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Perspectives of Consultants on Health and Safety Provisions in the Labour Act: A Study into Theory and Practicals

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Abstract

The construction industry has been seen as one of the hazardous industries. This is because the industry has a poor health and safety performance record compared to other industries all over the world. The Labour Act provides that it is the duty of an employer to ensure that every worker employed works under satisfactory, safe and healthy conditions. The objective of this paper is to identify how clauses in the Labour Act 651 addressing appropriate health and safety standards are used in construction sites and identify possible challenges facing the adaptation of the requirements of Health and Safety in the Labour Act. Using convenience and snowball sampling techniques, 200 questionnaires were distributed to architects, quantity surveyors, site and structural engineers. One hundred and twenty-one were retrieved representing a response rate of 61.5%. The data was analysed using descriptive statistics, and Relative Important Index ranking. The findings indicate that clauses in the Labour Act 651 addressing appropriate health and safety standards are poorly adhered to. The findings also indicate that the key challenges facing the adaptation of the Labour Act are; inadequate training, poor risk assessment, cost, reporting shortfalls ,lack of H&S professionals, inadequate H&S policies, data collection shortfalls, lack of H&S education, communication shortfalls and workers attitudes towards Health and Safety.

Keywords: labour act, health and safety, construction industry, Ghana

1. Introduction and Literature Review

The Ghanaian construction industry is playing a vital role in achieving socio-economic development goals, providing shelter, infrastructure and employment, and above all contributing significantly to the GDP of the country. According to GSS 1995 and GSS 2008 the construction sector industry like any other sector of the economy of Ghana experienced a constant employment growth of about 1.2% in 1991 and remained unchanged to 1995. Employment growth increased from 1.5% in 1995 to about 2% in 1997. Between the periods of 1999 to 2008 construction employment has significantly grown and moved from 1.4% to 3.9% (GSS 1995; GSS 2008). Indeed, it is clear that, the construction sector over the years in Ghana has proven to be a source of employment to individuals both in the pubic and privates scetors. The Ghanaian construction Industry, according to Anaman et. Al. (2007) was the third largest growing economic sector outstripping the manufacturing industry in 2004 with a constant GDP growth of about 5.8 % from 2004 to 2005. Subsequently, the emergence of Ghana as an oil producing country, the Ghanaian construction industry is projected to grow stronger at a rate of 13% (ISSER, 2008). Besides the important growth in employment and GDP contributions, the construction industry in Ghana still has a huge potential of contributing more to job creation and higher contribution to GDP.

Considering the extent of contribution of construction to the economy, coupled with the fact that it is labour intensive, it is also worth noting that the construction industry is featured by constantly changing working environment such as conditions on site and different types of work being carried out simultaneously by several workers. The construction industry of Ghana, like other developing countries, relies on labour intensive methods. This is typically shown in most infrastructural projects like feeder roads, school, hospitals, stadiums, bridges, wells for water, small dams, and factories are constructed using labour based methods (Blacker, 1995). Due to the fact that construction is carried out in a constantly changing work environment, it is a relatively prone to accident. Construction is risky and prone to health and safety risks. This is due to the nature of the construction work operations, construction methods, construction materials, heavy equipment used, and physical properties of

the construction project itself. Indeed, based on the world statistics, the accident rate in the construction industry is almost three times higher than that of the manufacturing sector Sengupta, (1999). Armstrong (2006) also states that, thousands of people are killed at work every year and several hundred thousands more are injured or suffer ill-health. It is also estimated that apart from the pain and misery caused to those directly or indirectly concerned, the total cost to employers of work-related injury and illness exceed £4 billion a year. According to Haslam (2005), construction is widely regarded as an accident prone industry. In Ghana, it was reported that the construction industry recorded 902 accident cases comprising 56 fatal accidents in 2000 and 846 non-fatal accidents (Danso, 2005). In that same report, Danso (2005) indicated that Kumasi (the regional capital of Ashanti) alone recorded 124 construction accident deaths from 1999 to 2004. Furthermore, Laryea and Mensah (2010) in their study revealed a poor state of health and safety on Ghanaian construction sites.

In Ghana, the Labour Act, 2003 (Act 651) has been passed which seeks to address among other issues, Health and Safety problems and also prevent whenever possible accidents on various construction sites. These provisions of the Act, if complied with will go a long way at curbing the problems associated with Health and Safety in Ghana. Thus this research paper seeks to identify how the health and safety provisions in the Labour Act 2003, Act 651 are practically practiced on construction project sites in Ghana. Furthermore, to identify possible challenges hindering adherence to the provisions in the Act.

1.1 History of Health and Safety in Ghana

It has been the case and still remains so that governments have focused on raw material production through foreign companies using a mixture of foreign skilled and unskilled local labour. So many years ago, production methods created work related hazards which needed to be managed .This therefore led to the passage of the Factories Ordinance in 1952 to provide a code of protection for most production workers. The law was implemented in the mining industry where workers were exposed to serious hazards to their health (Kheni et al, 2008). According to Dumet (1993), occupational health and safety was neglected by Government and mining companies resulting in high mortality rates among migrant workers. Key government institutions such as Komfo Anokye and the Korle Bu Teaching Hospitals under the Ministry of Health were not equipped with modern occupational health unit at the time to deal with cases that are brought from the industries. These brought about agitations for better hospital facilities to help handle such cases. Currently these hospitals have managed to make provisions in their occupational health units to better deal with accidents due to falls, electrocution, cuts etc.

1.2 Health and Safety Institutions

The activities of many government ministries and other organisations affect the construction industry of Ghana. Public institutions may interact directly with the industry by regulating its activities or act on behalf of government as financiers, suppliers, regulators, clients, or paymasters (Edmonds and Miles 1984). Non-governmental organisations, which significantly influence the activities of the industry, include trade unions, employers' organisation, private clients, donor agencies, professional institutions, research institutions, and private educational institutions. To date, two government ministries have had direct responsibility over activities of construction businesses in Ghana and have had total control of implementation of state policy in the construction sector (Kheni et al, 2008).The key Ministry with respect to these is the Ministry of Roads and Transport. The Ministry of Roads and Transport is responsible for the road sector of the economy and has under it, the Ghana Highways Authority, Department of Urban Roads (DUR) and Department of Feeder Roads. The other is the Ministry of Water Resources, Works and Housing which is responsible for policy development and implementation in respect of works, housing, water supply, sanitation and hydrology, and oversees the activities of building contractors. Generally, physical developments, such as roads, stadia, hospitals, schools churches and housing are normally undertaken, after the relevant state agencies or departments certify and conclude that the project meets the requirements stipulated within the planning and building regulations of Ghana. The Ghana Government conditions of contract delegates all health and safety issues to the client and contractor whereas environmental concerns to be addressed by the Environental Protection Agency (EPA) .The Labour and the Factory Inspectorate Departments handle labour issues and other issues relating to employment as well as accidents from construction sites and other production units in the country. However, the Ministry of Health, through its Occupational Health Units is responsible for occupational health issues (Kheni, 2008).

1.3 Overview of the International Labour Organisation

The International Labour Organization (ILO) as a specialized agency of the United Nations was established in 1919 with the sole objective of protecting Human Rights of workers and to promote decent work for all races. The ILO, as part of it works, drafts and adopts conventions, and makes the needed recommendations to its member states. In view of this, ILO provides acceptable standards, among other things, to all member states who

have adopted and pledged to respect and promote human rights. Consequently, in 1988, the Health and Safety in Construction Convention (No. 167) and its associated Recommendations (No. 175) were adopted to serve as blue print legislations and polices of member states' health and safety concerns. The enactment of the law on occupational health and safety in the construction industry was necessary to reflect the broad approach in tackling the health and safety problems in the construction industry. Therefore, complementing this law is the ILO Code of Practice on Health and Safety on Construction sites which was also approved in 1992.

1.4 The Code of Practice on Health and Safety on Construction Sites (ILO 1992)

Generally, a code of practice is a set of rules according to which people in a particular profession are expected to behave or practice. The ILO's Code of Practice on Health and Safety on Construction site provides guidelines in the implementation of the Health and Safety practice on construction sites for all workers. The document outlines the steps that have to be taken, such as the provision of adequate welfare facilities, personal protective equipment appropriate for a job and maintenance of safe working environment for all workers on site. Key portions of the code relevant to this study are welfare facilities, sanitary facilities, washing facilities , cloakroom, drinking water, facilities for food and drink, and personal protective equipment and clothing.

1.5 Health and Safety Legislation in Ghana

1.5.1 The Labour Act

Health is a sound state of the body and mind of people from illness resulting from the materials, processes or procedures used in the workplace, while safety is the protection of people from physical injury (Hughes et al, 2008). Due to this Part XV of the Labour Act, 2003 (Act 651) which relates to the health and safety and environment of workplaces provides that: *"It is the duty of an employer to ensure that every worker employed by him or her works under satisfactory, safe and healthy conditions"*

This means the employer should provide and maintain the workplace, plant and ensure the work is safe and without risk to the health of all workers including casual workers. Further, the employer should provide the necessary information, instructions, training and supervision, taking into account the age, literacy level and other circumstances of the worker to ensure, so far as it is reasonably practicable, the health and safety at work of other workers engaged on the particular work. The Act further provides that:

"It is the obligation of every worker to use the safety appliances, fire-fighting equipment and personal protective equipment provided by the employer in compliance with the employer's instructions".

- *An employer shall not be liable for injury suffered by a worker who contravenes subsection (3) where the injury is caused solely by non-compliance by the worker.*
- *An employer who, without reasonable excuse, fails to discharge any of the obligations under subsection (1) or (2) commits an offence and is liable on summary conviction to a fine not exceeding 1000 penalty units or to imprisonment for a term not exceeding 3 years or to both.*

1.5.2 Factories, Offices and Shop Act of 1970

The Factories, Offices and Shop Act 1970 is detailed to be preventive measures to health and safety in general. This Act caters for factories, offices, shops, ports, and construction. The Act provides for the minister for manpower, development and labour to make regulations in respect of construction works to address specific hazards including imposing duties on persons in respect of the hazards. According to this Act, every contractor or employer shall comply with the requirements designed to ensure the health, safety and welfare of all persons engaged in building operations on building construction sites. Furthermore, it provides that adequate and suitable accommodation in the form of canteen must be provided by the contractor to contain tables and seats or benches for taking meals, with facilities for boiling water. Where the employer or contractor has more than ten persons in his employment on a site, adequate facilities for heating food must be provided as well as drinking water. On the provision on first-aid, the Act states that employers provide first-aid room properly constructed and accessible to workers during working hours (Kheni, 2008).

1.5.3 The Workmen's Compensation Law

The first Ordinance on health and safety was the Workmen's Compensation Ordinance, 1940 (No. *52)*which came into force on the 1st July, 1942 as the Workmen's Compensation Ordinance (Cap.94). Another important provision of the Ordinance of 1954 was that which gave the Minister responsible for Labour the power to extend the scope of the Ordinance to occupational diseases. This was followed by the Workmen's Compensation (Amendment) Act, 1961 (Act *53).* It further provided for compensation for disfiguring and other social injuries to workmen. In 1963, a new law was enacted (Workmen's Compensation Act 1963).In 1966, the Act was further

amended by the Workmen's Compensation Act, 1963 (Amendment) Decree, 1966 (N.L.C.D. 86) by substituting a new section 15 for section 15 so as to clarify the effect of the amendments carried out by the Workmen's Compensation (Amendment) Act, 1965 (Act *295).* This Decree repealed Act 295.This was later repealed by the Current Workmen's Compensation Law 1987 (PNDCL 187).The Act provides that the employer is required to bear the hospital expenses of the injured worker. The Workmen's Compensation Act 1987 imposes employer liability to pay compensation to employees incapacitated by accidents arising out of and in the course of their employment. Compensation payment to accident victims is independent of negligence on the part of employer or fellow-worker (Kheni, 2008).

2. Research Methodology

A thorough literature review was done and also expert opinions from industry were taken, through which a number of challenges hindering the implementation of the Labour Act provisions were identified in the Ghanaian construction industry. In all, twenty (20) challenges were finalized and made part of the survey questionnaire. A questionnaire was developed to identify from the perspective of consultants challenges facing the implementation of Health and Safety provisions in the Labour Act in the Ghanaian construction industry. The questionnaire was divided into three parts. The first part requested background information about the respondents. The second part concentrated on the provisions in the Labour Act and finally the last part identified challenges facing the implementation of the H&S provisions in the Labour Act of Ghana. Before distributing the questionnaire, a small pilot study was conducted using 15 experienced consultants,(i.e.5 architects,5 quantity surveyors and 5 engineers) because of their in-depth understanding and knowledge in construction. The main purpose of the pilot study was to verify the completeness of the questionnaire in capturing the challenges relevant for the Ghanaian construction industry. All the respondents agreed that the questionnaire was sufficient to capture the provision and challenges facing the implementation of the Labour Act. The sampling method used in this study was convenience and snowball sampling. This sampling comes under the class of non-probability sampling techniques. This method of sampling is preferred when it is difficult to get response from sample elements selected at random (Sekaran, 2000). This sampling method enabled the author to obtain a large number of completed questionnaires quickly and economically. The questionnaires were distributed to targeted architects, quantity surveyors and engineers of registered firms in the Ashanti and Greater Accra, Brong Ahafo and Western regions of Ghana. These consultants have registered with their professionals institutions in Ghana. That is, Ghana Institute of Architects (GIA), Ghana Institution of Surveyors (GhIS) and Ghana Institute of Engineers (GIE) and Charted Institute of Building. Two hundred sets of questionnaires were distributed to potential respondents at all levels in their organizations within the construction industry between September 2011 to March 2012. Of the 200 questionnaires, 121 sets (61.5%) were fully completed and returned over the 6 months period. This was considered adequate for the analysis based on the assertion by (Moser & Kalton, 1971). The respondents were asked to rank the individual challenges hindering the implementation of the Labour Act Health and Safety provisions based on frequency of occurrence according to their own judgment and local working experience in the Ghanaian construction industry. A Likert scale of 1–5 was adopted for the ranking processes. To facilitate the analysis of the responses, the Likert scale of 1 -5,where 'Always'—5, 'Mostly'—4, 'Sometimes'—3, 'Seldom'—2 and 'Never'—1.

3. Results and Discussion

3.1 Profile

Consultancy firms with certain amount of experience were considered. Those with between 5-10 years, 10-20 years and above 20 years of working experience show the extent of contribution they have committed to the construction industry. Overall, engineers comprised of 25%, architects contributed 42% and quantity surveyors constituted 33%. In all 70% engineers held Bachelor's degrees and other higher qualifications and have worked for over ten years. Close to another 70% of quantity surveyors had first degree with the remaining 30% holding Higher National Diploma (HND) certificates with over 8 years of working experience. Thirty-five percent of the quantity surveyors held Higher National Diploma (HND) certificates and 75% of the architects held postgraduate diploma. The results also showed 65% of engineers had worked with DIKI and D2K2 contractors. Also 67% of quantity surveyors had worked with DIKI and D2K2 contractors and 75% of architects had worked with both DIKI and D2K2 contractors.

3.2 Compliance with H&S Provisions in the Labour Act of Ghana

Table 1. Percentage of respondents on Compliance with H&S provisions in the Labour Act of Ghana

Labour Act H&S Provisions	Appreviations	%Yes	%No	%Sometimes
Personal Protective Equipment	PPE	29	9	62
Clean Water	CW	31	58	11
Presence of Safety Officer	PSO	21	62	17
Health and Safety Training	HST	22	55	23
Provision of First Aid	PFA	60	31	9
First Aid Training	FAT	19	56	25
Warning Signs on Site	WSS	26	65	9
Site Inspection Checks	SIC	33	55	12
Toilet/Washing	T/W	8	37	55
Storage Room	SR	64	33	3
Changing Room	CR	64	20	16
Cleaning /Drying Room	C/DR	11	66	23

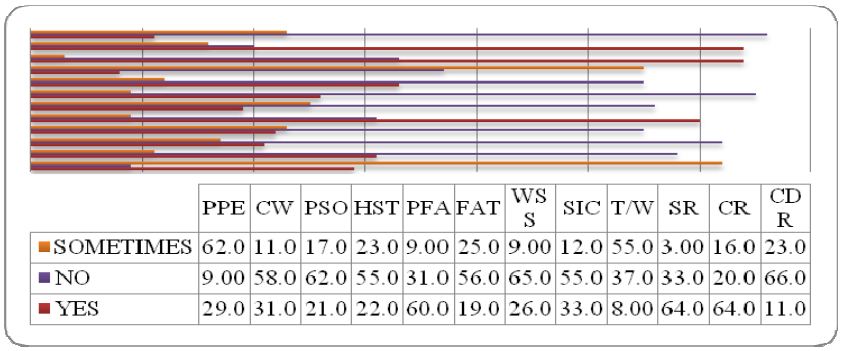

Figure 1. Compliance with H&S provisions in the Labour Act

Table 1 and Figure 1, show that 62% of the respondents agreed that they have supervised sites where sometimes Personal Protective Equipments (PPE) have been provided by contractors. However 9% indicated that they have supervised sites where Personal Protective Equipments(PPE) were not provided with 29% mentioning that they have observed PPE provided by contractors to their workers. With respect to response on the supply of clean drinking water on the sites 11%, 58% and 31% of respondents stated sometimes, no and yes respectively. According to the respondents, workers buy sachet water themselves for drinking. Even where the contractors supply water, it is mostly not all the time. On the presence of a safety officer, 17% of the respondents said sometimes, 62% said no whereas 21 said yes. However, safety issues on site are normally left under the care of supervisors and foremen.

23%, 55% and 22% for sometimes, no and yes respectively of the respondents mentioned that health and safety trainings were organized by contractors. Again table 1 and Figure 1 show that 9% of the respondents agreed that they have supervised sites where sometimes, First Aid Provisions have been provided by contractors. However 31% indicated that they have supervised sites where First Aid Provisions were not provided with 60% mentioning that they have observed the provision of first aid on construction sites. 25% of the respondents mentioned that they sometimes observed on sites contractors providing first aid training, 56% also stated that they did not observe first aid training orgainsed by contractors on sites.However, 19% of the respondents did say that they have observed contractors providing first aid training.

Table 1 shows that 65% of the respondents stated that contractors do not provide warning signs on sites they have supervised. However 9% indicated that they have sometimes seen warning signs on their sites and the remaining 26% also stating that they have observed on sites under their supervision as consultants, warning signs positioned at vantage points by contractors. On the issues of site inspection checks, 55% of the respondents said no, 33% said yes and the leaving 12% of the respondents who stated that they sometimes identified sites inspections checks on sites they visited. With respect to toilet and washing facilities provisions in the Labour Act of Ghana,37% of the respondents said no ,they did not observe on sites they visited toilet and washing facilities,

however 55% stated that they sometimes observed on sites toilet and washing facilities.8% did state that they have seen toilet and washing facilities on sites visited.

The need for the provision of a storage room on site cannot be underestimated. 64% of respondents mentioned that there were storage rooms, 33% of the respondents however said that there were no storage room with the remaining 3% stating that sometimes they observed on sites visited storage rooms. Again table 1 shows that 64 % of the respondents agreed that they have supervised sites where changing rooms for workers have been provided by contractors for their workers. However, 20% of the respondents indicated that they have supervised sites where changing rooms for workers were not provided.16% mentioned that they have sometimes observed the provision of changing rooms by contractors for their workers. Concerning cleaning /drying rooms 66% of the respondents mentioned that they did not observe that on any construction site under their supervision.11% of the respondents agreed that they have observed a cleaning/ changing rooms at sites under their supervision and finally 23% said they sometimes observed the provision of cleaning and drying rooms on sites they supervised.

Generally these findings contradict some key aspects of the provisions in the Labour Act.It is however clear that, for employers, the training of workers in safety norms and appointment of safety officer on sites is a kind of proactive measures for preventing accident on site (Danso, 2010). Also the Labour Act 2003 requires the employer to "*provide the necessary information, instructions, training and supervision having regard to the age, literacy level and other circumstances of the worker to ensure, so far as is reasonably practicable, the health and safety at work of those other workers engaged on the particular work".* These necessary provisions have not been followed with key aspects not provided on sites. According to Kheni, (2008), this unfortunate situation leads to lower motivation on the part of owner/managers to manage the health and safety aspects of the construction sites compared with when there is strict implementation of inspections and fines that are high enough to deter potential abusers of health and safety law.Inspite of all these shortfalls the Labour Act further provides that "*it is the duty of the employer to supply and maintain at no cost to the worker adequate safety appliances, suitable fire-fighting equipment, personal protective equipment, and instruct the workers in the use of the appliances or equipment*".Although not all the provisions were not provided on site, some aspects such as first aid equipment facilities were found on most site by respondents.This information shows that most construction companies are aware of occupational hazards and therefore provide first aid facilities as suggested by Laryea and Mensah (2011) that, there should be adequate first aid and first aider(s) on construction sites in Ghana. Laryea and Mensah (2011) recommended that standard site rules and hazard signs should be displayed on construction sites in Ghana as required by the Labour Act 2003.

3.3 Challenges Facing the Implementation of Health and Safety Requirements of the Labour Act

Table 2. Ranking on challenges facing the implementation of health and safety requirements

Challenges	Relative Important Index(RII)	Rank
Cost	0.759	9th
Technology shortfalls	0.704	14th
Employees resistance	0.707	13th
Lack of H&S education	0.807	7th
Ignorance	0.729	12th
Site Location	0.637	17th
Site conditions	0.674	15th
Culture	0.582	18th
Religion	0.482	19th
Working environment	0.659	16th
Weather condition	0.659	16th
Inadequate H&S Policies	0.819	5th
Reporting shortfalls	0.756	10th
Communication shortfalls	0.778	8th
Data Collection shortfalls	0.811	6th
Inadequate training	0.848	1st
Poor risk assessment	0.837	2nd
Workers attitudes	0.822	3rd
Lack of Health and Safety professionals	0.819	4th
Audit and review	0.733	11th

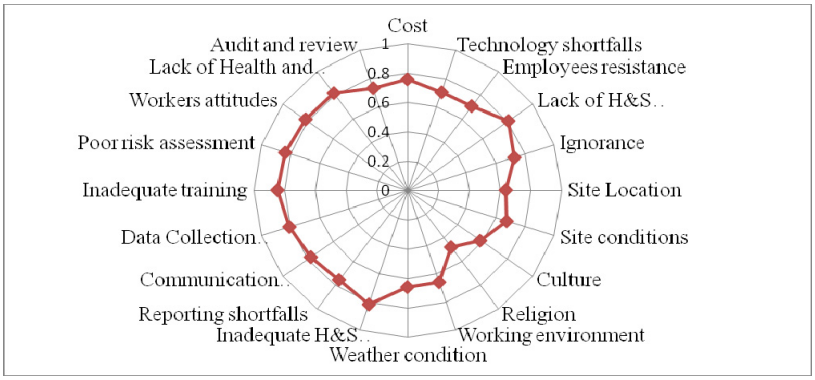

Figure 2. Challenges facing the implementation of health and safety requirements

3.4 Highly Ranked Challenges

Table 3. Highly ranked challenges facing the implementation of health and safety requirements

Challenges	Relative Important Index(RII)	Rank
Inadequate H& S training	0.848	1st
Poor risk assessment	0.837	2nd
Workers attitudes	0.822	3rd
Lack of Health and Safety professionals	0.819	4th
Inadequate H&S Policies	0.819	5th
Data Collection shortfalls	0.811	6th
Lack of H&S education	0.807	7th
Communication shortfalls	0.778	8th
Cost	0.759	9th
Reporting shortfalls	0.756	10th

Based on the ranking, the ten most important challenges affecting the implementation of the Health and safety requirements in the Ghanaian Construction industry as perceived by respondents were: Inadequate H&S training (RII = 0.848), poor risk assessment (RII = 0.837), workers attitude (RII = 0.822), lack of H&S professionals (RII = 0.819), lack of H&S policies (RII = 0.0.819), data collection shortfalls (RII = 0.811), lack of H&S education (RII = 0.807), communication shortfalls (RII= 0.778) cost (RII = 0.759), reporting difficulties (RII = 0.756).

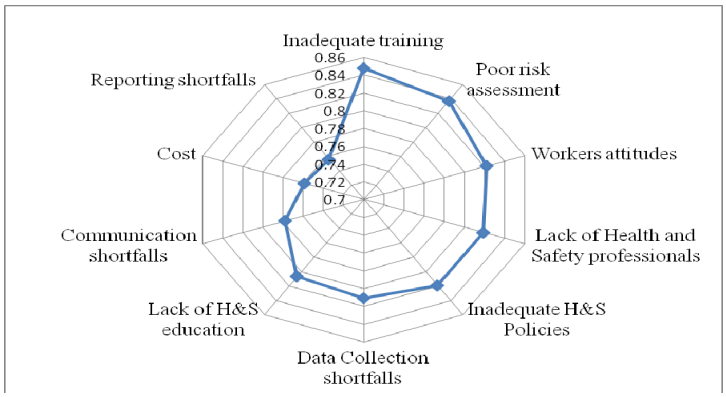

Figure 3. Highly ranked Challenges facing the implementation of health and safety requirements

The rankings indicate that contractors face challenges in training (RII = 0.848), of their workers on health and safety procedures as required by the Labour Act 2003. This is in line with Danso (2010) that 60% of building contractors in the Kumasi Metropolis do not provide welfare facilities and safety materials to casual workers. The findings also indicate that first-aid equipments, safe drinking water, sanitary facilities, provision of personal

protection equipment (PPE) and training of casual workers on safety procedures, were the measures needed for addressing the occupational health and safety issues confronting casual workers on construction sites. Kheni (2008) further indicates that worker involvement in health and safety, training in health and safety, and health and safety committees, could minimize accidents on construction sites.

Poor risk assessment was second on the ranking with RII of 0.837. According to ILO code of practice Geneva, International Labour Office (1992), "*The employer should make arrangements for the identification and assessment by competent persons of health hazards presented by the use of different operations, plant, machinery, equipment, substances and radiations at the construction site and take appropriate preventive or control measures against the identified health risks in conformity with the national laws and regulations."* However, most construction firms in Ghana face this challenge and for that matter end up not providing them at all.

Next on the ranking is workers attitude with RII of 0.822. Kheni (2008) posits that, certain times of the year are noted to be extremely hot and this encourages workers on site to work without wearing personal protective equipment. Controlling workers' attitudes during such periods can therefore be difficult at these times of the year. Thunderstorms are common between the months of June and August and measures had to be taken to safeguard workers health and safety. Truly speaking, individual characteristics of workers were seen to be a major problem in the management of health and safety. The habits frequently cited were alcohol consumption and smoking of hemp (cannabis). It was therefore not surprising that attitude of workers towards health and safety was among the topmost challenges facing construction firms in the implementation of Health and Safety requirements of the Act.

Another challenge confronting the construction industry is lack of professionals vested in health and safety with a RII of 0.819. Of all the sites visited, only one (1) had qualified safety officer which goes to buttress the fact that health and safety professionals are not many in the construction industry. Kheni (2008), mentions in his study that there is equally a shortage of health and safety professionals with training in occupational health and safety. Many SMEs, in carrying out work in locations far from the national capital, found that transport cost and accommodation expenses for bringing a health and safety professional to their site can be prohibitively high, even if the fees for providing training is affordable. He cited one of the owner/managers lamented on the problem of qualified safety professionals:

"*There are few safety professionals in this country and the workload they have will not permit them to do site visits or safety training. If one is fortunate to have a qualified site manager then he/she does the safety training with help of health personnel of the Ghana Health Service. Health education is free and there are qualified nurses in every district and even sub-district who can give health education. But safety officers are a problem; my region has no office of the Factory Inspectorate Department"* Kheni, (2008). Fifth on the ranking was lack of policies with a RII of 0.819. Danso (2010) observed that although no comprehensive data on the above issues exist in Ghana, especially in the construction sector, given the similarities in the construction industries in those developing countries such as Tanzania, Kenya, South Africa, there is little doubt that the trends observed might be different in Ghana. Furthermore, Kheni (2008) posits that while health and safety policies may be required as a condition for award of contract, their actual implementation is unsatisfactory. Clients requiring contractors to have health and safety policies also require them to document method statements, carry out health and safety inductions and health education. Thus, the economic and social behaviour of both employers and workers, together with the available legislation and policies on occupational health and safety set the agenda for developing a framework to evaluate the situation in Ghana.

4. Conclusions

Implementation of provisions in the Labour Act in the Ghanaian construction industry has been bedeviled with challenges and needs a paradigm shift. The results of the study provide evidence on the level of adherence and implementation of the provisions as well as challenges facing the Health and Safety provisions in the Labour Act. Here, Relative Important Index (RII) has been used to identify the underlying factors that could be responsible for the poor adherence to the health and safety provisions in the Labour Act of Ghana. The findings suggest that the challenges affecting the adherence to the health and safety provisions in the Labour Act of Ghana are: lack of health and safety training for workers , poor risk assessment , workers attitude towards health and safety , inadequate health and safety professionals , health and safety policies , inadequate data collection systems , lack of Health and Safety education in various institutions , communication difficulties, cost of providing and maintaining health and safety on sites and ,accident reporting shortfalls . Again, the results of the study provide enough evidence to show that the level of compliance to the provisions in the Labour Act of Ghana is poor. This is because findings of the study show that most health and safety provisions in the Labour Act are not adhered to and practiced as such.

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