners not solvents or chemicals**	3.36	HC
• **Make sure raised platforms are stable and can hold the weight of persons and materials on them**	2.63	AC
• **Make sure protective gear and equipment are used such as gloves, eye shields for welders, safety helmets, boots, belts, face masks etc.**	2.83	AC

• **Make certain that workers at site are given clean and specific instruction on proper posture when lifting heavy items.**	2.19	LC
• **Ensure a well – equipped first aid box is available**	2.33	LC

LC = Low Compliance, AC = Average Compliance, HC = High Compliance

From table 5: it shows low level of compliance in most construction forms in ABia State on Health and Safety Management Practices. This aligns with Agbo and Ayegbo (2023) that there is high rate of lack of compliance in Healthy and safety management practices in Nigeria. According to Adeogu (2013), it is the multinational construction firms that achieve and recognize health and safety practices.

Conclusion and Summary

It is evident that there is low level of compliance to Health and Safety Management practiced in Abia State Construction Sites. These can be attributed to a lot of factors such as insufficient enforcement.

According to Wazire et al 2015) insufficient enforcement and a lack of practicable regulation is the lesson for the current state of health and safety in construction sites and dangerous exposure to accidents.

Others attributed it to working conditions, it is imperative to provide safe working conditions to construction workers due to the intrinsic hazards and risks associated with every work situation (Langdon, 2011) emphasized the need to continuously improve on Health and Safety because of the dangerous nature of the construction industry.

Most construction forms do not pay attention to preventive measures as can be seen in the research. The right personal protective equipment (PPE) are most times neglected. Signs and symbols to show danger are overlooked. Trenches are left without protecting its sides after excavation mostly to save cost.

Scaffolding is not properly inspected and right tools are normally not used but managed, the available ones or improvise.

This can be attributed to lack of regulatory authorities as corroborated by Agbo and Ayegbo (2015) Lack of contract provision to support compliance with health and satisfy, bribery and corruption weak enforcement and look knowledge are the main causes of hazards on sites.

Recommendation

1. Every site should have a Health and safety plan as work commences, this services as a guide to both the client, contractor and workers on satisfy preventive measures. Bamisile (2004) clearly expressed the need for Health and Safety Management plan as a contract document for each site.
2. Top management should value safety and Health practices and must consciously and intelligently developed Health and Safety polices suitable to any peculiar site of construction forms.
3. Management should monitor and evaluate the performance of health and safety policies and make amendment when deemed necessary.
4. Adequate information should be disseminated to all stake holders on necessary action and measures to be taken in reporting cases and ensure awareness of certain actions or materials used in sites.
5. Agencies responsible for enforcement should properly enforce safety and Health regulations, such as Ministry of Labour and productivity, professional bodies, town planning authorities and other stake holders should ensure adopt multi-dimensional approach in enforcement safety on constitution sites.

6. States should demonstrate the National Building code and other federal regulations regarding health and safety.
7. Project Health and Safety Management plan document should be a contract document prior to commencement of site work.
8. Proper funding should be made available to serve as incentives for client to engage in Health and safety practices in form of insurance. etc

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