



(RESEARCH ARTICLE)



Locational pattern of health risk behaviors in oil servicing companies in the Niger Delta Region

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Abstract

This study examined the perception of health risk behaviors of employees in oil servicing companies in the Niger Delta Region, Nigeria. Three Hundred and Ninety Five copies of structured questionnaires were designed and administered to the workers of the selected oil servicing companies to elicit information. Descriptive and inferential statistics were applied for the analysis. Findings revealed that majority (58.5%) of the individuals believed that diet high in calories, fat, sodium and low in nutrient is good. Smoking was perceived by majority (84.2%) as a villain in the society while 89% subscribed to the fact that consumption of fruits and vegetables are essential for healthy living. Despite the fact that smoking was not practiced by the majority (68.3%), yet 85.4% of the smokers enjoyed smoking daily and more than 55% of respondents take minimum of 5 sticks of cigarette per day. For satisfaction purpose, most of the respondents liked mating their friends and sex partners without any protective measures and this is clear as findings revealed that 80.5% are not satisfied physically and psychologically using condom during sexual intercourse. The dominating health risk behaviors in the area are alcohol consumption, high blood pressure, and tobacco use and diabetes/high blood sugar. Furthermore, the analysis shows that there is a significant variation in the perception of employees' in relation to health risk behaviors ($F=233.061$, $p<0.05$). The study recommended among others that the attitude of alcohol intake and smoking should be moderated or totally discouraged among the workers of oil servicing companies in the Niger Delta through proper counselling and enlightenment of the health implications.

Keywords: Perception; Locational Pattern; Health Risk Behaviors; Employees; Oil Servicing Companies

1. Introduction

Health is the total situation of an organism at a particular time in respect to wholesomeness of body or mind in absence of disease or abnormality [20]. Similarly, according to [1], health is viewed as a condition in which the body and mind are in good state with the body tissues and organs functioning well and that which enables the person to adjust or cope with the physical and social environment. In a related study, Johns, Sulton and Cooley (1994) as cited by [26], also asserted that health is the quality resulting from the total functioning of the individual in his environment that empowers him to achieve personally satisfying and socially useful life whereas in the view of [23] the health of the people is the greatest of natural resources of a nation, upon which all his happiness and powers as a state depend. It is earnestly the fundamental right of an individual. Thus, the University article 25 declaration on human right grants everyone living standard right to adequate health and wellness both to himself, his household, housing and medical, clothing including medical and social services. On the other hand according to Werner and Bowrer (1994) as cited by [23], health means self-reliance for the person, family, village and the country. Hence, it is a qualifying factor for living as well as s a function of everyday living. In a similar view [2] saw health as the state or quality which enables an

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individual to face up to crisis, efficiently and effectively carry out his daily responsibilities and relate to other persons. Ntong (1994) in a related study posit that health is a state of or ability of an individual to maintain a stable equilibrium of wellness. In corroboration with the above claim, [29] stated that health is an everyday necessity for continuous existence. Interestingly, health is considered as being crucial and fundamental to our existence and impacts on socio-economic, cultural, beliefs and physical environment. A life devoid of illness and having the impetus to survive everyday issues of live, fitness and wellness on one hand and on the other hand the quality of life which enables one to “live most and serve best” [9].

There are steps which can be taken by an individual to stabilize health or to avert sickness and these is described as health behavior both at personal and organizational levels. Therefore health behavior refers to preventive orientations and the positive steps taking by people to thwart a disease from occurring and to enhance their physical well-being and vitality. Accordingly it has been described by [17], as steps taken by individuals in order to guide against illness and at the time balancing food health and to attain it need of good health. Good health behavior can be achieved through regular exercise, inoculations and balanced dieting. Risk factors are linked to disability, ill health, death while health and wellness are aftermath of many factors. Lifestyles are associated with health and risk behaviors and they are interwoven in a compile clustered pattern [18]. Health risk behaviors are actions or practices of an individual which have the potentials of causing ill-health, disability or death to the individual or society at large [16]. Health risk behaviors increase an individual’s risk for chronic disease, often acting as common causes of illness and premature death. Modifiable health risk behaviors such as that of physical activity, poor nutrition, tobacco use and high alcohol consumption are contributing factors to the leading causes of illness and death in the United States, (Chronic Disease Training and Outreach Centre, 2009). There are basically three major health risk behaviors namely, physical health risk behaviors (lack of exercise, non-use of personal protective equipment in the workplace and nutrition); social health risk behaviors (excessive alcohol consumption, smoking and keeping of multiple sex partners) and mental health risk behaviors (stress, lack of sleep, and prolonged standing in the sun) which are consciously or unconsciously undertaken by people [29]. Baker, Dejoy and Wilson (2007) posits that the main objective of health risk assessment is to assess health status, estimate the level of health risk and inform or provide feedback to the participants to motivate behavioral change. Similarly, [15] opined that health risk assessment is widely used in putting together aggregate data for an employee and organization. This data reveal such information as demographic data of participants, health risk area and cost projection and saving in terms of increased health care. According to Schultz, Anderson and Edington (2003), functional health risk assessment is effective in identifying health risk factors, predict health related cost, measure absenteeism and presenteeism, evaluation and return on investment and of health promotion strategies while the Wellness Council of America (WELCOA 2008), outlined ten key benefits of conducting personal health assessment which includes snapshot of current health status of an employee, individual to monitor their health status over time, concrete information for life style change, individual involve in health coaching, information on readiness to change, monitor population health status, important information for building result oriented health promotion programme, evaluate changes in health behaviors of employers and employees in health management process. 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 [4]. On the other hand, they also opine that health risk assessment can motivate employee to make positive lifestyle changes that reduce the risk of diseases since disease precursors are related to certain demographic variables, individual behaviors, family and individual historic and physiologic changes [3].

According to UNESCO, (2000), behavior is a way an individual conducts his or her activities. It may be in response to society shared values, one’s personal association or the way a person relates with others or matters which may be good or bad, or may be viewed according to the society’s norm as normal or abnormal. From time to time people engage in certain activities and behaviors that reduce their health status and as such [1] in his study clearly stated that individual behavior is 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. UNICEF (2001), asserted that failure to engage in healthy practices as well as engaging in some practices that may be regarded as unhealthy exposes one to risk of developing certain diseases. Thus, health improvement, advancement and application are not only through sciences but by the inputs and well considered lifestyle choices of the individuals and societies which when explored together with good outlook gives a person opportunity to operate maximally and be healthy and for a person to be healthy, he needs to imbibe healthy practices attitude such as 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. The significant capital expenses in health have ultimately become necessary for keeping employees in shape for production. Therefore, companies across the world without exception to the oil servicing companies in the Niger Delta Region invest highly in keeping their employees healthy believing that the result or yield will be proportionate to productivity. It is against this background and in alignment with the postulation of [31], that some stimuli will motivate the individual to care for or reflect on his or her health

status positively or otherwise that this study was conducted to assess the locational pattern of health risk behaviors among employees of oil servicing companies in the Niger Delta region.

2. Material and methods

The study was carried out in the Niger Delta region which is located in the Atlantic Coast of southern Nigeria at the point where River Niger divides into numerous tributaries. The region lies between latitudes 4°25'40"N – 8°32'0"N and longitudes 4°45'0"E – 8°51'20"E) and it is the second largest delta and the richest wetland in the world with a coastline which spans about 450 kilometers and terminates at the entrance of River Imo and remain the largest wetland in Africa and among the three largest in the world [7] [11]. The region is divided into four ecological zones namely coastal inland zone, mangrove swamp zone, freshwater zone and lowland rain forest zone. It has the largest mangrove swamps in Africa and covering about 8600 square, and about 2,370 square kilometers of the area consist of rivers, creeks and estuaries [7].The region is dominated by mining activity (petroleum) because of the natural endowment of the area and its ecosystem is highly diverse and supportive of numerous species of terrestrial and aquatic flora and fauna and human life with an annual rainfall totals varying from 2400mm to 4000mm [6] [19]. Politically, the Niger Delta is situated in the southern part of Nigeria and made up of nine states which include Abia, Akwa-Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo and Rivers States.

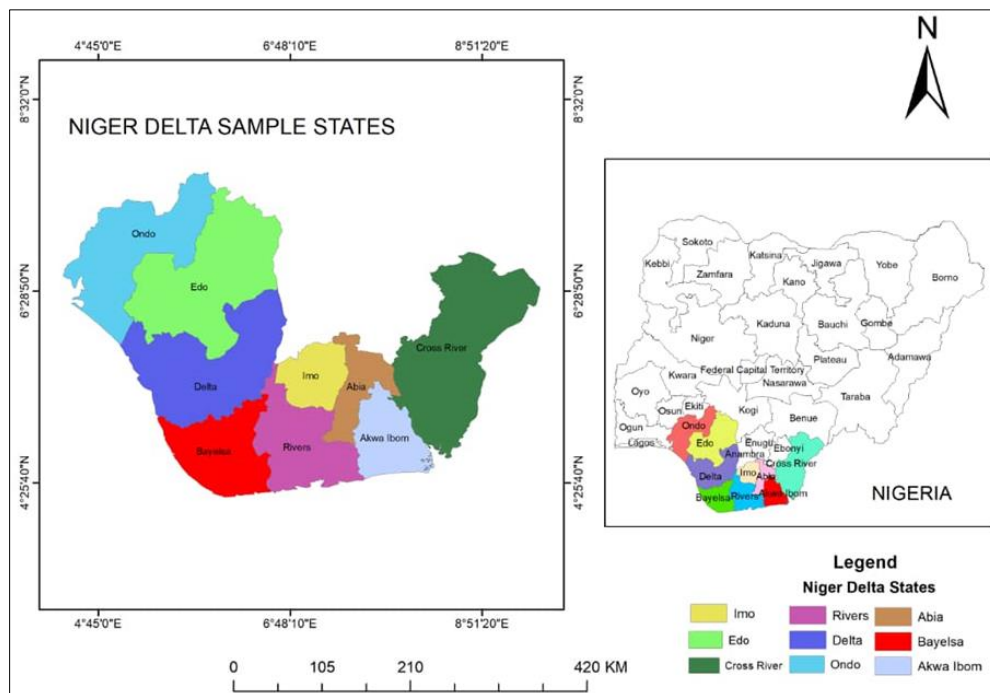


Figure 1 Study area: Niger Delta States

Population, Sampling and Sample size for the study

A field survey was carried out to identify the main oil servicing companies which engage in contract of drilling, testing and evaluation of oil wells for Dutch Shell, Exxon Mobil, ENI/Agip, Total Fina ELF, Chevron Texaco as multinational oil exploration and production companies in Nigeria. The company's were coded using abbreviation of the state of location while the random sampling technique was adopted to select 50% of the companies using the balloting method in alignment with [13]. Accordingly three companies were selected from each states totaling Twenty Seven (27) Oil Servicing Companies in all with Three Hundred and Ninety Five members of staff as the population for this study derived from the application of the Taro Yamane (1967) formula as shown below:

Taro Yamane formula for sample size determination

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

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

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

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

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

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

$$n = 395$$

3. Results and discussion

Table 1 Socio-economic Characteristics of the Respondents

Characteristics	Frequency Percentage (%)	
Sex		
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 (Years)		
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 Status		
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 (Naira)		
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
Number of Years of Service		
Below 2 yrs	51	12.9
2-5yrs	48	12.2
6-8yrs	49	12.4
8-10yrs	173	43.8
Above 10yrs	74	18.7
Respondents' Department		
Security	35	8.9
Store	36	9.1
Safety	69	17.5
Personnel	61	15.4
Accounts	56	14.2
Operation	81	20.5
Others	57	14.4
Total	395	100.0

The socio-economic characteristics of the respondents are presented in table 1 and the sex of respondents displayed shows that the males were 67.6 % and females were 32.4%. This shows that the males were more than females in the companies used for the study. The table also shows the marital status of the respondents as displayed in Table 1 whereby it is shown that 15.9% were single, 49.1% were married, 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 analysis of the age of respondents presented in Table 1 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 are equally displayed in Table 1 and it shows that 6.3% of total respondents had primary education, 16.2% had secondary education while 77.4% had higher education with either Ordinary National Diploma (OND), Higher National Diploma (HND), Bachelor's and post graduate degrees. Although majority of the respondents had a minimum of HND, those with Bachelor's degree dominated the companies.

The income per month is also presented 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 condition is quite an encouraging one. In terms of number of years in service of the respondents shown in Table 1, 12.9% of total respondents had spent below 2 years, 12.2% had spent between 2 and 5 years, 12.4% had spent between 6 and 8 years while 43.8% had spent between 8 and 10 years and 18.7% had spent above 10 years in service. Having more than 70% of respondents that

have spent minimum of 6 years in service, it therefore reveals that majority are acquainted with the ways things are done and problems and challenges being faced in the oil servicing companies over time.

The designation of respondents shown in Table 1 reveals that 11.9% were Clerk/Messenger, 19.5% were Supervisors, 45.1% were Technician and 23.5% were Managers. The analysis therefore shows that majority of the respondents were Technicians and the least were Clerks/Messenger. The digital world that is being executed in majority of the oil servicing companies might have been responsible for the reduction in the number of the Clerks. Moreso, the highest number of Technicians could be attributed to the absorption of majority that read Engineering Studies or related courses which made them to be given appointment in the oil servicing companies. The table depicts the respective departments of the respondents and clearly indicates that 8.9% were in the Security Department, 8.5% were in Stores, 17.5% were in Safety, 15.4% were in Personnel, 14.2% were in Accounts while 20.5% were in Operations and 14.4% were in other departments other than the listed ones. The analysis reveals that while Safety, Operation and Personnel were higher than other designated departments within the oil servicing companies in the Niger Delta Region; Security was the least among them.

Table 2 Prevalent Health Risk Behaviors in the Selected Oil Servicing Companies in the Niger Delta Region

Health Risk Behaviors	Rivers	Delta	Edo	Bayelsa	Akwa- Ibom	Cross River	Ondo	Abia	Imo	Total	Rank
Alcohol consumption	19	6	12	14	7	13	14	7	9	101	25.6
Diabetes/High blood Sugar	7	7	6	5	2	3	5	3	3	41	10.4
Tobacco use	9	5	5	5	3	3	5	3	3	41	10.4
High blood pressure	10	4	4	4	3	4	4	3	4	40	10.1
Body mass index	5	3	3	3	2	2	3	2	4	27	6.8
High stress	4	4	3	3	2	2	3	2	3	26	6.6
Depression	4	2	3	3	3	1	3	2	3	24	6.1
Lack of emotional Fulfilment	6	3	3	2	0	1	2	0	2	19	4.8
Poor diet	3	2	2	2	2	2	2	1	2	18	4.6
Overdue preventive Visit	3	2	2	2	1	1	2	1	2	16	4.1
Fatigue	3	2	2	1	1	1	1	0	1	12	3.0
Physical inactivity	3	2	2	1	1	1	1	0	0	11	2.8
High cholesterol	3	2	1	1	1	1	1	0	0	10	2.5
Carelessness/negligence	3	2	2	0	0	1	0	0	1	9	2.3
Total	82	46	50	46	28	36	46	24	37	395	100

The prevalent health risk behaviors in the selected oil servicing companies in the Niger Delta region is presented in Table 2 and the analysis reveals that amongst the list of health risk behaviors in the area alcohol consumption is the highest accounting for 25.6% and seconded by diabetes/high blood sugar and Tobacco use with 10.4% each. It is also clear as indicated in Table 2 that the oil servicing companies in the area has high presence high blood pressure among the employees as it records 10.1% in the list of prevalent health risk behaviors. From the Table, it is also observe that body mass index, high stress and depression accounting for 6.8%, 6.6% and 6.1% respectively are among the other health risk behaviors with evidence of high presence among employees of oil servicing companies in the Niger Delta. Interestingly, there are other health risk behaviors reported among the workers in the study area such as lack of emotional fulfilment, poor diet, overdue preventive visit, fatigue, physical inactivity, high cholesterol and carelessness/negligence as clearly shown in Table 2. However, lack of emotional fulfilment was found to record exactly

4.8% while 4.6% of the workers in the oil servicing companies across the region responded to poor diet as ubiquitous health risk behavior among the employees of the companies and overdue preventive visit accounts for 4.1%. Although, fatigue, physical inactivity, high cholesterol and carelessness/negligence accounted for a total of 10.6% of the health risk behaviors reported among the workers across the companies in the area, careless/negligence with a percentage value of 2.5% is the least among the health risk behaviors reported among the employees of oil servicing companies in the area. This implies that the workers are indeed careful and as much as they can carry out their duties with due diligence. Therefore, other factors may actually be responsible for the workers in the area involving in several other health risk behaviors which possibly threatens their health, safety and weakens their performance at work and also reduces productivity.

Table 3 Perception of employees' in relation to health risk behaviors

Diet high in calories, fat and sodium and low in nutrient is	Frequency	Percentage (%)
Very Good	61	15.4
Somewhat Good	116	29.4
Neither	53	13.4
Somewhat Bad	60	15.2
Very Bad	105	26.6
A low level of physical activities and high levels of sedentary activities is		
Very Good	34	8.6
Somewhat Good	41	10.4
Neither	24	6.1
Somewhat Bad	103	26.1
Very Bad	193	48.9
Recommendation of smoking cigarettes because of their benefits		
Very Good	32	8.1
Somewhat Good	36	9.1
Neither	20	5.1
Somewhat Bad	110	27.8
Very Bad	199	50.4
High intake of Alcohol, prescription of illicit drugs is unavoidable		
Very Good	33	8.4
Somewhat Good	43	10.9
Neither	27	6.8
Somewhat Bad	110	27.8
Very Bad	182	46.1
Having multiple sexual partners is normal sexual behaviour for me		
Very Good	42	10.6
Somewhat Good	47	11.9
Neither	32	8.1
Somewhat Bad	79	20.0
Very Bad	195	49.4

Being physically active can be linked to a reduction of ailment susceptibility or facilitate health restoration		
Very Good	151	38.2
Somewhat Good	149	37.7
Neither	41	10.4
Somewhat Bad	26	6.6
Very Bad	28	7.1
Consumption of fruits and vegetables are essential for healthy living		
Very Good	215	54.4
Somewhat Good	117	29.6
Neither	33	8.4
Somewhat Bad	13	3.3
Very Bad	17	4.3
Medications should be taken not only when it is prescribed		
Very Good	42	10.6
Somewhat Good	31	7.8
Neither	30	7.6
Somewhat Bad	93	23.5
Very Bad	199	50.4

Perception of employees' in relation to health risk behaviors

The perception of oil servicing employees in relation to health risk behavior is discussed as presented in Table 3. In the analysis, 15.4% of total respondents perceived that diet high in calories, fat and sodium and low nutrient is very good; 29.4% perceived somewhat good while 13.4% perceived neither good nor bad. The analysis also reveals that 15.2% agreed on somewhat bad while 26.6% agreed on very bad. The knowledge of majority (44.8%) of the individuals in oil servicing company in the Niger Delta believes that diet high in calories, fat, sodium and low in nutrient is good while less than 30% believed that it is bad.

Again, the Table depicts the information on the low level of physical activities and high level of sedentary activities and it is known that 8.6% each agreed that it is very good, good and neither. It is also discovered that 26.1% of total respondents said that a low level of physical activities and high levels of sedentary activities is somewhat bad while 48.9% said it is very sad. Similarly, Table 3` clearly shows the perception of respondents towards smoking cigarettes because of their benefits. The analysis shows that 8.1% agreed that it is very good, 9.1% agreed that it is somewhat good, 5.1% said neither good nor bad and 27.8% said it is somewhat bad while 50.4% agreed that smoking is very bad. Smoking was perceived by majority (78.2%) as a bad thing in the society. The understanding of the majority has been seen as an opposition towards smoking in the society. In Table 3, the perception of employees in relation to intake of alcohol and prescription of drugs was presented and their views as indicated in the Table revealed as follows; 8.4% agreed that high intake and prescription of illicit drugs is unavoidable, 10.9% agreed on somewhat good while 6.8% agreed on neither good nor bad. It is revealed that 27.8% agreed on somewhat bad and 46.1% agreed on very bad. It seems that majority had the knowledge of the danger attached to high intake of alcohol and illicit drugs. This knowledge may help them in sustaining themselves with longer life span besides other challenges that may ensue.

The perception towards having multiple sexual partners is a normal sexual behavior for the individual and this is expressed in Table 3 also. The analysis shows that 10.6% saw it as a very good thing and 11.9% discovered that it is somewhat good. However, 20% of total respondents observed that having multiple sexual partners is somewhat bad while 49.4% agreed that it is a very bad attitude. This shows that the worker in the oil servicing company saw that having multiples sexual intercourse is not good as it could pose serious threat to their health in the long run. In the same Table 3, the respondents' reactions towards being physically active can be linked to a reduction of ailment susceptibility or facilitate health restoration was equally presented and the analysis shows that 38.2% agreed that it is very good,

37.7% agreed that it is somewhat good while 13.7% agreed that it is bad. The common sense shows that physical exercise should be able to improve the health condition of individual and facilitate the health restoration of individual. The analysis implies that majority had this knowledge so that they can fit well health wise. On the other hand, the perception towards consuming fruits and vegetables which are essential for healthy living can was displayed in the same Table 3. The analysis reveals that 54.4% agreed that it is very good, 29.6% agreed that it is somewhat good while 7.6% agreed that it is bad. Taking fruits and vegetables always will always improve the health of a person and the knowledge and perception of majority go in line with the standard of the importance of taking these items to boost the health of an individual. It is shown that 84% of the respondents agreed on consumption of fruits and vegetable as an essential means for healthy living.

The perceived attitude towards medications that should be taken only when it is prescribed is displayed in Table 3. It is discovered that 10.6% of the respondents actually do not see anything wrong with taking medication when not prescribed while another 7.8% of the respondents subscribed to the act taking medications even when it is not prescribed as somewhat good. From the analysis it is revealed that another 7.6% is neither for nor against while 23.5% are of the opinion that the habit of taking drugs without adequate prescription is actually bad and 50.4% saw that medications should be taken only when it is prescribed. This implies that majority has been using the right health personnel for their ailment and they cannot just see anybody to prescribe for them.

The majority of the individuals in oil servicing company in the Niger Delta believe that diet high in calories, fat, sodium and low in nutrient is good while less than 30% believed that it is bad. This food could include the fruits and vegetables which contain fiber that are necessary for the body build up. It was corroborated by [26] that fruits and vegetables (F&V) are considered in dietary guidance because of their high concentrations of dietary fiber, vitamins, minerals, especially electrolytes; and more recently phytochemicals, especially antioxidants [27]. Various reviews have associated low intake of fruits and vegetables with chronic diseases such as cardiovascular diseases, blood pressure, hypercholesterolemia, osteoporosis, many cancers, chronic obstructive pulmonary diseases, respiratory problems as well as mental health [2], [25]. Sufficient intake of fruit and vegetables (F&V) has been related epidemiologically with reduced risk of many non-communicable diseases. Currently, much interest are focused on the vital role of antioxidants which impart bright color to F&V and act as scavengers cleaning up free radicals before they cause detrimental health effects [12]. Moreover, fibers found in F&V have been shown to reduce intestinal passage rates by forming a bulk, leading to a more gradual nutrient absorption [5], hence preventing constipation. They can be fermented in the colon, increasing the concentration of short chain fatty acids having anti-carcinogenic properties [14] and maintaining good health. Several studies have highlighted the CVD risk-reducing potential of F&V whereby their intake were strongly associated with lower cardiovascular risk factors such as lower blood pressure (BP), cholesterol and triacylglycerol thus preventing premature cardiovascular disorders. Recently [10] reported that fruits containing a high amount of anthocyanins, flavones and procyanidins, such as berries, grapes and pomegranate are effective at decreasing cardiovascular risk while citrus fruits and apples had a moderate effect on BP and blood lipid level. An increased consumption of carotenoid-rich F&V maintains the cholesterol level in blood since they reduce oxidative damage and cause an increase in oxidation resistance. An increased consumption of cruciferous vegetables was also reported to cause a decrease in the risk of intestinal, bowel, thyroid, pancreatic and lung cancer.

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. Smoking also affects how you look and feel your finance and the people close to you. Various ailments 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, osteoporosis and menopause. Over time, excessive alcohol use 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, esophagus, voice box, liver, colon, and rectum. It also affects the brain's communication pathways making it extremely harder for one to think and speak clearly, remember things, make decisions, and move one's body. Heavy drinking can equally cause mental health issues like depression and dementia.

The respondents also perceived having multiple sexual behaviors as bad attitudes and it can lead to sexually transmitted diseases. This is similar to the study of [24] whereby they reported that sexually transmitted infections were frequently spoken of as being more unlikely to occur and rarer than pregnancies. Knowledge related to 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 mentioned by the participating boys included syphilis, painful urination, discharge of pus and/or blood from the penis or vagina, gonorrhoea, 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.

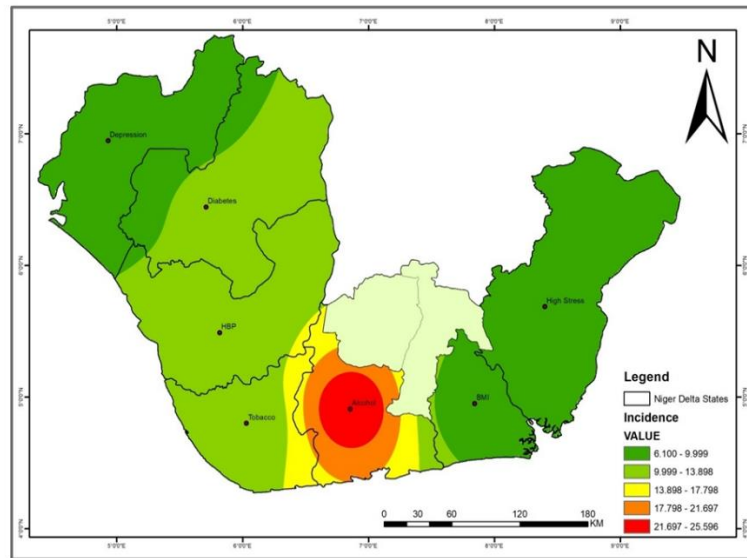


Figure 2 Prevalent health risk behaviours among oil servicing companies' workers in the Niger Delta

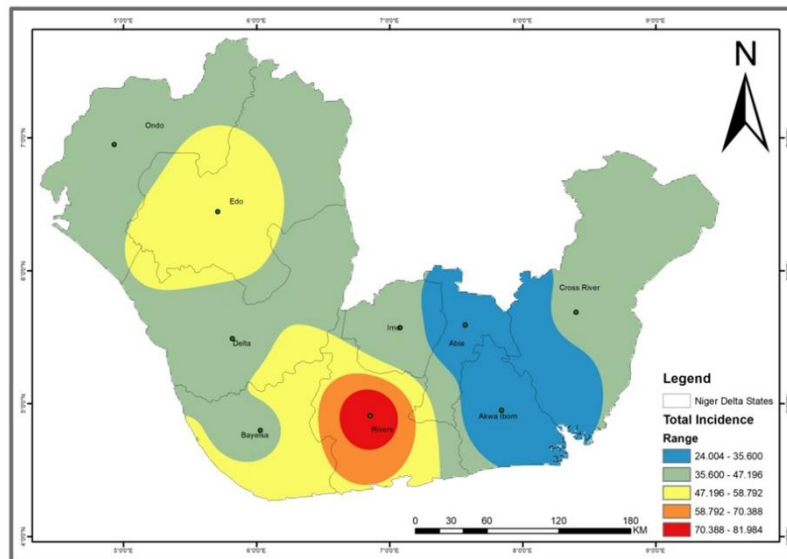


Figure 3 Health risk behaviours according to states across the Niger Delta

Table 4 ANOVA Table of the perception of employees' in relation to health risk behaviors

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	89.915	8	11.239	2336.061	0.000
Within Groups	1.857	386	0.005		
Total	91.772	394			

The analysis in Table 4 presents the results of the analysis of variance of the variation in the perception of employees' in relation to health risk behaviors. Hence the pattern of health risks behavior among the employees across the area is as shown in fig 2 and 3.

4. Conclusion

The findings of the study showed that the dominating health risk behaviors are alcohol consumption, high blood pressure, and tobacco use and diabetes/high blood sugar. It is concluded from the analysis that there is a significant variation in the health risk behaviors common among the employees in the Niger Delta. There is also a significant variation in the perception of employees' in relation to health risk behaviors.

Recommendations

On the strength of the findings therefore, the study highlight the following recommendations: management to urgently introduce intermittent check of workers alcohol level through the medical unit, intensive sensitization campaign against cigarette smoking and tobacco use need to be conducted to moderate lungs and heart dysfunctions among the oil servicing workers in the area, the establishment of counselling/ food and nutrition unit is paramount so that workers are adequately counsel/ advice to avoid food or activities with high risk potential to high blood pressure and diabetes/high blood sugar while those diagnosed with any of these sickness should be placed under clinical watch for appropriate treatment and medical advice.

Compliance with ethical standards

Acknowledgments

Mr. Destiny Omereji is here acknowledged for assisting seriously in the data collection stage of the fieldwork.

Disclosure of conflict of interest

There is absolutely no conflict of interest between the authors as everybody is aware of the work and participated adequately.

Statement of informed consent

All the interviewees especially the oil servicing company workers who provided necessary information which formed the data used in this study did that voluntarily with their consent as they were duly informed through the unit heads according their respective departments. Thus, we are grateful to all of them for making this study a huge success.

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