AN EVALUATION OF THE LEVEL OF AWARENESS ABOUT OCCUPATIONAL HEALTH AND SAFETY PRACTICES AMONG WORKERS AT UNIVERSITY OF VENDA

BY

NKUNA THOKO

UNIVERSITY OF VENDA

2012

AN EVALUATION OF THE LEVEL OF AWARENESS ABOUT OCCUPATIONAL HEALTH AND SAFETY PRACTICES AMONG WORKERS AT UNIVERSITY OF VENDA

BY

NKUNA THOKO

STUDENT NUMBER: 11595638

A dissertation submitted in fulfillment of the requirements of

Master in Public Health

School of Health Sciences

University of Venda

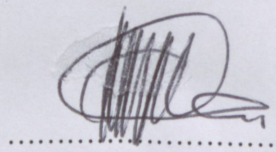
Supervisor: Prof. H.A Akinsola

Co-Supervisor: Mr A.K Tugli

2012

DECLARATION

I NKUNA THOKO declare that **'AN EVALUATION OF THE LEVEL OF AWARENESS ABOUT OCCUPATIONAL HEALTH AND SAFETY PRACTICES AMONG WORKERS AT UNIVERSITY OF VENDA'** is my effort and work. The sources that I have used or quoted have been indicated and acknowledged by means of references, and that this work has not been submitted for any other degree at any other institution.

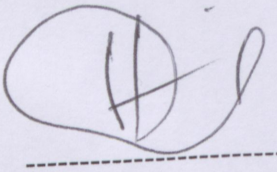


T. NKUNA

11/02/2012
DATE

CERTIFICATION

I certify that this dissertation was carried out by **NKUNA THOKO**, in the School of Health Sciences, Department of Public Health, University of Venda, Thohoyandou, South Africa.



PROF. H.A AKINSOLA

SUPERVISOR

11/2/12

DATE

MR A.K TUGLI

CO-SUPERVISOR

DATE

DEDICATION

This dissertation is dedicated to God Almighty, for His favour, unconditional love, mercy, wisdom and guidance through all the stages. I give all the thanks and praises to Him.

ACKNOWLEDGEMENTS

When compiling this report, many people contributed to the success, and the author would like to thank all of them and the time they have spent to make the project possible.

My sincere gratitude goes to my special supervisors, Prof. H.A Akinsola and Mr Tugli whose support, suggestions,encouragements and comments on every stage of the study allowed me to produce something meaningful.

I acknowledge the support of staff of the School of Health Sciences namely: Prof. L.B Khoza, Dr R.T Lebese, Mrs B. Netshiombo, and Mrs S. Mashau not forgetting Ms Nunu Masia and Ms H.V Mbhatsani from the Department of Nutrition, for without them the study would not have been possible. I would also like to acknowledge my classmates MsChabalala K.S and Ms Ratshirumbi C, for their effort.

I am grateful to my special mom Mrs C.J Nkuna for the love, encouragement and Support she gave me throughout the difficult times. To my loving, caring and supportive fiancé Mr T.E Lubisi, I thank you so much for the words of encouragement every time I wanted to quit. To my granny Mrs B.T Mbewe, my aunt Ms M.N Mbewe, and my younger sisters Thembi, Mihloti, and Rhulani. I really appreciate your support and may the Lord richly bless you.

I also acknowledge all the workers of UNIVEN for their participation, for without them the study would not have been possible today. Also the special thanks goes to Arnold Mushwana for translating the questionnaires for free of charge.

All this was possible through the favour and mercy of our Father God Almighty in heaven.

TABLE OF CONTENTS

2. CHAPTER TWO: LITERATURE REVIEW

3. CHAPTER THREE: RESEARCH METHODOLOGY

4. CHAPTER FOUR: THE RESULTS

LIST OF TABLES

LIST OF FIGURES

ABREVIATION

COIDA	Compensation for Injuries and Diseases Act
GDP	Gross Domestic Product
ILO	International Labour Organisation
NGO	Non Governmental Organisation
OHS	Occupational Health and Safety
ODPCA	Occupational Diseases Prevention and Control Act
OHSMS	Occupational Health and Safety Management System
PPE	Personal Protective Equipment
UNIVEN	University of Venda
USA	United States of America
USBLS	United States Bureau of Labour Statistics
WHO	World Health Organisation

DEFINITIONS OF CONCEPTS AND OPERATIONAL DEFINITIONS

Workers – A worker is any individual who works for an employer, whether under a contract of employment, or any other contract where an individual undertakes to do or perform personally any work or services (Dictionary.com, 2010).

Workers in this study refers to the people who are employed in the University of Venda.

Occupational health – It is the ability of a worker to function at an optimum level of well being at a worksite in terms of productivity, work attendance, disability compensation claims and employment longevity (WHO, 2004).

Occupational safety – A work environment with no threat to safety and health, a workforce with necessary knowledge of work safety, positive attitude to work safely, and a workforce physically and mentally healthy (WHO, 2005).

Occupational health and safety services – A service provided to workers with the aim of protecting and promoting the health of the workers by preventing and controlling occupational diseases and accidents and by eliminating occupational factors and conditions hazardous to health and safety at work (WHO, 2005).

Safety practices – Safety practices are the actions and procedures which the workers perform at work that promote better health and safety (Dictionary.com, 2010)

Safety practices in this study refers to the ways and manners that workers are expected to perform their official activities / functions to promote their health and safety.

Awareness – It is the state or quality of being aware of something.(Dictionary.com, 2010)

In this study awareness refers to whether the workers are being aware of the hazards in their workplace.

ABSTRACT

Occupational hazards cause or contribute to the premature death of millions of people worldwide and results in the ill health or disablement of hundreds of millions more each year. World Health Organisation reports, indicated that occupational risk factors account globally for a number of morbidity conditions, including 37% of back pains, 16% of hearing loss, 13% of chronic obstructive lungs disease, 11% of asthma, 10% of injuries and 9% of lung cancer. According to the report, mortality is also due to work related injuries causing nearly 310,000 deaths each year and nearly 146,000 deaths are attributable to work related carcinogens (WHO, 2005).

The purpose of this study was to evaluate the level of awareness about occupational health and safety practices among University of Venda workers. The study employed a cross sectional descriptive design. A questionnaire was used to collect data. The study population was all the workers who were more at risk of occupational health hazards on daily basis than others from the following departments: Ground / horticulture, Technical services, Protection and cleaning services. The questionnaire was self – administered and the data was analysed descriptively using the SPSS (Statistical Programme for Social Sciences).

The results of the study revealed that the level of awareness about occupational health and safety was poor based on the following findings: 46 (3.7%) never heard about Occupational Health and Safety Act before, while 37 (30.3%) heard about OHS Act from their previous jobs. Forty nine percent revealed that there is no OHS in the premises, while 65 (53.3%) revealed that there have no representatives in the Occupational Health and Safety Committee. Furthermore, 57 (46.72%) knew nothing about the role of safety representatives. It was recommended that the University should create awareness among the workers by establishing health and safety education programmes.

CHAPTER ONE

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

The right to health and safety at work is a part of basic human rights, most of the world's population spend one third of their adult life at work contributing actively to the development and well being of themselves, their families and of society. A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well being of all workers and the sustainability of the workplace (WHO, 2010).

Occupational safety is, and should be, a major concern for organisation and society as a whole. Data from the United States Bureau of Labour Statistics (USBLS) shows that among private industry employers in the United States, there were 4.4 cases of non fatal occupational injuries and illness per 100 equivalent full time workers in 2006 (USBLS 2007). In the same year, USBLS recorded 5703 fatal work injuries. While these numbers reflect a decrease in occupational injuries and illness from previous years, there is still cause for concern. The costs associated with occupational injuries and illnesses are extremely high (De-Armond and Chen, 2009).

Occupational hazards cause or contribute to the premature death of millions of people worldwide and results in the ill health or disablement of hundreds of millions more each year. World Health Organisation reports, indicated that occupational risk factors account globally for a number of morbidity conditions, including 37% of back pains, 16% of hearing loss, 13% of chronic obstructive lungs disease, 11% of asthma, 10% of injuries and 9% of lung cancer. According to the report, mortality is also due to work related injuries causing nearly 310,000 deaths each year and nearly 146,000 deaths are attributable to work related carcinogens (WHO, 2005).

Occupational Health programmes focus on providing services, conducting research and dissemination of information to improve the health status of the employees. This entails collaboration efforts between health and welfare disciplines and between government departments, business, labour and Non Governmental Organisations in broad terms.

The principal responsibility of Occupational Health Safety services is to identify control and prevent adverse health effects caused by the work environment. There are no reliable National and Provincial data to estimate the extent and scope of OHS problem. However, the Abdullah Report states that about 240 000 occupational injuries were reported to the Workmen's Compensation now known as (COIDA) Compensation for Injuries and Diseases Act (Department of Health and Welfare, 2000).

In the Sub-Saharan Africa one of the major factors leading to unsafe work environment is lack of safety awareness among the workers and employers and the concern by some employers to make colossal profits at the expense of safe work. It is estimated that workers suffer 250 million accidents every year, resulting in over 330,000 fatalities. Most of these problems are to be found in the less developed countries (Mbakaya, Onyonyo, Lwaki and Omondi, 1999).

According to the Health System for Health and Wealth (2008), indicates that approximately 400 million workers in 53 member's states of the WHO European region, hazardous exposure at the workplace is one of the ten most important risk factors affecting the burden of diseases in Europe. Approximately 300,000 persons die of occupational or work related diseases and 27,000 people die of occupational accidents in the European region every year. Occupational diseases and injuries result in approximately 4% loss of gross domestic product (Health system for Health and Wealth, 2008).

The South African Occupational Health and Safety Act No. 85 of 1993 requires the employers to provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of the employees. This means that the employer must ensure that the workplace is free of hazards that may cause injuries, damages or diseases.

Where this is not possible, the employer must inform workers of these hazards, how they may be prevented, and how to work safely and provide other protective measures for a safe and healthy workplace (Department of Labour, 1993).

1.2 PROBLEM STATEMENT

The University of Venda established OHS Committee since 2005. However the institution does not have an OHS unit, the unavailability of the Unit within the institution implies that there are no Occupational Health and Safety services. The employees do not know their rights in terms of OHS, even the importance of wearing the personal protective equipment while on duty. The number of incidents such as injuries, which occur among UNIVEN workers, is not known and this might indicate the need for Occupational Health and Safety support services for the workers as a whole.

1.3 RATIONALE FOR THE STUDY

This is the first study that will be carried out on Occupational Health and Safety among University of Venda workers. Due to the absence of the Occupational Health and Safety unit, it is vital to assess the level of awareness among workers in order to justify the need for the establishment of the unit. This study might draw attention to the management within the University on the urgent need to establish Occupational Health and Safety support services to the workers. It is because of the above facts that the researcher found it necessary to focus on this area.

1.4 SIGNIFICANCE OF THE STUDY

The findings of this study might assist the University management to consider the establishment of OHS support services as quickly as possible. The findings might also help the University workers to be aware of the health risks at their work place. This study will also provide the useful information that might lead to compliance by the University on OHS Act no 85 of 1993. Other researchers and institution might learn from this kind of study.

1.5 PURPOSE OF THE STUDY

The purpose of the study was to evaluate the level of awareness of occupational health and safety practices among the University of Venda workers.

1.6 SPECIFIC OBJECTIVES

The specific objectives of the study was be to:

- To evaluate the level of awareness of UNIVEN workers on occupational health and safety practices.
- To identify and describe the support services available for the use of the workers.
- To determine the level of safety of the workers at the workplace

2. LITERATURE REVIEW

2.1 GLOBAL TRENDS IN OCCUPATIONAL HEALTH

Approximately 3.2 billion working people in the world, about 2.4 billion workers, ie 80%, live in developing countries compared to about 600 million in the industrialized countries. The efforts of the global workforce are the foundation for the economic and material base of society and produce the necessities of life for individuals, families, and communities. The global work force produces the total Gross Domestic Product that was estimated at 32 trillion in 2000 (World Bank, 2002).

The global trend in the society for occupational health and safety during the last century has been a shift from an effort to reduce the number of victims in hard jobs to a development of working condition, which optimise comfort and well being. In many developed countries, the incidence of occupational diseases and accidents is decreasing and the effects of psycho-social stressors are increasing (Paoli and Merllie, 2001).

The International Labour Office (ILO) has a mandate to protect workers against sickness, diseases and injuries due to workplace hazards and risks including work organisation factors. One of the main functions for the ILO is to develop international standards related to labour and work. ILO standards have exerted considerable influence on the laws and regulations of member states. The ILO estimates that each year around 2.3 million workers die as a results of occupational accidents and work related diseases. A latest estimate based on 2003 data indicates that fatal occupational accidents are about 358,000 every year. Across the globe, there are some 337 million occupational accidents and 160 million occupational diseases each year. Fatal works related are around 1.95 million per year (Tuwaiji, 2008).

In the United States, mining steel and product industry and trade are becoming large sized industries, dominated by big conglomerates. As far as occupational safety is concerned, the area is seldom the domain of managers in that period of time. Managers are not looking after issues related to shop floor level. The foreman sets the rules, hiring and dismissing workers. And not surprisingly, unskilled labour shows a large turn over, and the accident rate in the industry is very high. According to the statistics, American steel industry has an occupational mortality 3-4 times higher than Germany, where the mortality rate is 0.2 per 1000. Bureau of Labour Statistics estimates the annual mortality in the industry of 30,000, 35,000 deaths, and 350,000 severely wounded and 2,000 medical treatments. US steel is one of the companies where the growing burden of accidents is jeopardising its production, and productivity. The company is the largest steel company, with branches spread all over the country (Swuste, Van Gulijk and Zwaard, 2010).

The occupational accidents rate has increased considerably in Spain in recent years. The large number of accidents has a significant human cost for Spanish society, and leads to a loss of economic potential and productivity for the country, since apart from the decrease in human capital and the damage done to production equipment, a large number of working days are lost (Castejon, 2000).

In Europe, at Sony's manufacturing operation in Spain, the number of workplace accidents has declined by 51% since 2005. In Austrian operations, the number of lost days due to workplace accidents has been reduced to 55% since 2005. These improvements are the results of risk assessment activities and the systematic analysis of statistical data on accidents developed in European operations. A concerted effort has been made to reduce risks in order to ensure the safe handling of machinery, electrical equipment and hazardous substance (Sony Corporation, 2010).

The constitution of WHO stipulates the fundamental rights of all people to the highest attainable standard of health. In addition, the constitution specifies prevention of accidental injuries and the promotion of improvement of working conditions. WHO has had a special programme for occupational health and safety since 1950 and close co-operation and collaboration has taken place with ILO.

The Alma Ata Declaration emphasized the need to organise primary health care services both preventive and curative as close as possible to where people work. The Declaration emphasized that in the organisation of such services, high priority should be given to the people most in need, including the working population at high risks (WHO, 2004).

The certification and implementation of Occupational Health and Safety Management Systems have become a priority for many organisations. The Taiwan Northern District Institute has investigated the status of implementing Occupational Health and Safety Management System (OHSMS) in the Printed Circuit Board industry. The results indicated that the implementation of Occupational Health and Safety in the Printed Circuit Board industry was motivated externally by the customers requirements. The most critical factor for the unsuccessful of OHSMS implementation was top management's commitment and support while the main reason of its failure was poor collaboration among company personnel. The employees are unsafe, the preventive measures and the level of fire fighting system are insignificant (Northern Region Inspection Office, 2003).

The Occupational Diseases Prevention and Control Act of the people's Republic of China (ODPCAct) is the first comprehensive law on occupational health adopted at the national level. It was approved by the Standing Committee of the National people's Congress in 2001, and put into effect on May 1, 2002. The ODPCAct is expected to vastly improve occupational health in China. According to the new law, every employer is obligated to comply with the requirements related to work environment, hazards control and implementation of Occupational Exposure Limit (OEL). The Act is enacted based on the protecting worker's health and safety at work and promoting worker's health by providing a healthy and safe workplace (Occupational Disease Control and Prevention Act, 2001).

2.2 THE SITUATION OF OCCUPATIONAL HEALTH AND SAFETY IN DEVELOPING COUNTRIES

The 2.4 billion working people in the developing countries often have to endure employment conditions, which do not meet even the basic Occupational Health Safety (OHS) standards.

The lack of work safety, excessive work loads, and occupational physical, chemical and biological exposure results in occupational diseases, injuries and as many as 1.2 million fatalities each year. Furthermore, as little as 15% of workers in the developing countries have access to OHS services.

Some collaboration between the industrialised and developing countries in the field of OHS has been practiced for 30 years but its volume has been modest compared to other sectors of development assistance. Developing countries represent a wide spectrum nation in terms of economic, political and social development. In economic terms, these countries are characterized by low Gross Domestic Product (GDP) and low average annual income. They are also characterised by a large informal sector in the economy, ie, very small scale units producing goods and services, consisting largely of independent and self employed persons with no access to OHS services (De Alwis, 2003).

2.3 TRENDS REGARDING OCCUPATIONAL HEALTH AND SAFETY WITHIN THE AFRICAN REGION

The need to strengthen the field of occupational hazards prevention and control in Africa is urgent, as the current neglect carries a heavy burden of diseases and disability. Safer and healthier work conditions can make an important contribution to poverty alleviation and sustainable development. In the majority of African countries, occupational health and safety services and supporting legislation require refocusing, revision and strengthening to respond to the reality (WHO, 2004).

Often basic preventive measures, including education and training for health and safety, are overlooked. The informal sector includes many women and children, they are usually not covered by legislation, and do not have access to occupational health services (WHO, 2000).

2.4 TRENDS REGARDING OCCUPATIONAL HEALTH AND SAFETY IN SOUTH AFRICA

About 28% of occupational fatalities in the Cape Town Metropole of the Western Cape Province South Africa had not been reported in terms of statutory regulations. The rural based study found that 85% of occupational fatalities were unreported. Two hundred and twenty four work related deaths occurring in 10 Rural Magisterial Districts in the Western Cape Province over a two and a half year period were identified by the examination of state mortuary death registers and police inquest reports. A review of the registers of the occupational safety inspectorate found that only 15% of these deaths had been reported. Tractor accidents 9% accounted for the greatest number of unreported fatalities. Only 5% of fatalities in women were reported. Under reporting of even the most direct occupational accidents highlights the gross inadequacy of the current reporting system for the rural areas. Greater co-ordinated efforts within and between the government departments of health and labour are urgently required to address environmental hazards in rural areas and in particular of farms (Schierhout, Midgley and Myers, 1998).

Industrial work is risky in many economic sectors, in particular the construction industry, chemical plants and the mining industry. Safety problems can results from any of several combinations of causes, which vary from one industry to another. The high level of risk in the construction industry it is by the nature and characteristics of construction work, low educational level of workers, lack of safety culture and communication problems (Hermanus, 2007).

3. METHODOLOGY

3.1 STUDY DESIGN

The study used a quantitative design. Quantitative research was used to quantify the size, distribution and association of certain variables in the study population (International Development Research Centre, 1998). The researcher conducted a cross – sectional descriptive study to determine whether the workers were aware of the occupational health and safety measures available in their workplace.

3.2 STUDY SETTING

The study was conducted at the University of Venda, situated in Thohoyandou in Vhembe district of Limpopo Province, South Africa. It is 1.5 kilometres away from Thohoyandou town. University of Venda was established in 1982, and it has several international students coming from Nigeria, Malawi, Ghana, Botswana, and Zimbabwe.

The workers are from South Africa, other African countries and overseas. UNIVEN consists of eight different schools namely: school of Law, school of Education, school of Environmental Sciences, school of Health Sciences, school of Human and Social Sciences, school of Management Sciences, school of Mathematical and Natural Sciences and school of Agriculture. UNIVEN has approximately 11,000 students and 1031 workers.

3.3 STUDY POPULATION AND SAMPLING

The study **population** refers to the group of people or other entities that have certain specified properties (Akinsola, 2005). In this study, the target population comprised of all service workers of the University. **Sampling** is the process of selecting representative units of a population for study in a research investigation (Akinsola, 2005).

Considering the nature of the topic, the researcher was more interested in those workers who were more at risk of Occupational Health hazards on a daily basis than others. These were those workers working in the following four departments: Ground / Horticulture, Cleaning services, Protection services, and Technical services. The total number was 146. Since the figure was not large, the researcher decided to include all of them. This implied that all the 146 workers within the four selected departments were served as the participants. Below is the table showing the distribution according to the departments.

Table 1: Distribution of the workers according to their departments.

3.1.1 SAMPLE FRAME.

SERVICES NAMES	NUMBER OF WORKERS
Cleaning services	48
Ground / Horticulture	42
Protection services	32
Technical services	24
TOTAL	**146**

3.4 RESEARCH INSTRUMENT (A questionnaire)

A research instrument is defined as the instrument used in collection of information for a study. It is through the use of an instrument that values are obtained for the variables or individual or study units being studied. (Katzenellenbogen, Joubert and Abdool Karim, 1999).

In this study, a questionnaire with closed ended questions was used for collecting data and it had four sections as follows: demography, the level of awareness of UNIVEN workers on Occupational Health and safety practices, the support services available for the use of the workers, and perceived level of safety of the workers at the work place in case of disasters.

3.5 VALIDITY

Validity of an instruments refers to where an instrument accurately measures what it is suppose to measure, given the context in which it is applied (Brink, 2006). In this study, concern was given to face validity and content validity.

Face validity refers to the extent to which the instrument looks valid. This type of validity cannot be quantified or tested but any instrument must be scrutinized by experts in the field to ensure high degree of face validity (Cresswell, 2009).

Content validity refers to the extent to which the instrument covers the complete content of the particular construct that is set out to measure. To ensure content validity of an instrument, the researcher presented the drafts of the instrument to her supervisors for comments before finalizing the instrument (Cresswell, 2009).

The researcher conducted a pre-test among 10 individuals from the service department, to ensure the validity of the instrument. This assisted in determining the ease and difficulty of the participant's understanding of the questions asked.

3.6 RELIABILITY

De Vos, Strydom, Fouche and Delport (2007), defined reliability as a measuring instrument's ability to yield consistent numerical results each time it is applied. The researcher conducted a test retest to ensure the reliability of the instrument. Ten people were randomly selected from the service department for the test retest and the results of the two tests were highly consistent, i.e there was not much variation in the results of the two tests.

3.7 METHODS OF DATA COLLECTI

The questionnaires were translated to the local languages (Tshivenda and Xitsonga) to accommodate the non-English speaking participants. Closed-ended questionnaire provides a greater uniformity of responses and is more easily processed (Babbie and Mounton, 2007).

In order to gain access to the participants, the researcher held a meeting with their supervisors and brief them about the plan for the data collection. This meeting served the purpose to gain their consent and cooperation, secondly for them to inform the participants about the plan. The supervisors were asked to create time for the researcher to administer the questionnaire after one of their regular daily meetings which took place every morning.

The respondents were gathered together in a place where they usually held their meeting, so that the researcher was able to distribute the questionnaires. After the respondents assembled, the researcher distributed the questionnaires. The researcher then read out the instructions. They were informed that it was not a test and that there was no right or wrong answer.

They were asked to take their time, since the researcher gave them 1 hour to complete it, and to think very carefully about the answer they wanted to provide. The respondents were assured of confidentiality and asked to protect their answers, so that no one could look at them. The researcher waited for the respondents to ask questions if they did not understand, and collected the questionnaire after the respondents have finished.

3.8 METHOD OF DATA ANALYSIS

Data analysis entails categorising, ordering, manipulating and summarising the data and describing them in meaningful terms (Brink, 2006). Since the variables were quantitative data, statistical method which is descriptive was used to analyse the data.

Descriptive statistic is concerned with the description and summary of data obtained for a group of individual units of analysis. The researcher used the SPSS (Statistical Programme for Social Sciences) 17.0 version to analyse the data. The data was presented in the form of tables and charts e.g bar and pie charts.

3.9 ETHICAL CONSIDERATIONS

The research proposal was presented to the University Higher Degree Committee of the school of Health Sciences for the approval prior to the starting the research project. It was later presented to the University Senex and Senate, then to the University's Research Ethics Committee to obtain the Ethical Clearance. Permission to conduct the study was also obtained from the University of Venda.

3.9.1 ANONYMITY

In order to achieve anonymity, participants were not required to put their names on the given questionnaires, and the researcher waited outside while the respondents gave their answer.

3.9.2 CONFIDENTIALITY

Once the data in this study was collected, only the researcher had access to the submitted questionnaire in order to keep the information protected.

3.9.3 INFORMED CONSENT

The participants were informed what the research was all about, and the fact that they had the right to withdraw from participating at any time if they felt to do so. Each participant was asked to fill a consent form as a sign that they were willing to participate.

3.10 LIMITATION OF THE STUDY

By limiting the participants to only those working in four departments in the University, the scope is limited. The use of a questionnaire with closed ended questions might affect the quality of the responses. Some of the respondents might not be honest, some may not return the questionnaire or perhaps return the incomplete questionnaire.

The fact that the scope of the study covers only the workers in the University of Venda out of all the Universities in South Africa, also constitutes a limitation to the study.

CHAPTER FOUR: RESULTS

4.1 Introduction

This section presents the results of the study. It is subdivided as follows: demography, level of awareness on occupational health and safety practices, support services available for the use of the workers, perceived level of safety of the workers places in case of disasters. The researcher distributed 146 questionnaires, however only 122 were fully completed and analysed. This chapter presents the results of the study as follows:

4.2: Demography.

Table 1: The distribution of age and sex of the participants.

AGE IN YEARS	SEX DISTRIBUTION				TOTAL
	FEMALE		MALE		
	No	%	No	%	
20 – 30	10	8.2	18	14.8	28 (22.95%)
31 – 40	23	18.9	30	24.6	53 (43.44%)
41 – 50	10	8.2	17	13.9	27 (22.13%)
51 – 60	6	4.9	6	4.9	12 (9.83%)
61 and above	2	1.6	0	0	2 (1.63%)
TOTAL	51	41.8	71	58.2	122 (100%)

As shown in Table 1, of the 122 respondents (51, 41.8%) were females and (71, 58.2%) were males.

Table 2 shows that majority of the workers (74, 60.7%) had secondary level education, while (24, 19.7%) had either primary education or no formal education. The results shows that (47, 38.5%) were cleaners, while (43, 35.2%) worked in the protection services unit.

Table 2: The respondents by educational level, job category, number of years employed and working hours per day in Univen.

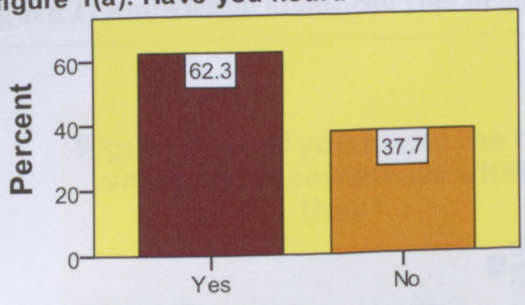
N = 122		
EDUCATIONAL LEVEL	**NO**	**%**
No formal education	11	9.0
Primary level	13	10.7
Secondary level	74	60.7
Tertiary level	24	19.7
JOB CATEGORY		
Cleaner	47	38.5
Ground horticulture	16	13.1
Protection services	43	35.2
Technicians	16	13.1
YEARS EMPLOYED		
0 – 5	89	73.0
6 – 10	14	11.5
11 – 15	7	5.7
16 and above	12	9.8
WORKING HOURS		
5 hours	0	0
8 hours	70	57.4
More than 8 hours	52	42.6

Majority (89, 73.0%) of the participants were employed between 0 – 5 years ago while (12, 9.8%) had spent 16 years and above on the job. Fifty two (42.6%) of the workers usually spend more than 8 hours on duty (Table 2).

4.3: Level of awareness on occupational health and safety practices.

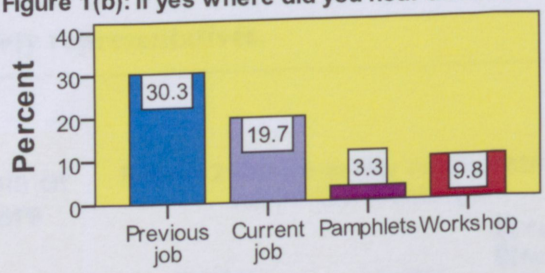
Figure 1: Knowledge about occupational health issues.

figure 1(a): Have you heard of OHS Act?



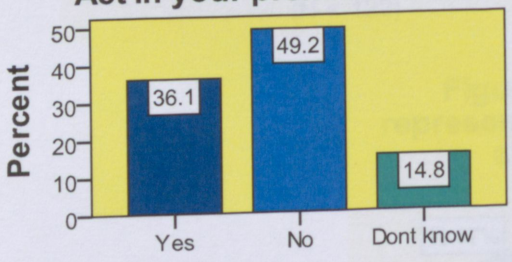
(N = 122)

Figure 1(b): If yes where did you hear about it?



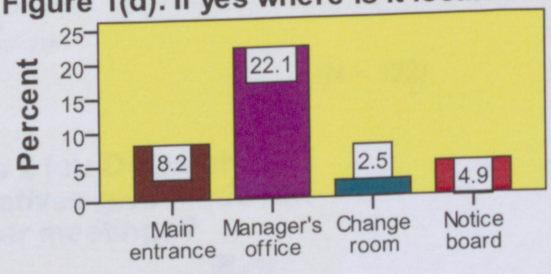
(N = 122)

Figure 1 (c): Do you have OHS Act in your premises?



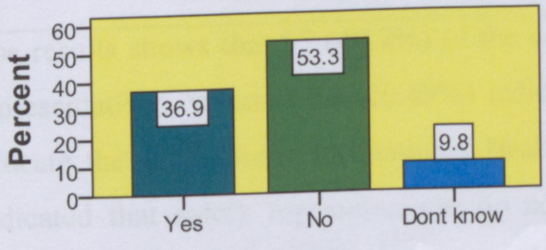
(N = 122)

Figure 1(d): If yes where is it located?



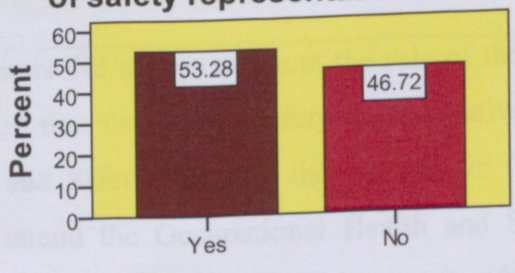
(N = 122)

Figure 1(e): Do you have safety representatives in the OHS committee?



(N = 122)

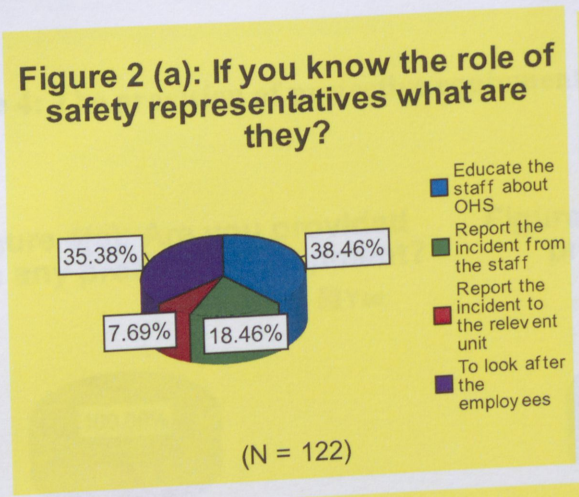
Figure 1(f): Do you know the role of safety representatives?

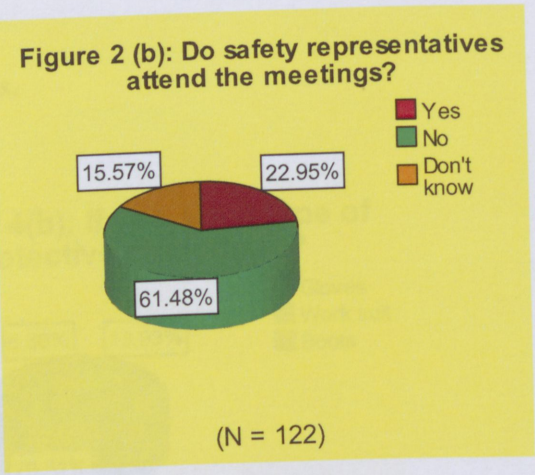


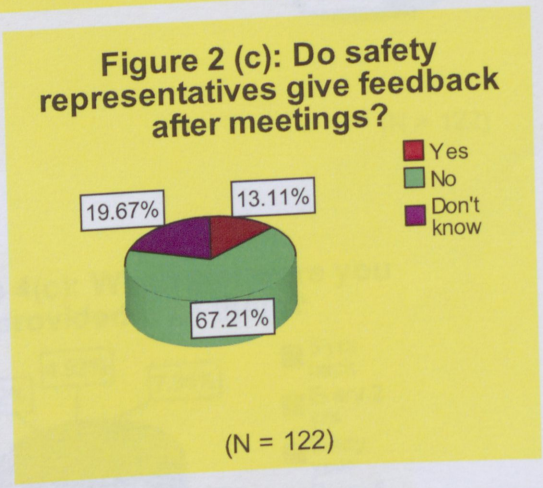
(N = 122)

Seventy six (62.3%) of the workers have heard about OHS Act before. Of this, 37 (30.3%) heard about it from their previous job, while 45 (36.9%) workers never heard of the OHS Act before, (Figure 1a and b). Sixty (49.2%) of the workers indicated that they don't have OHS Act in the University premises, whereas 27 (22.1%) indicated that the Act is located in the manager's office, (Figure 1c and d). Majority of the workers 65 (53.3%) indicated that they don't have safety representatives, while 57 (46.7%) didn't know the role of safety representatives, (Figure 1e and f).

Figure 2: knowledge about the role of safety representatives.







The results shows that 57 (46.7%) of the workers did not know about the role of the safety representatives, whereas 25 (20.49%) indicated that the role of safety representatives is to educate the staff about Occupational Health and Safety. Most of the workers 75 (61.5%) indicated that safety representatives do not attend the Occupational Health and Safety's Committee meetings, and 82 (67.2%) said that safety representatives do not give feedback after the meetings, (Figure 2a – c).

4.4: Support services available for the use of the workers.

Figure 3: Knowledge of the relevant person to report the incidents.

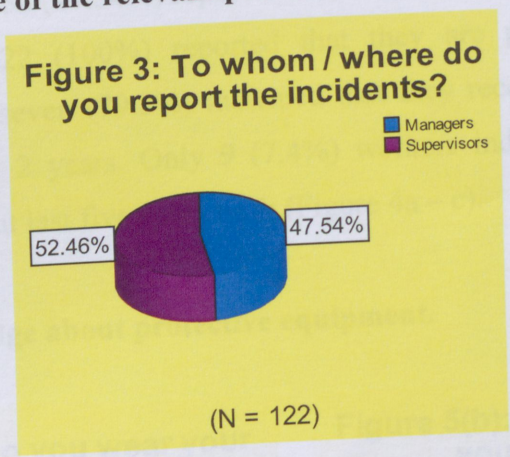
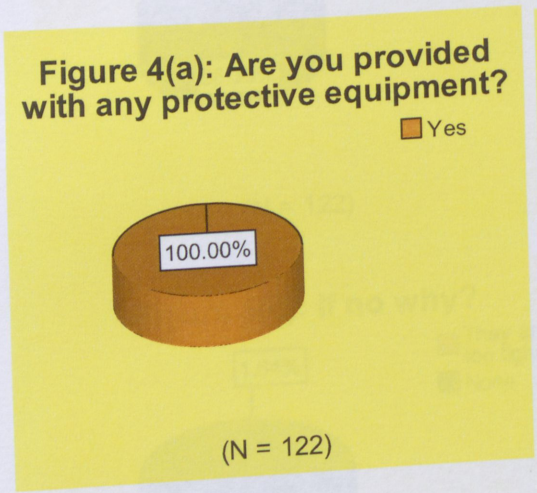
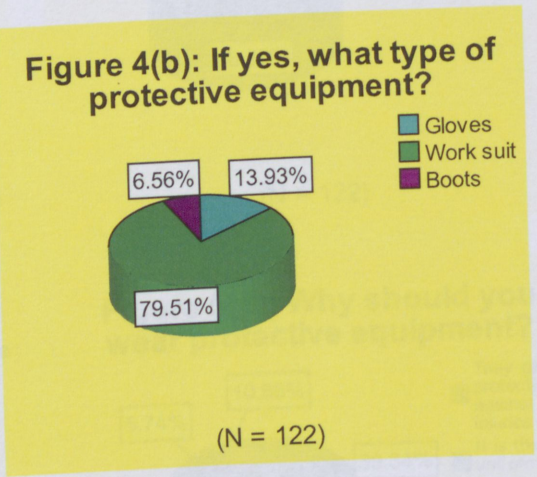
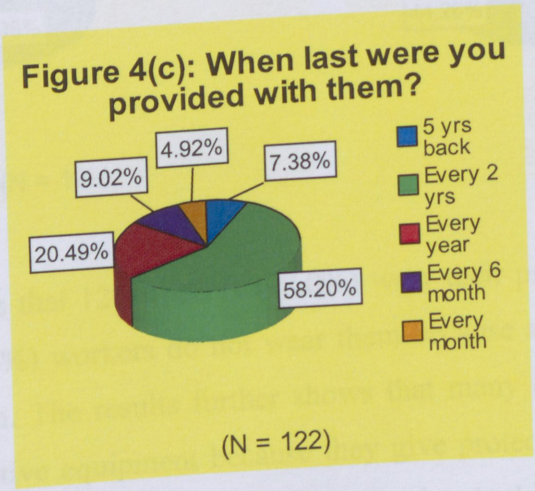


Figure 4: The provision of protective equipments.



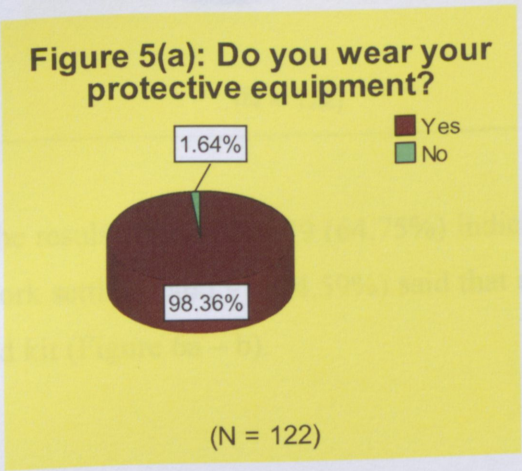


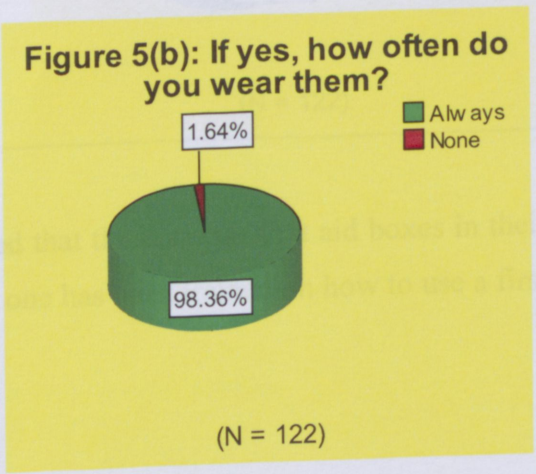


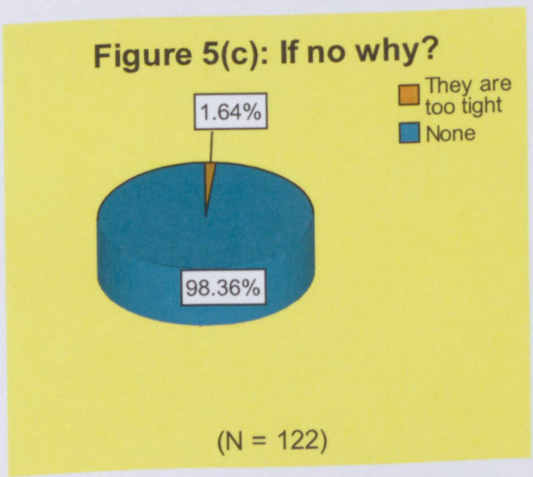
Majority of the workers 64 (52.46%) indicated that they report their incidents to their supervisors whereas 58 (47.54%) report to their managers, (Figure 3).

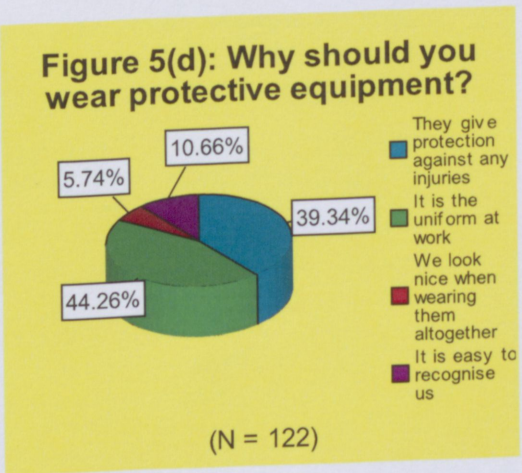
All the workers 122 (100%) reported that they are provided with protective equipment. Ninety seven (79.5%) indicated that they receive work suits, and they receive them every 2 years. Only 9 (7.4%) workers indicated that they received protective equipment last five years back (Figure 4a – c).

Figure 5: Knowledge about protective equipment.



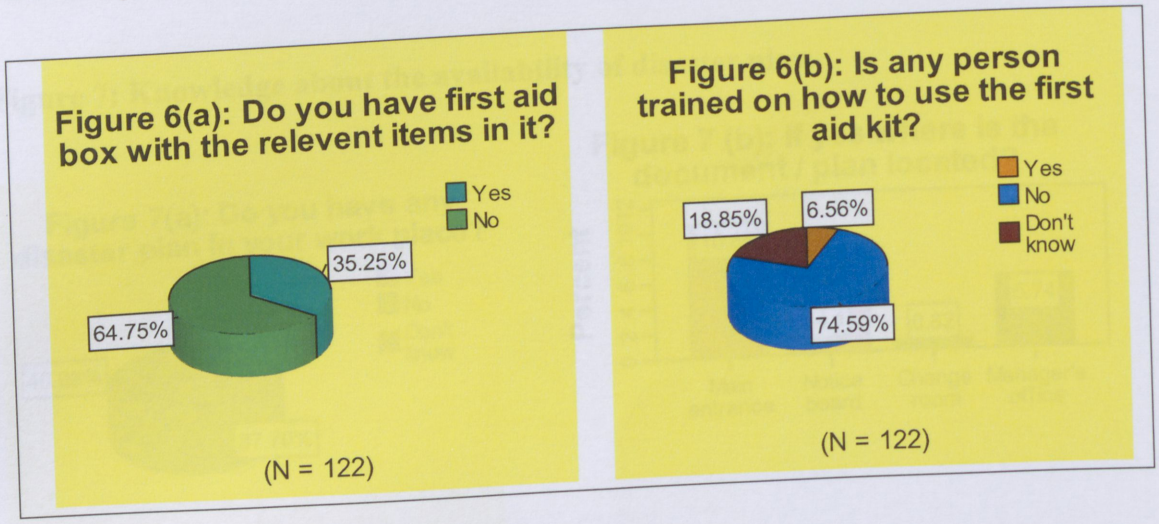






The results shows that 120 workers (98.0%) wear their protective clothing regularly while only 2 (1.6%) workers do not wear them because according to them, they are too tight on them. The results further shows that many of the workers 48 (39.3%) wear their protective equipment because they give protection against any injuries at work, while 7 (5.7%) wear them simply because they look nice in them (Figure 5a-d).

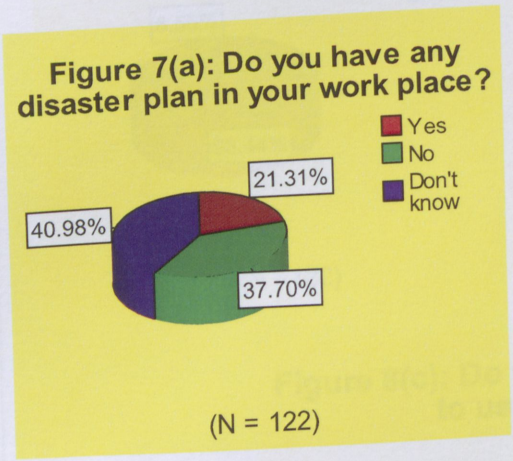
Figure 6: Knowledge about the availability of resources for Occupational Health and Safety.

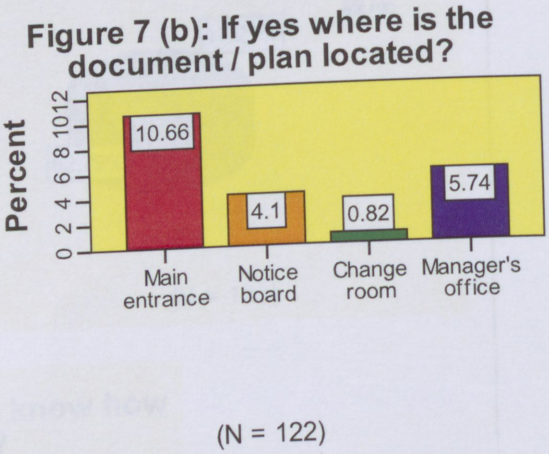


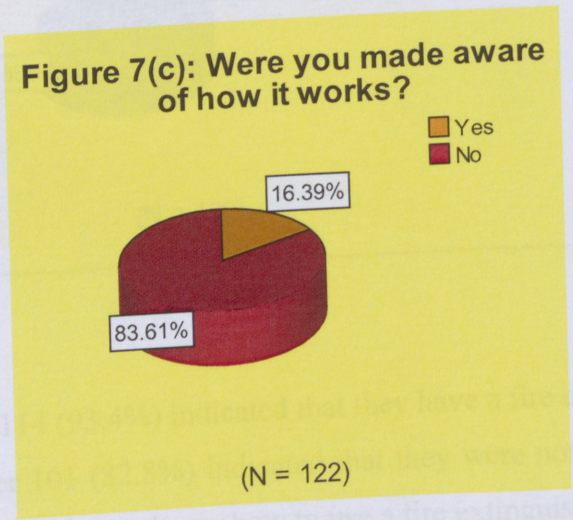
The results shows that 79 (64.75%) indicated that there are no first aid boxes in their work settings, and 91 (74.59%) said that no one has been trained on how to use a first aid kit (Figure 6a – b).

4.5: Perceived level of safety of the workers at the work places in case of disasters.

Figure 7: Knowledge about the availability of disaster plan.

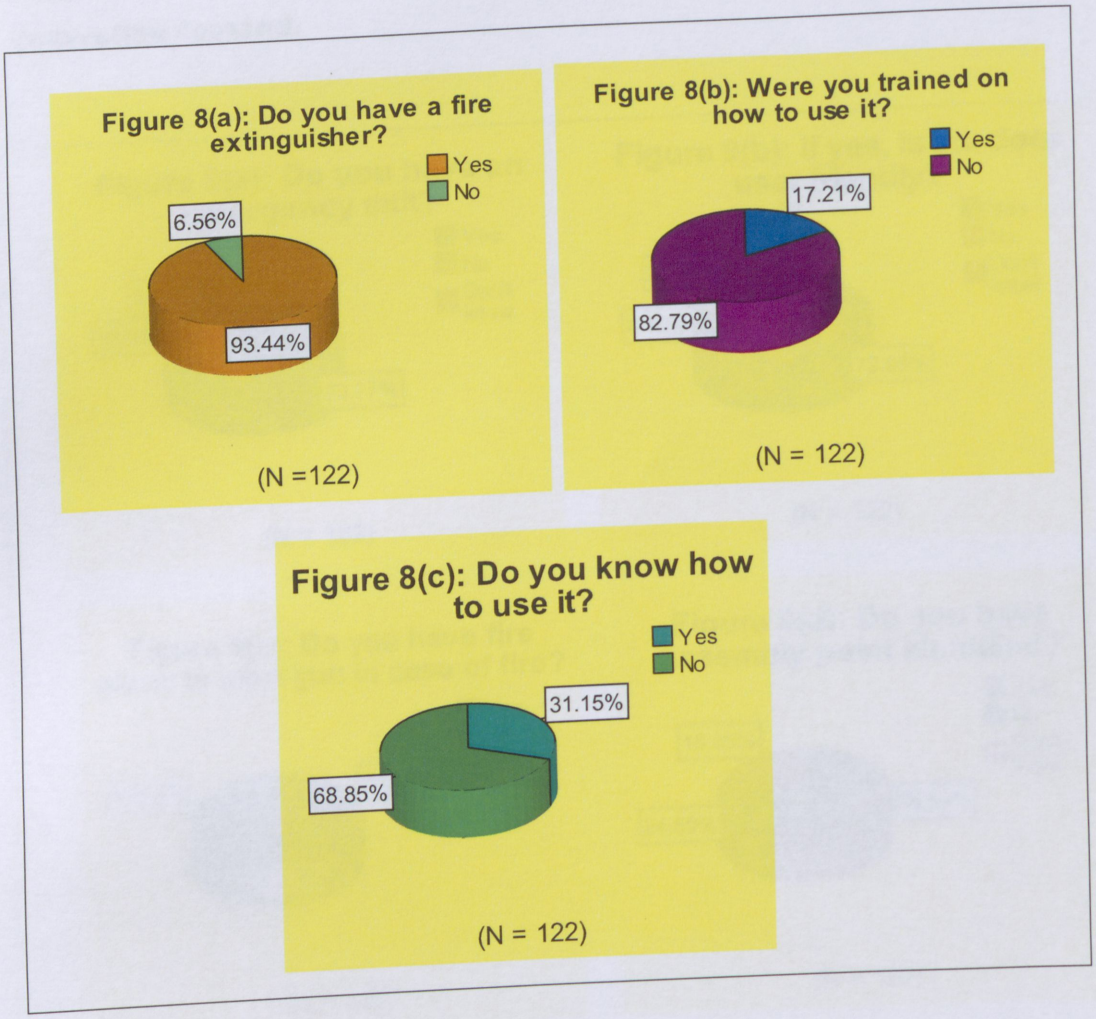






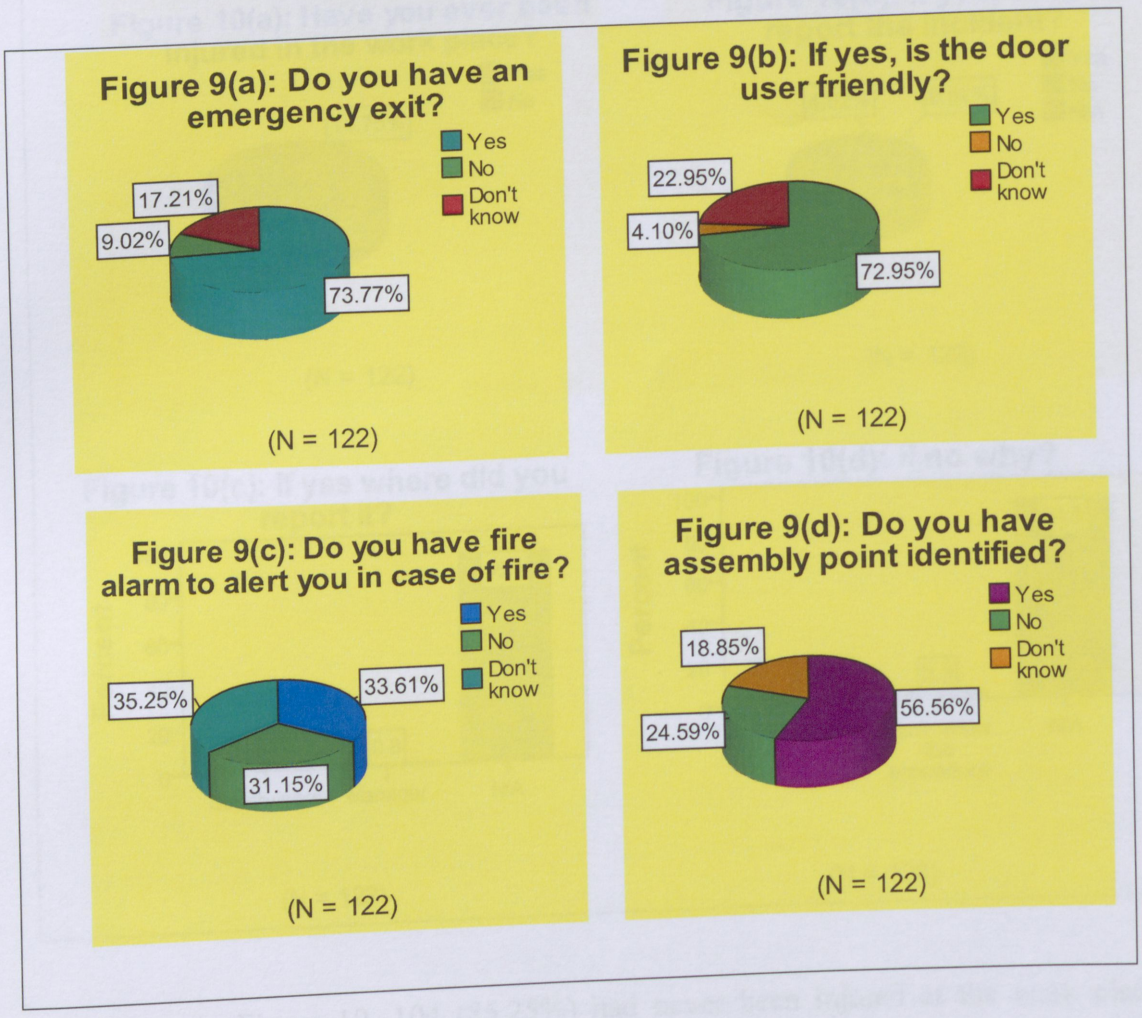
The results shows that 50 (41.0%) of the participants have no idea whether there is a disaster plan while 96 (78.7%) did not know where it is located. Only 13 (10.7%) participants indicated that the document is located at the main gate of the University while 102 (83.6%) of them indicated that they were never made aware of how the disaster plan works, (Figure 7a – c).

Figure 8: Knowledge about the use of fire extinguisher.



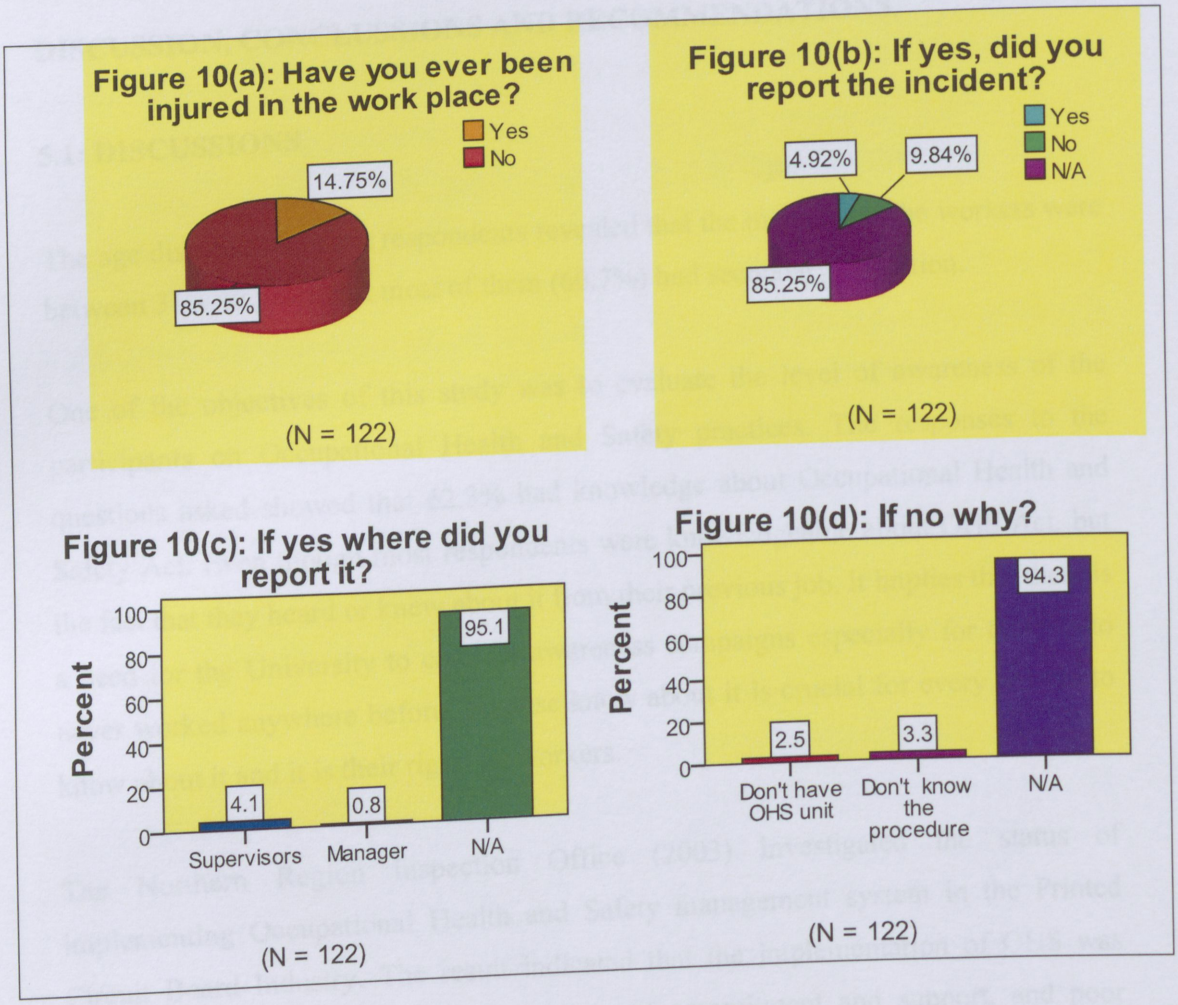
As shown in Figure 8, 114 (93.4%) indicated that they have a fire extinguisher in their work settings. However 101 (82.8%) indicated that they were not trained on how to use it. Eighty four (68.9%) do not know how to use a fire extinguisher (Figure 8a – c).

Figure 9: Knowledge about availability of measures / facilities meant for fire prevention / control.



The results shows that 90 (73.77%) participants indicated that there is an emergency exit, while 89 (72.95%) said that the door is easy to use. Forty three (35.25%) workers indicated that they did not know whether there is an alarm system in the premises to alert them in case of fire, while 69 (56.6%) indicated that there is an assembly point in the premises (Figure 9a – d).

Figure 10: Injuries in the work place.



As shown in Figure 10, 104 (85.25%) had never been injured at the work place, whereas 18 (14.8%) indicated that they had been injured before. With regards to question 38 (if yes, what kind of injury), out of the 122 workers, 18 listed their types of injury as follows: -

- Injury on the legs (5, 4.09%)
- Injury on the arm (7, 5.73%)
- Eye injury due to chemicals (3, 2.45%)
- Electricity shock (2, 1.63%)
- Injury on the finger (1, 0.81%)

Only 4 (3.3%) did not report the incidents due to the fact that they did not have the unit to report to, while 3 (2.5%) reported that they did not know the procedure of reporting such incidents, (Figure 10a – d).

CHAPTER FIVE

DISCUSSION, CONCLUSSIONS AND RECOMMENDATIONS.

5.1: DISCUSSIONS

The age distribution of the respondents revealed that the majority of the workers were between 31 – 40 years and most of them (60.7%) had secondary education.

One of the objectives of this study was to evaluate the level of awareness of the participants on Occupational Health and Safety practices. The responses to the questions asked showed that 62.3% had knowledge about Occupational Health and Safety Act. Even though most respondents were knowledgeable about OHS Act, but the fact that they heard or knew about it from their previous job, it implies that there is a need for the University to conduct awareness campaigns especially for those who never worked anywhere before, because know about it is crucial for every worker to know about it and it is their rights as workers.

The Northern Region Inspection Office (2003) investigated the status of implementing Occupational Health and Safety management system in the Printed Circuit Board Industry. The result indicated that the implementation of OHS was unsuccessful because of lack of management commitment and support, and poor collaboration among company personnel. The situation left the workers unsafe and unable to know their rights as workers. In contrast to the current study, 49.2% of the respondents indicated that they did not have OHS Act in the premises which shows that the respondents were not knowledgeable about the Act. It is important for the workers to know about the Act and to know how to apply it. This shows that there is a need to create awareness on the importance of the OHS Act among the UNIVEN workers.

Occupational Health and Safety Act is built upon the principle that workers and employers must act together to ensure a healthy and safe workplace environment. An important way in which this goal may be furthered is through the work of joint health and safety committees and health and safety representatives. Committees involvement ensures that everything possible is done to eliminate health and safety hazards. Fifty three percent of the respondents said that they did not have safety representatives in the OHS Committee of the University. This shows that the University does not comply with the Occupational Health and Safety Act No. 85 of 1993 which says that the employer must ensure that the workplace is free of hazards that may cause injuries, damages or disease. If not possible, the employer must inform the workers of these hazards, how they may be prevented, and how to work safely and provide other measures for a safe and healthy workplace.

In this study, the provision of Personal Protective Equipment (PPE) in the University was adequate, in fact all the respondents indicated that they were given the PPE. The PPE provided were gloves, boots and work suits. However, majority of the workers said that they were given the PPE every 2 years which is inadequate because a gloves needs to be provided monthly. Many respondents indicated that they wear their PPE while on duty always. The results further showed that (39.34%) wear them because they give them protection against injuries, whereas (1.64%) did not wear them because they are too tight on them, which means they are not comfortable in them.

Farhang, Michael and Ruben (2000) investigated the provision of personal protective equipment among workers in an encapsulating plant. The employees were provided with the personal protective equipments. Up to 96.2% of employees used one or a combination of PPE. Only 62% of the workers felt their PPE were comfortable, 30% tolerated their PPE, and 8% rated them as uncomfortable. The percentage of employees who rated their PPE as comfort ranged from 32 to 52%, safety glasses 51%, rubber gloves 42%, and hearing protectors 36%. The PPE was tolerable or comfortable for about 30% of the employees. The results showed that employees wear their PPE even though some are tolerating them.

In this study the results on the availability of first aid kit revealed that there was no first aid kit in the workers premises. This shows that the University does not comply with the OHS Act requirements. The findings further showed that the (74.59%) of the workers did not know how to use a first aid kit.

Therefore more awareness and training on first aid kit need to be done as soon as possible. The training might be benefit in providing first aid training to all the workers.

Lingard and Holmes (2001) conducted a study to assess how first aid training affects the motivation of construction industry workers in avoiding occupational injuries and illness and its effect on their occupational health and safety behaviour. A simplified multiple baseline design across workplace setting was used to evaluate the effects of first aid training. The study showed that first aid training had positive effect on occupational health and safety behaviour of the participants.

First aid training appeared to reduce participants willingness to accept prevailing levels of occupational health and safety risks and increases the perceived probability that they would suffer a work related injury or illness. The first aid training enhanced participant's motivation to avoid occupational injuries and illness, and improved their risk control behaviour.

Forty one percent of the respondents indicated that they did not know about the disaster plan at their workplace and that they were not made aware of it and how it worked. Even though the results of this study showed that there were fire extinguishers in the University, (82.79%) of the respondents indicated that they were not trained on how to use it and so they did not know how to use it. It is very important for the workers to know how to operate them in case of fire. This implies that the training is needed immediately so that in case of fire they might be able to know what to do. Again, it shows that the University is not complying with the requirements of the Department of Labour.

The majority of respondents (73.77%) indicated that there was an emergency exit door in their workplace, while (17.21%) said that they did not know if the emergency exit door was there or not.

This indicates that there is also a need to create awareness on the importance of the emergency exit doors in the University settings and there should also be visible signs that show the direction to the emergency door exit and how it opens.

Thirty five percents of respondents showed that they did not know if the fire alarm to alert them in case of fire was there or not. It is very crucial for the workers to know about fire alarm and how it works so that in case of fire, they will know when the alarm rings. The University should create an awareness to alert the workers about the importance of the alarm system.

As shown in Figure 9, (56.56%) of the respondents said they were aware of the assembly point, while (24.59%) indicated that they did not have the assembly point, whereas (18.85%) showed that they did not know whether there is an assembly point in case of fire or not.

These are important issues that workers need to know about at their workplace because it affects their everyday life. The University needs to take action immediately about this issue.

Fig.10 shows that 14.8% of the respondents indicated that they had been injured in their workplace, 4.9% were injured on the legs, and 5.37% on the arms. Three percent of the workers did not report the incidents, saying that they did not have the unit to report to, while (2.5%) reported that they did not know the procedure of reporting such incidents. This implies that the workers are not knowledgeable about where they should report the incidents to, and the procedures to follow when reporting the incidents. The fact that the University does not have an Occupational Health and Safety Unit for the workers to report to, shows that when injuries occurred, nothing is being done about the injuries of the workers.

The National Institute for Occupational Health and Safety (2004) conducted a study about occupational injuries and workplace among Oregon workers. The study used workers compensation claim data that were provided by the Oregon Department of Consumer and Business Information and Management Division. The majority of injuries occurred on the day shift with 4886 (60.6%) claim, followed by 2758 (34.2%)

on the evening shift and 416 (5.2%) on the night shift. The severity of injuries demonstrated by the average of 22.3 days of indemnity per claim indicates that occupational injuries represented a significant source of trauma for the workers.

5.2 CONCLUSSIONS

Based on the results of the study, the following conclusions were made:

- Majority of the workers do not have the essential knowledge of Occupational Health and Safety services.
- The provision of personal protective equipment was inadequate due to the fact that they were being provided every two years.
- Most workers knew about Occupational Health and Safety issues from their previous jobs.
- Some of the participants were ignorant of the reasons why they should wear their uniform while on duty.
- Many of the workers do not know how to use fire extinguishers.

5.3 RECOMMENDATIONS

Based on the results of the study and the above conclusions, the following recommendations were made:

- Occupational health and Safety should be included in the training of workers before they are being given jobs.
- Monitoring of the supply of personal protective equipment should be done continuously. The supply should be regular according to the nature of the PPE.
- The stakeholders should make conscious effort to create awareness among the workers about OHS by establishing a health and safety unit at the University.
- The University should develop ethical guidelines on OHS to improve workers health.
- All the University workers should be trained on how to operate a fire extinguisher.

6. REFERENCE

Akinsola, H.A. 2005, "Research Methods in Medical & Nursing Practice. 1st edition". Ibadan: College Press.

Babbie, E. & Mouton, J. 2007, "The practice of social research". Cape Town: Oxford University Press.

Brink, H. 2006, "Fundamentals of Research Methodology for Health Care Professionals" (2nd ed), Cape Town: Creda Press (PTY) Ltd.

Castejon, E. 2000, "Accidentalidad laboral": Mejoramos aunque no lo parezca, prevention, Trabajo Y Salud 5 pp4-10.

Cresswell, W., Ebersohn, L., Ellof, I., Ferreire, R., Ivankova, N., Jansen, D., Nieuwenhuis, J., Pietersen, J., Plano Clark, V. & Van der Westhuizen, C. 2009. First steps in research. Van Schaik publishers, South Africa. 3rd ed. Pp215-223

De-Armond, S., & Chen, P. 2009, "Occupational Safety: The Role of Workplace Sleepiness." Vol. 41, pp.976-984.

De Alwis, R. 2003. "An approach to providing Occupational Health Services to the Informal Sector, Asian pac". Newslett. Occupational Health and Safety, pp. 14-16.

De Vos, A., Strydom H., Fouche, C. & Delport, C. 2007. "Research at Grass Roots". Hatfield Pretoria: Van Schisk Publishers.

Department of Mineral Resources. 2000. "A study of the Risky Positioning of Operators of Remote Control Mining Equipment". In C.J. Pitzer (ed). Sydney, New South Wales, Australia: Department of Mineral Resources.

Fraenkel, J & Wallen, N. 2006. How to design and evaluate research in education (6th ed). New York: Mc- GrawHall Companies Inc.

Farhang, A., Michael, S. & Ruben, O. 2000. "Comfort of personal protective equipment". Medical College of Ohio, Toledo.

Hermanus, M. 2007. 'Occupational health and safety in mining status, new developments, and concern'. Health and Safety in Singapore. Vol 18 (issue 4- 6)

International Labour Office 2005. ILO introductory report: Decent work-safe, XIVII World Congress on Safety and Health at work, prevention in a globalized world. Orlando, p48.

Katzenellenbogen, J., Joubert, G. & Abdool- Karm S. 1999. "Epidemiology" Cape Town, Oxford University Press.

Lingard, H & Holmes, N 2001 ' understandings of occupational health and safety risk control in construction firms': Construction Management and Economics. New York, p215 - 226

Mbakaya, C., Onyonyo, H., Lwaki, S. & Omondi, O. 1999. "*A survey onManagement perspectives of the State of Workplace*": Health and Safety practices in Kenya. Vol 31 (issue 4)

Niu, S & Takala, J. 2010 "*Responses to the equity challenge in Safety and Health atwork: improvement of working conditions in equitable bases*" in: 27th International Congress on Occupational Health, Inguassu Falls, Brazil.

National Institute for Occupational Health and Safety 2004. Worker health chartbook, Department of Health and Human Services, Public Health Services, Centres for Disease Control and Prevention, Publication No. 2004 - 146

Northern Province Department of Health and Welfare 2000. Submission to senior management. (Draft). Occupational Health and Safety Services. (unpublished)

Northern Region Inspection Office of the Council of Labour Affairs, the executive Yuan 2003 "Annual report on the technical services of health and safety management system implementation in the printing circuit industry" in Taipei, Taiwan.

Occupational Health and Safety Act No 85 1993. Department of Labour, Pretoria.

Occupational Diseases Control and Prevention Act, 2001. Occupational Diseases Control and Prevention Act of the people's Republic of China, adopted by the Standing Committee of National People's Congress, P.R China on 27 October 2001.

Paoli, P & Merllie, D. 2001. Third European survey on working conditions. (European foundation for the improvement of Living and Working Conditions, Dublin) 72 available at http://www.eurofound.eu.int/pubdocs/2001/21/1/ef0121en.pdf

Schierhout, G., Midgley, A. & Myers, J. 1998. "Occupational Fatality under reporting in rural areas of the Western Cape Province", South Africa. Vol 25(issue 1-3), pp 113-122

Swuste, P., Van Gulijk, C. & Zwaard W. 2010. Safety Metaphors and theories, a review of the Occupational Safety literature of the US, UK and the Netherlands, till the first part of the 20th centuary.

Sony Corporation 2010. Employment practices and to maintain a healthy, safe and productive work environment, available at http://www.sony.net/sonyInfo/csr/employees/safety/index.html

Ural, S & Demirkol, S. 2007. "Evaluation of Occupational Safety and Health in surface mines." Vol.46 (issue 6). Pp 1016 -1024.

United States Bureau of Labour Statistics (USBL), 2007. "Workplace Injuries and Illness available at http://www.sciencedirect.com.

World Bank, 2002. World development report 2002: building institutions for marks. New York NY: Oxford University Press, p249.

World Health Organisation, 2000. "Occupational Health for workers in the informal sector". Pretoria, South Africa.

World Health Organisation, 2005. "*Global burden of diseases*" (GBD) available at http://www.sciencedirect.com.

World Health Organisation, 2004. *Occupational Health and Safety in the African Region: Situational analysis and perspectives*. Regional committee for Africa. Brazzaville.

World Health Organisation, 2010. "*Global strategy on Occupational Health for All: Theway to health at work.*" Pretoria, South Africa.

ANNEXURE 1.

QUESTIONNAIRE

INSTRUCTIONS: DO NOT WRITE YOUR NAME ON THE SHEET. PLEASE MARK WITH AN X OR FILL IN THE GAP TO PROVIDE AN ANSWER FROM THE FOLLOWING SECTIONS.

SECTION 1: DEMOGRAPHY

CODE NUMBER.....

1. Gender

    1. Female
    2. Male

2. Age

    1. 20-30
    2. 31-40
    3. 41-50
    4. 51-60
    5. 61 and above

3. Educational level

    1. No formal education
    2. Primary level
    3. Secondary level
    4. Tertiary level

4. Job category

1. Cleaner
2. Ground / Horticulture
3. Security
4. Management
5. Other, please specify_____

5. Number of years employed in UNIVEN

1. 0-5
2. 6-10
3. 11-15
4. 16 and above

6. Working hours per day

1. 5 hours
2. 8 hours
3. More than 8 hours

SECTION 2: LEVEL OF AWARENESS ON OCCUPATIONAL HEALTH AND SAFETY PRACTICES

7. Have you ever heard of OHS Act?

1. Yes
2. No

8. If yes, where did you hear about it?

1. Previous job
2. Current job
3. Pamphlets
4. Workshop

9. Do you have OHS Act in your premises?

1. Yes
2. No
3. I don't know

10. If yes, where is it located?

1. Main entrance
2. Manager's office
3. Change room
4. Notice board

11. Do you have safety representatives in the OHS committee?

1. Yes
2. No
3. I don't know

12. Do you know the role of the safety representative?

1. Yes
2. No
3. I don't know

13. If yes, what are they?

1. Educate the staff about OHS
2. Report the incidents from the staff
3. Report incidents to the relevant unit
4. To look after the employee
5. Other please specify_____

14. Do the safety representatives attend safety meetings?

1. Yes
2. No
3. Don't know
4. Not applicable

15. Do the safety representatives give feedback after the meetings?

1. Yes
2. No
3. Not applicable

SECTION 3: SUPPORT SERVICES AVAILABLE FOR THE USE OF THE WORKER

16. To whom or where do you report your incidents?

1. Managers
2. Supervisors
3. OHS unit
4. Other, please specify_____

17. Are you provided with any protective equipment?

1. Yes
2. No

18. If yes, what type of protective equipment?

1. Gloves
2. Work suit
3. Helmet
4. Boots
5. Masks
6. Other, please specify_____

19. When last were you provided with them?

1. 5 years back
2. Every 2 years
3. Every year
4. Every 6 month
5. Every month

20. Do you wear your protective equipment?

1. Yes
2. No

21. If yes, how often do you wear them?

1. Always
2. Sometimes
3. When I remember
4. When told to wear

22. If no, why?

1. Don't like the colour
2. They are too tight
3. Don't feel comfortable
4. They are boring

23. Why should you wear the protective equipment while on duty?

1. They give protection against any injuries
2. It is the uniform at work
3. We look nice when wearing them altogether
4. It is easy to recognise us

24. Do you have first aid box provided with relevant items in it?

1. Yes
2. No

25. Is any person trained on how to use the first aid kit?

1. Yes
2. No

SECTION 4: PERCEIVED LEVEL OF SAFETY OF THE WORKERS AT THE WORK PLACE IN CASE OF DISASTERS

26. Do you have any disaster plan in your work place?

1. Yes
2. No
3. Don't know

27. If yes, where is the document located?

1. Main entrance
2. Notice board
3. Change room
4. Managers office

28. Were you made aware on how it works?

1. Yes
2. No

29. Do you have any fire extinguisher?

1. Yes
2. No
3. Don't know

30. Were you trained on how to use it?

1. Yes
2. No

31. Do you know how to use it?

1. Yes
2. No

32. Do you have emergency exit?

1. Yes
2. No
3. Don't know

33. Is the door user friendly?

1. Yes
2. No

34. Do you have fire alarm to alert you in case of fire?

1. Yes
2. No
3. Don't know

35. Do you have any assembly point identified?

1. Yes
2. No
3. Don't know

36. Have you ever been injured in the work place?

1. Yes
2. No

37. If yes, what kind of injury? Please specify_____

38. Did you report the incidence?

1. Yes
2. No

39. If yes, where did you report the incident?

1. Supervisor
2. Manager
3. Other, please specify_____

40. If no, why?

1. Do not have OHS unit
2. Do not know the procedure
3. Afraid of loosing my job

ANNEXURE 2.

CONSENT LETTER

DEAR RESPONDENT

My name is THOKO NKUNA, I am a master's student here at the University of Venda under the Department of Public Health. I am conducting a research titled 'an evaluation of level of awareness about Occupational Health and Safety practices among University of Venda workers'. You are kindly requested to participate in this study. You will be provided with the close ended questionnaire to complete, only if you agree to take part and participate in this project.

You will again be provided with the consent form to sign, if you are interested in participating. Please note that the participation is voluntary i.e you may not participate if you don't want to, or even withdraw when the project is still running\ or on going. All the information will be dealt with in strict confidentiality and no information collected will be attached to your name and I guarantee you that the research will not cause any harm to the participants.

Your cooperation will be highly appreciated

Yours Faithfully

---------- ----------

Nkuna Thoko (Miss) Date

Researcher

ANNEXURE 3.

CONSENT FORM FOR RESEARCH PARTICIPANT

I.....hereby agree to participate in this research project, the purpose of which is to evaluate the level of awareness on occupational health and safety regulation and support services.

Terms and conditions of the research project have been provided. Confidentiality and anonymity have already been assured and that no harm will occur during the participation.

I was also assured that there is no obligation to participate and that I am free to quit at any time I want to.

Participant's signature---------- Date----------

Researcher's signature---------- Date----------

University of Venda
Creating Future Leaders

NAME OF RESEARCHER/INVESTIGATOR:

Ms. T. Nkuna

PROJECT TITLE: An evaluation of the level of awareness about occupational health and safety practices among workers at University of Venda.

PROJECT NO: SHS/10/PH/009

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof. H.A Akinsola	University of Venda, Public Health	Supervisor
Mr. A.K Tugli	University of Venda, Public Health	Co-Supervisor

ISSUED BY:

UNIVERSITY OF VENDA, HEALTH, SAFETY AND RESEARCH ETHICS COMMITTEE

Date Considered: 03 December 2010

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: .....

Name of the Chairperson of the Committee: Prof. X.G Mbhenyane