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**PRIMARY HEALTH PROMOTION (PHP) IN THE SOUTH AFRICAN
CONSTRUCTION SECTOR**

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Introduction (1)

- **The Bangkok Charter cites health promotion as a process of enabling people to increase control over their health and its determinants, and thereby improving their health**
- **PHP could therefore be deemed an enabler, allowing people to be active participants in their own health status, ultimately placing a curb on ill-health, and increasing the quality of life**
- **A healthy workforce is imperative for economic growth and global competitiveness**
- **Workplace PHP should be a continuous process and continuously improved (Seoke, 2013)**
- **Access to health facilities and inequities in the delivery of health care services, there remains a lack of access to both health care and PHP (Tanser, Gijsbertsen and Herbst, 2006)**

Introduction (2)

- **The aforementioned highlight the relevance of PHP, and the rationale for the study reported on, the objectives being to determine so called ‘better practice H&S’ GCs’ perceptions and practices relative to PHP in the form of the:**
 - **Importance of parameters to respondents’ organisations**
 - **Extent to which workers benefit or would benefit from primary health issues being addressed in the work place**
 - **Frequency at which respondents’ organisations address primary health issues with workers**
 - **Extent to which respondents’ organisations would benefit relative to aspects as a result of primary health aspects being addressed in the work place**
 - **Extent to which respondents’ organisations conduct medical screening that also addresses primary health aspects, and primary health medicals for staff**

Review of the literature (1)

- **The construction sector:**
 - **Construction project performance is generally based on the triangular model of cost, quality, and time rather than including H&S (cidb, 2009; HSE, 2004; Hinze, 2006; Windapo and Oladapo, 2012)**
 - **Construction work is tough, dirty, and hazardous and involves high levels of manual and / or physical activity**
- **The effect of health on work:**
 - **Working life does not begin or end at the entrance to the work, and a range of exposures occur prior to, and post the working day. A worker is exposed enroute to work, in traffic, at home and in the community, to food, other people, parasites, stress and general psychosocial issues prevalent in the area (Snashall and Patel, 2012)**
 - **Not a straightforward matter to determine whether a health problem is as a result from exposure at work**
 - **An effective, comprehensive holistic and multi-sectoral approach is optimum to deliver PHP interventions**

Review of the literature (2)

- PH in the workplace is essential as the health of workers is not only determined by hazards exposed to at work, but social and individual factors too
- Workers that are healthy and safe at work are able to produce more than those who are ailing
- The state of health is not only a result of individual behaviour, but aspects outside of the individuals' control (Williams, 2012; Malecela and Mayige, 2013; Ngowi, 2013; Seoke, 2013)
- Adverse working and employment conditions result in limited possibilities for a balanced lifestyle, and result in chronic non-communicable diseases (NCDs):
 - Largely preventable
 - Depression and other mental health disorders, cardiovascular diseases, cancer, chronic obstructive and other pulmonary diseases
 - Such conditions can be successfully managed and addressed through the workplace

Review of the literature (3)

- **WHO estimates that NCDs cause more than 36 million deaths per annum:**
 - **Cardiovascular diseases account for more than 17 million deaths**
 - **7.6 million deaths from cancers**
 - **1.3 million from diabetes**
- **Individual risk factors such as unhealthy diet, excessive alcohol consumption, smoking and sedentary lives, high blood pressure, obesity, high sugar and cholesterol levels**
- **Travel:**
 - **Employees who travel are exposed to a variety of hazards that may not be present in their home country**
 - **Up to 30% end up being unwell, being confined to bed**
 - **Expatriates are noted to have higher illness rates, including injury, violence and psychological problems**

Review of the literature (4)

- **Aging workers:**
 - Age affects physical, functional, and intellectual capabilities, and deemed a non-modifiable factor, influencing the lives of those who live longer
 - Aspects such as providing alternative tasks or redesigning the workplace are aspects that need to be considered for the older worker (Cisse, 2015)
 - A reduction of 20% in physical work capacity is prevalent between the ages of 40 and 60 years
- **Absenteeism and presenteeism:**
 - Absence from work affects businesses and communities
 - In a large number of industrialised countries, approximately 35-45% of absenteeism from work is attributed to mental health issues or stress
- **Stress:**
 - Psychosocial hazards have become a global phenomenon, but remain largely ignored

Review of the literature (5)

- The WHO estimated approximately 400 million worldwide suffer from mental or neurological disorders, or other problems that are related to smoking, alcohol usage, and drug abuse
- A number of other health outcomes noted as work-related stress include cardiovascular disease, musculoskeletal disorders, and depression
- Up to 40% of labour turnover is deemed to be from stress
- **In developing countries, workers do not have access to health care and continue working to generate income, despite their being ill or disabled**
- **Occupational Health and Primary Health Promotion:**
 - In South Africa, non-occupational diseases and illnesses have a great influence on the well-being and working capacity of the industry
 - Such conditions can further limit the ability to employ such workers seeking work, due to the risk factors of the industry

Review of the literature (6)

- Diseases such as epilepsy restrict a worker from being near moving machinery, driving or working near water or heights
- Colour blindness affects those who need to be able to distinguish colours at work
- Diabetes where not controlled, poor vision, circulation and healing have obvious implications
- **Primary Health Care delivery:**
 - Lower and middle income countries account for 80% of deaths from NCDs
 - The focus on communicable diseases such as HIV and AIDS, Tuberculosis (TB), diarrhoea and upper respiratory infections have attracted attention over the past few years
 - Workplace involvement is noted to include a multi-sectoral approach, using existing workplace screening programmes
 - Provision of PH programmes assist to make health a priority in the individual's value system, and ensure that information is provided on HIV and AIDS, fitness, and lifestyle related issues (Pretorius, 2013)

Research – Sample stratum and method

- **Construction H&S competition award winners at national and regional level**
- **A self-administered questionnaire consisting of primarily closed end five point Likert scale type questions – 4 / 6 non-demographic questions were closed end**
- **16 responses were included in the analysis of the data**
- **Mean scores (MSs), a measure of central tendency, are between 1.00 (lower end) and 5.00 (upper end), 3.00 being the midpoint**

Research – Demographics of respondents

- **43.4 years of age on average**
- **18.8% were female and 81.2% were male**
- **Worked on average 10.5 years for their current employer, and 16.5 years in construction**
- **Qualifications ranged from certificates to diplomas to honours degrees**
- **Disciplines ranged from architecture to construction management to environmental health**
- **Occupations ranged from managing directors, site managers, to H&S Officers**

Research – Findings (1)

Parameter	Response (%)						MS	Rank
	U	Not Very						
		1	2	3	4	5		
Cost	0.0	0.0	0.0	0.0	0.0	100.0	5.00	1
Productivity	0.0	0.0	0.0	0.0	6.3	93.8	4.94	2
Occupational safety	0.0	0.0	0.0	0.0	12.5	87.5	4.88	3
Quality	0.0	0.0	0.0	0.0	12.5	87.5	4.88	4
Time	0.0	0.0	0.0	6.3	0.0	93.8	4.88	5
Occupational health	0.0	0.0	0.0	12.5	6.3	81.3	4.69	6
Health and wellbeing	0.0	0.0	0.0	18.8	0.0	81.3	4.63	7
Environment	0.0	0.0	6.3	6.3	18.8	68.8	4.50	8
Primary health promotion	0.0	0.0	6.3	18.8	25.0	50.0	4.19	9

Table 1: Importance of parameters to respondents' organisations (MS = 1.00 – 5.00).

Research – Findings (2)

Issue	Response (%)						MS	Rank
	U	Minor.....Major						
		1	2	3	4	5		
Alcohol abuse	0.0	6.3	0.0	12.5	18.8	62.5	4.31	1
HIV & AIDS	0.0	6.3	0.0	25.0	12.5	56.3	4.13	2
Drug abuse	0.0	0.0	6.3	31.3	18.8	43.8	4.00	3
High blood pressure (hypertension)	0.0	0.0	12.5	18.8	25.0	43.8	4.00	4
Tuberculosis (TB)	0.0	0.0	12.5	18.8	25.0	43.8	4.00	5
Sexually Transmitted Infections (STIs)	0.0	6.3	6.3	25.0	12.5	50.0	3.94	6
Healthy eating (nutrition)	0.0	6.3	6.3	25.0	25.0	37.5	3.81	7
Stress	0.0	6.3	6.3	37.5	6.3	43.8	3.75	8
Smoking	0.0	0.0	18.8	31.3	12.5	37.5	3.69	9
Cancer	0.0	6.3	6.3	43.8	6.3	37.5	3.63	10
Family violence	0.0	6.3	6.3	43.8	6.3	37.5	3.63	11
Worms, family illnesses e.g. Measles)	0.0	0.0	12.5	43.8	18.8	25.0	3.56	12
Family planning	0.0	6.3	6.3	50.0	6.3	31.3	3.50	13
Sugar diabetes (diabetes)	0.0	6.3	6.3	50.0	6.3	31.3	3.50	14
Controlling weight (obesity)	0.0	6.3	12.5	50.0	6.3	25.0	3.31	15
Epilepsy	0.0	6.3	25.0	37.5	0.0	31.3	3.25	16

Table 2: Extent to which workers benefit or would benefit from primary health issues being addressed in the work place (MS = 1.00 – 5.00).

Research – Findings (3)

Issue	Response (%)						MS	Rank
	Unsure	Annually	Quarterly	Monthly	Fortnightly	Weekly		
Alcohol abuse	0.0	12.5	18.8	31.3	6.3	31.3	3.25	1
Drug abuse	0.0	25.0	18.8	31.3	0.0	25.0	2.81	2
Smoking	12.5	37.5	12.5	12.5	6.3	18.8	2.50	3
HIV & AIDS	0.0	37.5	25.0	31.3	6.3	0.0	2.06	4
High blood pressure (hypertension)	12.5	31.3	31.3	18.8	6.3	0.0	2.00	5
Sexually Transmitted Infections (STIs)	6.3	37.5	25.0	31.3	0.0	0.0	1.93	6
Tuberculosis (TB)	18.8	37.5	12.5	31.3	0.0	0.0	1.92	7
Healthy eating (nutrition)	20.0	40.0	13.3	26.7	0.0	0.0	1.83	8
Family planning	25.0	43.8	12.5	12.5	0.0	6.3	1.83	9
Family violence	25.0	37.5	25.0	12.5	0.0	0.0	1.67	10
Stress	25.0	43.8	12.5	18.8	0.0	0.0	1.67	11
Sugar diabetes (diabetes)	25.0	37.5	31.3	6.3	0.0	0.0	1.58	12
Controlling weight (obesity)	25.0	43.8	25.0	6.3	0.0	0.0	1.50	13
Cancer	18.8	50.0	25.0	6.3	0.0	0.0	1.46	14
Worms, family illnesses e.g. Measles	31.3	50.0	6.3	12.5	0.0	0.0	1.45	15
Epilepsy	37.5	50.0	12.5	0.0	0.0	0.0	1.20	16

Table 3: Frequency at which respondents' organisations address primary health issues with workers (MS = 1.00 – 5.00).

Research – Findings (4)

Aspect	Response (%)						MS	Rank
	U	Minor.....Major						
		1	2	3	4	5		
Improved productivity	0.0	0.0	0.0	6.3	25.0	68.8	4.63	1
Enhanced schedule / time performance	0.0	0.0	0.0	6.3	31.3	62.5	4.56	2
Enhanced quality	0.0	0.0	0.0	6.3	37.5	56.3	4.50	3
Reduced absenteeism	0.0	6.3	0.0	6.3	18.8	68.8	4.44	4
Enhanced general health	0.0	6.3	0.0	6.3	25.0	62.5	4.38	5
Reduced stress levels at work	0.0	6.3	0.0	12.5	25.0	56.3	4.25	6
Prevention of disease	0.0	6.3	0.0	12.5	31.3	50.0	4.19	7
Prevention of injuries	0.0	6.3	6.3	6.3	25.0	56.3	4.19	8

Table 4: Extent to which respondents' organisations would benefit relative to aspects as a result of primary health aspects being addressed in the work place (MS = 1.00 – 5.00).

Research – Findings (5)

Category	Response (%)							
	Medical screening		Primary Health Medicals				Cost	
	No	Yes	No	Half-yearly	Annual -ly	2-Yearly	Free	Cost
Management	18.8	71.2	37.5	0.0	56.3	6.3	88.9	11.1
Supervisors	6.3	93.7	20.0	6.7	66.7	6.7	91.7	8.3
Workers:								
• Skilled	6.3	93.7	20.0	6.7	66.7	6.7	100.0	0.0
• Semi-skilled	6.3	93.7	20.0	6.7	66.7	6.7	100.0	0.0
• General	6.7	93.3	21.4	7.1	64.3	7.1	100.0	0.0

Table 5: Extent to which respondents' organisations conduct medical screening that also addresses primary health aspects, and primary health medicals for staff.

Conclusions (1)

- **PHP is not as important as the eight other parameters referred to in the study:**
 - **Cost, quality, and time are more important despite the respondents' having achieved awards in regional and or national H&S competitions**
 - **The high MSs relative to the parameters occupational safety, occupational health, and health and wellbeing further confirm their commitment to H&S**
 - **Indicates that they are likely to be the more committed contractors in terms of H&S and also in terms of PHP**
 - **The findings are not necessarily representative of the general status in the industry**
- **PHP has an important role to play, particularly with respect to the 'high profile' PHP issues - alcohol abuse, HIV & AIDS, drug abuse, high blood pressure (hypertension), TB, and STIs:**

Conclusions (2)

- Frequency at which respondents' organisations address PH issues with workers does not correlate with the perceived extent to which workers benefit or would benefit from PH issues being addressed in the work place
- The top three issues are alcohol abuse, drug abuse, and smoking - conclude that they are thus due to their occupational safety implications
- The finding that the majority of respondents' organisations conduct primary health medicals for staff, and then at no cost (free), reinforces the conclusion that the respondents are likely to constitute the more committed GCs in terms of PHP
- The finding that respondents do not address PH issues frequently despite the potential benefits - possibly attributable to barriers such as non-availability of training material, a lack of PHP expertise, and other resources

Conclusions (3)

- **PHP, as an ongoing service within the construction sector, would add enormous value to managing the underlying health issues that face workers and their families daily**

Recommendations

- All H&S related research should investigate the issue of PHP
- Future PHP research should address the issue of ‘barriers to PHP’, and investigate the health status of construction workers
- Addressing such health issues could reduce the health risk level of projects in the construction sector, and **increase the wellbeing and sustainability of the sector’s human resources**
- GCs, other contractors, industry associations, clients, project managers, designers, and quantity surveyors should be made aware of the benefits of PHP
- Industry H&S programmes and competitions should be amended to address the various facets of PH due to the relationship with safety and OH

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