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Awareness Pattern of Occupational Hazard and Attitude to Preventive Measure among Bank Cashiers in Oshimili South Local Government Area of Delta State, Nigeria

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ABSTRACT

Occupational hazards are incidents arising from the environment in the attempt to perform task in any occupation. These hazards usually impact on the health of workers negatively hence the need for the use of adequate personal protective equipment when performing various tasks. The banking industry's major working tool is cash which is processed by cashiers. The objectives of this study were to determine the knowledge level of the cashiers to occupational hazards in the banking industry, the attitude to the use of nose mask as a preventive measure, the utilization rate of the nose mask and the prevalence of respiratory disease symptoms among the bank cashiers in Oshimili South LGA of Delta State. This descriptive cross-sectional study was carried out between May-August 2015 using a structured self-administered questionnaire. The data obtained was analyzed with EPI-Info 3.5, 2008 windows version. A total of 306 respondents with the mean age of 28.6 ± 4.6yrs answered the questions correctly. Most of the respondents were female (52.3%). The knowledge of the cashiers of occupational hazards was good (99.3%) and the cashiers also showed good attitude towards the use of preventive measure like nose mask (99.7%). Their utilization rate of the nose mask was good (82.4%) while the prevalence of respiratory disease was low (4.9%). There was no statistically significant association between knowledge of occupational hazards and utilization of nose mask. Also there was no statistically significant association between attitude to utilization of nose mask and prevalence of respiratory disorders. Majority of the bank cashiers in Oshimili South LGA of Delta State have good knowledge of occupational hazards and attitude towards the use of nose mask as a preventive measure hence the low prevalence of respiratory symptoms observed. However, the study recommended a continuous provision and maintenance of adequate ventilation in all counting rooms, continuous bank's safety training program and regular provision of quality Nose masks for the cashiers.

Keywords: Bank, Nose mask, Respiratory symptoms, Occupational hazard

INTRODUCTION

Banks are financial institutions that act as intermediaries by mobilizing funds from the surplus units of the society to the deficit units, which in most cases support productive economic activity. The major tools of trade in Banks are Money and Credit. Globally, bank cashiers are frontline officers in the bank whose designated responsibilities include accepting customer's cash deposits, verifying customer's identity and giving cash values to customer's withdrawal instruments, acceptance of tax collections, bills and utility payments from customers. These frontline tellers and the note counters are altogether known as cashiers, and they work with money all the time and on daily basis. As billions of individual notes are exchanged daily, ink dust accumulates on the paper money and due to the nature of the paper, it may become aerosolized. The aerosolized ink dust can thus be released when the counting process is on and can be

inhaled. Thus, exposure to dust among cashiers can be seen to occur mostly at the point when money is being counted, either with the aid of a counting machine or by manual process. The continuous exposure to dust from money, which is a mixture of mineral and chemical dust without proper ventilation and personal protection in a dusty banking environment, may lead to the onset of respiratory diseases. Exposure to any dust particles or foreign chemical substances had been reported to pose serious health hazard. [1] The risk of exposures to these hazards can be greatly reduced or prevented by avoiding exposure to the hazardous substance and or by the use adequate personal protective equipment. [2] Personal protective equipments (PPE) are equipments or specialized clothing worn by a worker to eliminate or minimize exposure to a specific occupational hazard or infectious materials.

Over the years, different studies have been carried out to determine the knowledge, attitude and compliance of workers to the use of nose mask as a personal protective equipment (PPE) in preventing occupational health hazards due to dust exposure among agricultural sector workers, construction workers and manufacturing company workers [3-7] with little or no study done among cashiers in the banking sector. In Nigeria, records of occupational diseases are poor, largely due to the absence of data and inability of organizations to report cases to relevant government authorities. Lung diseases are the most common occupational respiratory disease found amongst stone cutters, wood workers and cement workers due to continuous exposure to dust. [7] This study was therefore carried out to assess the knowledge, attitude and utilization of nose mask and the prevalence of respiratory symptoms among cashiers in the banking industry. The findings of the study would go a long way in providing substantial guide to policy makers in the banking industry.

METHODOLOGY

Study area: Oshimili South is a Local Government Area of Delta state, Nigeria. Its headquarters are in the town of Asaba one of the fastest developing city in Nigeria with increase in commercial activities. Oshimili South metropolis is an outer ring suburb of the city of Asaba which is a host to many organizations, manufacturing companies, as well as financial institutions especially Banks, due to its role as the capital of Delta State. There are a total of 119 branches in Oshimili South LGA. All the 119 branches of the 20 Banks found in Oshimili south LGA, has about 30 staff each and an average of 8 cashiers per branch.

Study Design: The study design was a descriptive cross-sectional study.

Study Population: Cashiers in all the branches of the 20 Banks in Oshimili South LGA, constituted the study population.

Inclusion Criteria: The study included all Cashiers in the bank who have spent at least 6months on the job.

Exclusion Criteria: The study excluded all Cashiers in the bank that are National youth corps members.

Sample Size Determination: The level of significance was set at 5%. Sample size was determined using the equation a

$$n = \frac{Z^2 pq}{d^2}$$

n= desired sample size

z = Standard normal deviate at 95% level of significance = 1.96

p = Prevalence of utilization of nose mask= 50% (since there's been no previous RAP study on cashiers)

q= 1-p, 1 - 0.5=0.5

d= margin of error desired for this study=5% (0.05).

Therefore,

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{(0.05)^2} = \frac{0.96}{0.0025}$$

n=384

Since n <10,000 we will apply the finite population correction factor.

$$n = \frac{n}{1 + {}^{n}/_{N}}$$

nf= desired sample size <10,000
n= minimum required sample size when population > I 0,000
N= estimate of population set of cashiers at 952

$nf = \frac{384}{1+{}^{384}/_{952}}$, Therefore $nf = \frac{384}{1.403}$

nf = 273.7 = 274
To account for non-responses, we will assume 10% (0.1) non-response rate
Using the formula
274 x 0.1= 27.4
Total sample size desired is 274 + 27.4= 301.4 =302

Sampling Procedure

The units of selection were the cashiers and they were selected by multistage sampling method as follows:

Stage 1: Selection of 13 banks out of the 20 banks in Oshimili South LGA, which has at least 3 branches by random sampling method using balloting procedures

Stage 2: Selection of 3 branches from each of the 13 selected banks by simple random sampling using balloting procedures.

Stage 3: Enrolment of all the cashiers in all the selected branches

Research Assistants:

Five research assistants who are friends and marketers who volunteered were recruited and trained to assist in data collection.

Reliability of Instrument:

To ensure reliability of the instrument, the questionnaire was pre-tested among 20 cashiers in a bank in Oshimili South L.G.A to critically analyze and criticize all aspects of the questionnaire. From the findings, the questionnaire had to be reconstructed to suit the purpose of this study.

Ethical Consideration

The study was approved by the Department of Public and Community Health Novena University Ogume, Delta state. Also, verbal permission was obtained from the Bank Managers of the branches where the study was conducted. Individual consent was obtained after full explanation of what the project entails by the researcher in the letter attached to the questionnaire. Also, confidentiality was guaranteed as no name would be written on the questionnaire.

Data Collection

A pre-tested, self-administered questionnaire with open and close ended questions was used for data collection. The questionnaire was divided into 5 sections. In Section A, information on socio-demographic characteristics of the respondents was obtained. In section B, Information on the knowledge of cashiers was obtained by asking questions about their knowledge of nose mask, knowledge of work place hazards and knowledge on effects of dust on workers' health. In section C, the attitude of cashiers was assessed with questions on the maintenance of the nose mask, care of the nose mask, the desire to request for its provision and the need for the nose mask. Section D had questions on utilization of nose mask by the cashiers, the availability of nose mask, the frequency of its use, training programs on how it is used and how comfortable cashiers feel wearing time nose mask. In section E, questions on problems with respiratory symptoms such as chest tightness, cough, phlegm, wheezing and breathlessness were asked, information to determine whether the cashiers smoke, and also have been exposed to respiratory diseases such as bronchitis, pneumonia, asthma and any chest trouble were obtained in this section. The questions for the prevalence of respiratory symptoms were adapted and modified from a recommended respiratory disease questionnaire. Additional copies of the questionnaire were distributed to make up for any loss but the complete number was retrieved giving a total of 306 respondents.

Data Entry and Analysis

Data entry and analysis was done using e sheets, Epi-info 3.5.1 2008 windows version. In sections B, C, D and E, each question answered correctly was awarded one mark; however questions not answered correctly or not answered at all attracted no

mark. The scores were graded in percentage as poor (< 50%), and good (≥50%) to enable an effective average of grades without introducing bias.

Limitations to the Study

The major constraints encountered while carrying out the study were hesitance to allow me carry out the study among the cashiers by the bank managers as they did not want their bank's name to appear in a research negatively. Finally, the lack of time on the part of the cashiers to fill the questionnaire appropriately, as they were always busy.

RESULTS AND DISCUSSION

One of the preventive measures to occupational health problems has been the consistent and continuous use of Personal Protective Equipments (PPE), which are equipment or specialized clothing worn by workers to eliminate or minimize exposure to occupational hazards. Nose mask is a type of PPE used for prevention of dust inhalation in work places. In this study the knowledge, attitude and use of Nose mask to prevent respiratory ailments among 306 bank workers (especially the cashiers) were investigated in Oshimili South Local Government Area of Delta State, Nigeria.

Socio-Demographic Characteristics: Data analyses of the socio-demographic distribution of the respondents are shown in Table 1. The mean age of the respondents was 28.6 years, with respondents within the range of 25-34 years having the highest proportion (82.0 %). This is a reflection of the fact that young graduates are mostly recruited for bank work in Nigeria. The mean age (28.6 ±4.6 years) of the study group is relatively in line with the mean ages of workers in the stitching and cutting section (28.2±6.8 years) reported by [8] in their study on the knowledge, attitude and practices related to occupational health problems among garment workers in India. There were more Females (52.3%) than males (47.7%), with respondents working in the Teller department (60.5%) have a higher percentage over those in the Note counting department (39.5%). This could be attributed to the fact that the tellers have a lot of duties to perform outside processing cash, hence the need for more of them than the note counters whose sole duties are to count bulk cash. Majority of the respondent were single (56.2%), with the Yoruba (40.5%) and Igbo (37.9%) ethnic groups dominating the respondents. In Nigeria, most banks recruit young single graduates so as to give in their best to duties without distractions of any sort. The other tribes encountered were Efik, Ibibio, Anang, Ijaw, and Isoko were relatively higher than the Hausa. Also, findings from the study revealed that a significantly ($P<0.05$) high percentage of the respondents were Christians (87.2 %), possess B.Sc. Degrees (61.8 %), non-smokers (96.1 %) and have worked in the bank for less than 5 years. This is expected because Christians are more dominant in southern Nigeria and the minimum educational requirement for employment in the Banking sector is a National Diploma (ND), hence the high drive and encouragement to obtain such degrees. The relatively low number of service years reported by the respondents could be adduced to the frequent change of Jobs or reshuffling of staff within the banking industry. Most of the respondents in this study do not smoke (96.1%), since smoking is prohibited in banking workplace. A similar finding was reported among cement workers in which 70.5% and 78.2% of the respondents in the exposed and unexposed categories do not smoke. [1] A relatively high percentage (43.1%) of the respondents was found to possess other professional qualifications, such as ANAN, CITN, CIPM, and Fellowship among others. Most banks encourages professional certifications, hence the relatively high number in this study.

Table 1: Distribution of Socio-demographic characteristics of respondents

Socio-demographic characteristics	Frequency
Age (Years)	**n=306**
15-24	32 (10.5 %)
25-34	251 (82.0 %)*
25-34	23 (7.5 %)
(Mean = 28.6 ± 4.6 yrs)	
Sex	**n=306**
Male	160 (52.2%)
Female	146 (47.7%)
Department	n=306
Note counter	121 (39.5 %)
Teller	185 (60.5 %)
Marital Status	**n=306**
Divorced	1 (0.3 %)
Married	130 (42.5 %)
Single	172 (56.2 %)
Separated	1 (0.3 %)
Widow	2 (0.7 %)
Length of Service (Years)	**n=306**
> 5	23 (7.5 %)
≤ 5	283 (92.5 %)*
Ethnicity	**n=306**
Hausa	22 (7.2 %)
Igbo	116 (37.9 %)
Yoruba	124 (40.5 %)
Others	44 (10.4 %)
Religion	**n=306**
Christian	267 (87.2 %)*
Islam	32 (10.5 %)
Traditional	2 (0.7 %)
Others	5 (1.6 %)
Academic Qualification	**n=306**
Bachelor of Science (B.Sc.) Degree	189 (61.8 %)*
FIND	94 (30.7 %)
Master of Science (M.Sc) Degree	11 (3.6 %)
Ordinary Nation Diploma (OND)	12 (3.9 %)
Other Professional Qualification	**n=306**
ACCA	21 (6.9 %)
CIBN	4 (1.3 %)
ICAN	87 (28.4 %)
Others	132 (43.1%)*
None	62 (20.3 %)
Smoking Status	**n=306**
Yes	12 (3.9 %)
No	294 (96.1%)*

*P=0.05

Knowledge on Occupational Hazards: Analysis of the respondents' knowledge level of occupational hazards showed a significantly high proportion (P = 0.004) of respondents (97.7%) have good knowledge of the meaning of hazard (Table 2). About 98% knew that dust is a type of workplace hazard, and up to 92.2% of the respondents knew that dust from cash could impact negatively on respiratory system. Also 94.4% knew that nose mask is useful for protecting cashiers from dust exposure at the work place. The relatively high percentage of knowledge of potential hazards could be because of the respondents' high level of education. This agrees with the findings from a study among salt workers where 78% and 85.8%, of the workers in brine and non-brine section had good knowledge of protective measures. [9] However, only 34.6% knew that not all types of nose mask provide the same level of protection. Majority of the respondents (95.1%) knew the usefulness of Personal Protective Equipment (PPE) at work place.

Grading the knowledge level of respondents on occupational hazards revealed that a significantly (P=0.001) high percentage (99.7%) had good knowledge of occupational hazards, while only 0.3% had poor knowledge. This finding agrees with the study conducted among animal workers who had very good knowledge of occupational hazards at their work place in south western Nigeria. [10] However, it differs from a study conducted among Petrochemical Complex workers in Iran and barbers workers in Gondar town, Northwest of Ethiopia where the knowledge of occupational hazard and safety at workplaces were relatively poor. [11,12]

Attitude towards the Use of Nose Masks: From the analysis in Table 3, majority of the respondents' attitude towards using nose masks was good. 97.7% agreed they use it without being mandated, 95.4% of the respondents believe that cashiers should regularly ask for nose mask at work. 89.5% agreed that cashiers were willing to talk about nose mask among colleagues, 96.7% agreed they motivate co-workers on use nose mask. 90.8% and 93.7% of the cashiers gather more information on the effectiveness of nose mask and also a willing to keep the nose mask clean and neat while in use. 97.4% of the respondents believe that cashiers should get used to working with the nose mask on. The analysis further indicated that a high proportion of respondents (99.3%) have positive attitude towards the use of Nose masks as compared to 0.7% of the respondents with poor attitude. Further analysis showed that there was no statistical

significance at p=.0.99 (Fisher's exact) between attitude to the use of nose mask and knowledge of occupational hazards among the respondents. This result differs from findings obtained from a cross-sectional study carried out to assess the attitude perception and practice of workers in Laboratories in two colleges of medicine in teaching hospitals in Lagos. [3] The findings showed that 82.5% of workers in the Laboratory did not feel the use of nose mask was necessary in the laboratory, hence it was concluded that attitude to precautions amongst highly trained laboratory workers was poor. Similarly, the findings from another study conducted in Kicnxuong district Thabugh province in Vietnam among rattan craftsmen also showed that only 4.2% of the craftsmen had good attitude to the use of nose mask, 69% had a moderate attitude and 26 8% had poor attitude. [4] Also, the result obtained from this study differs from the findings of a study conducted in Abeokuta, Nigeria among traditional fabric workers. [6] The study revealed a poor attitude towards use of nose mask by the fabric workers as only 4.2% of the workers had good attitude, with majority of the workers (95.8%) displaying poor attitude to the use of nose mask. The observed difference could be attributed to high professional training and literacy level as well as good exposure of workers in banking industry. In this study there was no statistical significance between attitude to the use of nose mask and knowledge of occupational hazards among the respondents probably due to the high literacy level of the cashiers.

Utilization of Nose Mask: From the analysis shown in Table 4, 65.7% of the respondents wear nose mask regularly, while 70.3% regularly ask for replacement for worn out nose mask. Only 56.9% of the respondents report difficulties experienced while using the nose mask to their superiors, however, a good proportion of the respondents (91.2%) change their nose mask when soiled. 49.3% of the respondents admitted feeling uncomfortable while using the nose mask and 90.2% of the respondents dispose the nose mask properly when it is soiled. It was also found that 37.9% of the respondents noted that nose masks does not leave marks on their faces after usage and 61.8% of the cashiers always feel the urge to take off the nose mask while working, while 69.3% reported that wearing nose masks does not interfere with communication when working. In general, the findings showed that a high proportion of respondents have a good nose mask utilization rate 75.2% as compared to 24.8% of the respondents that have a poor utilization rate. The findings of this study with respect to the utilization of nose mask showed that 65.7% of the respondents regularly wears nose mask. This finding is different from a previous study carried out among Assiut spinning factory workers in Egypt in which 67.3% of the workers mentioned that nose mask were always made available while only 41.6% of the workers actually wear the nose mask always while carrying out their duties. [13] Another dissimilar report was the study carried out in UAE among cement workers where only 28.8% of the workers claimed to use the nose mask all the time, while only 2.6% of the respondents used them frequently, 62.1% of the respondents used them sometimes and 6.5% of the respondents never used them. [14]

The overall utilization grade analysis from this study revealed that 75.2% of the respondents had good utilization rate of the nose mask while 24.8% had poor utilization rate (Figure 1). Based on the findings, cashiers in this study had good attitude grade (99.3%) towards utilization of nose mask at work place. This result differs greatly front the result obtained from a study carried out to evaluate the level of safety consciousness among municipal waste management workers in Anambra State, Nigeria. [15] In their study, 26.8% of the waste collectors showed good attitude towards utilization of nose mask. Similarly,

a study carried out in Kumasi metropolitan painting industry in Ghana to assess the perception and knowledge of occupational chemical hazards showed that only 27% of the workers utilize the nose mask during paint spraying. [5] Another report that disagreed with our finding was the submission of, [6] where the prevalence of utilization of the nose mask among traditional fabric workers in Abeokuta, was 29% as compared to 75.2% obtained in this study. However, the finding from this study is in agreement with the report from a study conducted at Foskor Mine in Limpopo Province, South Africa to determine the problems encountered when using PPE. [16] The findings showed that 98% of the workers confirmed that PPE (nose mask inclusive) was supplied to the workers and consistently used. A statistical test at p= 0.2 (Fisher's exact) between the knowledge of occupation hazards and utilization of nose in this study revealed that there was no significance. Also, there was no statistically significant association at P=0.06 (Fisher's exact) between attitude and the utilization of nose mask. This further confirms the good knowledge and attitude towards the utilization of PPE by respondent in the study area.

Table 2: Knowledge level of occupational hazards

Knowledge of occupational hazards	Frequency
Knowledge level	**Correct Response (n=306)**
Hazard is any substance or material that pose risk to health	299 (97.7 %)
Dust particle is a type of hazard at the work place	300 (98.0 %)
Dust from cash is not good for the body	282 (92.2 %)
Dust from cash can enter the body and cause respiratory illness	282 (92.2 %)
Nose mask is useful for protecting cashiers from dust exposure	289 (94.4 %)
All types of nose mask provide the same level of protection	106 (34.6 %)
Hand washing before eating prevents cash dust transfer to food	250 (81.7 %)
Eating in the cash counting environment is a bad practice	296 (96.7 %)
PPE is very useful in protecting employees from hazards	291 (95.1 %)
Grading of Knowledge level	
Poor	1 (0.3 %)
Good	305 (99.7 %)
Total	**306 (100 %)**
Mean knowledge score	87.9 ± 10.1 %

Table 3: Distribution of Respondents' Attitude towards nose masks

Attitude towards the use of nose mask	Frequency
Attitude of Respondents	**Correct Response**
Cashiers should use the nose mask without being mandated to use it	299 (97.7 %)
Cashiers should regularly ask for the nose mask at work	292 (95.4 %)
Cashiers should be willing to discuss about nose mask with colleagues	274 (89.5 %)
Cashiers should motivate co-workers to use nose mask	296 (96.7 %)
Cashiers should gather more information on effectiveness of nose mask	278 (90.8 %)
Cashiers should be willing to maintain cleanliness of nose mask in use	303 (98.7 %)
Cashiers should get used to working with nose mask on	298 (97.4 %)
Grading of attitudes	**n=306**
Poor	2 (0.7 %)
Good	304 (99.3 %)
Total	**306 (100 %)**
Mean attitude score (%)	**95.1 ± 12.4**

Table 4: Distribution of Respondent's Utilization of nose mask

Utilization of nose mask	Frequency (n=306)
Regularly wear the nose mask while working	201 (65.7 %)
Regularly ask for worn out nose mask	215 (70.3 %)
Report any difficulty on nose mask usage to your boss	174 (56.9 %)
Change your nose mask when it's soiled	279 (91.2 %)
Feel uncomfortable while using the nose mask	151 (49.3)
Dispose the nose mask properly when it's soiled	276 (90.2 %)
Nose mask leaves marks on face	116 (37.9 %)
Do not feel like removing your nose mask	189 (61.8 %)
Wearing of nose mask interferes communication while working	212 (69.3 %)
Mean knowledge score (%)	**63.3± 12.4**

Prevalence of Respiratory Symptoms: Table 5 shows that a high proportion of the respondents did not experience respiratory symptoms. Only 7.5% and 18% of the

respondents said they experience difficulty with breathing while walking on level ground and also climbing the staircase. This result is in line with the findings obtained from a study carried out among cement workers in Tanzania, whereby the workers in the highly exposed category had a prevalence rate of 1.6% for shortness of breath, while those in the low exposed category had 1.1% prevalence rate for shortness of breath. [17] Moreover, the finding of this study disagrees with that carried out in a flour mill to determine the lung function of workers and it was found that 42% of the workers had shortness of breath problems and 9% had respiratory tract irritation. [18] Similarly, findings obtained from a study carried out among garment workers revealed that respiratory health problems of the garment workers in the cutting, stitching and finishing sections were 84.0%, 21.4% and 10.3% respectively, [18] which disagrees with our findings. More findings from this study showed that 12.4% had cough when running or climbing the stairs, 32% experienced wheezing, and 35% complained of chest pains. A possible suggestion to these findings could be the stress the workers go through in sitting down from morning till evening counting cash among others. A relatively low proportion of the respondents had sleep interruption (6.9% - 9.5%), wake up in the morning with wheeze and difficulty in breathing (6.9 % - 8.2%) and cough in the morning (5.2% - 11.4%). Also, a low percentage of the workers expel phlegm when they cough in the morning and later in the day (8.2% - 8.8%) (Table 5). Similar findings were reported earlier among UAE cement factory workers to assess cement dust exposure and its relationship to respiratory symptoms among them. [1] Their results showed that 19.5% of the respondents manifested respiratory symptoms like cough, while 14.8% had phlegm. The relatively low proportion of respondents with chest pains in this study could be attributed to the good knowledge of occupational safety and positive dispositions to the use personal protective measures. Generally, the grading of prevalence of respiratory symptoms among the respondents showed that significantly good percentage (95.1%) of them displayed good respiratory health status. Statistical analysis between the prevalence of respiratory symptoms and utilization of nose mask shows that there was no significant association at p=0.33 in this study.

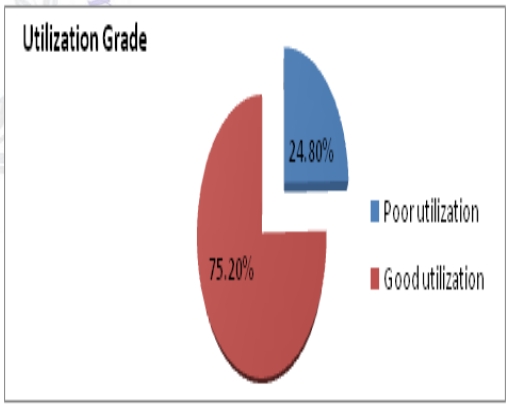

Figure 1

Table 5: Distribution of Respondents respiratory symptoms

Respiratory symptoms	Frequency (n=306)	
	Yes	No
Do you have difficulty with breathing when walking around?	23 (7.5 %)	283 (92.5 %)
Do you have difficulty with breathing when walking up the stair?	55 (18.0%)	251 (82.0 %)
Do you ever cough when moving fast up the stairs?	38 (12.4%)	268 (87.6 %)
Do you ever wheeze when moving fast up the stairs?	98 (32.0%)	208 (68.0 %)
Do you ever have chest pains when moving fast up the stairs?	107 (35.0%)	199 (65.0 %)
Is your sleep affected by difficulty in breathing or wheeze?	29 (9.5 %)	277 (90.5 %)
Do you ever wake up in the morning with wheeze?	25 (8.2 %)	281 (91.8 %)
Do you ever wake up in the morning with breathing difficulty?	21 (6.9 %)	285 (93.1 %)
Do you usually cough first thing in the morning?	16 (5.2 %)	290 (94.8 %)
Do you usually cough during later in the day or night?	35 (11.4 %)	71 (88.6 %)
Do you usually bring up phlegm first thing in the morning?	27 (8.8 %)	279 (91.2 %)
Do you usually bring up phlegm during the day or at night?	25 (8.2 %)	281 (91.8 %)
During the past three years, did you ever experience any chest illness that kept from usual activities for as much as a week	17 (5.0 %)	289 (94.4 %)
Mean knowledge score = 76.6±13.2 %		

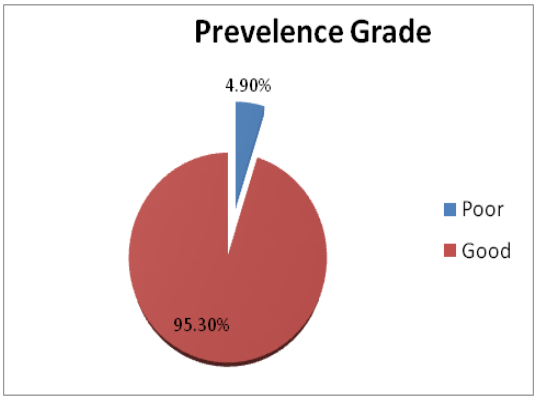

Figure 2

CONCLUSION

Occupational health deals with all aspect of health and safety in the work place and has a focus on primary prevention of hazards. In most countries including Nigeria, hazardous exposures and factors that have adverse effects on the health of workers are still found in high numbers of workplaces. The achievement of targets for equity in health stipulated in the WHO Health-for-all strategy requires intensive actions for better work, the right to health and sustainable health for workers. This study has shown that most of the bank cashiers in Oshimili South LGA of Delta state are females, single, educated and have worked for less than 5 years in the banks assessed. They have good knowledge of occupational hazards and good attitude towards the use of nose mask as a personal preventive measure, hence the low prevalence rate of respiratory symptoms observed. These findings thus stress the need for continuous dissemination of the knowledge of occupational hazards and utilization of personal protective equipment at work which can go a long way in the primary prevention of work related health hazards and illnesses.

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