



QUANTIFYING THE ASSOCIATION BETWEEN SOCIO-ECONOMIC CHARACTERISTICS AND HEALTH RISK BEHAVIOURS OF OIL SERVICING COMPANY WORKER'S IN THE NIGER DELTA REGION

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ABSTRACT

In view of the alarming rate of expenditure in treatment and health cost of employees annually in Nigeria which has been observed as an emerging trend due to low level of awareness of health risk behaviours. It was crucial for this study to investigate the degree of association between socio-economic characteristics (Sex, Marital Status, Age, Educational Status, Monthly income) and health risk behaviours of employees in oil servicing companies in the Niger Delta Region, Nigeria. A total of 395 copies of structured questionnaire were validated and administered to the workers of the selected oil servicing companies. The result shows that the number of bottles of beer drunk per day correlated significantly with sex ($r=0.176$), marital status ($r=0.168$), age distribution ($r=0.146$), education status ($r=0.146$) and monthly income ($r=0.131$) at $p<0.05$. On the other hand, the frequency of using condom is significantly correlated with marital status ($r=0.240$) while age distribution is correlated significantly with frequency of smoking ($r=-0.133$). The analysis also shows that monthly income significantly correlated with number of bottles drunk per day ($r=0.131$); frequency of smoking ($r=0.124$); average number of stick of cigarette or tobacco ($r=0.127$) and frequency of using condom ($r=0.137$) all at $p<0.05$. The regression between (brand of alcohol, frequency of alcohol intake, no of bottles drunk per day, frequency of smoking, average number of sticks, frequency of using condom during sexual intercourse) reveals thus; ($R=0.656$; 0.708 ; 0.786 ; 0.619 ; 0.613 ; 0.701). The regression coefficients being relative high is an indication that socio-economic characteristics has so much influence on health risk behaviour. Based on the findings, intensive awareness campaign on the health benefit of personal health risk assessment, Periodic conduct/ publication of individual health risk assessment by the company management; workers to be liable for all accidents traceable to individual health risk behaviours, intermittent medical examination of workers to ascertain the state of fitness was recommended.

Keywords: Quantify, Association, Socio-economic Characteristics, Health Risk Behaviours, Employees.

INTRODUCTION

To the ordinary man, health may mean not being sick or may symbolize good physical looks or appearance while to some educators, it is the state that makes one throw up his hands in the morning and yell 'I feel good' or 'I feel great' (Umeh, 2002). Thus, health is considered as being important and fundamental to our existence and impacts on socio-economic, cultural beliefs and physical environment. Briggs (2010) asserted that health is a life devoid of illness and having the impetus to survive everyday issues of live, fitness and wellness. The Lalonde report suggests that there are four general determinants of health; lifestyle, human biology,

environment and health care services (WHO, 1980). Therefore, health improvement and application is not only through sciences but by the inputs and well considered lifestyle choices of the individuals and societies. For a person to be healthy, he needs to imbibe healthy practices attitude, exercising regularly, having adequate rest, maintaining good personal hygiene, eating of balanced food, saying no to drugs and alcohol abuse, having absolute control of one's mental wellness and adopting positive interacting skills within a society. (UNICEF, 2001). Individual behaviour has been regarded as the most influential component of health, lifestyle involves individual habits which affect one's health, and death leading causes is associated with one kind of unhealthy habits or another. Some stimuli will motivate the individual to care for or reflect on his or her health status positively or otherwise (Achal, 1999; Udoh, 2002).

Workplace safety as a complex and complicated phenomena is affected by several factors which include human and behavioural, economic and psychological, organizational, social and environmental factors. Human perception and understanding of life as it relates to safety and its nature is an important fragment of human factor in workplace safety toward occupational accident. Subramamam, (2004), recognized the importance of human factors in occupational safety accidents and posited that it is the responsibility of both the management, workers to negotiate and work safely. Hsu, Lee, Wu and Takano, (2008); noted that organizational climate, individuals quality, and characteristic of work environment value are components of organizational factor. Thus the safety behaviours of organizations that are very effective is as a result of organizational factors that are put in place which also controls and manage safety behaviour. Organizations involvement in work safety management is important as it will reduce frequency of work place accidents. At the organizational level, health assessment is an important health promotion, planning and evaluation tool because it provides information on many aspects of employee and organizational health and wellbeing. It is also vital as it can motivate employee to make positive lifestyle changes that reduce the risk of diseases since disease precursors are related to certain demographic variables, individual behaviours, family and individual historic and physiologic changes (Alexander, 2000; Anderson, Serxner & Terry, 2002). Arising from the forgoing, the study intends to identify those factors that determine health risk behaviours among employees across the companies?

MATERIALS AND METHODS

This work was carried out in the Niger Delta region which is located within the tropical rainforest climate zone and lies between latitudes 5.00°N - 9.00°N and longitudes 5.00°E - 8.00°E) along the Lower Guinea Coast. It covers over 70,000km² and constitutes about 7.5% of Nigeria's land mass with its ecosystem highly diverse and politically consists of nine states which are Abia and Imo in the south-east, Rivers, Akwa-Ibom, Bayelsa, Cross River, Delta, Edo in the south-south and Ondo in the south-west. In consonance with Kpolovie (2010), Twenty Seven (27) Oil and Gas Servicing Companies across the nine States representing 50% of the total oil servicing companies identified during the reconnaissance were selected for the study. The main instrument used in this study is questionnaire while the Taro Yamane (1967) formula was adopted to derive the sample size for the study. Thus, a total of Three Hundred and Ninety Five questionnaires were designed, validated and distributed among members of staff of the selected companies. The survey research design was used while the Pearson Product Moment Correlation and Multiple Regression were deployed to analyze the formulated hypothesis, there is no significant relationship between socio-economic characteristics and brand of alcohol, frequency of alcohol consumption, number of bottles, frequency of smoking, number of tobacco sticks and frequency of using condom during sexual intercourse.

(See eqn 1) Taro Yamane formula for sample size determination

$$n = \frac{N}{1+N(e)^2} \text{----- (Eqn1)}$$

Where e = level of precision (0.05 at 95%)

N = Target Population, e = 0.05, n = sample size

$$n = \frac{32724}{1 + 32724(0.05)^2}$$

$$n = \frac{32724}{1 + 81.81}$$

$$n = \frac{32724}{82.81}$$

$$n = 395$$

Spearman's formula

$$\rho = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)} \text{----- eqn (2)}$$

Where:

- R(x) and R(y) are the ranks,
- $\bar{R}(x)$ and $\bar{R}(y)$ are the mean ranks.

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 \dots + b_nX_n \text{----- (Eqn 3)}$$

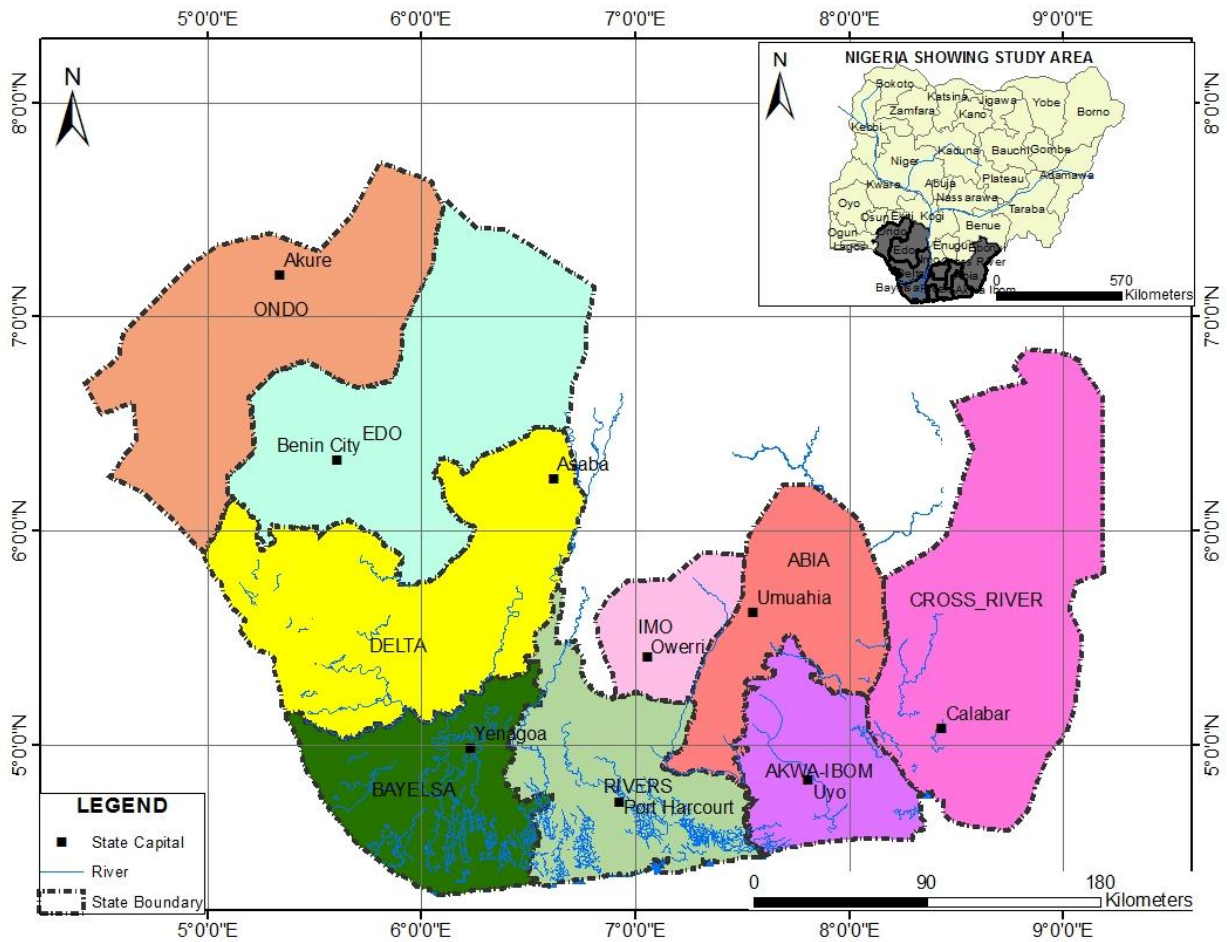


Fig 1: Niger Delta States

RESULTS AND DISCUSSIONS

Table 1: Socio-economic Characteristics of Respondents

Characteristics	Frequency	Percentage (%)
Gender		
Male	267	67.6
Female	128	32.4
Marital Status		
Single	63	15.9
Married	194	49.1
Divorced	76	19.2
Widowed	62	15.7
Age		
Below 25	28	7.1
26-30	113	28.6
31-35	35	8.9
36-40	119	30.1
41-45	44	11.1

46-50	40	10.1
Above 50	16	4.1
Educational Level		
FSLC	25	6.3
SSCE	64	16.2
OND	70	17.7
HND	64	16.2
B.Sc	119	30.1
PG	53	13.4
Income per Month		
Less Than 50,000	28	7.1
51-100,000	53	13.4
101-150,000	56	14.2
151-200,000	183	46.3
Above 200,000	75	19.0

The sex of respondents is displayed in Table 1 in which the males were 67.6 % and females were 62.4%. This shows that the males were more than females in the companies used for the study. The marital status of the respondents is displayed in Table 1 whereby it is shown that 15.9% were single, 49.1% were married, and 19.2% each were divorced and widowed. It is thus seen that many of the respondents were married and it is expected from them to show certain level of responsibility.

The age of respondents is presented in Table 1. The analysis shows that 7.1% had their ages below 25 years while 28.6% of respondents were between 26 and 30 years and 8.9% were between 31 and 35 years. However, 30.1% of respondents were between 36 and 40 years, 11.1% were between 41 and 45 years while 10.1% were between 46 and 50 years and 4.1% were above 50 years. The implication of this analysis is that majority 85.8% of respondents are maximum of 45 years old suggesting that they are rightly at their working age with enough strength and vitality.

The educational status of respondents displayed in Table 1 shows that 6.3% of total respondents had first school leaving certificate of primary education, 16.2% had secondary education or secondary school certificate, 17.7% had Ordinary National Diploma (OND) while 16.2% had Higher National Diploma (HND) and 30.1% had Bachelor's degree. Meanwhile 13.4% had post graduate certificate. This shows that majority of the respondents had a minimum of HND, although respondents with Bachelor's degree dominated the companies.

The income per month is displayed in Table 1 and it is found that 7.1% had an income less than 50,000 naira, 13.4% had between 51,000 naira and 100,000 naira, 14.2% had between 101,000 naira and 150,000 naira, 46.3% had between 151,000 naira and 200, 000 naira while 19% had above 200,000 naira. This shows that more than 70% had a minimum monthly income of 151,000 naira which demonstrated that their living conditions will be an encouraging one.

Table 2: Health Risk Behaviors linked with Socio-economic Characteristics of Workers

Brand of Alcohol		
Beer	108	27.3
Spirit	176	44.6
Champagne	39	9.9
Whisky	34	8.6
Brandy	38	9.6
Frequency of Alcohol intake		
Daily	204	51.6
Weekly	65	16.5
Occasionally	53	13.4
Monthly	33	8.4
Hourly	40	10.1
Number of bottles of Drank per day		
	Frequency	Percentage (%)
One Minimum	62	15.7
1-2 Bottles	201	50.9
3-4 Bottles	65	16.5
5 Bottles	40	10.1
>5 Bottles	27	6.8
Frequency of Smoking		
	Frequency	Percentage (%)
Daily	297	75.2
Weekly	57	14.4
Occasionally	30	7.6
Monthly	11	2.8
Hourly	0	0.0
Total		
Average number of sticks/packet smoked per day		
	Frequency	Percentage (%)
One Stick	61	15.4
2-3 Sticks	131	33.2
5 Sticks	129	32.7
One packet	58	14.7
Two Packets	16	4.1
Frequency of using condom during sexual intercourse?		
	Frequency	Percentage (%)
Always	65	16.5
Occasionally	96	24.3
Not at all	179	45.3
Circumstantially	32	8.1
Most times	23	5.8
Total	395	100.0

The brands of alcoholic drink taken by the respondents are analysed in Table 2. It is revealed that 27.3% enjoyed taking beer, 44.6% liked taking spirit, 9.9% each like taking Champagne and Whisky while 8.6% liked taking brandy. Higher spirit taken by the respondents can be attributed to the small sachet size with little price which could be affordable by several individual in different income size levels. The next which is beer could also be attributed to the purchasing power of many individuals. Also the availability and accessibility of beer by individuals is high whereby beer shops or supermarkets can be found in a stone throw for drinking. Champagne, Whisky and Brandy are foreign alcoholic drinks which attract much money. So the level of affordability by individual could be the reason why the level of consumption is low.

The frequency of alcohol intake by the respondents in the study area is found in Table 2 whereby the majority (51.6%) were observed in the analysis of taking alcoholic drink daily while 16.5% liked taking alcoholic drink weekly. It is found that 13.4% liked taking it occasionally, 8.4% liked taking it monthly and 10.1% liked taking alcohol hourly. Daily intake of alcohol is likely to occur because of the possibility of regular purchase of spirit and beer by many of the respondents in the study area.

The analysis on the number of bottles of alcoholic drinks drunk per day is observed in Table 2 whereby 15.7% agreed on minimum of one bottle while 50.9% agreed on 1 to 2 bottles, 16.5% agreed on 3 to 4 bottles and 10.1% agreed on 5 bottles while 6.8% agreed on 5 bottles and above. This implies that more than 60% of respondents will take maximum of 2 bottles of alcoholic drink per day suggesting 60 bottles per month. This could be injurious to the health of the individuals especially the liver and kidney. Table 2 describes the frequency of smoking by the respondents of the study area. It is shown that 75.2% smoked daily, 14.4% smoked weekly while 7.6% smoked occasionally. It is also observed that 2.8% smoked monthly and none for hourly smoking. This proves that majority of the smokers enjoy smoking daily, although it may number of sticks taking per day may be different. Some of the weekly smokers may be those that are incited by their friends in a party or every Friday club meeting while those believing in occasional smoking could be due to distress sometimes either at home or at work.

The number of sticks/packets being smoked per day is displayed in Table 2 whereby 15.4% of total respondents took an average of one stick, and 33.2% took an average of 2 to 3 sticks. However, 32.7% of respondents liked taking an average of 5 sticks, 14.7% took an average of one packet while 4.1% took two packets per day. The rate of consumption of cigarette is very alarming as more than 55% of respondents take minimum of 5 sticks of cigarette per day. This is wilfully dangerous to their health as the lungs are being subjected to destruction. Similarly too much smoking can lead to the erosion of the stomach lining and trachea lining.

The number of times that condom is used by the respondents during sexual intercourse is explained in Table 2 and it is revealed that 16.5% said always, 24.3% occasionally and 45.3% said not at all, and 8.1% and 5.8% said by circumstance and most times respectively. It is observed that people are not showing interest in using condom at all with this analysis, though some still use it. Those that still use it either always or occasionally can be linked to their knowledge regarding the importance of using condom either to space their children, or fear of contacting sexually transmitted diseases.

Table 3: Relationship between health risk behaviours and socio-economic characteristics

			Number of bottles drunk per day	Frequency of smoking	Average number of sticks	Frequency of using condom
Spearman's rho	Sex	Correlation Coefficient	.176*	-.026	.063	-.040
		Sig. (2- tailed)	.000	.605	.211	.428
		N	395	395	395	395
	Marital Status	Correlation Coefficient	.168*	-.015	.048	.240*
		Sig. (2- tailed)	.001	.762	.336	.000
		N	395	395	395	395
	Age Distribution	Correlation Coefficient	.146*	-.133*	.040	-.036
		Sig. (2- tailed)	.004	.002	.429	.472
		N	395	395	395	395
	Education Status	Correlation Coefficient	.146*	-.001	.047	-.030
		Sig. (2- tailed)	.004	.981	.353	.546
		N	395	395	395	395
	Monthly Income	Correlation Coefficient	.131*	.124*	.127*	.137*
		Sig. (2- tailed)	.009	.004	.002	.000
		N	395	395	395	395

*. Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis in Table 3 reveals that number of bottles drunk per day correlated significantly with sex ($r=0.176$, $p<0.05$), marital status ($r=0.168$, $p<0.05$), age distribution ($r=0.146$, $p<0.05$), education status ($r=0.146$, $p<0.05$) and monthly income ($r=0.131$, $p<0.05$). On the other hand, it is observed that the frequency of using condom is significantly correlated with marital status ($r=0.240$, $p<0.05$) while age distribution is correlated significantly with frequency of smoking ($r=-0.133$, $p<0.05$). The analysis also shows that monthly income is significantly correlated with number of bottles drunk per day ($r=0.131$, $p<0.05$); frequency of smoking ($r=0.124$, $p<0.05$); average number of stick of cigarette or tobacco ($r=0.127$, $p<0.05$) and frequency of using condom ($r=0.137$, $p<0.05$). It is therefore decided that alternative hypothesis is retained for sex and monthly income which affected health risky behaviours significantly while the alternative hypothesis is accepted for the correlation between age distribution and frequency of smoking; and that correlation between marital status and frequency of using condom.

Table 4.: Regression Model Summary for Brand of Alcohol

R	R Square	Model	Unstandardized Coefficients	F
.656	.430	(Constant)	B	181.382
			1.433	
		Sex	.353	
		Marital Status	-.097	
		Age Distribution	-.146	
		Education Status	.141	
		Monthly Income	.097	

Similarly, the multiple regression analysis was performed to determine the multiple effect of socio-economic characteristics on each of the identified health risk behaviour (brand of alcohol, frequency of alcohol intake, frequency of smoking, average number of sticks, frequency of using condom during sexual intercourse). The regression between brand of alcohol and socio economic characteristics is presented in Table 4 whereby it is revealed that the multiple regression coefficient $R=0.656$ and the coefficient of determination (R^2) =0.430. This shows that the socio-economic characteristics can explain 43% of the variance in the level of selecting different brands of alcoholic drinks. The relationship was significant at $p<0.05$ ($F= 181.382$). The regression model is given thus.

$$Y_{\text{Brand of Alcohol}} = 1.433 + 0.353\text{Sex} - 0.097\text{marital status} - 0.146\text{Age} + 0.141\text{Educational Status} + 0.097\text{Monthly Income}$$

($p<0.05$)

Table 5: Regression Model Summary for Frequency of Alcohol Intake

R	R Square	Model	Unstandardized Coefficients	F
.708	.501	(Constant)	B	392.609
			3.411	
		Sex	1.878	
		Marital Status	-.372	
		Age Distribution	.279	
		Education Status	1.853	
		Monthly Income	.397	

The regression between frequency of alcohol intake and socio economic characteristics is presented in Table 5 whereby it is revealed that the multiple regression coefficient $R=0.708$ and the coefficient of determination (R^2) =0.501. This shows that the socio-economic characteristics can explain 50.1% of the variance in the frequency of alcohol intake. The relationship was

significant at $p < 0.05$ ($F = 392.609$). The regression model therefore is summarized thus from Table 5.

$$Y_{\text{Frequency of alcohol intake}} = 3.411 + 1.878_{\text{Sex}} - 0.372_{\text{marital status}} + 0.279_{\text{Age}} + 1.853_{\text{Education Status}} + 0.397_{\text{Monthly Income}} \quad (p < 0.05)$$

Table 10: Regression Model Summary for Frequency of Number of Bottles taken per day

R	R Square	Model	Unstandardized Coefficients	F
.786 ^a	.618	(Constant)	B	516.010
			1.597	
		Sex	.392	
		Marital Status	-.028	
		Age Distribution	-.130	
		Education Status	.065	
		Monthly Income	.116	

The regression between number of bottles intake per day and socio economic characteristics is presented in Table 6 whereby it is revealed that the multiple regression coefficient $R = 0.786$ and the coefficient of determination (R^2) = 0.618. This shows that the socio-economic characteristics can explain 61.8% of the variance in the number of bottles intake per day. The relationship was significant at $p < 0.05$ ($F = 510.010$). The derived regression model is given as shown in the equation below

$$Y_{\text{Number of Bottles intake}} = 1.597 + 0.392_{\text{Sex}} - 0.028_{\text{marital status}} - 0.130_{\text{Age}} + 0.065_{\text{Education Status}} + 0.116_{\text{Monthly Income}} \quad (p < 0.05)$$

Table 7: Regression Model Summary for Frequency of Smoking

R	R Square	Model	Unstandardized Coefficients	F
.619 ^a	.383	(Constant)	B	172.936
			.772	
		Sex	.334	
		Marital Status	-.241	
		Age Distribution	-.109	
		Education Status	.118	
		Monthly Income	.141	

The regression between frequency of smoking and socio economic characteristics is presented in Table 7 whereby it is revealed that the multiple regression coefficient $R = 0.619$ and the

coefficient of determination (R^2) = 0.383. This shows that the socio-economic characteristics can explain 38.3% of the variance in the frequency of smoking. The relationship was significant at $p < 0.05$ ($F = 172.936$). The regression model below provides explanation for the relationship between the socio-economic characteristics and the frequency of smoking.

$$Y_{\text{Frequency of smoking}} = 0.772 + 0.334_{\text{Sex}} - 0.241_{\text{marital status}} - 0.109_{\text{Age}} + 0.118_{\text{Education Status}} + 0.141_{\text{Monthly Income}} \quad (p < 0.05)$$

Table 8: Regression Model Summary for Average Number of Sticks

R	R Square	Model	Unstandardized Coefficients	F
.613 ^a	.376	(Constant)	B	138.570
			2.332	
		Sex	.345	
		Marital Status	-.064	
		Age Distribution	-.034	
		Education Status	.041	
		Monthly Income	-.001	

The regression between average number of sticks and socio economic characteristics is presented in Table 16 whereby it is revealed that the multiple regression coefficient $R = 0.613$ and the coefficient of determination (R^2) = 0.376. This shows that the socio-economic characteristics can explain 37.6% of the variance in the average number of sticks smoked. The relationship was significant at $p < 0.05$ ($F = 138.570$). The regression model is as thus.

$$Y_{\text{Average number of sticks}} = 2.332 + 0.345_{\text{Sex}} - 0.064_{\text{marital status}} - 0.034_{\text{Age}} + 0.041_{\text{Education Status}} - 0.001_{\text{Monthly Income}} \quad (p < 0.05)$$

Table 9: Regression Model Summary for Frequency of using condom

R	R Square	Model	Unstandardized Coefficients	F
.701 ^a	.491	(Constant)	B	162.714
			1.278	
		Sex	.064	
		Marital Status	-.094	
		Age Distribution	-.047	
		Education Status	.028	
		Monthly Income	.078	

The regression between frequency of using condom and socio economic characteristics is presented in Table 9 whereby it is revealed that the multiple regression coefficient $R = 0.701$ and

the coefficient of determination (R^2) = 0.491. This shows that the socio-economic characteristics can explain 49.1% of the variance in the frequency of using condom. The relationship was significant at $p < 0.05$ ($F = 162.714$). The regression model is given in the equation.

$$Y_{\text{Frequency of using condom}} = 1.278 + 0.064_{\text{Sex}} - 0.094_{\text{marital status}} - 0.047_{\text{Age}} + 0.028_{\text{Education Status}} + 0.078_{\text{Monthly Income}} \quad (p < 0.05).$$

It is absolutely clear from the results that more people derived pleasure in drinking beer and spirit whereas those who take Champagne, Whisky and Brandy are few. The Findings revealed that more than 70% of respondents take at least 2 bottles of alcoholic drink per day while that majority of those that smokes do it on a daily basis. The rate of cigarette smoking is found to be very alarming as more than 55% of respondents take minimum of 5 sticks of cigarette per day. This further propels them to engage in sexual intercourse with their friends and partners which on account of gaining physical and psychological sexual satisfaction most of the respondents, 80.5% agreed that they are not satisfied physically prefer the use of condom during sexual intercourse. It was revealed that beer and spirit were the most consumed alcoholic drinks. This could be attributed to affordability and accessibility. Famuyiwa (2018) reported that the general public is now exposed to choices that suit their desires and budgets, which determine the type of drinks they take unlike before when alcoholic drinks were only used at social gatherings such as traditional ritual festivities, marriage ceremonies, and chieftaincy enthronements among others. Nowadays, alcohols are being consumed for very many reasons which can be explained by the individuals themselves. Encomium (2016) also buttressed it that men use bitters for better sex as several men confesses. Nevertheless, the majority taking alcohol daily is endangering themselves and they can easily become sickly as the major organs in the body system are destroyed. In terms of affordability, Owioye (2019) supported it that consumer's shift to sachet bitter drinks as purchasing power weakens. The price of these bitters cannot be compared to that of Whisky and Brandy which are commonly observed as foreign wines or spirit. Owioye (2019) further reported that in recent times there has been a surge in the volume of sales of Bitters in the country. On the other hand, the findings that majority engaged their sex partner and friend to be satisfied sexually may be attributed to the fact that majority are always intoxicated after taking alcoholic drink especially the cheap ones such as beer and sachet bitter spirit like Alomo, Action Bitter, Chelsea, Schinapp aromatic, etc. Also, the lives of majority that engage themselves in multiple sexual intercourse and preferred not to use condom are in more dangerous situations. That becomes more complex in terms of controlling the kind of sexually transmitted disease that they may encounter at any time.

It was perceived by individuals that smoking and high consumption of alcohol is bad and injurious to health. It is corroborated by Australian Government Department of Health (2022) that smoking harms almost every part of your body and increases your risk of many diseases like lung cancer, breathing problems and chronic respiratory conditions, heart disease, stroke and blood circulation problems, diabetes, infections Dental problems, hearing loss, vision loss, fertility problems and osteoporosis and menopause whereas excessive alcohol intake can lead to the development of chronic diseases and other serious problems including: high blood pressure, heart disease, stroke, liver disease, and digestive problems, cancer of the breast, mouth, throat, oesophagus, voice box, liver, colon, and rectum. Slivinski (2021) reported that alcohol affects the brain's communication pathways. This makes it harder for you to think and speak clearly, remember things, make decisions, and move your body. Heavy drinking also can cause mental health issues like depression and dementia. Some of the respondents considered the attitude of having multiple sexual partners as bad believing that it is a direct pathway to contact any form of sexually transmitted diseases. The

knowledge of HIV/AIDS and other sexually transmitted diseases (STDs) among the interviewees was considerably high, and respondents spoke knowledgeably about their different transmission routes and prevention strategies. The other STDs which were also mentioned by the participating respondents include syphilis, painful urination, discharge of pus and/or blood from the penis or vagina, gonorrhea, genital warts, pubic rashes and lice, and so on. There were, however, respondents who maintained that weakness of the penis, elephantiasis of the scrotum, and poor erection were diseases that could be contracted through sexual contact.

CONCLUSION

It is evidently shown from the multiple regression analyses that socio-economic characteristics (Sex, Marital Status, Age, Educational Status, Monthly income) have so much influence on the health risk behaviour of an individual as the regression coefficients were relatively high. The brand of alcohol, frequency of alcohol consumption, number of bottles, frequency of smoking, number of tobacco sticks and frequency of using condom during sexual intercourse correlated significantly with sex, marital status, education status, age distribution, and monthly income.

RECOMMENDATIONS

Arising from the findings of this study, recommendations were made as follows;

- i. Intensive awareness campaign on the health benefit of personal health risk assessment.
- ii. Workers should be liable for all accidents traceable to individual health risk behaviours.
- iii. Management should take disciplinary actions on workers based on their health risk assessment report.
- iv. Periodic conduct/ publication of individual health risk assessment.
- v. Management should engage the workers in routine medical examination to ascertain the state of their fitness on the job.

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