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Comparative Analysis of Health Risk Behaviour Varieties among Employees of Selected Oil Servicing Companies in the Niger Delta

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ABSTRACT

The aim of this study was to compare the varieties of health risk behaviours prevalent among examined of employees in oil servicing companies in the Niger Delta Region, Nigeria. A total of Three Hundred and Ninety Five copies of structured questionnaires were validated and proportionally allocated to the selected oil servicing companies across the study area. Both descriptive and inferential statistics were employed in reporting the findings in the study. And findings shows that more people enjoyed taking beer and spirit on a daily basis while few take Champagne, Whisky and Brandy with more than 70% of the workers taking maximum of 2 bottles of alcoholic drink per day suggesting 60 bottles per month. The rate of cigarette smoking was also found to be very alarming and together with high intake of alcohol led to intoxication which propel majority of the workers to in multiple sexual relationships and with the intent of deriving physical and psychological satisfaction preferred not to use condom during sexual interactions. As a matter of fact, alcohol consumption, high blood pressure, tobacco use, diabetes/high blood sugar and depression were found to be the prevalent health risk behaviours among employees in the different oil servicing companies across the region. However, the analysis shows that there is a significant variation in the health risk behaviours common among employees ($F=15.946$; $p<0.05$). This shows that the level of display of health risk behaviours in various oil servicing companies may be totally different among the workers. Thus, the alternative hypothesis stating that there is a statistically significant variation in the health risk behaviours common among employees is accepted. It is therefore recommended that management should conduct company based risk assessment to identify causes as well as effects on both workers and company at large. Introduction of periodic publication of health risk behaviours chart of workers as guiding tool for appropriate monitoring and decision making. As a matter of urgency, a functional health promotion/intervention unit responsible for health programmes and initiatives need to be set up.

Key Words: Varieties, Selection, Comparative, Health Risk Behaviours, Employee, Servicing

INTRODUCTION

One fundamental component of everyday life required not just for the sake of living is health. Thus, it borders on personal resources and physical capacities. The state of one's health reflects an individual capability to cushion the challenges of life and to remain at the apex of its functionality encompassing socio-psychological wellness that will enhance support to one another and tremendous influence (WHO, 2002). As conceptualized by Udoh (1999), health is a term derived from Anglo-Saxon word which means a condition, state or quality of the whole individual which enables him carries on his daily activities which are either obligatory or non-obligatory. He further stated that it

could also mean having stamina to work, good body build derived from physical exercise, the capability of spending long periods solving a problem, the ability to stay on the job to complete a given task, a normal functioning of the cells, organs and systems of the body, a most priceless possession to one who has lost his health.

Oil and gas industry is one set of companies faced with occupational hazards arising from accidents. According to Mearns and Yule (2009), a global assessment of oil and gas industries nature of job definitions marked them out at high risk industry while Kane (2010) also asserted that operational nature of activities in oil and gas marks then out to be vulnerable to high fatalities and injuries. A report from Iraq congress, (2008), revealed that the extent of vulnerability and accidents in oil and gas industries are mostly due to lack of tools, poor management, neglect of precautionary measures, poor technology, negligence of safety policies by the workers and poor training. Also, Cox, Jones and Rycroft, (2004), noted that accident reoccurrence within a particular time is not caused because of the previous experienced but it is a behaviour based on safety involvement that requires training and retraining of workers towards a change of behaviour and modified attitude to act safely. According to Ekenedo (2007) in a study conducted in Port Harcourt on assessment of health needs and development of work place health promotion programme for oil and gas companies indicated health practices such as engaging in physical exercise, constant checking of weight, maintaining normal blood pressure, having adequate rest or sleep, participating in social/emotional activities, devising a means of coping with stress, observing safety rules, non use substances and maintain good food nutrition highly beneficial both to the individual and the company at large. Lifestyle behavioural choices contribute to a significant proportion of chronic diseases globally. Therefore, evidence-based strategies to improve behavioural risk factors such as healthier eating and regular physical activity become critical to be considered in a variety of settings, especially in a workplace. The workplace offers several advantages in that a substantial number of the working population can be reached and multiple levels of influence on behaviour can be targeted. Almost every human action has some levels of uncertainty, but some are more perilous than others. Meanwhile, the health of an individual can be endangered by many risk agents.

Health risk assessments emphasizes providing an individual with an evaluation of their health risk and quality of life, and how to promote their health by adoption of health promotion programmes which hinges on helping people change their lifestyles to move towards optimal health (WHO, 1986; O'Donnell, 2002). This concept translates into the workplace to become what is known today as workplace health promotion, which articulates the efforts of the employers, employees and the society to bring about improved health and well-being of workers. Almost every human action has some levels of uncertainty, but some are more perilous than others. The Nigerian Institute of Safety Professional (NISP 1999) observed that there is low level of awareness to health risk behaviours in Nigeria particularly in oil servicing companies in the Niger Delta as it is seen as an emerging trend. This is because credence is given more to safety precautions rather than a comprehensive health risk assessment which would provide information on the health status of the employees depending on the nature of work as well as the hazard to which they are exposed and provide preventive measures as well as predict the outcome of continuous exposure to such working environment. This study is therefore aimed at comparing the variety of the health risk behaviour among oil servicing workers in the Niger Delta Region with the view to understand the pattern, causes and effects, and to possibly provide appropriate recommendations to address the situation from escalating since health risk

behaviours such as lack of physical activity, poor nutrition, tobacco use and high alcohol consumption increase an individual's risk for chronic diseases and often act as leading causes of illness and premature death which has led to high rate of absenteeism, high morbidity rate, and loss of work hours, accidents and also low productivity on the long run.

MATERIALS AND METHOD

The Niger Delta region which is located within the tropical rainforest climate zone and lies between latitudes 5.00°N - 9.00°N and longitudes 5.00°E - 8.00°E) along the Lower Guinea Coast. According to (Awosika,1995;Iyayi, 2004)the Niger Delta is the second largest delta 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 and of course the richest wetland in the world. The region is divided into four ecological zones namely coastal inland zone, mangrove swamp zone, freshwater zone and lowland rain forest zone (ANEEJ, 2004) The Niger Delta has the largest mangrove swamps in Africa, with it stagnant swamp covering about 8600 square, and about 2,370 square kilometers of the area consist of rivers, creeks and estuaries (Awosika, 1995).It covers over 70,000km^2 and constitutes about 7.5% of Nigeria's land mass with its ecosystem highly diverse and supportive of numerous species of terrestrial and aquatic flora and fauna and human life.. The region is dominated by mining activity and influenced by the localized convection of the West African monsoon with less contribution from the mesoscale and synoptic system of the Sahel (Ba *et al*., 1995). The monsoon rainy (wet) season over the area begins in May, as result of the seasonal northward movement of the ITCZ, with cessation in October with an annual rainfall totals varying from 2400mm to 4000mm within West Africa (Anyadike, 1992; Nicholson, 2003; Fontaine et al., 1998; Druyan *et al*., 2010; Xue *et al*., 2010).Politically, The Niger Delta states run across the South- South and South-Eastern part of Nigeria with a total of nine states such as Abia, Akwa-Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo and Rivers States.

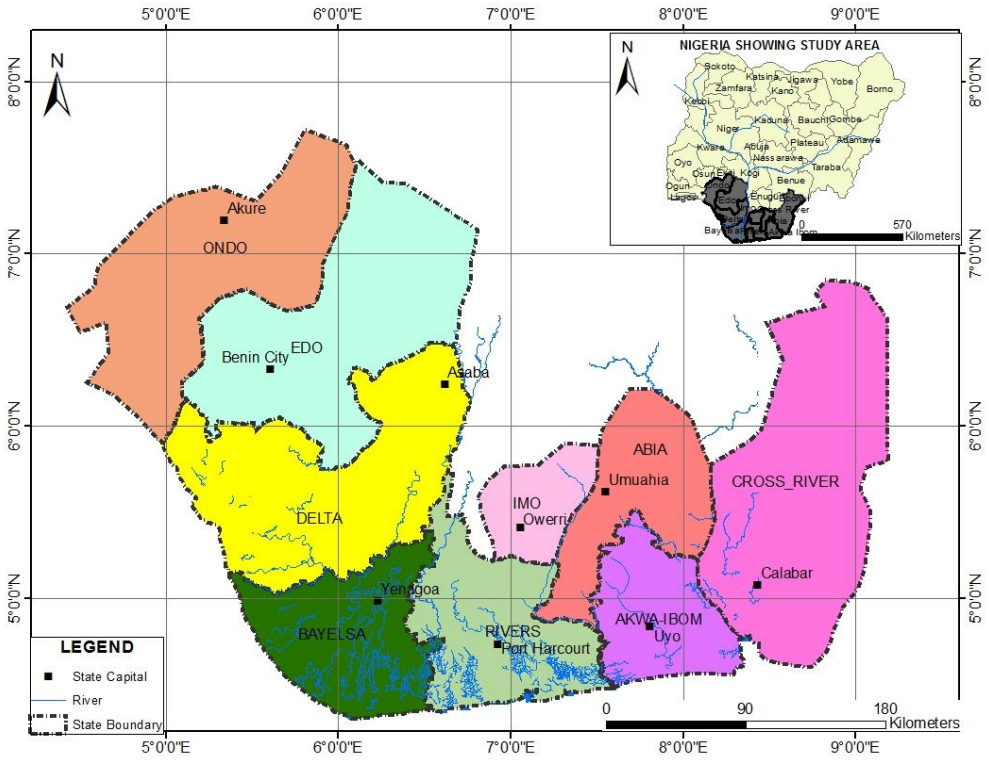

Fig 1: Study area: Showing Niger Delta States.

Population, Sampling and Sample size for the study

The population for the study consisted of employees drawn from the major oil servicing companies in the area particularly those that handle contracts in drilling, testing and evaluation of oil wells for the multinational oil exploration and production companies in Nigeria (Dutch Shell, Exxon Mobil, ENI/Agip, Total Fina ELF, Chevron Texaco). The companies were identified through a field survey and equally coded according to the states of their location. The random sampling technique was employed after successful completion of the coding to select 50% of the companies using the balloting method according to Eze (2005). Similarly, the population of the selected companies was further subjected to Taro Yamane (1967) formula in order to carefully determine the actual sample size for this study as shown below:

Taro Yamane formula for sample size determination

$\boldsymbol{n} = \frac{\mathbf{N}}{\mathbf{1+N(e)2}}$----------Eqn 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

Therefore Three Hundred and Ninety Five members of staff drawn from Twenty Seven (27) Oil and Gas Servicing Companies across Nine States within the region form the population of this study. The main instrument used in this study was questionnaire with relevant and validated questions relating to the subject under investigation.

Table 1: Sampled Companies and Sample Size for the Study

S/N	STATES	CODE	POPULATION	SAMPLE SIZE	LONGITUDES	LATITUDES
1	Rivers	RV1	1500	18	7°1'2.3179"E	5°0'21.437"N
		RV4	2800	34	7°16'59.5812"E	4°36'13.2695"N
		RV6	2500	30	6°34'26.8791"E	4°54'37.804"N
2	Delta	DT3	1420	17	6°22'59.6131"E	6°1'18.6738"N
		DT4	1800	22	6°9'54.1663"E	5°36'45.961"N
		DT5	600	7	5°31'26.9162"E	5°14'40.5195"N
3	Edo	ED2	1300	16	6°7'51.4402"E	6°58'59.5489"N
		ED4	2200	27	5°24'29.6476"E	6°19'43.2084"N
		ED5	560	7	5°59'40.5359"E	6°30'21.384"N
4	Bayelsa	BY1	1000	12	6°9'5.0758"E	4°58'18.711"N
		BY2	1700	21	6°12'21.4375"E	4°35'24.179"N
		BY4	1100	13	5°42'29.637"E	4°51'45.9876"N
5	Akwa-Ibom	AK1	1100	13	8°7'18.6425"E	4°46'51.445"N
		AK3	700	8	7°50'32.2887"E	5°7'18.7057"N
		AK6	580	7	7°39'54.1132"E	4°37'51.4503"N
6	Cross River	CR3	2100	25	8°31'51.3553"E	5°11'48.703"N
		CR2	480	6	8°7'43.1877"E	5°39'13.2323"N
		CR5	420	5	8°26'7.7223"E	5°33'5.0541"N
7	Ondo	OD1	1050	13	4°42'21.4906"E	6°55'18.642"N
		OD3	1000	12	4°48'29.6688"E	6°35'40.4717"N
		OD6	1750	21	4°48'29.6688"E	6°16'2.3015"N
8	Abia	AB2	1150	14	7°37'2.2967"E	5°37'59.5967"N
		AB4	450	5	7°30'29.5733"E	5°18'45.9716"N
		AB6	384	5	7°20'15.9429"E	5°6'54.1604"N
9	Imo	IM1	1210	15	6°49'59.5972"E	5°35'32.3254"N
		IM2	1200	14	6°53'15.9589"E	5°24'29.6046"N
		IM5	670	8	7°5'7.7701"E	5°18'45.9716"N
			32724	395		

Author's Fieldwork (2021)

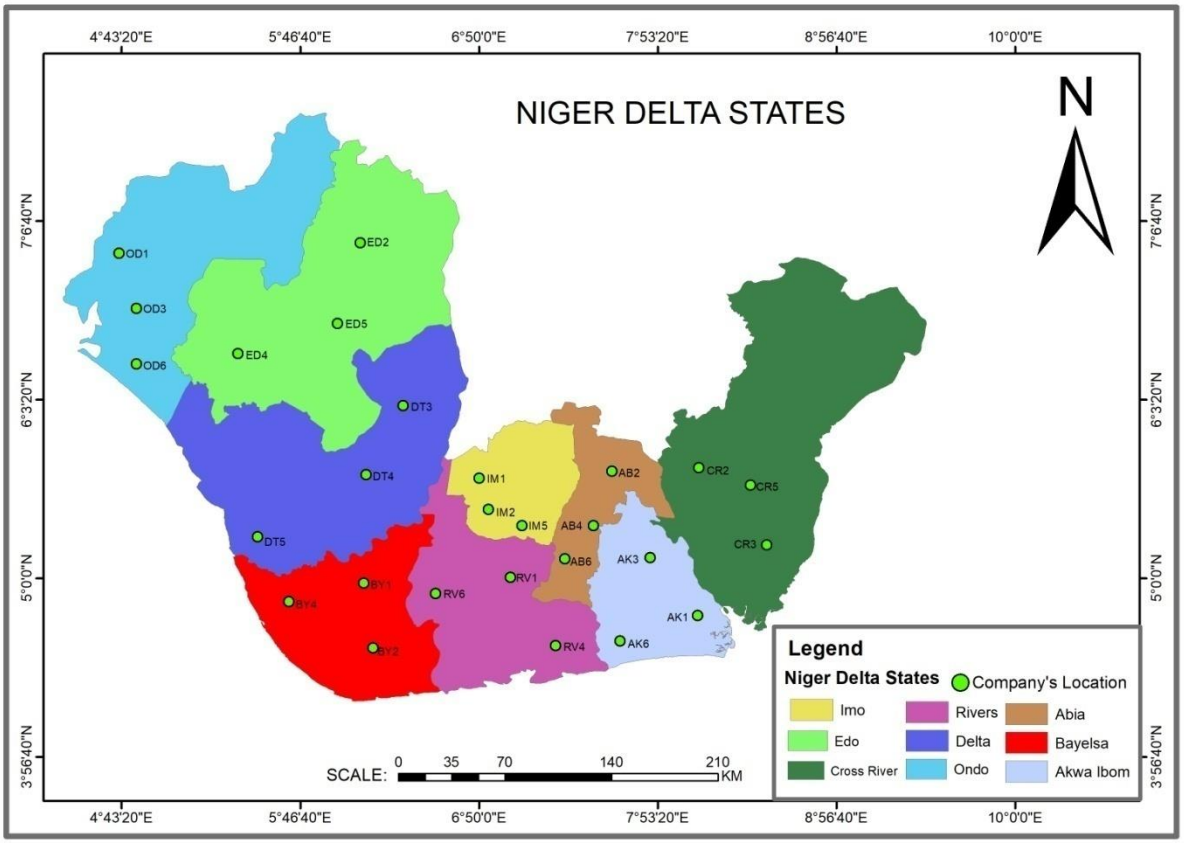

Fig 2: Sampled Companies in the Study Area

DISCUSSION OF FINDINGS

Table 1: Variety of health risk behaviours among employees in the area

Do you smoke?	**Frequency**	**Percentage (%)**
Yes	128	32.4
No	267	67.6
Favourite Tobacco and Cannabis Smoking	**Frequency**	**Percentage (%)**
Cigarette	213	53.9
Marijuana	71	18.0
Cocaine	29	7.3
Heroine	26	6.6
Tramadol	56	14.2
Have you ever had sex with your partner without a condom?	**Frequency**	**Percentage (%)**
Yes	324	82.0
No	71	18.0
Have you been involved in a physical fight?	**Frequency**	**Percentage (%)**
Yes	99	25.1
No	296	74.9
Do you take alcohol?	**Frequency**	**Percentage (%)**
Yes	248	62.8
No	147	37.2
A low level of physical activities and high levels of sedentary activities is	**Frequency**	**Percentage (%)**
Very Good	34	8.6
Somewhat Good	41	10.4
Neither	24	6.1
Somewhat Bad	103	26.1
Very Bad	193	48.9
High intake of Alcohol, prescription of illicit drugs is unavoidable	**Frequency**	**Percentage (%)**
Very Good	33	8.4
Somewhat Good	43	10.9
Neither	27	6.8
Somewhat Bad	110	27.8
Very Bad	182	46.1
Total	395	100.0

The attitude regarding smoking ability is expressed in Table 1 whereby it is found that 32.4% agreed that smoking is part of their lifestyle while 67.6% were found not to smoke all. This implies that the number of people smoking is far less compared to the level of alcohol consumption by the respondents. The only problem is that the few may be active smokers but majority could be secondary smokers whereby studies have revealed that to be more dangerous than even the active smokers. The same table equally shows the different types of tobacco and cannabis smoked by the respondents and the analysis reveals that 53.9% like smoking cigarette, 18% liked smoking Marijuana while 7.3% liked smoking or sniffing cocaine, 6.6% liked heroin and 14.2% liked smoking tramadol. The price which indicates high level of affordability by respondents as well as availability and accessibility could be perceived as a reason for the higher rate of cigarette smoking in the area.

Another serious attitude to health risk is the sexual urge of individual and the satisfaction of individual respondents in the study area is being presented in Table 1. It is observed that 13.4% agreed to be mating with their spouse in order to satisfy their urge, while 13.7% agreed that mating with their fiancé or fiancée is the only means through which their sexual satisfaction is met, another 29.6% agreed to mating with friends and 35.7% of the respondents have satisfy their sexual urge by mating with sex workers and while 7.6% agreed to be involved more with more than one sexual partners to quench their sexual arousal. The rate at which oil servicing company workers are engaging themselves with sex workers is high and this could be attributed to their absence from home most of the time especially when they are offshore or deployed to a flow station for many weeks. Another reason could be the cheapness of the sex workers in terms of the money being paid to them and they are very accessible. Against the belief of the respondents in the area that the physical and psychological satisfaction is completely absent when condom is used during sexual intercourse confirmed that people are not interested to use condom during sexual intercourse and they stand the likely chance to be affected by sexually transmitted diseases. This conclusion arises as 46.6% of the respondents agreed that certainly, they will never think of having sex with condom and 16.2% said never; only 18.5% and 18.7% on the other hand are of the opinion that they may likely and very likely use a condom. The analysis in Table 1, concerning the involvement of respondents ina physical fight. It is found that 25.1% had engaged in fight before while 74.9% said that they have not gotten involved in any form of fight. This shows the level of their responsibilities in the public to ensure peace and tranquillity in their domains.

The perception towards alcohol intake is also displayed in Table 1 and clearly revealed that 52.8% agreed to be taking alcohol while 37.2% disagreed. Majority are involved in alcohol intake in the study area. Similarly, the brands of alcoholic drink taken by the respondents' shows that 27.3% enjoyed taking beer, 44.6% liked taking spirit, 9.9% each like taking Champagne and Whisky while 8.6% liked taking brandy. Higher spirit taken by the respondents can be attributed to the small sachet size with little price which could be afforded by several individual in different income levels. The next which is beer could also be attributed to the purchasing power of many individuals. Also the availability and accessibility of beer by individuals is high considering that beer shops or supermarkets are found everywhere in different residential neighbourhoods. Table 1 presents the analysis on the respondents' reactions toward the high intake of alcohol and prescription of illicit drugs and reported from the analysis that 8.4% affirmed that high intake of alcohol 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 have longer life span besides other challenges that may ensue.

It was gathered from the study that beer and spirit were the most consumed alcoholic drinks and this could be attributed to affordability and accessibility. Famuyiwa (2018) reported that the general public is now exposed to choices that suit their desires and budgets, which determine the type of drinks they take. Unlike before when alcoholic drinks played complex roles in social activities, alcohols are now being taken based on many factors that can best be described by individuals. Before now, alcohol was used for rituals, marriage ceremonies, and chieftaincy enthronements, among others. Encomium (2016) also buttressed that men use bitters for sex enhancement as most men confesses. The majority taking alcohol daily is endangering themselves and they can easily become sickly as the major organs in the body system are destroyed. In terms of affordability, Owoeye (2019) supported it that consumer's shift to sachet bitter drinks as purchasing power weakens. The price of these bitters cannot be compared to that of Whisky and Brandy which are commonly observed as foreign wines or spirit. Owoeye (2019) further reported that in recent times there has been a surge in the volume of sales of bitters in the country. It is like a 'scourge' suddenly unleashed on the land. They are so popular that even at highbrow retail outlets the various brands have become more visible on shelves, with brewers trying to claim some market share in the lucrative bitters market. Currently, it is like a raging bitters war at every shop, bar and no social event is complete without the sight of bitters. Bitters made its entry into the Nigerian market about 10 years ago and since then it has gained acceptance among all classes of consumers in the country. It is no longer strange to see commercial drivers, even the smartly dressed ones, hurriedly buying bottles of bitters early in the morning before heading off for the day's work. It is also unarguably unveiled that majority engaged their sex partner and friend to be satisfied sexually on account of the fact that they are always intoxicated when they take alcoholic drink especially the cheap ones which included beer and sachet bitter spirit like Alomo, Action Bitter, Chelsea, Schinapp aromatic, etc.

The lives of majority that engage themselves in multiple sexual relationships and preferred not to use condom are in more precarious situations. That becomes more complex in terms of controlling the kind of sexually transmitted disease that they may encounter at any time.

Also, the frequency of taking unprescribed drugs is high in the study area. This could be dangerous to human body because of the ignorance about the dosage to use for a particular drug at different ages. Most often this is called self-medication in which Ruiz (2010) defined as the selection and use of medicines by individuals (or a member of the individuals' family) to treat self-recognized or self-diagnosed conditions or symptoms.

Several benefits have been linked to appropriate self-medication, among them are increased access to medication and relief for the patient, the active role of the patient in his or her own health care, better use of physicians and pharmacists skills and reduced (or at least optimized) burden of governments due to health expenditure linked to the treatment of minor health conditions However, self-medication is far from being a completely safe practice and its potential risks include: incorrect self-diagnosis, delays in seeking medical advice when needed, infrequent but severe adverse reactions, dangerous drug interactions, incorrect manner of administration, incorrect dosage, inadequate choice of therapy, masking of a severe disease and risk of dependence and abuse. In this short review the author analyzes recent literature on some of the most important dangers

related to self-medication practices, particularly: polypharmacy and drug interactions, medications abuse or dependence, misdiagnosis and incorrect choice of treatment (Ruiz, 2010). Personal and workplace distresses are also common among the workers in the study area. There is considerable evidence that psychological distress is often co-morbid with other health conditions and can worsen health outcomes (Moussayi et al. 2007).

Prevalent Health Risk Behaviours in Different Oil Servicing Companies in Niger Delta

Table 2: Health Risk Behaviours in the Selected Oil Servicing Companies in Rivers State

Health Risk Behaviors	Tecon Oil Servicing		Halliburton Energy Services Nigeria		Schlumberger Anadrill Nigeria		Total	Percentage (%)
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
Physical inactivity	1	5.6	1	2.9	1	3.3	3	3.7
Diabetes/ High blood sugar	1	5.6	4	11.8	2	6.7	7	8.5
Poor diet	1	5.6	1	2.9	1	3.3	3	3.7
High cholesterol	1	5.6	1	2.9	1	3.3	3	3.7
Body mass index	2	11.1	1	2.9	2	6.7	5	6.1
High blood pressure	2	11.1	5	14.7	3	10.0	10	12.2
Overdue preventive visit	1	5.6	1	2.9	1	3.3	3	3.7
High stress	1	5.6	1	2.9	2	6.7	4	4.9
Fatigue	1	5.6	1	2.9	1	3.3	3	3.7
Depression	1	5.6	1	2.9	2	6.7	4	4.9
Tobacco use	1	5.6	4	11.8	4	13.3	9	11.0
Alcohol consumption	3	16.7	9	26.5	7	23.3	19	23.2
Lack of emotional fulfillment	1	5.6	3	8.8	2	6.7	6	7.3
Carelessness/ negligence	1	5.6	1	2.9	1	3.3	3	3.7
Total	18	100.0	34	100.0	30	100.0	82	100.0

Table 3: Health Risk Behaviours in the Selected Oil Servicing Companies in Delta State

Health Risk Behaviors	OildataWireline Services		Schlumberger Wireline& Testing		KANUCO Services Nigeria		Total	Percentage (%)
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
Physical inactivity	1	5.9	1	4.5	0	0.0	2	4.3
Diabetes/High blood sugar	1	5.9	4	18.2	2	28.6	7	15.2
Poor diet	1	5.9	1	4.5	0	0.0	2	4.3
High cholesterol	1	5.9	1	4.5	0	0.0	2	4.3
Body mass index	2	11.8	1	4.5	0	0.0	3	6.5
High blood pressure	2	11.8	2	9.1	0	0.0	4	8.7
Overdue preventive visit	1	5.9	1	4.5	0	0.0	2	4.3
High stress	1	5.9	1	4.5	2	28.6	4	8.7
Fatigue	1	5.9	1	4.5	0	0.0	2	4.3
Depression	1	5.9	1	4.5	0	0.0	2	4.3
Tobacco use	1	5.9	2	9.1	2	28.6	5	10.9
Alcohol consumption	2	11.8	3	13.6	1	14.3	6	13.0
Lack of emotional fulfillment	1	5.9	2	9.1	0	0.0	3	6.5
Carelessness/ negligence	1	5.9	1	4.5	0	0.0	2	4.3
Total	17	100.0	22	100.0	7	100.0	46	100.0

Table 4: Health Risk Behaviours in the Selected Oil Servicing Companies in Edo State

Health Risk Behaviors	Corelap Nigeria	Percentage (%)	Sego Oilfield Services	Percentage (%)	JD Services	Percentage (%)	Total	Percentage (%)
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
Physical inactivity	1	6.3	1	3.7	0	0.0	2	4.0
Diabetes/High blood sugar	1	6.3	4	14.8	1	14.3	6	12.0
Poor diet	1	6.3	1	3.7	0	0.0	2	4.0
High cholesterol	0	0.0	1	3.7	0	0.0	1	2.0

Table 4 Continued...								
Body mass index	2	12.5	1	3.7	0	0.0	3	6.0
High blood pressure	2	12.5	2	7.4	0	0.0	4	8.0
Overdue preventive visit	1	6.3	1	3.7	0	0.0	2	4.0
High stress	1	6.3	1	3.7	1	14.3	3	6.0
Fatigue	0	0.0	1	3.7	1	14.3	2	4.0
Depression	1	6.3	1	3.7	1	14.3	3	6.0
Tobacco use	1	6.3	2	7.4	2	28.6	5	10.0
Alcohol consumption	3	18.8	8	29.6	1	14.3	12	24.0
Lack of emotional fulfillment	1	6.3	2	7.4	0	0.0	3	6.0
Carelessness/ negligence	1	6.3	1	3.7	0	0.0	2	4.0
Total	16	100.0	27	100.0	7	100.0	50	100.0

Table 5: Health Risk Behaviours in the Selected Oil Servicing Companies in Bayelsa State

Health Risk Behaviors	**Tricon**		**Baker Nigeria**		**Sart Nigeria Reservoir Fluid Laboratory Inc.**		**Total**	**Percentage (%)**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**		
Physical inactivity	0	0.0	1	4.8	0	0.0	1	2.2
Diabetes/High blood sugar	1	8.3	3	14.3	1	7.7	5	10.9
Poor diet	1	8.3	1	4.8	0	0.0	2	4.3
High cholesterol	0	0.0	1	4.8	0	0.0	1	2.2
Body mass index	2	16.7	1	4.8	0	0.0	3	6.5
High blood pressure	2	16.7	2	9.5	0	0.0	4	8.7
Overdue preventive visit	1	8.3	1	4.8	0	0.0	2	4.3
High stress	1	8.3	1	4.8	1	7.7	3	6.5
Fatigue	0	0.0	0	0.0	1	7.7	1	2.2
Depression	1	8.3	1	4.8	1	7.7	3	6.5
Tobacco use	1	8.3	2	9.5	2	15.4	5	10.9
Alcohol consumption	2	16.7	5	23.8	7	53.8	14	30.4
Lack of emotional fulfillment	0	0.0	2	9.5	0	0.0	2	4.3
Carelessness/negligence	0	0.0	0	0.0	0	0.0	0	0.0
Total	12	100.0	21	100.0	13	100.0	46	100.0

Table 6: Health Risk Behaviours in the Selected Oil Servicing Companies in AkwaIbom State

Health Risk Behaviors	**Petrolog**		**EMVAL**		**Weltek**		**Total**	**Percentage (%)**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**		
Physical inactivity	0	0.0	1	12.5	0	0.0	1	3.6
Diabetes/High blood sugar	1	7.7	0	0.0	1	14.3	2	7.1
Poor diet	1	7.7	1	12.5	0	0.0	2	7.1
High cholesterol	0	0.0	1	12.5	0	0.0	1	3.6
Body mass index	2	15.4	0	0.0	0	0.0	2	7.1
High blood pressure	2	15.4	1	12.5	0	0.0	3	10.7
Overdue preventive visit	1	7.7	0	0.0	0	0.0	1	3.6
High stress	1	7.7	0	0.0	1	14.3	2	7.1
Fatigue	0	0.0	0	0.0	1	14.3	1	3.6
Depression	1	7.7	1	12.5	1	14.3	3	10.7
Tobacco use	1	7.7	1	12.5	1	14.3	3	10.7
Alcohol consumption	3	23.1	2	25.0	2	28.6	7	25.0
Lack of emotional fulfillment	0	0.0	0	0.0	0	0.0	0	0.0
Carelessness/negligence	0	0.0	0	0.0	0	0.0	0	0.0
Total	13	100.0	8	100.0	7	100.0	28	100.0

Table 7: Health Risk Behaviours in the Selected Oil Servicing Companies in Cross River State

Health Risk Behaviors	**Weafri Well Services Nigeria**		**MRS Oil**		**Xelen Inc**		**Total**	**Percentage (%)**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**		
Physical inactivity	1	4.0	0	0.0	0	0.0	1	2.8

Table 7 Continued...								
Diabetes/High blood sugar	1	4.0	1	16.7	1	20.0	3	8.3
Poor diet	1	4.0	1	16.7	0	0.0	2	5.6
High cholesterol	1	4.0	0	0.0	0	0.0	1	2.8
Body mass index	2	8.0	0	0.0	0	0.0	2	5.6
High blood pressure	2	8.0	1	16.7	1	20.0	4	11.1
Overdue preventive visit	1	4.0	0	0.0	0	0.0	1	2.8
High stress	1	4.0	0	0.0	1	20.0	2	5.6
Fatigue	1	4.0	0	0.0	0	0.0	1	2.8
Depression	1	4.0	0	0.0	0	0.0	1	2.8
Tobacco use	1	4.0	1	16.7	1	20.0	3	8.3
Alcohol consumption	10	40.0	2	33.3	1	20.0	13	36.1
Lack of emotional fulfillment	1	4.0	0	0.0	0	0.0	1	2.8
Carelessness/negligence	1	4.0	0	0.0	0	0.0	1	2.8
Total	25	100.0	6	100.0	5	100.0	36	100.0

Table 8: Health Risk Behaviours in the Selected Oil Servicing Companies in Ondo State

Health Risk Behaviors	**Maerlin Servicing**		**Interdrill Nigeria**		**Honeywell**		**Total**	**Percentage (%)**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**		
Physical inactivity	0	0.0	0	0.0	1	4.8	1	2.2
Diabetes/High blood sugar	1	7.7	1	8.3	3	14.3	5	10.9
Poor diet	0	0.0	1	8.3	1	4.8	2	4.3
High cholesterol	0	0.0	0	0.0	1	4.8	1	2.2
Body mass index	0	0.0	2	16.7	1	4.8	3	6.5
High blood pressure	0	0.0	2	16.7	2	9.5	4	8.7
Overdue preventive visit	0	0.0	1	8.3	1	4.8	2	4.3
High stress	1	7.7	1	8.3	1	4.8	3	6.5
Fatigue	1	7.7	0	0.0	0	0.0	1	2.2
Depression	1	7.7	1	8.3	1	4.8	3	6.5
Tobacco use	2	15.4	1	8.3	2	9.5	5	10.9
Alcohol consumption	7	53.8	2	16.7	5	23.8	14	30.4
Lack of emotional fulfillment	0	0.0	0	0.0	2	9.5	2	4.3
Carelessness/negligence	0	0.0	0	0.0	0	0.0	0	0.0
Total	13	100.0	12	100.0	21	100.0	46	100.0

Table 9: Health Risk Behaviours in the Selected Oil Servicing Companies in Abia State

Health Risk Behaviors	**Mart Energy Services**		**VRMT International Nigeria**		**Ariosh Oil**		**Total**	**Percentage (%)**
	Frequency	**Percentage (%)**	**Frequency**	**Percentage (%)**	**Frequency**	**Percentage (%)**		
Physical inactivity	0	0.0	0	0.0	0	0.0	0	0.0
Diabetes/High blood sugar	1	7.1	1	20.0	1	20.0	3	12.5
Poor diet	1	7.1	0	0.0	0	0.0	1	4.2
High cholesterol	0	0.0	0	0.0	0	0.0	0	0.0
Body mass index	2	14.3	0	0.0	0	0.0	2	8.3
High blood pressure	2	14.3	1	20.0	0	0.0	3	12.5
Overdue preventive visit	1	7.1	0	0.0	0	0.0	1	4.2
High stress	1	7.1	1	20.0	0	0.0	2	8.3
Fatigue	0	0.0	0	0.0	0	0.0	0	0.0
Depression	1	7.1	0	0.0	1	20.0	2	8.3
Tobacco use	1	7.1	1	20.0	1	20.0	3	12.5
Alcohol consumption	4	28.6	1	20.0	2	40.0	7	29.2
Lack of emotional fulfillment	0	0.0	0	0.0	0	0.0	0	0.0
Carelessness/negligence	0	0.0	0	0.0	0	0.0	0	0.0
Total	14	100.0	5	100.0	5	100.0	24	100.0

Table 10: Health Risk Behaviours in the Selected Oil Servicing Companies in Imo State

Health Risk Behaviors	Chrome Oil		Geoservices Nigeria		Amazon Energy		Total	Percentage (%)
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
Physical inactivity	0	0.0	0	0.0	0	0.0	0	0.0
Diabetes / High blood sugar	1	6.7	1	7.1	1	12.5	3	8.1
Poor diet	1	6.7	1	7.1	0	0.0	2	5.4
High cholesterol	0	0.0	0	0.0	0	0.0	0	0.0
Body mass index	2	13.3	2	14.3	0	0.0	4	10.8
High blood pressure	2	13.3	2	14.3	0	0.0	4	10.8
Overdue preventive visit	1	6.7	1	7.1	0	0.0	2	5.4
High stress	1	6.7	1	7.1	1	12.5	3	8.1
Fatigue	0	0.0	0	0.0	1	12.5	1	2.7
Depression	1	6.7	1	7.1	1	12.5	3	8.1
Tobacco use	1	6.7	1	7.1	1	12.5	3	8.1
Alcohol consumption	3	20.0	4	28.6	2	25.0	9	24.3
Lack of emotional fulfillment	1	6.7	0	0.0	1	12.5	2	5.4
Carelessness/ negligence	1	6.7	0	0.0	0	0.0	1	2.7
Total	15	100.0	14	100.0	8	100.0	37	100.0

The prevalent health risk behaviour in the selected oil servicing companies in Rivers State is presented in Table 2 and the analysis reveals that body mass index and high blood pressure had 11.1% each while alcohol consumption had 16.7% in Tecon Oil Servicing. In Haliburton Energy, 11.8% settled with diabetes/ high blood sugar, 14.7% agreed on high blood pressure, 11.8% agreed on tobacco use while 26.5% agreed on alcohol consumption and 8.8% agreed on lack of emotional fulfilment. In Schlumberger Anadrill Nigeria, it is noted that 10% agreed on high blood pressure, 6.7% agreed on high stress and depression, 13.3% attested to tobacco use while 23.3% agreed on alcohol consumption. In total, alcohol consumption had 23.2% , followed by high blood pressure having 12.2%, tobacco use was attested to by 11% of the total respondents and 8.5% agreed on diabetes/high blood sugar while 7.3% agreed on lack of emotional fulfilment.

In Table 3 the health risk behaviours in the selected oil servicing companies in Delta State are also presented and it reveals that body mass index, high blood pressure and alcohol consumption were attested to by 11.8% of the respondents in OildataWireline Services. However, in Schlumberger Wireline and Testing, 18.2% attested to diabetes/high blood sugar, 13.6% agreed on alcohol consumption while high blood pressure, tobacco use and lack of emotional fulfilment recorded 9.1% each in the said company. In KANUCO Services Nigeria, the notable health risk behaviour are diabetes/high blood sugar, high stress, and tobacco use which each was agreed on by 28.6% of the respondents while 14.3% agreed on alcohol consumption. In total, diabetes/high blood sugar took the lead in Delta State as it was attested to by 15.2% of respondents, followed by alcohol consumption in which 13% attested to and followed by tobacco use which has 10.9% of respondents. Each of high blood pressure and high stress was agreed upon by 8.7% of the respondents.

It is observed that in Edo State in Table 4, the health risk behaviour in Corelap Nigeria reveals that 12.5% agreed on body mass index, 12.5% also agreed on high blood pressure while 18.8% agreed on alcohol consumption which was the highest. In Sego Oil Field Services, it is observed that the dominating health risk behaviour are alcohol consumption, poor diet high blood pressure and lack of emotional fulfilment as 39.6%, 14.8%, 7.4% and 7.4% of respondents attest to that respectively. In JD Services, it is also observed that tobacco use was the dominating health risk behaviour as 28.6% of the respondents

ticked yes to it. In total for Edo State, the leading health risk behaviour is alcohol consumption which recorded 24% of the respondents, followed by diabetes/high blood sugar which had 12% and then tobacco use which indicated 10%. However, 8% agreed on high blood pressure whereas 6% agreed on each of high blood pressure, high stress, depression and body mass index individually. Tricon, Baker Nigeria and Sart Nigeria Reservoir Fluid Laboratory Inc were the selected oil servicing companies in Bayelsa State as presented in Table 5. It is discovered that alcohol consumption, body mass index, and high blood pressure were the prevalent health risk behaviour in Tricon as 16.7% of the respondents attested to each of them. However in Baker Nigeria, it is observed that 23.8% responded to alcohol consumption while 14.3% agreed separately on diabetes/high blood sugar and 9.5% agreed on each of high blood pressure, tobacco use and lack of emotional fulfilment. In Sart Nigeria Reservoir Fluid Laboratory Inc., it is discovered also that 53.8% of the respondents affirmed alcohol consumption as their major health risk behaviour while 15.4% subscribed to tobacco use. The duos i.e. alcohol consumption and tobacco use are the dominating health risk behaviour in Bayelsa State as indicated in the table are diabetes/blood sugar (10.9%), high blood pressure (8.7%), tobacco use (10.9%) and alcohol consumption which is the highest at (30.4%).

In AkwaIbom State in Table 6, it is reported that the dominating health risk behaviours in Petrolog are alcohol consumption as attested to by 23.1% of the respondents, and 15.4% each of body mass index and high blood pressure. In EMVAL, it is observed that alcohol consumption is the leading health risk behaviour having 25% of the respondents attesting to that and others like poor diet, high cholesterol, high blood pressure, depression and tobacco use have 12.5% of respondents attesting to it. In Weltek, it is seen that 28.6% agreed on alcohol consumption and others like diabetes/high blood sugar, high stress, fatigue, depression, tobacco use are also confirmed as health risk behaviours by 14.3% each of the respondents. In AkwaIbom State, alcohol consumption, tobacco use, depression and high blood pressure are the dominating health risk behaviour.

In Cross River in Table 7, it is seen that the 40% of the respondents in Weafri Well Services Nigeria agreed on alcohol consumption and followed by body mass index and high blood pressure being attested to by 8% each. In MRS Oil, 33.3% agreed on alcohol consumption, while in Xelen Inc., the dominating health risk behaviours are diabetes/high blood sugar, high blood pressure, high stress, tobacco use and alcohol consumption as 20% each of the workers in that company agreed. In total, the dominating health risk behaviour in Cross River State is alcohol consumption (36.1%), high blood pressure (11.1%), tobacco use (8.3%), diabetes/high blood sugar (8.3%), poor diet (5.6%) and body mass index (5.6%).

In Ondo State in Table 8, alcohol consumption dominated Maerlin Servicing Company as 53.8% of respondents agreed to that while tobacco use had 15.4% of the respondents. Furthermore, it is observed that the dominating health risk behaviour in Interdrill Nigeria still in Ondo State is alcohol consumption, body mass index and high blood pressure as 16.7% of the respondents confirmed each of them by their response. In the Honeywell, 23.8% of the respondents agreed on alcohol consumption, 14.3% agreed on diabetes/high blood sugar and 9.5% each for lack of emotional fulfilment and high blood pressure. In total, 30.4% agreed on alcohol consumption, 10.9% agreed on tobacco use and also 10.9% diabetes/high blood sugar while 8.7% agreed on high blood pressure.

In Abia State in Table 9, in Mart Energy Services, alcohol consumption records 28.6% of the respondents while 14.3% each agreed on body mass index and

high blood pressure. In VRMT International Nigeria, it is shown that each of diabetes/high blood sugar, high blood pressure, tobacco use, high stress and alcohol consumption was agreed upon by 20% of the respondents separately. Also, the prevalent health risk behaviours observed in VRMT was equally seen as the dominating one in Ariosh oil with 20% of the respondents validating each of diabetes/high blood sugar, high blood pressure, tobacco use and high stress whereas 40%attesting to alcohol consumption. In Ariosh oil, alcohol consumption seen as the most dominating health risk behaviour as affirmed by 29.2% of the respondents, the others include diabetes/high blood sugar, high blood pressure and tobacco use which was corroborated by 12.5% of the respondents each and the next in line was depression, high stress and body mass index which was agreed by 8.3% of the respondents each.

In Imo State in Table 10, in Chrome Oil, it is observed that 20% of the respondents agreed on alcohol consumption. It is equally observed that 13.3% each agreed on high cholesterol and high blood pressure. In Geoservices Nigeria, 28.6% agreed on alcohol consumption and 14.3% agreed on body mass index and high blood pressure. Similarly, 25% agreed on alcohol consumption in Amazon Energy which is the dominating health risk behaviour. In total, 24.3% of the respondents agreed on alcohol consumption, followed by body mass index and high blood pressure with 10.8% of respondents respectively and 8.1% on the other hand which agreed on diabetes/high blood sugar.

Table 11: Variation of Health Risk Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1485.849	8	185.731	15.946	.000
Within Groups	4495.837	386	11.647		
Total	5981.686	394			

The analysis of variance (ANOVA) of the variation of health risk behaviours among the workers is shown in Table 11. The analysis shows that there is a significant variation in the health risk behaviours common among employees ($F=15.946$; $p<0.05$). This shows that the level of display of health risk behaviours in various oil servicing companies may be totally different among the workers. Thus, the alternative hypothesis stating that there is a statistically significant variation in the health risk behaviours common among employees is retained while the null is rejected.

CONCLUSION AND RECOMMENDATIONS

It is revealed that more people enjoyed taking beer and spirit with few persons showing interest taking Champagne, Whisky and Brandy. Although, majority of the smokers enjoy smoking daily, the rate of consumption of cigarette is very alarming. Again, for the purpose of physical and psychological sexual satisfaction, most of the workers liked mating their friends and sex partners without using condom during sexual intercourse not minding the likely disastrous consequences associated therewith and the implications of such actions on the company at large. Interesting the health risk behaviours among the workers varies significantly from company to company. It is pertinent therefore that the management of the companies should conduct company based health risk assessment to identify the health risk behaviours of their workers which is peculiar to their companies and as well as do a cause – effect analysis. Appropriate health promotion programmes/ policies should be initiated, formulated, implemented and monitored without hesitation to take drastic disciplinary measures against defaulters. More importantly, to set up a functional health promotion/intervention/counselling unit that will create and monitor all workers health risk behaviour charts for and communicate

the management accordingly for appropriate decision taking.

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