

SAFETY AND HEALTH RISK MANAGEMENT IN SELECTED KENYA

TEA DEVELOPMENT AGENCY FACTORIES IN BOMET COUNTY, KENYA

ABSTRACT

Factory workers are faced with myriad of occupational safety and health risks as they carry on their day to day duties in their workstations. These safety and health risks are as a result of exposure to occupational hazards such as noise, organic dust, non-safeguarded or poorly safeguarded machines, poor ergonomics, poor floor conditions and falls, hot surfaces, among others. The objective of this research was to establish the safety and health risk management in Kenya Tea Development Agency Factories in Bomet County. The study used cross sectional analytical research design that allowed data collection at one point in time and involved photography, interviews, observation and measurements (air quality and noise) for data collection. The independent variables were classified under individual and system characteristics. Individual characteristics were the demographic variables while system characteristics were the hardware that make up a tea factory. The intervening variables were the system that make up safety and health management system and administration in the factory. The study was undertaken in Bomet County which has eight KTDA tea processing factories. The target population was employees in Tea Factories managed by KTDA. The study population was 1019 workers in tea factories in Bomet County with a sample size of 317 employees. Simple random sampling gave every worker a chance to be included in the study. The Yamane (1968) sample size determination formula was used in the study since the target population was less than 10,000 people. Authorization was obtained from Kenyatta University Graduate School and ethical clearances sought from Kenyatta University Ethical Review Committee while the research license was obtained from NACOSTI. Access to the KTDA Factories was granted by management through the managing director at the head office. Informed consent was sought from workers before participating in the study. Focus Group Discussion guide, interviewer administered questionnaires, noise meter and particulate counter was used for data collection. Data was summarized using descriptive statistics such as mean, frequencies and percentages. The inferential statistics; chi square and binary logistic regression model was used to test association between variables. Qualitative data was grouped according to emerging themes. Data was presented using charts and tables. The prevalence of occupational hazards in tea factories was 41.3%. The study statistically established that machinery without safeguards was the most prevalent occupational hazard at 40.5%. In the sampled factories and specific sections, Kapkoros Tea Factory and Withering sections recorded higher mean equivalent noise levels (91.4 dBA and 97.3 dBA) above exposure limits (90.0 dBA) stipulated under The Factories and Other Places of Work (Noise Prevention and Control) Rules, 2005 while both PM_{2.5} and PM₁₀ levels in sampled factories were below OEL and generally high at the sorting section (0.34 mg/m³ and 1.035 mg/m³) but within the exposure limits specified under The Factories and Other Places of Work (Hazardous Substances) Rules, 2007. The study established that provision of PPEs, workplace occupational audits, risk assessments, occupational trainings and occupational examination of workers were the mitigation strategies employed by the factories in safety and health risks management. Level of education ($p=0.0001$) and work experience ($p=0.0001$) were statistically significant socio-demographic characteristics and predicted safety and health risks management. The study recommends

the employer to institute tests on the efficiency and adequacy of all safety risk mitigation strategies. The study findings can be used for policy formulation and institutionalize changes when managing OSH risks in Kenyan tea industry.

INTRODUCTION

Physical, chemical, biological agents and unfavorable working environments predispose workers to a chain of occupational hazards and deleterious safety and health risks. Low- and middle-income countries (LMICs) and industrialized high-income countries are faced with serious safety and health risks and work-related injuries and diseases. There has been a drastic drop in chemically related disorders and occupational related injuries but however arise in the cases of psychological hazards, disabilities and other vulnerable cases among workers in industrialized nations that are high income while in countries with low- and middle-income (LMICs) exposure to occupational hazards is still common (Rantanen, 2017).

According to World Health Organization, there was reported 350,000 deaths due to fatal accidents and 200,000 deaths due to work related diseases. 313m get non-fatal accidents (September 2021 WHO). It further reports that long working hours, workplace exposure to particulate matter, asthmaogens, carcinogens, ergonomic risk factors and exposure to noise levels are the risk factors to the diseases and work-related accidents.

A study in 2017 on occupational hazards among tea factory workers of Bahawalnagar in Pakistan illustrated that workers suffered from cough and sneezing (25.4%), headaches (15.9%), tinnitus (15.9%) and heat cramps (4.8%) due to exposure to the following occupational hazards; organic dust, noise and high temperatures respectively. The study further asserts that workers were exposed to unguarded machines and machine parts, chemical and biological agents. It was established from the study that there is a compensation mechanism for workplace injuries but however, no major injury or fatal accident has ever occurred to warrant compensation (Rafique *et al*, 2017)

In a generalized study on the factors contributing to occupational injuries among workers

in manufacturing sector in Africa, casual workers and those workers who do not receive the requisite safety training had higher odds in incurring workplace injuries. This is because casual workers rarely benefit from occupational trainings since most of the employers regard this as a costly affair because of their on and off nature of work. The study aimed to identify the contributing factors to occupational injuries at the regional level (Debelo *et al*, 2022)

Kenya has about 71 professional government occupational safety and health officers and faced with an estimated 140, 000 workplaces. About 2.9% workplaces are annually inspected (ILO 2013). According to the 2019 Kenya Population and Housing Census, Kenya has 47.5M people with 18 M being the working population both in formal and informal sector. Owing to the number of workplaces, the DOSHS officers are unable to inspect all workplaces in order to check the implementation of the safety and health programs leaving a lot of workers exposed to occupational hazards. According to Vision 2030, Kenya seeks to achieve sustainable development in a clean and secure environment which is only achievable by having in place a health workforce.

Tea growing in Kenya is classified as the largest employer in the private sector that employs over eighty thousand workers in tea estates and about three million people depending directly or indirectly for their livelihoods. Apart from horticulture and tourism sector, tea crop as a cash crop is one of the main country's foreign exchange earners. Black tea is a major produced grade, however, green, yellow and white tea are produced according to the market order. Tea is picked from the farms and delivered to the factory for processing. At the factories, the main operation is tea processing with sections such as production sections (floor), stores, workshops, weigh bridges, plants and equipment such as air receivers and boilers, kitchen, quality control room, sanitary conveniences and administrative office where potential occupational safety and health (OSH) aspects and impacts are found (Kimeto, 2016).

Like in any other employment sector, programs on occupational safety of employees in workplaces are developed. However, little or no implementation of these programs hence workers in the tea factories are exposed to OSH risks in their daily routines. Non-safeguarded moving parts of machines, chemical exposure, exposure to biological agents and poor working conditions like extremes of temperatures and poor hygiene are the main safety and health hazards in the tea processing sector (Dey *et al.*, 2012).

The workers will continue being injured if they are not checked, monitored or supervised which in turn deprives the tea sector as well as the country of a healthy workforce which is an important element for sustainable economic growth. The study therefore sought to determine the extent of safety and health risk management in KTDA tea Factories within Bomet County in Kenya.

Statement of the problem

Tea manufacturing involves withering, cutting, fermentation, drying, sorting, packing, dispatch, routine machine maintenance and cleaning activities. In the process, workers are exposed to safety and health hazards which include; exposure to high noise levels from sources such as packing machines, vibro screens in the sorting sections and running vans of the withering sections; exposure to inhalable and respirable tea dust at the drying, sorting and packing sections; physical injuries such as cuts from non-safeguarded machines, exposure to vibrations from the packer machines, exposure to hot surfaces such as steam line system, electrical hazards from faulty industrial electrical equipment and inappropriate electrical cabling; fire hazards, poor floor conditions, standing for long hours and repetitive work activities. Manual Material Handling from wood billeting activities, boiler operations, loading and offloading of trucks is also evident in these factories. Exposure to these occupational hazards results in musculoskeletal injuries, respiratory defects, hearing impairments, fatigue, fatal and non-fatal injuries. In 2019, Work Injury Evaluation Clinic awarded an employee of Mogogosi Tea Factory Company Limited in Kono sub-county of Bomet County a compensation

of 1.5M. The employee was attending to broken down elevator conveyor when an electrical shock and a subsequent fall from height occurred. A case which was also reported to Directorate of Occupational Safety and Health Services. Additionally, according to Rotich(2020), exposure to noise, ergonomic risks and exposure to dust are most prevalent occupational risks in KTDA tea factories in Bomet County. This necessitated the need to determine safety and health risks management in order to close the gaps existing in safety and health risk management system.

MATERIALS AND METHODS

The study used a cross sectional analytical research design to analyze safety and health risks management in selected KTDA Factories in Bomet County that also allowed collection of data at one point in time. It was an interactive analytical cross-sectional study that involved photography, interviewing and observation for data collection. Focus Group Discussion guide, interviewer administered questionnaires, noise meter and particulate counter was used for data collection. Data was summarized using descriptive statistics such as mean, frequencies and percentages. The inferential statistics; chi square and binary logistic regression model was used to test association between variables. Qualitative data was grouped according to emerging themes. Data was presented using charts and tables.

FINDINGS

Prevalence of occupational hazards at the Factories

The overall prevalence of occupational hazards at the factories was 41.3% with 131 respondents experiencing injuries in the last one year. Unguarded machines and machine parts was the most prevalent (40.5%, n=53) occupational hazard in the factory. Repetitive task was prevalent occupational hazard at 14.5%, carrying heavy load at 13.7%, non-insulated electrical

conductors at 12.2%, hot surfaces at 6.9%, unprotected work at height being prevalent at 4.6%, slippery floor at 3.8%, excessive noise and falling objects were prevalent occupational hazards in the tea factories at 2.3% and 1.5% respectively. From the focus group discussion, when asked about the most prevalent occupational hazards, it emerged that cut injuries and exposure to high levels of noise were common safety and health risks at the factory.

‘‘We are often exposed to high levels of noise and open machine parts such like machine chains and sprockets. High noise levels is mostly from Withering and Driers area’’ - FDG 2

Table 1: Prevalence of occupational hazards

Variables		Have you been injured while at work (Yes n=131)	
		Frequency	Percentage%
Cause of the injury	Unguarded machine	53	40.5%
	Repetitive task	19	14.5%
	Carrying heavy load	18	13.7%
	Non-insulated electrical conductors	16	12.2%
	Hot Surfaces	9	6.9%
	Unprotected work at height	6	4.6%
	Slippery Floor	5	3.8%
	Excessive noise	3	2.3%
	Falling objects	2	1.5%

Exposure to Dust and Noise at the Factory

Dust and noise were measured in the factories. Four out of eight tea factories under KTDA register in Bomet County were randomly picked for the measurements.

Dust Exposure Levels

Measuring of dust was done to ascertain safety risk to particulate matter. The concentration of PM₁₀ (inhalable dust) and PM_{2.5} (respirable dust) were measured and then subjected to the provisions under Hazardous Substances Rules, Legal Notice No. 60 of 2007 and other international specifications. Buccal analysis is to determine the concentration of the inhaled

particles within the respiratory tract of the individual workers was not undertaken. The table below illustrates occupational exposure limits for both respirable and inhalable dust.

Dust measurement was done using calibrated Osiris Air monitoring equipment. The particulate counter was set at 8 hours interval and then mounted randomly in sections of the Factory and within the breathing zone (0.3m radius). The measured average of dust concentration at each section was then recorded as displayed on the screen of the particulate counter (Table 2). The particulate counter's flow rate was 5 liters per minute.

Dust level results

Table 2. Dust Level Parameters, (mg/m³)								
Units	Mogogosiek Tea Factory (mg/m³)		Kapkoros Tea Factory (mg/m³)		Tirgaga Tea Factory (mg/m³)		Kobel Tea Factory (mg/m³)	
Sample dPoints	PM_{2.5} (mg/m³)	PM₁₀ (mg/m³)	PM_{2.5} (mg/m³)	PM₁₀ (mg/m³)	PM_{2.5} (mg/m³)	PM₁₀ (mg/m³)	PM_{2.5} (mg/m³)	PM₁₀ (mg/m³)
Sorting	0.004	0.659	6.370	0.186	0.069	2.768	0.113	5.094
Drying	0.067	1.045	0.169	0.927	0.142	2.219	0.075	0.858
CTC	0.093	1.232	0.032	0.283	0.106	0.146	0.006	0.099
CFU	0.035	0.194	0.067	0.112	0.132	0.261	0.043	0.135
Packing	0.098	0.265	0.278	1.479	0.036	0.273	0.141	5.776
Wood Billeting	0.071	0.193	0.065	0.137	0.139	0.319	0.026	0.178
Mean Dust Levels in each Factory	0.0613	0.598	1.164	0.521	0.104	0.997	0.067	2.023

It was established that the sorting area of the factories has both high respirable and inhalable dust with recorded 1.6 mg/m³ and 2.2 mg/m³ respectively. CTC section recorded the lowest respirable dust at 0.1 mg/m³ while CFU recorded the lowest inhalable dust at 0.2 mg/m³. Among the groups, Kobel Tea Factory recorded highest PM₁₀ at 2.023 mg/m³ while Kapkoros Tea Factory recorded the lowest PM₁₀ at 0.521 mg/m³. Respirable dust (PM_{2.5}) were high in Kapkoros Tea Factory (1.164 mg/m³) while Mogogosiek Tea Factory recorded the lowest PM_{2.5} (0.0613 mg/m³). From the dust measurements, both PM_{2.5} and PM₁₀ in the factories were

within the daily exposure limits set out in The Factories and other Places of Work (Hazardous Substances) Rules of 2007. The levels were however above the East African Air Quality Specifications, American Conference of Governmental Industrial Hygienists (ACGIH) guidelines and above WHO Air Quality Guidelines.

Noise Exposure Levels at the Factory

Industrial noise was measured to determine exposure to noise levels in different sections of the factory. During the study, the randomly selected sections of the factories were fully operational. Noise measurement was done at a height of 1.5 meters from the ground and 1 meter away from the façade of the noise source near the operator's consoles using a calibrated Cirrus Noise Meter (Table 5). The setting was meant to reduce the impact residual sound from non-relevant sources of sound. The measured noise levels were compared to the Occupational Exposure Limits as outlined in the Factories and Other Places of Work (Noise Prevention and Control) Rules, 2005. The measured noise levels determine the potential health risks to employees in terms of Noise Induced Hearing Loss (NIHL). Noise measurement was done by mounting the noise meter and setting it into 15 minutes duration then recorded the results (Table 4). The 15-minute measurement interval allowed stabilization of the sound pressure and improved the accuracy.

Noise parameters in Factories and their Mean

Table 3. Noise parameters of the factories, dBA

Units	Mogogosiek Tea Factory			Kobel Tea Factory			Kapkoros Tea Factory			Tirgaga Tea Factory		
Sampled Points	Lmin	Lmax	Leq	Lmin	Lmax	Leq	Lmin	Lmax	Leq	Lmin	Lmax	Leq
Withering	94.2	102.9	96.2	93.5	95.2	94.7	97.7	99.0	98.4	98.9	100.8	100.0
CTC	87.3	89.2	88.3	85.8	87.4	86.4	88.8	90.0	89.7	85.3	87.3	85.9
CFU	85.2	87.5	85.9	81.8	85.2	82.6	84.7	85.8	85.1	87.1	88.1	87.5
Drying	87.1	92.0	88.4	82.0	85.8	82.7	90.2	91.3	90.7	87.5	88.4	87.8
Sorting	86.3	91.3	87.3	85.7	89.1	86.8	88.3	90.6	89.5	84.5	86.3	85.0
Packing	82.1	94.5	84.5	81.9	93.4	91.7	86.8	97.1	92.2	86.3	90.4	88.5
Workshop	74.1	100.0	92.6	75.4	80.4	77.2	84.8	97.3	90.3	71.3	88.6	79.0
Boiler	74.2	85.1	77.1	73.3	82.0	80.9	82.9	83.3	83.1	81.5	87.4	82.2
Generator	99.6	101.1	100.4	100.1	100.9	100.5	102.1	103.9	103.5	88.4	104.1	101.6
Mean Noise Levels	85.6	93.7	88.9	84.4	88.8	87.1	89.6	93.1	91.4	85.6	91.3	88.6

Table 4. Daily noise exposure time

Working Section	Daily Working Time in hours	Resting (Tea/Lunch Breaks) in hours
Withering	6.5	1.5
CTC	6.5	1.5
CFU	6.5	1.5
Drying	6.5	1.5
Sorting	6.5	1.5
Packing	6.5	1.5
Workshop	6.5	1.5
Boiler	6.5	1.5
Generator	0.5	1.5
Mean	5.8	1.5

Equivalent continuous sound pressure level (Leq) in factories ranged from 80.8-101.5 dBA. The study ascertained that when the Leq, Lmax and Lmin values in the factories were examined, it was evident that the values and exposures in the factories are close. The daily exposure levels ranged from 85.3-97.3 dBA. The withering section recorded the mean equivalent continuous sound pressure level (Leq)

as 97.3 dB A the highest among the other

UNDER PEER REVIEW

production sections. At the auxiliary sections, the generator room while running recorded the highest while the boiler section recorded the lowest equivalent continuous sound pressure level at 101.5 dBA and 80.8 dBA respectively. Among the factory units, Kapkoros Tea Factory recorded mean equivalent noise levels above the OEL (91.4 dBA) stipulated under The Factories and Other Places of Work (Noise Prevention and Control) Rules, 2005. This is because during the study, most of the machines had worn-out bushes that needed maintenance. The noise levels for the other sampled factories were below OEL provided under The Factories and Other Places of Work (Noise Prevention and Control) Rules, 2005 except at the withering section. Audiometric results from secondary data illustrated normal audiometry. The tests have been done by a designated health practitioner as required under Rule 4 (1) of The Factories and Other Places of Work (Medical Examination) Rules, 2005.

Mitigation Strategies for Safety and Health Risks

Occupational medical examinations, provision of personal protective equipment (PPEs), safety and health risk assessments, internal safety inspections and industrial trainings were the strategies used by the factory to reduce safety and health risks exposure at workplace. The study established that 269 (84.9%) respondents had undergone occupational medical examinations and 317 (100%) had been provided with different types of personal protective equipment. Additionally, 317 (100%) of the participants indicated that safety and health inspections are undertaken in their workstations while 317 (100%) indicated that the factory undertakes internal safety inspections.

Factors Associated with Management of Safety and Health Risks

The management of safety and health risks at the factory was measured by the frequency of occupational injuries and occupational deaths at the workplace. Chi-square statistic and binary

logistic regression analysis were used to test the association between work experience and management of injuries at the factory.

Table 5. Factors Associated with Management of Safety and Health Risks

Variable	Category	Injuredatwork			Chi-square	PValue
		Yes	No	Total		
Age	25-29Years	48	44	92	6.169	0.187
	30-34Years	75	38	113		
	35-39Years	36	26	62		
	40-44Years	15	17	32		
	Above44 Years	12	6	18		
Gender	Male	124	96	220	1.482	0.224
	Female	62	35	97		
MaritalStatus	Single	75	56	131	2.897	0.235
	Married	103	74	177		
	Widowed	8	1	9		
Level of EducationCompleted	Non-formaleducation	6	7	13	21.462	0.0001
	Primaryschool	7	21	28		
	SecondarySchool	71	51	122		
	MiddleLevelCollege	86	51	137		
	Bachelor'sDegree	16	1	17		
WorkingStation	Workshop	24	20	44	36.397	0.0001
	GreenleafOffloading	5	18	23		
	FactoryFloor	71	43	114		
	Woodfuelsheds	21	16	37		
	Boiler	48	8	56		
	GeneralHousekeeping	48	8	56		
	Auto-garage	8	6	14		
WorkExperience	Lessthan 1year	1	6	7	33.739	0.0001
	1year	4	19	23		
	2-3 years	68	51	119		
	4-5 years	48	41	79		
	Over5years	64	15	79		

Chi-Square Test

The study established that there was no significant relationship between age and management of safety and health risks at the factory ($p=0.187$), there was no significant relationship between gender and management of safety and health risks at the factory ($p=0.224$) and no significant association between marital status of the respondents and management of safety and health risks ($p=0.235$) as the P values were greater than 0.05.

Chi-Square analysis further found that the association between the respondent's level of education and management of safety and health risks was statistically significant at ($p=0.0001$), working station and management of safety and health risks being statistically significant at ($p=0.0001$) and the association between work experience and management of safety and health risks was statistically significant at ($p=0.0001$) as the P values were less than 0.05.

Bivariate Analysis

The level of education was significantly associated ($p=0.001$) with the management of safety and health risks with an odds ratio of 0.532 and a significant association ($p=0.001$) between respondent's work experience and management of safety and health risks with an odds ratio of

0.507. The analysis also established that there was no significant association ($p=0.238$) between respondent's workstation and management of safety and health risks at multivariate. Table 6.

Bivariate Analysis across demographic characteristics

Variable	Injured at work			
	Odds Ratio	Confidence Interval at 95%		P value
		Lower	Upper	
Level of education	0.532	0.390	0.725	0.001
Working Station	0.899	0.764	1.058	0.238
Work experience	0.507	0.383	0.672	0.001

Multivariate Analysis

At multivariate analysis, the study also established that the level of education was significantly associated with the management of safety and health risks at the factory ($p=0.001$) with an adjusted odds ratio of 0.502. Management of safety and health risks at the factory was significantly associated with work experience at ($p=0.001$) with an adjusted odds ratio of 0.498.

Table 7. Association at multivariate analysis

Variable	Injured at work			
	AOR	95% CI		P value
		Lower	Upper	
Level of education	0.502	0.407	0.712	0.001
Work experience	0.498	0.376	0.659	0.001

Key: AOR-Adjusted Odds Ratio, CI-Confidence Interval

Note: P values were calculated using the logistic regression model. P is significant if <0.05 .

CONCLUSION

The research concludes that the safety and health risks management at KTDA tea factories in Bomet County was fair and that;

5.3.1 Conclusion one on specific objective one

Unguarded machinery and machine parts was the most prevalent occupational hazard in the factory. Most of the Occupational injuries were as a result of exposed moving parts of machines.

5.3.2 Conclusion two on specific objective two

Based on the findings, it was established that routine occupational medical tests, provision of personal protective gears, scheduled occupational risks assessments, safety inspections and industrial trainings were the mitigation measures adopted by the factories to reduce safety and health risks exposure.

5.3.3 Conclusion three on specific objective three

The level of education and work experience are predictors of safety and health risk management at the factory.

5.4 Recommendations

Based on the findings of this research, the following recommendations are made:

5.4.1 Recommendation one on specific objective one

Having noted unguarded machine and machine parts as the most prevalent occupational hazard in the factory, it is recommended the factory management develop inventory of all machines at the factory. The management should then come up with a scheduled on routine integrity and functionality checks on the safeguards to minimize injuries. Monitoring and evaluation of performance of occupational trainings, safety health risk inspections and risks assessment should also be done.

5.4.2 Recommendation two on specific objective two

Having highlighted provision of occupational medical tests, personal protective gears, safety and health risk assessments and inspections and occupational trainings were the mitigation measures employed by the factories to reduce safety and health risk exposure, the management advised to evaluate the effectiveness of these interventions

5.4.3 Recommendation three on specific objective three

With the research identifying level of education and work experience as predictors to the safety and health risks management at the factories, the research recommends that assignments of duties and workstation at the factories should be done after a thorough job safety analysis has been done and assignment given to workers based on their levels of education and work experience

5.5 Recommendations for further research

- The effectiveness of the mitigation strategies on safety and health risks in KTDA tea factories
- Occupational Safety and Health Risks perception among workers in tea manufacturing factories in Kenya
- Prevalence of musculoskeletal disorders and associated risk factors among workers in KTDA tea factories

REFERENCES

- Alamneh, Y.M., Wondifraw, A.Z., Negesse, A. *et al.* The prevalence of occupational injury and its associated factors in Ethiopia: a systematic review and meta-analysis. *J Occup Med Toxicol* **15**, 14 (2020).
- Arnold SM, Wickrematilake MSK, Fernando RMSD, Sampath HMRC, Karunapema RPP, Mahesh PKB, Munasinghe PM, Denawaka CJ. Occupational hazards in medium and large scale industrial sectors in Sri Lanka: experience of a developing country.
- Asady H, Yaseri M, Hosseini M, Zarif-Yeganeh M, Yousefifard M, Haghshenas M, Hajizadeh-Moghadam P. Risk factors of fatal occupational accidents in Iran.
- Bade, Zakarie Abdi. (2022). Re: How to determine the sample number for pretesting the survey questionnaire
- Bomet County Integrated Development Plan 2023-2027
- Chandrasekara UHS, Warnakulasuriya SSP, Kisokanth G. Prevalence of musculoskeletal pain and environmental health hazards among tea pluckers of Maddekanda tea estate in Balangoda Pradeshiya Saba Division, Sri Lanka. *J Public Health Res.* 2020 Nov 2; 9(4):1796. doi:10.4081/jphr.2020.1796. PMID: 33209859; PMCID: PMC7649673.
- Cicek, Giyasettin & Sümer, Sarp. (2021) on Noise Exposure Levels in Black Tea Factories and Its Effects on Employees in Turkey
- Debela, M.B., Azage, M., Begosaw, A.M. *et al.* Factors contributing to occupational injuries among workers in the construction, manufacturing, and mining industries in Africa: a systematic review and meta-analysis. *J Public Health Pol* **43**, 487–502 (2022).

Dita, M., Atmojo, T. B., Sari, Y., & Susilawati, T. N. (2019). The Correlation Between Knowledge About Occupational Accidents and Safe Work Behaviors Among Employees at the Production Division of PTX Indonesia. *KnE Life Sciences*, 4(12), 123–131.

Factories and Other Places of Work (Safety and health committee) Rules, 2004

Horie, Seichi. (2010). Occupational Health Policies on Risk Assessment in Japan. Safety and health at work.

ILO (2001) Guidelines on occupational safety and health management systems, ILO-OSH 2001. vol ILO-OSH 2001. International Labor Office (ILO), Geneva

Iqbal, Mohammad & Karim, M.A. & Misbah, Syed & Ahmed, Imtiaz & Akhter, Salma & Shamsuzzoha, Ahm. (2016). Study of occupational health hazards of selected tea gardens in Bangladesh.

Joseph B, Minj C. Risk rating in the tea planting industry: The employees' opinion.

Krejcie and Morgan (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*, 30 (3), 607-610.

KTDASafety, Health and Environment Policy

Moitra S, Thapa P, Das P, Das J, Debnath S, Singh M, Datta A, Sen S, Moitra S. Respiratory Morbidity among Indian Tea Industry Workers.

NIOSH [2016]. NIOSH criteria for a recommended standard: occupational exposure to heat and hot environments. By Jacklitsch B, Williams WJ, Musolin K, Coca A, Kim J-

H, Turner N. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication 2016-106.

Nyakang'o JB (2005) Status of Occupational Health and Safety in Kenya Workshop on
thePAGE 114

Soheilifard, Farshad & Rahbar, Amir &Marzban, Afshin. (2017). Ergonomic investigation
ofworkers in tea factories using REBA and OWAS methods-case study: (Langroud
region,Guilan, Iran).AgriculturalEngineeringInternational: TheCIGR e-journal.19.

OccupationalSafetyandHealthAct2007-thegovernmentprinterNairobi.

OccupationalSafetyandHealthService(1991)oftheDepartmentofLabour,Wellington,NewZeala
nd

OliveMMugendaandAbelGMugenda(1999)Researchmethods.Quantitativeandqualitativeappro
aches.African Centrefortechnologystudies. Nairobi

Olowogbon, T.S.; Babatunde, R.O.; Asiedu, E.; Yoder, A.M. Prevalence and Exposure
toErgonomicRiskFactorsamongCropFarmersinNigeria.Appl.Sci.2021,11,11989.(OHSMS) in
Universities' Context and Possibilities for its Implementation: A case study ofUniversityof
Gavle.,UniversityofGavle

Phiri, YohaneV.A.. (2012). KNOWLEDGE, ATTITUDES AND PRACTICES
TOWARDSOCCUPATIONALHEALTHANDSAFETYAMONGTEAPLUCKERS:AcaseStu
dyof
EasternProduceMalawi-EsperanzaEstateinMulanje.

Pilusa, Mogale &Mogotlane, Sophie. (2018). Worker knowledge of occupational
legislationandrelated health and safetybenefits.

ReportoftheOccupational SafetyandHealth RiskAssessment.Nairobi, Kenya:MsOH.

Shewiyo, Brenda & Mwanga, Hussein & Mrema, Ezra & Mamuya, Simon. (2021). Work-Related Injuries Reported to Workers Compensation Fund in Tanzania from 2016 to 2019. *International Journal of Environmental Research and Public Health*.

Shieh TS, Chung JJ, Wang CJ, Tsai PJ, Kuo YC, Guo HR. Pulmonary function, respiratory symptoms, and dust exposures among workers engaged in early manufacturing processes of tea: a cohort study.

Soheili-

Fard, F., A. Rahbar, and A. Marzban. 2017. Ergonomic investigation of workers in tea factories using REBA and OWAS methods – case study: (Langroud region, Guilan, Iran). *Agricultural Engineering International: CIGR Journal*, 19(3): 112–119

Rotich, K.K. (2020). Occupational Risks and Their Potential Impact on Employees' Health in Kenya Tea Development Agency's Managed Factories. University of Nairobi,

WHO (2010a) Global strategy on occupational health for all: The way to health at work. In: site OHW (ed)) A proposed Global Strategy on Occupational Health for All, vol 2010. WHO

WHO (2010b) Health worker occupational health. In: WHO (ed) Occupational Health-Health workers, vol 2012. WHO, Geneva

Yilmaz, F. and Alp, S. (2016) Underlying Factors of Occupational Accidents: The Case of Turkey. *Open Journal of Safety Science and Technology*,

Zewdie Aderaw, Dagnew Engdaw, Takele Tadesse, "Determinants of Occupational Injury: A Case Control Study among Textile Factory Workers in Amhara Regional State, Ethiopia", *Journal of Tropical Medicine*, vol. 2011, Article ID 657275, 8 pages, 2011.