

asymmetric information. Drivers were not disclosing their ride sharing activity to their personal auto insurers in order to avoid premium hikes, thereby risking fraud charges and insurance cancellation. The Uber driver rating system prompted drivers to tolerate difficult and hazardous rides to avoid the risk of low ratings by passengers. Drivers received incentives to drive even when they were trying to sign off. Finally, passenger destination was blinded to the driver, creating asymmetric information conditions that limited driver choice of ride destination and duration.

Conclusion Many of the driver risks related to drivers' own precarious economic situations and need for income together with pressures from the Uber app to engage in unsafe working conditions. Although Uber drivers are touted as only 'sharing' a ride and as their 'own boss', in practice their driving activities were strongly governed by the Uber app

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INTERVENTIONS IN INFORMAL SECTORS: A PARTICIPATORY ERGONOMICS APPROACH

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Introduction A large number of work forces in Asia (85%) are directly involved in informal sectors, whereas among the other continents, Africa contributes 57% to informal work. The most of the employees are contractual or casual. The labour laws are mostly, not applicable in the informal sectors. There are lack of occupational safety and health awareness among them, which include, less attention to industrial hygiene, poor housekeeping and poor employee protection.

This tremendous work force directly links with work pressure. Time is calculated as accumulation of money. Work and time will become the stress to these workers. Production has great importance than safety and health, so, human comfort is greatly neglected. A demand for investigation on health and safety is a common and genuine demand of informal sectors. In 2001, in International Labour Conference, the challenge for integration of Informal economy with formal economy was greatly discussed. We should include another challenge: the applications of work comfort in informal sectors.

Methods A large number of these workers are suffering from different types of work related disorders. It is observed that through the application of low cost interventions their conditions may be improved. Through the participatory ergonomics approach, several interventions are designed and applied in different informal sectors of India. A detailed study is made on the identification of efficacies of these interventions.

Result Surprisingly observed, low cost health interventions can improve the productivity of informal sectors up to 30%. The work-related musculoskeletal disorders (WMSDs) are also prevented.

Discussion It is essential and important to apply the exact interventions and to find out and behavioural approaches of the users towards the utilizations of interventions. As informal sectors are increasing steadily in different developing countries so to give the workers comfort is becoming a challenge of these parts of the globe.

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SMALL ITALIAN ENTERPRISES AND THEIR EFFECTIVE APPLICATION OF LAWS CONCERNING OCCUPATIONAL HEALTH: A SIX YEARS STUDY

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Introduction Small enterprises are the majority of productive activities in Italy. For a small enterprise activation of regulations prescribed by European law concerning occupational health promotion is difficult and proportionally expensive. This fact could originate a delay in application of preventative laws comparing with what usually happens in bigger firms.

Methods State of application of laws concerning occupational health and safety in Italy has been evaluated a first time in 2011 in 1458 small enterprises (less than 50 workers). Evaluation has been repeated in 2017 in same firms to verify the possible differences in application of laws carried out in this six years period. For every enterprise we verified presence of a regular program of occupational medicine carried out by an Occupational Health Doctor according to guidelines of Italian Occupational Health Association. We also evaluated Occupational Doctors' role in risk assessment. We evaluated adoption of correct personal protective devices, their use and specific individual formation programs.

We also studied legal problems eventually found in small firms carrying out these programs.

Results Only in 21.8% of firms evaluated we evidenced complete and adequate applications of laws. In 81.9% firms correct occupational health programs were regularly carried out. Occupational Health Doctors have been involved in risk assessment in 71,8% firms. Personal protective devices were adopted and used only in 55,4% firms. Specific individual formation programs for workers were carried out in 48,5% firms. We present data divided for different productive sectors comparing them with data collected in 2011.

Discussion Small enterprises respect of laws concerning workers' health and safety is increased comparing with what resulted in 2011 but it is still not satisfactory. A more active Occupational Health Doctors role could increase workers' safety and health in these firms. This result could be obtained only increasing employers' and employees' cultural specific level.

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BRINGING OHS CLOSER TO THE CHANGING WORLD OF WORK: RESEARCH, ADVOCACY AND INTERVENTION WITH INFORMAL WORKERS IN SEVEN COUNTRIES

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Introduction The world of work is changing, and the size of the informal economy increasing. Occupational health and safety (OHS) was designed for formal workers in formal firms and workplaces, with legislation governing norms and

standards. In contrast, in the informal economy there are diverse and atypical places of work (for example street vendors in public places, industrial outworkers in their own homes or in small informal factories), status in employment (self-employed versus wage workers). These and other differences present profound challenges to the formal profession and practice of OHS. A five year, seven country study sought to understand the growing gap between what OHS conventionally provides, and what informal workers need or find useful for the improvement of their working conditions and well-being.

Methods WIEGO and its affiliates in Brazil, Ghana, India, Peru, South Africa, Tanzania, and Thailand focused on two occupational sectors in each country, selected from street vendors, headload porters, domestic workers, waste pickers, and home-based workers. Country situation analyses of the informal economy, and the provision of OHS, were followed by extensive engagement in participatory research with informal workers. Bridging platforms were used where specific OHS issues could be discussed by informal workers and authorities together.

Discussion We worked in collaboration with contacts inside and outside of government departments, member-based organisations, NGOs, trade unions and others. In-country researchers and organisations explored inter alia the reform of local market regulations to control the weights carried by men porters, the installation of first aid stands in built markets, improved access for women head porters to a national health insurance scheme, child care provision, skill upgrading for better incomes, and the development of improved work equipment. The paper concludes with a consideration of what role an influential organisation such as ICOH could play in promoting an OHS that could include categories of informal employment.

580 **COMMUNITY BASED FINANCING MODEL: A PILOT STUDY TO PROMOTE TOTAL WORKER HEALTH AMONGST DRIVERS IN LAGOS STATE**

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Introduction The paper will discuss a community financing based wellness model, piloted amongst drivers in Lagos State. The model builds on the hub and spoke investment model and utilises 'susu' a traditional micro-finance mechanism as an entry point. The model integrates protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.

Based on a needs assessment, the primary initiative was to establish a wellness intervention targeting a cross section of drivers involved in organised and unorganised micro and small enterprises in Lagos State.

Methods A cross-sectional survey was conducted on the first cohort (45) of 3 based on a convenience sample. A self-administered, close-ended questionnaire recorded the participant's personal characteristics, health status, and health interests. Blood pressure and blood sugar levels were taken by trained volunteers. A repeat evaluation after the 6 month deployment of the program is planned. Key informant interviews and a satisfaction survey is planned.

Results Preliminary baseline results amongst others indicate that a significant percentage of the drivers smoked cigarettes (22%) while 2% admitted to the use of marijuana, were overweight (84%), and/or were not aware they had high blood pressure (10%). Also, 42% of surveyed drivers experienced headaches more than 3 times in a week. Other findings *% had defective and 32% had low back which has lasted for more than 3 times in a week.

Conclusion Wellness measures targeting identified occupational health risks, emotional, spiritual and environmental aspects of health were developed. The paper will share the model, best practices, lessons learned and programme future plans.

This model can be replicated by other organised and unorganised micro and small enterprises to promote productivity and manage disease within the workforce while still promoting wellness.

599 **PERCEPTIONS OF OCCUPATIONAL HEALTH AND SAFETY IN SMALL AND MEDIUM SCALE ENTERPRISES IN LAGOS STATE, AND THE NIGERIAN OHS LAWS**

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Introduction The paper examines the perceptions of workers in SMSEs in Lagos, Nigeria to OHS and the Nigerian OHS laws. Issues of responsibility of stakeholders, training needs, role of trade associations, collaborating efforts on OHS, level of accessibility, conformity and adherence to the Nigerian OHS laws were examined.

Methods The study adopts both qualitative and quantitative methods of data collection from three purposively selected sawmills, mechanic villages and blacksmith cottages in three Local Government Areas of Lagos State, Nigeria, between December 2014 and June 2015. The quantitative data analyses use simple percentile, while the qualitative was content-analysed, based on the objectives of the study.

Results OHS is not a way of exploiting workers (62.7%); government functionaries were never around on OHS issues (83.9%); lack of awareness of OHS (81.8%); trade associations do not emphasise on OHS (63.3%), and no sanctions on non-compliance on OHS issues (77.2%). Furthermore, OHS is seen as a personal issue (77.7%), and for all stakeholders (93.9%) and that workers need training on OHS (97.2%). In addition, installation and maintenance of equipments in SMSEs are not guided by OHS laws (96.7%), ministry official never visited workplaces (87.8%), as well as Factories inspectors (93.4%), no copies of OHS laws (97.7%), workers not guided by OHS laws (95%), no conformity with OHS laws (93.9%), and OHS issues not taken seriously (69.5%).

Conclusion The study suggests that though personal precaution is paramount for workers, collective responsibility of all stakeholders on OHS in SMSEs is imperative. Trade association in the SMSEs should also collaborate with various government agencies that have oversight functions on OHS to educate workers, and workers who flout OHS laws should be sanctioned within the confine of the laid down rules and regulations in the workplace. These will definitely improve workers' perception of OHS in the selected SMSEs.