SAFETY AND HEALTH RISK MANAGEMENT IN SELECTED KENYA

TEADEVELOPMENTAGENCYFACTORIES INBOMETCOUNTY, KENYA

ABSTRACT

Factoryworkersarefacedwithmyriadofoccupationalsafetyand healthrisksastheycarryontheir day to day duties in their workstations. These safety and health risks are as a result ofexposure to occupational hazards such as noise, organic dust, non-safeguarded or poorlysafeguarded machines, poor ergonomics, poor floor conditions and falls, hot surfaces, amongothers. The objective of this research was to establish the safety and health risk managementinKenyaTeaDevelopmentAgencyFactoriesinBometCounty.Thestudyusedcrossse ctionalanalytical research design that allowed data collection at one point in time and involvedphotography, interviews, observation and measurements (airquality and noise) for data coll ection. The independent variables were classified under individual and system characteristics. Indivi dualcharacteristicswerethedemographicvariableswhilesystemcharacteristics hardware that make up a tea factory. The intervening variables werethe system that make up safety and health management system and administration in thefactory. The study was undertaken Bomet County which has eight processing factories. The target population was employees in Tea Factories managed by KTDA. Thes tudypopulation was 1019 workers in tea factories in Bomet County with a sample size of 317employees. 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 targetpopulationwaslessthan 10,000 people. Authorizationwas obtained from Kenyatta University GraduateSchoolandethicalclearancesoughtfromKenyattaUniversity EthicalReviewCommittee while the research license was obtained from NACOSTI. Access to the KTDAFactories was granted by management through the managing director at the head office. Informed consent sought was from workers before participating the studv. Focus Group Discussion guide, interviewer administered question naires, noise meter and particulate count erwas used for data collection. Data was summarized using descriptive statistics such as mean, frequencies and percentages. The inferential statistics; chisquare and binary logistic regression model was used to test association between variables. Qualitative data was grouped according to emerging themes. Datawas presented using charts and tables. The prevalence of occupation onalhazardsinteafactorieswas41.3%. The study statistically established that machinery without prevalent occupational most the sampled factories and specific sections, Kapkoros Tea Factory and Withering sections recorded hi ghermeanequivalentnoiselevels(91.4dBAand97.3dBA)aboveexposurelimits(90.0dBA)stipulat edunderTheFactoriesandOtherPlacesofWork(NoisePreventionandControl)Rules,2005 both PM_{2.5}and PM₁₀ levels in sampled factories were below OEL and generally high at the sorting section (0.34mg/m3 and 1.035 mg/m3) but within the exposure limits specified under **Factories** Other Places of Work (Hazardous Substances) 2007. The studyestablished that provision of PPEs, work place occupational audits, risks assessments ,occupationaltrainingsandoccupationalexaminationofworkerswerethemitigationstrategiesempl oyedbythefactoriesinsafetyandhealthrisksmanagement.Levelofeducation(p=0.0001) and work experience (p=0.0001) were statistically significant socio-demographic characteristics and predicted safety and health risks management. The study

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 whenmanagingOSH risks in Kenyan teaindustry.

Key words: Organic dust, Poor ergonomics, Disease, Health Risk

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 middleincome countries (LMICs) and industrialized high-income countries withserioussafetyandhealthrisksandwork-related injuries and diseases. There hasbeenadrasticdropinchemicallyrelateddisordersandoccupationalrelatedinjuriesbuthoweverar iseinthecases of psychological hazards, disabilities and other vulnerable cases among workers inindustrialized nations that are high income while in countries with low-and middleincome(LMICs)exposureto occupationalhazards isstillcommon(Rantanen, 2017).

According to World Health Organization, there was reported 350,000 deaths due to fatalaccidents and 2000000 deaths due to work related diseases313m get non-fatal accidents(September 2021 WHO). It further reports that long working hours, workplace exposure toparticulate matter, asthmagens, carcinogens, ergonomic risk factors and exposure to noiselevelsaretherisk factorsto thediseasesand work-relatedaccidents.

A study in 2017on occupational hazards among tea factory workers of Bahawalnagar inPakistanillustratedthatworkerssufferedfromcoughandsneezing(25.4%),headaches(15.9%),ti nnitus(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 andbiological agents. It was established from the study that there is a compensation mechanism or workplace injuries but however, no major injury or fatal accident has ever occurred towarrantcompensation (Rafique et al, 2017)

In a generalized study on the factors contributing to occupational injuries among workers inmanufacturingsectorinAfrica,casualworkersandthoseworkerswhodonotreceivethe requisitesafetytraininghadhigheroddsinincurringworkplaceinjuries. Thisisbecausecasualworker srarelybenefitinoccupationaltrainingsincemostoftheemployersregardthisascostlyaffairbecause of theiron andoffnatureof work. The studyaimed identify the contributing factors to occupational injuries at the regional level (Debela et al, 2022)

Kenyahasabout71professionalgovernmentoccupationalsafetyandhealthofficersandfacedwith an estimated 140, 000 workplaces. About 2.9% workplaces are annually inspected (ILO2013).Accordingtothe2019KenyaPopulationandHousingCensus,Kenyahas47.5Mpeoplew ith 18 M being the working population both in formal and informal sector. Owing to thenumberofworkplaces,theDOSHSofficersareunableinspectallworkplacesinordertocheckthe implementation of the safety and health programs leaving a lot of workers exposed tooccupationalhazards.AccordingtoVision2030,Kenyaseekstoachievesustainabledevelopment in a clean and secure environment which is only achievable by having in place ahealthworkforce.

Tea growing in Kenya is classified as the largest employer in the private sector that employover eighty thousand workers in tea estates and about three million people depending directlyorindirectlyfortheirlivelihoods. Apartfromhorticultureand tourisms ector, teacropasa 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. Teais picked from the farms and delivered to the factory for processing. At the factories,

mainoperationisteaprocessingwithsectionssuchasproductionsections(floor), stores, workshops, weighbridges, plants and equipment such as air receivers and boilers, kitchen, quality controlroom, sanitary conveniences and administrative of fice where potential occupationals a fety an

dhealth(OSH)aspects and impacts are found (Kimeto, 2016).

Like in any other employment sector, programs on occupational safety of employees inworkplaces are developed. However, little or no implementation of these programs henceworkers in the tea factories are exposed to OSH risks in their daily routines. Non-safeguardedmovingpartsofmachines, chemical exposure, exposure to biological agents and poor working conditions like extremes of temperatures and poor hygiene are the main safety and healthhazards in the teaprocessing sector (Deyet al., 2012).

Theworkerswillcontinuebeinginjurediftheyarenotchecked,monitoredorsupervisedwhichin turn deprives the tea sector as well as the country of a healthy workforce which is animportant element for sustainable economic growth. The study therefore sought to determine extent of safety and health risk management in KTDA tea Factories within Bomet CountyinKenya.

Statementoftheproblem

Teamanufacturinginvolveswithering, cutting, fermentation, drying, sorting, packing, dispatch, machine maintenance and cleaning activities. In the process, routine areexposedtosafetyandhealthhazardswhichinclude;exposuretohighnoiselevelsfromsourcessuc h 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 andpacking sections; physical injuries such as cuts from non-safeguarded machines, exposure tovibrations from the packer machines, exposure to hot surfaces such system, electrical hazards from faulty industrial electrical equipment and in appropriate electrical cab ling; fire hazards, poor floor conditions, standing for long hours and repetitive workactivities. Manual Material Handling from wood billeting activities, boiler operations, loadingand offloading of trucks is also evident in these factories. Exposure to these occupationalhazards results musculoskeletal injuries, respiratory defects, hearing impairments, fatigue, fatalandnon-fatalinjuries. In 2019, Work Injury Evaluation Clinica warded an employee of

MogogosiekTeaFactoryCompanyLimitedinKonoinsub-countyofBometCountyacompensation of 1.5M. The employee was attending to broken down elevator conveyor whenanelectricalshockandasubsequentfallfromheightoccurred. Acasewhich 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 occupation al 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 risks management system.

MATERIALSANDMETHODS

Research Design

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.

Target Population

The target population was the workers in KTDA managed Tea Factories in Kenya.

Study Population

The study population was workers in eight (8) KTDA managed tea factories in Bomet County undertaking tea processing activities which consisted of 1019 workers. The management of Kenya Tea Development Agency Limited confirmed the number of workers as the current population.

Sampling Techniques

All the eight KTDA tea factories were selected for the study as shown in table Table1-3. Every worker stood an equal opportunity of being included in the research which was achieved using simple random sampling technique. There were three categories of respondents; respondents in the factory floor (Leaf reception, Withering, CTC, Drying, Packing and Dispatch), respondents in auxiliary sections (Boiler, firewood billeting and storage section and workshops) and workers undertaking routine cleaning and maintenance activities. A full list of all workers in each category was obtained, respondents were then randomly picked from the list for interviews. Purposive sampling technique was applied in determining the sections to measure dust and noise levels.

Sample size determination

Since the target population is less than 10,000 people, the Yamane (1968) sample size determination formula was applied,

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

Where:

n=the desired sample size

N=The study population in the 8 KTDA tea factories in Bomet County which was 1019

e= the margin of error

Calculation;

$$n = \frac{1019}{1 + 1019(0.05^2)}$$

$$n = 288$$

Non response rate of 10% was added to get a sample size of 317

Sample size

The sample size consisted 317 employees in KTDA tea factories in Bomet County which was proportionately distributed to the number of workers in each of the eight (8) tea factories.

Data collection techniques

Both secondary and primary data was collected for this study. Secondary data was obtained from the factory. The primary data sources were the responses from the questionnaires, photographs taken and observation checklists. Data was collected through administration of questionnaires by trained research assistant. Before administration, the respondents were taken through the consent form and once they agreed, they consented by signing. Questionnaires were administered to respondents who met inclusion criteria. Four (4) Focus Group Discussions were conducted each consisting of 10 participants. Participants were taken through the discussions using FGD Guide. Each discussion took 40-60 minutes.

Data collection tools

The study used Noise Meter and Particulate Counter, structured questionnaires, observation

checklist, Focus Group Discussion guide and Workplace Risk Assessment and Control (WRAC) technique for data collection during the study.

Noise Meter

Noise levels sampling was done using a calibrated Cirrus Research Noise Meter serial number: G300618, CR: 162and Open Field Microphone serial number; 413564B. The sound level meter was calibrated by Kenya Bureau of Standards Laboratory Procedure MET/15/CP/02 on 22nd September 2022 and with calibration certificate number: BS/MET/19/15/3/10/02. Noise sampling was done at a height of 1.5 meters from the ground and 1-meter way from the source. The run time was averagely 15 minutes per sampling point with 9 points being sampled. According to Safe Work Australia Code of Practice on Managing Noise and Preventing Hearing Loss developed in 2018, noise level measurement should be taken over a period of time that will give representative of the noise produce when working or performing a task.

Noise level sampling was done at the processing and at the auxiliary sections and measured against Occupational Exposure Limits provided under The Factories and Other Places of Work (Noise Prevention and Control) Rules, Legal Notice number 25 of 2005. The unit of measurement was decibels (dBA).

Particulate Counter

Particulate Matter (dust) sampling was done using calibrated Osiris dust monitor serial number: TNO4400. The dust monitor has been calibrated and issued with calibration certificate number: 17216. The device is able to counter and measure airborne particles which include PM_{10} , $PM_{2.5}$ particles with a resolution of 0.1 $\mu g/m^3$. The dust monitor also measured the total suspended particles (TSP) and $PM_{1.0}$. Individual particles drawn through the nephelometer are analyzed as they go through a laser beam then finally collected on a reference filter. Osiris dust monitor was set to 8 hours for every sampling point and done randomly in areas observed to have high levels of organic dust. Four tea factories were randomly selected for dust measurements. This was measured against Occupational Exposure Limits stipulated under The Factories and Other Places of Work Hazardous Substances Rules, Legal Notice No. 60 of 2007.

Structured Questionnaire

The study used interviewer administered questionnaire which was administered by trained field assistant. It was administered to workers in the eight KTDA tea factories in Bomet County. Every questionnaire was serialized for accountability and to increase chances of having them back. All the respondents were capable of answering question in English.

Observation Checklist

Observation checklist was used with photographs. A digital camera was used to take photos after consent was sought from the Factory Unit Managers. This was done in alignment to the objective of the study to capture and record the key areas and working conditions against safety and health risks. No personal identification or face recognition was captured in the photographs taken.

Workplace Risk Assessment and Control (WRAC) technique

Safety and health risk management assessment was done through an existing risk ranking technique by way of observation and interviews. Risk ranking model is a severity/probability model which take in place existing safeguards that limits the probability of hazard causing injury. The study adopted Workplace Risk Assessment and Control (WRAC) technique to

Identify and Analyze hazards. The occupational risk ranking model involved assigning numerical value of 1-5 (low to high) based on the control measures in place in minimizing the probability of hazard causing incident. Occupational risk rating is obtained by multiplying the Probability factor by the Severity factor (Risk Ranking = Probability x Severity)

Focus Group Discussion guide

The Focus Group Discussion Guide was also used. The guide was made, structured and aligned to specific objectives of the study. The focus group discussion was facilitated and moderated by the research assistant. Forty participants were randomly selected to participate in the discussions. Each Focus Group Discussion had 10 participants. All the discussions were streamlined according to the guide with each discussion taking utmost 60 minutes

RESULTS AND DISCUSSIONS

$Prevalence of \ occupational hazard satthe Factories$

Theoverallprevalenceofoccupationalhazardsatthefactorieswas41.3% with131respondentsexper iencinginjuriesinthelastoneyear. Unguardedmachinesandmachinepartswas the most prevalent (40.5%, n=53) occupational hazard in the factory. Repetitive task wasprevalentoccupationalhazardat14.5%, carryingheavyloadat13.7%, non-insulatedelectrical

conductorsat12.2%,hotsurfacesat6.9%,unprotectedworkatheightbeingprevalentat4.6%,slipperyfloorat3.8 %,excessivenoiseandfallingobjectswereprevalentoccupationalhazardsin the tea factories at 2.3% and 1.5% respectively. From the focus group discussion, whenaskedaboutthemostprevalentoccupationalhazards,itemergedthatcutinjuriesandexposuretohigh levels of noisewerecommon safetyand health risks at thefactory.

"We are often exposed to high levels of noise and open machine parts such like machinechains and sprockets. High noise levels is mostly from Withering and Driers area"-FDG 2Table1: Prevalenceofoccupationalhazards

Variables	bles Haveyoubeeninjuredwhilear work(Yesn=131)			
		Frequency	Percentage%	
Causeof theinjury	Unguardedmachine	53	40.5%	
	Repetitivetask	19	14.5%	
	Carryingheavyload	18	13.7%	
	Non-insulatedelectrical conductors	16	12.2%	
	HotSurfaces	9	6.9%	
	Unprotectedworkatheight	6	4.6%	
	SlipperyFloor	5	3.8%	
	Excessivenoise	3	2.3%	
	Fallingobjects	2	1.5%	

ExposuretoDustand Noiseatthe Factory

Dustandnoiseweremeasuredinthefactories. Four out of eight teafactories under KTDA registerin Bomet Countywererandomlypicked for the measurements.

DustExposureLevels

Measuring of dust was done to ascertain safety risk to particulate matter. The concentration of PM_{10} (inhalable dust) and $PM_{2.5}$ (respirable dust) were measured and then subjected to the provision sunder Hazardous Substances Rules, Legal Notice No. 60 of 2007 and other international specifications. Buccalanalysis to determine the concentration of the inhaled

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

DustmeasurementwasdoneusingcalibratedOsirisAirmonitoringequipment.Theparticulatecount er 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.

Dustlevelresults

	Table 2.									
	DustLevelParameters,(mg/m³)									
Units	nits Mogogosiek		Kapkoro		Tirgaga		KobelTeaFactory(
		Tea	TeaFacto	ry(mg/	TeaFacto	ry(mg/	mg/m^3)			
	Factory		m ³)		m ³)					
	(mg/m ³)	T		T				T		
Sample	PM _{2.5}	PM ₁₀	PM _{2.5}	PM ₁₀	PM _{2.5}	PM ₁₀	PM _{2.5}	PM ₁₀		
dPoints	(mg/m^3)	(mg/m^3)	(mg/m^3)	(mg/m^3)	(mg/m^3)	(mg/m^3)	(mg/m^3)	(mg/m^3)		
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		
WoodBi	0.071	0.193	0.065	0.137	0.139	0.319	0.026	0.178		
lleting										
MeanD	0.0613	0.598	1.164	0.521	0.104	0.997	0.067	2.023		
ustLeve										
lsin			,							
eachFa										
ctory										

It was established that the sorting area of the factories has both high respirable and inhalabledust with recorded 1.6 mg/m³ and 2.2mg/m³ respectively. CTC section recorded the lowestrespirabledustat0.1mg/m³ while CFU recorded the lowest inhalabledustat0.2mg/m³. Among the groups, Kobel Tea Factory recorded highest PM₁₀at 2.023 mg/m³ while Kapkoros TeaFactory recorded the lowest PM₁₀at 0.521 mg/m³. Respirable dust (PM_{2.5}) were high inKapkoros Tea Factory (1.164 mg/m³) while Mogogosiek Tea Factory recorded the lowest PM_{2.5}(0.0613mg/m³). Fromthedust 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 (HazardousSubstances) Rules of 2007. The levels were however above the East African Air QualitySpecifications,AmericanConferenceofGovernmentalIndustrialHygienists(ACGIH)gui delines andaboveWHOAir QualityGuidelines.

NoiseExposureLevels attheFactory

Industrialnoisewasmeasuredtodetermineexposuretonoiselevelsindifferentsectionsofthefactory. Duringthestudy,therandomlyselectedsectionsofthefactorieswerefullyoperational. Noisemeasur ementwasdoneataheightof1.5metersfromthegroundand1meterawayfromthe façade of the noise source near the operator's consoles using a calibrated Cirrus NoiseMeter (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 OccupationalExposure Limits as outlined in the Factories and Other Places of Work (Noise Prevention andControl) Rules, 2005. The measured noise levels determine thepotential health risks toemployees in terms of Noise Induced Hearing Loss (NIHL). Noisemeasurement was done bymounting 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 pressureandimproved the accuracy.

NoiseparametersinFactoriesand theirMean

	Table 3. Noiseparametersof the factories,dBA											
Units MogogosiekTea Factory		a	Kobel	Геа Fact	ory			aTeaFactory				
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. Dailynoiseexposuretime

WorkingSection	Daily Working Time	Resting
	inhours	(Tea/LunchBreaks)
		inhours
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.

dailyexposurelevelsrangedfrom85.3-

The

97.3 dBA. The withering section recorded the mean equivalent continuous sound pressure level (Leq)



production sections. At the auxiliary sections, the generator room while running recorded thehighestwhiletheboilersectionrecordedthelowestequivalentcontinuoussoundpressurelevelat 101.5 dBA and 80.8dBA respectively. Among the factory units, Kapkoros Tea FactoryrecodedmeanequivalentnoiselevelsabovetheOEL(91.4dBA)stipulatedunderTheFactori esandOtherPlacesofWork(NoisePreventionand

Control)Rules,2005.Thisisbecauseduringthestudy,mostofthemachineshadworn-outbushesthatneededmaintenance.Thenoiselevelsfor the other sampled Factories were below OEL provided under The Factories and OtherPlaces of Work (Noise Prevention and Control) Rules, 2005 except at the withering section.Audiometric results from secondary data illustrated normal audiometry. The tests have beendone by a designated health practitioner as required under Rule 4 (1) of The Factories and OtherPlaces of Work (Medical Examination) Rules, 2005

MitigationStrategiesforSafetyandHealthRisks

Occupationalmedicalexaminations, provision of personal protective equipment (PPEs), safety and healthrisk assessments, internal safety inspections and industrialtrainings were thestrategies used by the factory to reduce safety and health risks exposure at workplace. Thestudyestablishedthat269(84.9%)respondentshadundergoneoccupationalmedicalexaminatio ns and 317 (100%) had been provided with different types of personal protective equipment. Additionally, 317 (100%) of the participants indicated that safety and healthinspections are undertaken workstations while their 317 (100%)indicated that the factoryundertakesinternal safetyinspections.

Factors Associated with Management of Safety and Health Risks

The management of safety and health risks at the factory was measured by the frequency ofoccupationalinjuries and occupational deaths at the workplace. Chi-squarest at is ticand binary

logistic regression analysis were used to test the association between work experience and management of injuriesat thefactory. Table~5.~Factors Associated with Management of Safety and Health Risks

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

Chi-SquareTest

The study established that there was no significant relationship between age and managementofsafetyandhealthrisksatthefactory(p=0.187),therewasnosignificantrelationshipbe tweengender and management of safety and health risks at the factory (p=0.224) and no significantassociation between marital status of the respondents and management of safety and healthrisks(p=0.235)as thePvalues were greater than 0.05.

Chi-Square analysis further found that the association between the respondent's level ofeducationandmanagementofsafetyandhealthriskswasstatisticallysignificantat(p=0.0001),wor king station and management of safety and health risks being statistically significant at(p=0.0001)andtheassociationbetweenworkexperienceandmanagementofsafetyandhealthrisks was statisticallysignificant at (p=0.0001)asthePvalues wereless than 0.05.

BivariateAnalysis

The level of education was significantly associated (p=0.001) with the management of safetyand health risks with an odds ratio of 0.532 and a significant association (p=0.001) betweenrespondent'sworkexperienceandmanagementofsafetyandhealthrisks withanoddsratioof

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.

BivariateAnalysis across demographic characteristics

Variable	Injuredatwork	Injuredatwork						
	OddsRatio	ConfidenceIntervalat 95%		Pvalue				
		Lower	Upper					
Levelofeducation	0.532	0.390	0.725	0.001				
WorkingStation	0.899	0.764	1.058	0.238				
Workexperience	0.507	0.383	0.672	0.001				

MultivariateAnalysis

Atmultivariateanalysis, the study also established that the level of education was significantly associated with the management of safety and health risks at the factory ($\mathbf{p}=\mathbf{0.001}$) with an analysis education of 0.502. Management of safety and health risks at the factory was significantly as so ciated with work experience at ($\mathbf{p}=\mathbf{0.001}$) with an adjusted odd ratio of 0.498.

Table 7. Associationat multivariateanalysis

Variable	Injuredatwork			V)		
	AOR	95%CI				
		Lower	Upper			
Levelofeducation	0.502	0.407	0.712	0.001		
Workexperience	0.498	0.376	0.659	0.001		

Key: AOR-AdjustedOddsRatio,CI-ConfidenceInterval

Note: Pvalues were calculated using the logistic regression model. Pis significant if < 0.05.

CONCLUSION

The research concludes that the safety and health risks management at KTDA tea factories inBometCountywas fairand that;

5.3.1 Conclusiononeonspecificobjectiveone

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

5.3.2 Conclusion two onspecificobjective two

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

5.3.3 Conclusion threeonspecificobjectivethree

Thelevelofeducation and work experience are predictors of safety and healthrisk management at the factory.

5.4 Recommendations

Basedonthefindingsof this research, the following recommendations are made:

5.4.1 Recommendation one on specific objective one

Havingnotedunguardedmachineandmachinepartsasthemostprevalentoccupationalhazardin the factory, it is recommended the factory management develop inventory of all machinesatthefactory. Themanagements hould then come up with a schedule don routine integrity and dfunctionality checks on the safeguards to minimize injuries. Monitoring and evaluation of performance of occupational trainings, safety health risk inspections and risks assessments should also be done.

5.4.2 Recommendation two onspecific objective two

Having highlighted provision of occupational medical tests, personal protective gears, safetyand health risk assessments and inspections and occupational trainings were the mitigationmeasuresemployedbythefactoriestoreducesafetyandhealthrisksexposure,themanage mentadvised to evaluate the effectiveness of these interventions

5.4.3 Recommendation threeonspecificobjectivethree

Withtheresearchidentifyinglevelofeducationandworkexperienceaspredictorstothesafetyand health risks management at the factories, the research recommends that assignments ofduties and workstation at the factories should be done after a thorough job safety analysis hasbeen done and assignment given to workers based on their levels of education and workexperience

5.5 Recommendationsforfurtherresearch

- The effectiveness of the mitigation strategies on safety and healthrisks in KTDA teafactories
- OccupationalSafetyand
 HealthRisksperceptionamongworkersinteamanufacturingfactoriesin Kenya
- PrevalenceofmusculoskeletaldisordersandassociatedriskfactorsamongworkersinKTDA tea factories

Ethical Approval:Authorization was obtained from Kenyatta University Graduate School and ethical clearance sought from Kenyatta University Ethical Review Committee while the research license was obtained from NACOSTI

Consent

As per international standards or university standards, Participants' written consent has been collected and preserved by the author(s).

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