

# An Inaugural Conference on Occupational Health in The Gambia

## Exploring the World Through International Occupational Health Programs

by Kenneth Culp, PhD, RN, Shannon P. Marquez, PhD, M Eng, Maram Bobb, RN, MPH,  
and D.M.B Jagne, MPH

*The next International Commission on Occupational Health (ICOH) Congress will be a celebration of its 100th anniversary, held in Milan Italy from June 11 to 16, 2006. With significant improvements in the understanding of occupational health at the international level, it is hoped that all occupational health professionals throughout the world can celebrate 100 years of progress and accomplishments at this Congress. With this goal, the AAOHN Journal has been running a special series of articles focusing on "Exploring the World Through International Occupational Health Programs" organized by OiSaeng Hong, PhD, RN, Assistant Professor and Director, Occupational Health Nursing Program, Division of Health Promotion and Risk Reduction, School of Nursing, University of Michigan, Ann Arbor, Michigan. This is the second article of the series.*

The Gambia is a small West African nation whose government desires to comply with international labor policies. However, there are few laws on workplace safety in this developing country other than the Labor Act of 1990 and a constitution that enables workers to organize. The Gambia's population of 1.3 million is divided between a rural majority and a rapidly growing urban minority. Much of the population is engaged in subsistence farming, but the chief export crop is groundnuts (i.e., peanuts) and the low prices worldwide have largely hurt the smaller producers. A majority of the rural population are women who grow produce primarily for their families, but also sell produce on the open market. Men are also engaged in agriculture, but many are forced to work in industry and the private sector to supplement their income (Gambia Central Statistics Department, 1994). Many farmers and herds-men exchange goods rather than receive cash payment (Jaitner, Corr, & Dempfle, 2003). A high population growth rate dilutes any positive effect of economic expansion and the country is heavily plagued with debt.

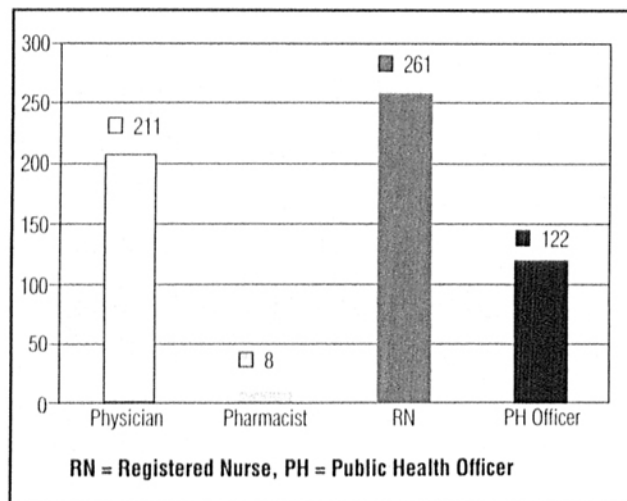
### ABOUT THE AUTHORS

Dr. Culp is Associate Professor, The University of Iowa College of Nursing and Core Director, MSN Program in Occupational Health, Iowa City, IA; Dr. Marquez is Assistant Professor, The University of Texas Health Science Center, School of Public Health, Houston, TX; Ms. Bobb is Director, School of Nursing and Midwifery, Banjul, The Gambia; and Ms. Jagne is Consultant, School of Public Health, Gambia College.

The concept of an occupational health conference for The Gambia came about as a result of the Iowa-Gambia link described in an earlier work (Culp, Bobb, & Marquez, 2003). Shortly after publication of this manuscript, the authors began planning a 3-day in-country conference to increase awareness of occupational safety and health among government leaders, policy makers, employers, labor organizations, public health workers, and primary care providers. This conference took place in February 2003 in Banjul, completely funded by the Fogarty International Center and the Center for International Rural and Environmental Health at the University of Iowa. The purpose of this article is to describe the experience in bringing together the stakeholders for this important event and to initiate a dialogue about occupational health and safety in this developing country.

### WORKPLACE SAFETY BACKGROUND

Very little has been written about the evolution of workplace safety in countries plagued by a history of labor strife and national debt. The World Health Organization (WHO) and the International Labor Organization (ILO) set minimum standards and guidelines for workplace health and safety (Goldstein, Helmer, & Fingerhut, 2001), but in countries like The Gambia there are few resources to make the workplace environment safe because the majority of tax revenues go toward making interest payments on the national debt to the World Bank.



**Figure.** Actual number of public health sector staff in The Gambia, 2000. From *The Gambia Medical and Dental Association*, PMB 430 Serrekunda.

Essential services such as a public health care system and department of education receive priority over preventive programs such as workplace safety.

The Gambia competes in the global marketplace and this economic rivalry increases risk in the workplace—particularly vulnerable are poverty-stricken agricultural families and women because polygamy and illiteracy are commonplace (Schroeder, 1999). Goods and services must be produced cheaply and expenditures for worker safety are viewed as financial threats to many business owners. This assumption is supported in a society where there is little legal recourse for an injured worker, no workers' compensation program, and a government with policies that simply fail to protect the people (Sahn, 1994). Essentially in The Gambia manufacturers voluntarily choose to improve the workplace or elect to focus on profit and make severe compromises in the workplace environment. There are precocious employers in The Gambia who value workplace safety and understand the healthy worker concept. There are also non-progressive employers who exploit uneducated workers with low salaries, long hours, and poor working conditions. Before discussing the conference, an overview of key labor indicators in The Gambia will be presented.

### **Labor Unions**

The primary legal protection for workers is found in the Labor Act of 1990, which applies to all workers except civil servants and specifies that workers are free to form trade unions, provided they are registered with the government. It specifically prohibits police officers and military personnel, as well as other civil service employees, from forming unions or striking. Roughly 30,000 workers are union members, constituting approximately 10% of the work force. The Gambia Workers Federation and The Gambian Workers' Union are the two main independent and competing umbrella organizations. It is questionable how effective these organizations are in improving working conditions and wages because there is a surplus of available workers who will take any employment.

The Labor Act authorizes strikes but requires unions to give the Commissioner of Labor 14 days written notice before beginning an industrial action (28 days for essential services). It prohibits retribution against strikers who comply with the law regulating strikes. Unions may affiliate internationally, and there are no restrictions on union members' participation in international labor activities.

### **Child Labor**

Most children perform customary chores or petty trading as a part of an extended family in The Gambia. There are plenty of adult workers for industry who work cheaply, so there is little need to involve children in manufacturing. A statutory minimum age for employment was set for 18 years, but this is routinely ignored. However, The Gambia recently ratified two important International Labor Organization conventions, C138 Minimum Age Convention and C182 Worst Forms of Child Labor, so there is some concern for the issue. Families depend on children to participate in food production, so there are no government officials policing the rural areas.

Education and child labor are closely related in any country, and The Gambia is no exception. Because polygamous marriages among rural people are commonplace and the fertility rate exceeds six births per woman, the primary schools are overcrowded (Bledsoe & Banja, 2002). There is compulsory education in The Gambia, but it is limited to primary school. Limited secondary school openings mean most poor children complete formal education by age 14 and enter the work force. Employee labor cards, which include a person's age, are registered with the Labor Commissioner, but enforcement inspections rarely occur. Child labor protection does not extend to youth performing customary chores on family farms or engaged in petty trading. In rural areas, most children assist their families in farm and housework. In urban areas, many children work as street vendors or taxi and bus assistants.

### **Working Conditions**

Minimum wages and working hours are established by law through six joint Industrial Councils—Commerce, Artisans, Transport, Port Operations, Agriculture, and Fisheries—with labor, management, and the government represented. The lowest minimum wage is approximately \$1.16 (12 dalasis) per day for unskilled labor. This minimum wage is not sufficient to provide a decent standard of living for a worker and a large family. Only 20% of the labor force is covered by the minimum wage law. The majority of workers are privately or self-employed, often in agriculture. Most citizens do not live on a single worker's earnings, but share resources within extended families.

The Factory Act authorizes the Ministry of Labor to regulate factory health and safety, accident prevention, and dangerous trades. The Labor Commissioner and public health inspectors attempt to ensure compliance with safety standards, but there is a shortage of personnel to visit workplaces. The terms used in the law are primarily related to nuisance abatement, so unless there is a complaint, no real action occurs on safety matters. Workers may refuse to work in dangerous situations without risking loss of employment,

but few do this because they cherish the opportunity to work. Workers may demand protective equipment and clothing for hazardous workplaces and have recourse to the Labor Department, but many do not understand workplace risks or desire to stir controversy with their employers.

### **Health Care Resources**

Primary prevention of work-related injuries and illnesses in most industries must be conducted by lay individuals and general public health workers because of the tremendous shortage of physicians and nurses in The Gambia as described in the Figure. Infant mortality, tuberculosis, malaria, and other infectious diseases take precedence over allocating health care resources to the workplace (Eastwood & Hill, 2004; Leach et al., 1999; Walraven, Telfer, Rowley, & Ronsmans, 2000). There are very few Gambian physicians, and these individuals do not practice in workplace settings. Most of the health care is provided by the Cuban government, although the British also operate research medical centers.

Nurses are the stable health care workers who hold the primary, intermediate, and tertiary levels of the health care system together. Indeed, many times it is the registered nurse providing care and prescribing medication because the Cuban physicians allow them to operate under clinical protocols (Jallow, 1993). On-site occupational health services are rare although "occupational health nurses" are in state of the art occupational health clinics conducted by the Port Authority. For the majority of The Gambia, worksite accidents are managed by the emergency medical service, but it is not uniformly accessible throughout the country. The Gambian fire service has an emergency response system also, but in remote areas with dirt roads it is sometimes difficult to get worksite accident victims to a public hospital (Foord, 1995).

### **History and Religion**

The Gambian people have a history of labor exploitation. Warring tribes often raided each other's villages and took prisoners who were then kept as slaves (Lovejoy & Falola, 2003). When the Europeans arrived in West Africa, they also captured slaves to work in the cotton fields and plantations of their colonies in the New World. Slavery was abolished in the British Empire in 1807. Some repatriated slaves, currently known as the "Krio" or "Aku," were returned to The Gambia to work as civil servants under British rule (Brenner, 2001). These individuals enjoyed some social privileges because of the historical "opportunities" that were extended to them as they worked in the British administration, military, and policy force. Many became accomplished farmers and industrialists.

Islamic traditions also impact the workplace in The Gambia. For example, a large manufacturer had little in terms of first-aid for workers, but the owners built a mosque at the worksite. A farm project allowed poor women who worked in the fields all day to pause for mid-day prayers in the hot sun. As Western visitors, the authors were moved by their piety and simple lifestyle. It is the authors' opinion that Gambians are both strict about and faithful to Islam, but their intolerance to other religions is evident.

## **CONFERENCE PLANNING**

Given the history, culture, and workplace traditions of The Gambia, planning a conference required unique considerations. To make the conference practical and incorporate cultural norms of learning into the workshops, the conference agenda included on-site visits to key industries so attendees could identify risk factors and come back to a central location to discuss what they saw in small groups. This was not a "Westernized" display of technical showmanship, but rather a conference focused on indigenous Gambians learning and valuing health and safety in the workplace as a result of their own experiences. To insure participants gained valuable insight about occupational health and safety, the following learning objectives were developed by the authors.

Participants will be able to:

- Identify existing labor, health, and social welfare laws, policies, and procedures that are meant to provide employees with a safe and healthy work environment.
- Discuss safety and health policies and practices that prevail in the major industries in The Gambia.
- Analyze the gaps that exist in safety and health laws, policies, and practices.
- Develop strategies that can be used to reduce risk factors in the workplace.
- Develop a central committee or council to regulate and monitor laws, policies, and procedures on safety and health in the workplace.

Given the history of the region, it is important to note that an organized forum of this nature fits very well within the cultural context of this country because local participants appreciate the opportunity to express their personal opinions in a public venue. An analogous forum would be an organized meeting of community-based participants or a "town meeting" format versus a professional conference. Anticipating a diversity of perspectives, it was important to construct a forum where each individual, regardless of status, would have a voice in the evolution of ideas and topics over the 3 days of attendance. This is very different from the straight-forward didactic methods seen at many Western professional meetings and conferences where speakers merely present a topic, take a few questions from the audience, and go on to the next speaker.

Small group and practical activities that would not only involve health professionals, but also workers, labor leaders, and government officials were planned. Conference planners assigned groups so there would be a diversity of individuals within each small group and not a "cluster" of one type of professional or special interest group.

### **Conference Invitations**

When inviting individuals to attend, the authors' Gambian colleagues knew they had to spend time on the phone helping participants solve any problems involved in getting to the workshop or issues that might arise as a result of their attendance. For many, this meant providing assistance with transportation or reimbursing them for gasoline costs if they used their own vehicles. There are few paved roads in The Gambia, and for some attendees this means riding in a "bush taxi" or canopy-covered truck

to get to the conference site. Because the workshop was sponsored by the Fogarty International Center, there were no direct registration costs and this aided in the task.

Government officials were sent letters weeks in advance signed by members of both the American and Gambian delegation. When inviting a government official, it was important that they understood the topic and that their public comments on workplace safety would be subject to questions and comments from conference participants. The Department of State for Health, the Department of State for Industry and Labor, and Department of State for Justice were approached. Each of these offices was either represented directly by the official or a representative. This response by government officials was exciting and several days before the conference, the Americans were able to meet with these individuals and foster collaboration.

These receptions were warm and genuine and there was an environment of cooperation. Two of the authors (Culp and Marquez) also met with officials at the School of Nursing and the School of Public Health, Gambian College. Two graduate students in occupational health nursing from the University of Iowa were also in attendance.

Other groups were also invited to the conference, including the Chamber of Commerce, non-government organizations (NGOs), and other community members. The invitation list included nurses employed in the public health sector as well as non-nurse public health workers; leaders of the labor unions; employees from various industries; and supervisors, employers, and business owners from regional industries and agricultural operations.

### ***Opening Ceremony***

In contrast to the United States, where there is usually a very simple introduction to the conference and organizers usually identify the essentials of where the luncheon will be served, where the restrooms are located, and how to register for continuing education credits, the conference opening in The Gambia was a grand ceremony with much protocol. Television, radio, and newspaper reporters were all present for the opening remarks. It was a colorful occasion with men and women wearing formal African dress. Photographs of this event are located at [www.occhealthnursing.net](http://www.occhealthnursing.net).

Opening remarks were made by Chairperson Maram Bobb, Head, School of Nursing and Midwifery. She stated that the conference related to the old adage that "Health is Wealth" and that socioeconomic development can truly be achieved in The Gambia if risks are reduced in the workplace. The general theme was that prevention of injuries and work hazards would facilitate economic stability in The Gambia. These remarks were followed by a welcome from Siam Kinteh, Chairperson of The Gambia College Council (a position analogous to a college president in the United States), as well as the Chairman of the National Council for Civic Education. His comments focused on the need to identify the health and safety needs of various occupations, prioritize interventions, and develop a prototype occupational health nursing program. Official opening remarks were also given by the Deputy Permanent Secretary, Saihou

Janneh, who represented the Honorable Secretary of State for Health and Social Welfare. Saihou Janneh endorsed the task for participants, giving a sense of historical importance to the event. He offered examples of adverse working conditions in a variety of occupations, but specifically mentioned education (i.e., crowded classes from the high birth rate) and health care (i.e., the issue of nurses working double shifts). Dr. Marquez, the Deputy Director of the Center for International Rural and Environmental Health at the University of Iowa, gave an overview of the Fogarty International Training and Research in Occupational and Environmental Health (ITROEH) program and Iowa-Gambia Link activities.

### **CONFERENCE TOPICS**

Papers were presented by key government and community leaders or their representatives. While it is not possible to include all of the presenters and topics here, a few names are important for historical reasons and to acknowledge and empower select individuals through publication. The first conference paper was presented by the Commissioner of Labor, Ebou Ndoeye. He described work force demographics and an overview of major workplace risks, injuries, and fatalities in The Gambia. The focus of his presentation was on the legal framework for workplace safety and he gave an overview of the Factories Act, the key legislation for all workplace inspections as currently implemented. Jewru Krubally, who represented the Secretary General and The Gambia Workers Federation, talked about the role of organized labor in occupational health and safety.

Fatou Bittaye Cham, representing the Principal Environmental Health Officer of The Gambia, spoke about the enforcement of safety and health standards in the workplace. She gave an overview of the status of the public health office as it relates to industrial site inspections. Her paper focused on the Public Health Act and enforcement of the Factory Act related to workplace environmental standards, the role of the health officer, and regulations for factories.

There was lively discussion as a result of these topics and some of the dialogue was quite animated. A microphone was passed from table to table and there were candid discussions about the strengths and weaknesses of the current infrastructure for workplace safety in The Gambia. It is difficult to articulate the topics discussed without Westernizing them, so the following is a list of the topics in the presenters' own words:

- Every industry must have a safety officer and employers and employees must be conscious of safety measures.
- Anybody using industrial chemicals must be licensed.
- Protective equipment must be used because it makes sense and helps employers and employees.
- Some workplaces may not be conducive for disabled people.
- Every case of workplace injury or fatality must be reported as well as work-related disease.
- More emphasis should be placed on long-term

problems and not on injuries alone (e.g., cancer and respiratory problems caused by smoke or dust).

- Minimum age of employment must be specified in the present review of the Public Health Act and the Factory Act.
- Factories must be inspected regularly especially boilers (every 6 months).

Participants were assigned to small groups focused on specific types of "workers" with a brief job description and were asked to write a job hazard analysis (JHA). This engaged even the quiet attendees because everyone had something to contribute in identifying work tasks, potential hazards, and preventive interventions. This strategy brought together common laborers and health professionals in groups as the laborers provided job knowledge and expertise. In retrospect, the JHA was one of the most important decisions the authors made in terms of small group planning.

Each small group elected a spokesperson to present its summary strategies. A sample of these is presented in the Sidebar (right). Some of these items may be a bit unclear. For example, under "transportation" there is mention of a highway code. Most of The Gambia roadway is dirt and gravel, and there are no "speed limits." While there are a few paved highways, there is only one stop light in the country and it confuses many drivers.

### WORK AND INDUSTRIAL SITE VISITS

Conference attendees traveled to several industrial sites. Working conditions ranged from very poor (e.g., numerous environmental hazards and no personal protective equipment) to very good (e.g., similar to a worksite in compliance with Occupational Safety and Health Administration standards). Many types of sites were observed, from fully-staffed on-site occupational health clinics provided by the employer to worksites with nothing more than first-aid kits. Participants completed a walk-through assessment of one industrial site where several workers died from caustic soda burns. In the inspection reports, it was noted that the offending equipment was to be dismantled and removed from the facility. However, it was still present and only rudimentary safeguards were initiated. The workers' families had never been compensated as a result of their loss. However, no workers quit their jobs and business continued as usual after the accident.

When participants reconvened the next morning following these worksite visits, observed problems were discussed. Participants were asked to describe what was seen and to offer possible solutions. The following are some of the responses in their own words:

- Workers need to be educated on the use of equipment at workplaces to ensure safety.
- Employers need to provide all necessary safety equipment for employees.
- Workplace hazards were evident in some industries.
- The Factories Act must be reinforced.
- Some work-related injuries and illnesses were not reported.

## Examples of Industry-Specific Strategies from Small Group Discussions

### Transportation

- Formulating a policy related to regular testing of drivers and mandatory use of seat belts.
- Introduction of a highway code.
- Policy to outlaw modification of vehicle seats imported to The Gambia.
- Sensitization of drivers, passengers, and apprentices on transport and road safety.
- Application of the stipulated regulations by law enforcement officers.
- Regular road maintenance.

### Agriculture

- Sensitization of farmers to agricultural hazards.
- The use of appropriate farming technology.
- The use of personal protective equipment when applying chemicals.
- Ergonomics (i.e., for prevention of musculoskeletal injuries).
- First aid measures.
- Review of agricultural policy.

### Welding/Carpentry/Wood Processing

- Appointment of occupational health and safety officers in workplaces.
- Construction of occupational health and safety clinics in workplaces.
- Warning signs in conspicuous places within the work environment.
- Ongoing training for employees on occupational health and safety.
- Emergency preparedness plans in case of emergencies.
- Proper design and construction technique (e.g., adequate lighting and ventilation).
- Surveillance of occupationally related diseases and accidents.
- Legal framework for workers' compensation.
- The use of print and electronic media to disseminate information on occupational health and safety.

## Conference Attendees' Consensus Strategies in Their Own Words

- Health and safety policy to be instituted for all industries.
- Standards enforced for commercial and industrial buildings.
- Proper insurance and benefits for workers.
- Managerial enforcement of protective gear at the workplace.
- Adequate incentives and remuneration for workers.
- Establishment of health and safety committees at workplaces.
- Provision of recreational facilities.
- Regular maintenance of equipment at the workplace.
- Credit union for industrial workers to encourage financial savings.
- Regular inspection of boilers and factories in general.
- Public health education to be maintained at all times.
- General education to increase literacy.
- Reduce ignorance to healthy habits and taboos that negatively impact worker health.
- Eradication of poverty through provision of jobs and employment.
- Encourage self-employment.
- Government to increase national health budget.
- Public awareness in news media on healthy living.
- Conduct research in health related sciences for occupational safety and health.
- Exchange of educational knowledge in the area of work, safety, and health between the developed and the developing countries.
- Building rehabilitation centers for people with handicaps and socially traumatized individuals to provide accommodation at the workplace.

### REACHING CONSENSUS

Some of the strategies that conference attendees believed could be implemented were related to:

- Creating tax incentives for employers who make modifications in the work environment for safety reasons.
- Increasing the bargaining power of trade unions.
- Limiting the immigrant work force who will accept poor working conditions.
- Stemming the tide of multi-national corporations who seek to exploit lax environmental laws and The Gambian people with low wages.

There was also a discussion on consumer issues, specifically the labeling of products and the need for con-

sumer advocacy associations. Some attendees felt that Gambian goods and services were superior to those produced in other countries and also provided jobs at home rather than abroad. They also felt that some international companies were shipping inferior products to The Gambia to be sold cheaply because they could not be marketed in other countries because of poor quality standards. Specifically, one person mentioned batteries with a "short life." This person also noted that disposal of these batteries posed environmental hazards.

There was concern about insurance and benefits for workers and adequate remuneration for workers. This created interesting debate because employers and manufacturers felt this would increase product costs. There was also dialogue about managerial enforcement of protective gear at the workplace and employers arguing that workers did not want to wear this equipment.

Participants attained consensus that standards for workplace safety needed to be enforced. Specifically, commercial and industrial buildings needed environmental improvements so workers would not be injured or harmed easily. Many felt that inspections in factories were difficult to perform because there were not enough public health inspectors. Nearly everyone agreed there should be regular "information, education and communication" (IEC) meetings related to workplace safety. Many felt that workers did not know they were working in hazardous environments and there was an obligation for the employer to not only inform them, but to correct the deficiency. Other consensus strategies are listed in the Sidebar (left).

There was lengthy discussion of how participants acknowledged that certain cultural beliefs and taboos had the potential to influence worker health and safety. There was a term that Gambian participants used to describe what they felt was the root cause of shortcomings in occupational safety in The Gambia—"Maslaha." Mashala refers to someone seeing or knowing that something is not going the right way, but not attempting to set it right. There were also misleading beliefs held by some participants about worker health. Some workers believed that ingesting milk would offer respiratory protection in dusty environments. Gambian health professionals at the conference discussed how an ingested fluid does not enter the respiratory tree and that the milk would not coat the bronchioles to trap dust.

### CLOSING

In closing the conference, there was more symbolism within the West African cultural context. For example, conference leaders were given the task of delivering a "vote of thanks" in a culminating presentation that included summarizing the conference activities, acknowledging all of the participating industries and organizations, and leaving the participants with a "charge" to move forward with the agenda that was developed during the consensus-building exercises. Newspaper, radio, and television media were present for the closing remarks also.

### SUMMARY

This conference on workplace safety was a success for both the Gambians who attended and the Americans

involved in planning, implementing, and funding the conference. The Americans were delighted to bring about some understanding of worker safety to a country that has struggled with labor issues for centuries. The dialogue reflected the concern that stakeholders in both countries have for labor issues, but there is a tremendous need for ongoing partnership with industrialized countries to bring these ideas and strategies to fruition.

The Gambia has received some assistance in the area of economic development, but not in improving workplace safety. A wide range of economic support activities have been initiated by the ILO in The Gambia during the past 20 years. This has included providing guidance with international labor standards, assistance to the development of labor and related services, support to employer and worker organizations, vocational training, job creation and employment policy, and small enterprise development.

Many challenges lie ahead for The Gambia in improving workplace safety. Serious concerns remain related to minimum safeguards in the workplace. For example, the Labor Act specifies safety equipment that an employer must provide for employees working in designated occupations, but these are rarely offered (Culp et al., 2003). Workers are plentiful and jobs are not, so workers tend to take any employment they can without regard to working conditions. The government has not formally revoked employers who have contributed to worker deaths. Industrial inspections are conducted, although there is little consequence for violations.

The cycle of poverty, younger workers, and lack of education also contribute to many worker safety issues. Farm workers cannot read instructions on pesticide containers and industrial employees cannot understand workplace hazard communications. While the Gambian constitution mandates free compulsory primary education, the current state of educational opportunities is so dismal for poor families that many will not go beyond primary school and will enter the work force without technical skills. Teachers are overworked. While some young people could develop small business enterprises related to tourism and woodcarving, the vast majority continue a downward spiral into poverty (McGrath & King, 1999).

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## IN SUMMARY

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- 1 The World Health Organization and the International Labor Organization have set minimum workplace safety standards, but in The Gambia there are few resources to make the workplace environment safe.
- 2 The Gambia competes in the global marketplace and this economic rivalry increases risk in the workplace—particularly vulnerable are workers who do not wish to lose their jobs by complaining or do not understand safety standards because of a poor education.
- 3 This conference on workplace safety focused on Gambians learning and valuing health and safety in the workplace through on-site workplace visits and group discussion. Capitalizing on the history and culture of Gambians, the authors conducted a workplace safety workshop that included all stakeholders and resulted in consensus strategies for improving worker safety.

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