

Shop Types and Health Challenges of Foodstuff Traders in Bodija Market, Ibadan, Oyo State, Nigeria

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Abstract

The study examined possible effects of shop types and market environment on the health conditions of food traders in Bodija market with a view to proposing strategies to ameliorate the health consequences of the market on these traders. Both primary and secondary data were sourced for the study. Systematic random sampling technique was adopted in selecting 186 (15%) of foodstuff sellers in Bodija market. A set of pretested questionnaire was used in obtaining relevant data from sampled sellers. Self-observation and in-depth interviews were also used in collecting primary data. Data were analysed using both descriptive and inferential statistics (Chi-square at $p \leq 0.05$). Three types of shops were identified: lock-up shop (26.3%), open shop (61.3) and hawking (12.4%). Hawkers recorded the highest proportion of traders that had headache daily (17.39%) against lock-up shop (16.33%) and open shop (15.91%) and those that experienced headache once a week (43.48% against 26.53% for lock-up shop and 21.05% for open shop). Higher proportion (30.43%) of hawkers of foodstuff traders than traders in open shop (23.68%) and lock-up shop (16.33%) experienced fatigue several times a week which might be due to the distance covered in selling their goods. Investigations also revealed that open shop foodstuff traders experienced malaria more on a daily basis (2.63%), once a week (10.53%) and several times a week (2.63%) than other shop structure traders among other variations.

Keywords: Market Environment, Lock-up shop, Open Shop, Hawking, Health Challenges, Food Traders, Bodija Market.

1. Introduction

1.1. Background to the Study/Statement of Problem

The environment is everything around us, indoors or outdoors: the air we breathe, water we drink, the ground we walk on, and food we eat are all part of the environment. It is important that we know things in the environment that can affect our health and what we can do to help protect ourselves and our family (Brown, 2012).

The environment can be defined in terms of physical, social and psychological environment. The physical environment includes land, air, water, plants and animals, buildings and other infrastructure, and all of the natural resources that provide our basic needs and opportunities for social and economic development. A clean, healthy environment is important for people's physical and emotional wellbeing. At a fundamental level, factors such as clean air and good quality drinking water are vital for people's physical health. Other environmental factors, such as noise pollution, can cause both physical harm and psychological stress (Social Report, 2003). Social environment is the culture that an individual lives in, and the people and institutions with which he or she interacts. The social environment includes the groups to which we belong, the neighbourhoods in which we live, the organization of our workplaces, and the policies we create to order our lives. A healthy psychological work environment is imperative to ensure job satisfaction and well-being in the workplace. A healthy psychological work environment means that there is a balance between the demands made on the employee and the resources and skills he or she possesses to meet what is required. If there is imbalance, there is an increased risk of stress, conflict, dissatisfaction, more sick leave, etc (Organization Development and working Environment, Aarhus University, 2015).

Human interact with the environment constantly. These interactions affect quality of life, years of healthy life and health disparities. According to World Health Organization (2014), environment relates to health, as all the physical, chemical and biological factors external to a person and all the related behaviour.

Apart from schools and workplaces, one of the most important settings in cities is the market. A market, or marketplace, is a location where people regularly gather for the purchase and sale of goods. Access to safe and nutritious food is crucial for life and is indeed the basis for health. Food markets often serve as the commercial and social centre of communities, reflecting local culture and traditions of the people. The health of most people could be said to be dependent on the conditions in these settings as well as the availability of health care services. However, markets in most cases are breeding ground for emerging diseases. Traders in some markets in developing countries are constantly exposed to health hazards resulting from dirty and obviously polluted market environment. Observations reveal that markets pose so many challenges to the physical environment because of mismanagement. The physical environment is of paramount importance to the operation of market in any society in the world. The analysis of environmental effects of China's textile export from 1991 and 2006, suggested that the development of China's textile export brings negative effect to the environment by excessive exploitation of resources and environmental pollution. The introduction and implementation of environmental protection

technology could not offset the negative impact of scale effect (Grossman and Krugman, 2009).

The working environment for traders in most developing countries is deteriorating daily, and has a telling effect on the health of these traders. There is lack of orderliness in our markets which has made workers in this environment to resort to their own means of selling, not minding the negative consequences of their actions. The planlessness of Ibadan city is not only reflected in the residential areas but also in markets. Most of the traditional markets, in particular those sited in the indigenous areas of the city, occupy congested sites.

This study is on the health challenges of foodstuff traders who sell their goods in lock-up shops, open shops and through hawking in Bodija market, Ibadan, Oyo State, Nigeria. To this end, the focus of this research is to examine and assess the impacts the type of shop adopted for sales affect the health of foodstuff traders in Bodija market, Ibadan, Oyo State, Nigeria with a view to proposing strategies to ameliorate the health consequences of the market environment on these traders. The findings of this research will provide strategies for the government, policy makers and planners on how to ensure ordering and functionality in our market in order to enhance the health conditions of traders in the market.

In order to achieve the above aim, the objectives considered were: examining the shop type of the traders, health issues prevalent among the traders and variations in reported health challenges of these traders based shop structure.

2. Review of Literature

The physical environment at work plays a vital role in employees' productivity. Management must take an active part in defining the physical environment in which the health workers carry out their daily task to make it conducive. Management style can also influence worker's commitment and this should be monitored, these styles can be altered to suit the workers (Edem et al 2017).

There have been recent reports in the literature that the social environment is associated with disease and mortality risks, independent of individual risk factors. These findings suggest that the social environment influences disease pathways. (Organization Development and working Environment, Aarhus University, 2015).

Lawanson (2007) examined the composition of informal economy and their effect on the physical environment of Lagos. He said that Lagos is the commercial and industrial hub of Nigeria; this has attracted a high rate of migrants to the city, who find succour in the informal economy. Informal economic activities in the Lagos metropolis encompass a wide range of small-scale, largely self-employment activities. Most of them are traditional occupations and methods of production. Informal activities pose a great threat to the environment. They usually operate without authorization on public or private land; they also engage in illegal subdivision and/or rental of land, unauthorized construction of structures and buildings using low cost and locally available scrap construction materials.

According to Olowu and Akintola (1995) and Onibokun and Faniran (1995), although the immense population pressure put on essential facilities in urban markets is real, the situation might have been better with proper planning and efficient local government management. Thus, the concern that the physical conditions of these markets seem to interact perfectly with economic circumstances of their teeming users compound the threats to health.

Balogun and Owoaje, (2003) revealed that the common ailments reported by the traders were; muscular and joint pain, malaria and low back pains.

A penetrating study on street hawking was conducted in Accra, Ghana by Studymode.com (2013). The study found that hawkers are exposed to a wide range of risks including accidents, loss of lives, abuse, crime and prostitution. The source further stated that hawking constitutes a social obstacle as it results in both human and vehicular traffic jam. An earlier related study by Ikechebelu et al (2008) with focus on juvenile hawkers in Anambra state, Nigeria had ended with largely similar finding. The source found that:

Hawkers on the street are exposed to numerous hazards ranging from physical violence to loss of wares, risk of accidents, robbery, kidnapping, and even murder for ritual purposes. They are exposed to the vagaries of weather (extremeness of cold or heat), to insects and reptiles and to hunger and deprivation. The most troubling perhaps is the fact that some are sexually exploited.

Hawking involves carrying some loads and moving about sometimes to unknown destinations for sale (Studymode.com, 2013; Morris, 2011; Ikechebelu et al, 2008). The individual may exert self beyond personal capacity that could result to body pains depending on the type of ware hawked and how far potential customers could be reached. Also depending on the ware hawked, the vendor may be exposed to bacteria or viruses with health consequences including typhoid, flu, catarrh, body pain and the like (Studymode.com, 2013; Ikechebelu et al, 2008).

Idyorough and Ishor, (2014) found that majority of female hawkers complained of body pain, tiredness and feverish condition. Body pain and exhaustion are implicated in the fact that these women carry a weight that is a quarter or more of their average body mass weight of 60kg (Igiri et al, 2008). Their bodies are able to withstand this because many of them are still young and physically strong. However, with continued exhaustion, they may

suffer from other health problems such as cumulative deterioration of the musculoskeletal system including low back pain and acute trauma such as cuts or fractures as this may occur where the load is as heavy as 20-25kg (FACTS, 2007).

Ibeneme et al, (2016) revealed in a study conducted that almost all the foodstuff traders who operated from warehouses had symptoms of cough. Other respiratory symptoms recorded among this group were in the following descending order: wheezing, chest tightness, and dyspnea. However, the greatest number of foodstuff traders who operated from the open market had chest tightness, with other respiratory symptoms in the following descending order: cough, dyspnea, and wheezing.

3. The Study Area

Bodija market is located in the Ibadan North Local Government area of Oyo State. It is about one kilometre from the University of Ibadan along the road to the State Government's Secretariat which is also about one kilometre away. Bodija market covers a total area of 56.9 hectares of land. The major access to Bodija market is a dual carriage way from the University of Ibadan to the Oyo state secretariat.

On October 3rd, 1987 a handful of traders from Oritamerin were relocated to Bodija market by the state government due to problem of space at Oritamerin not only for trading but also for parking trucks which brought foodstuff to the market. Cattle traders were also resettled in Bodija Market from Sango where they had earlier operated. Bodija was initially operated as an open market for foodstuffs but traders started erecting kiosks. At the time of its establishment, beans, rice, yam and palm oil were on display including groundnut, vegetables, onions and pepper. With time, efforts were made to erect permanent structures in form of stalls.

4. Methodology

A cross sectional study design was adopted for the study, both primary and secondary data were sourced and used for the study.

The study population consisted of all foodstuff traders selling foodstuff in Bodija market Ibadan, irrespective of whether they were in shops or were hawkers. Reconnaissance survey and existing data from the sellers' Association revealed that there were 1,235 foodstuff traders in the market (see Table 1). A sample of 15% of the traders was randomly selected from sellers of the four commodities generally sold in the market. In all, a total of 186 traders were sampled with the use of a set of structured questionnaire, developed in English. Random sampling technique method was used in selecting the food traders in the different categories of marketing. Data collected were analysed using both descriptive and inferential statistics (Chi-square at $p \leq 0.05$).

Table 1: Sample frame and Sample size

S/No	Commodities	Population (Sampling Frame)	Sampling size (15%)
1	Tubers	600	90
2	Grains	85	13
3	Oil	250	38
4	Pepper	300	45
	Total	1235	186

Source: Author's Field Survey, 2015

5. Results and Discussions

5.1 Categories of Foodstuff Traders

Types of Shop

Investigations revealed that about 26.3% of the sampled respondents had lock-up shops, 61.3% made use of open shops, while 12.4% were hawkers (Table 3). This reveals that majority of the respondents operate in open shops for their mode of selling.

Table 2: Types of Shop

Shop Type	No. of Shops	Percentage
Lock-up shop	49	26.3
Open shop	114	61.3
Hawking	23	12.4
Total	186	100.0

Source: Author's Fieldwork, 2015.

Reasons for the Choosing Shop Type

Investigations revealed that the choice of shop used by the respondent was determined by various factors. Close to a quarter (24.2%) of the respondents operate the type of shop in order to keep their commodities in good conditions and to increase their sales. This might be due to the perishable nature of the commodities like yam tubers and pepper. More than one-fifth (22%) operate their shops to keep their goods secured from thieves and rain while 21.5% were compelled by insufficient capital. More than one-in-twenty(6.5%) of the respondents

chose the shop type for convenience. Only 1.1% of the respondents perceived the size of the shop as being small. 0.5% of the respondents claimed to have taken their shops because of scarcity of shop (Table 3).

Table 3: Reasons for the Choosing Shop Type

Reasons	No. of Respondents	Percentage
Increase in sales	45	24.2
To keep the commodity in good condition	45	24.2
Insufficient capital/Expensive	40	21.5
Convenience	12	6.5
Security from thieves and rain	41	22.0
Size of locked shop is small	2	1.1
Scarcity of shops	1	0.5
Total	186	100.0

Source: Author's Fieldwork, 2015.

5.2 Variations in Reported Health Challenges of Traders Based On Shop Structure.

Headache and Shop Structure

Investigations revealed possible variations in the severity of headache experienced by traders in various shop structures. For instance, Hawkers recorded the highest proportion of traders that had headache daily (17.39%) against lock-up shop (16.33%) and open shop (14.91%) and those that experienced headache once a week (43.48% against 26.53% for lock-up shop and 21.05% for open shop); Respondents in lock-up shops recorded the highest proportion of traders that experienced headache several times per week (22.45% against 17.54% for open shops and 21.74% for hawkers); while respondents in open shops recorded the highest proportion of traders that experienced headache several times in a month (15.79%), once or less per month (18.42%) and rarely (10.53%) (Table 4). The study has thus been able to reveal variations in the severity of headache experienced by the traders based on their shop types. Though the reason for the observed variations is not easily forth coming, exposure to intensive sunrays might be a significant factor.

Table 4: Headache and Shop Structure

HEADACHE	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	8(16.33%)	17(14.91%)	4(17.39%)	
	Several time in a week	11(22.45%)	20(17.54%)	5(21.74%)	
	Once a week	13(26.53%)	24(21.05%)	10(43.48%)	
	several times in a month	7(14.29%)	18(15.79%)	2(8.70%)	
	Once per month or less	6(12.24%)	21(18.42%)	1(4.35%)	
	Rarely	4(8.16%)	12(10.53%)	1(4.35%)	
	Not sure	0(0.0%)	2(1.75%)	0(0.0%)	
	Total	49(100.0)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

Fatigue and Shop Structure

Investigations revealed possible variations in the severity of fatigue experienced by traders in various shop structures. For instance, lock-up shops recorded the highest proportion of traders that had fatigue daily (12.24%) against open shops (4.39%) and hawkers (8.70%), also forthose that experienced fatigue several times in a month (22.45% against 16.67% for open shops and 4.35% for hawking) and those that experienced fatigue once or less per month (18.37% against 12.28% for open shops and 4.35% for hawking); Respondents that hawk their goods recorded the highest proportion of traders that experienced fatigue several times per week (30.43% against 16.33% for lock-up shops and 23.68% for open shops) and those that experienced fatigue once a week (43.48% against 16.33% for lock-up shops and 27.19% for open shops); while respondents in open shops recorded the highest proportion of traders that rarely (14.91%) experienced fatigue against lock-up shops (14.29) and hawking (4.35%) (Table 5). The study has thus been able to reveal that foodstuff traders in lock-up shops and hawkers experienced fatigue more than open shop sellers.

Table 5: Fatigue and Shop Structure

FATIGUE	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	6(12.24%)	5(4.39%)	2(8.70%)	
	Several time in a week	8(16.33%)	27(23.68%)	7(30.43%)	
	Once a week	8(16.33%)	31(27.19%)	10(43.48%)	
	several times in a month	11(22.45%)	19(16.67%)	1(4.35%)	
	Once per month of less	9(18.37%)	14(12.28%)	1(4.35%)	
	Rarely	7(14.29%)	17(14.91%)	1(4.35%)	
	Not sure	0(0.0%)	1(0.88%)	1(4.35%)	
	Total	49(100.0%)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

Malaria and Shop Structure

Investigations revealed that open shops foodstuff traders experienced malaria more on a daily basis (2.63%) as against lock-up shops (0.0%) and hawking (0.0%), once a week (10.53%) against lock-up shops (2.04%) and hawking (0.0%), and several times a month (2.63%) as against lock-up shops (2.04%) and hawking (0.00%). Respondents in lock-up shops recorded the highest proportion of traders that experienced malaria several times a week (4.09% against 0.88% for open shops and 0.0% for hawkers). Hawkers recorded the highest proportion (34.78%) of malaria once per month or less against lock-up shops (18.37%) and open shops (24.56%). On rare occasions (69.38%) foodstuff traders in lock-up shops have malaria. This finding supports the observations of Balogun and Owoaje, (2003), that the common ailments reported by the traders were; muscular and joint pain, malaria and low back pains.

Table 6: Malaria and Shop Structure

MALARIA	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	0(0.0%)	3(2.63%)	0(0.0%)	
	Several time in a week	2(4.09%)	1(0.88%)	0(0.0%)	
	Once a week	1(2.04%)	12(10.53%)	0(0.0%)	
	several times in a month	1(2.04%)	3(2.63%)	0(0.0%)	
	Once per month of less	9(18.37%)	28(24.56%)	8(34.78%)	
	Rarely	34(69.38%)	56(49.12%)	14(60.87%)	
	Not sure	2(4.08%)	11(9.65%)	1(4.35%)	
	Total	49(100.0%)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

Cough and Shop Structure

Table 7 revealed possible variations in the severity of cough experienced by traders in various shop structures. Investigations showed that hawkers recorded the highest proportion of traders that experienced cough daily (17.39%) against lock-up shop (4.08%) and open shop (6.14%), also those that experienced cough several times a week (17.39% against 14.29% for lock-up shop and 14.04% for open shop) and those that experienced cough once per month or less (17.39% against 8.16% for lock-up shop and 12.28% for open shop); respondents in open shops recorded the highest proportion of traders that experienced cough several times in a month (9.65% against 4.08% for lock-up shops and 0.0% for hawkers); while respondents in lock-up shops recorded the highest proportion of traders that experienced cough once a week (2.04% against 0.88% for open shops and 0.0% for hawkers) and those that rarely (57.14%) experienced cough which might be due to the fact that they are not exposed to some of the environmental pollutions like dust hawkers are exposed to.. The study has thus been able to reveal variations in the severity of cough experienced by the traders based on their shop types.

Table 7: Cough and Shop Structure

COUGH	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	2(4.08%)	7(6.14%)	4(17.39%)	
	Several time in a week	7(14.29%)	16(14.04%)	4(17.39%)	
	Once a week	1(2.04%)	1(0.88%)	0(0.0%)	
	several times in a month	2(4.08%)	11(9.65%)	0(0.0%)	
	Once per month or less	4(8.16%)	14(12.28%)	4(17.39%)	
	Rarely	28(57.14%)	53(46.49%)	3(13.04%)	
	Not sure	5(10.20%)	12(10.53%)	8(34.78%)	
	Total	49(100.0%)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

Chest Tightness and Shop Structure

This table revealed that respondents in open shops recorded the highest proportion of traders that experienced chest tightness daily (0.88%), several times a week (2.63%), once a week (6.14%) and several times a month (7.90%) against lock-up shops and hawking (Table 8). Though the reason for the observed variations is not easily forth coming, this could be due to the fact that they have to carry their goods from the store to the open shop where they are displayed on a daily basis. Ibeneme et al, (2016) revealed in a study conducted that the greatest number of foodstuff traders who operated from the open market had chest tightness, with other respiratory symptoms in the following descending order: cough, dyspnea, and wheezing.

Respondents that hawk their goods recorded the highest proportion of traders that experienced chest tightness once per month or less (17.39% against 10.20% for lock-up shops and 13.16% for open shops); while respondents in lock-up shops recorded the highest proportion of traders that experienced chest tightness rarely (61.22% against 57.01% for open shops and 56.52% for hawkers) which might be due to the fact that most of their goods are fixed permanently to their shop for sales.

Table 8: Chest Tightness and Shop Structure

CHEST TIGHTNESS	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	0(0.0%)	1(0.88%)	0(0.0%)	
	Several time in a week	0(0.0%)	3(2.63%)	0(0.0%)	
	Once a week	1(2.04%)	7(6.14%)	0(0.0%)	
	several times in a month	0(0.0%)	9(7.90%)	0(0.0%)	
	Once per month or less	5(10.20%)	15(13.16%)	4(17.39%)	
	Rarely	30(61.22%)	65(57.01%)	13(56.52%)	
	Not sure	13(26.53%)	14(12.28%)	6(26.09%)	
	Total	49(100.0%)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

Body Pains and Shop Structure

Investigations revealed possible variations in the severity of body pains experienced by traders in various shop structures. For instance, open shops recorded the highest proportion of traders that had body pains daily (15.79%) against lock-up shop (14.29%) and hawking (8.70%), those that experienced body pains once a week (23.68% against lock-up shops 8.16% and hawking 13.04%) and those that experienced body pains several times a month (11.4% against 8.16% for lock-up shop and 0.0% for hawking). Respondents that hawk recorded the highest proportion of traders that experienced body pains several times per week (47.83% against 20.41% for lock-up shops and 19.30% for open shops). This is in support of the findings of Idyorough and Ishor, (2014) found that majority of female hawkers complained of body pain, tiredness and feverish condition. Body pain and exhaustion are implicated in the fact that these women carry a weight that is a quarter or more of their average body mass weight of 60kg (Igiri et al, 2008). Respondents in lock-up shops recorded the highest proportion of traders that experienced body pains once per month or less (36.73%) and rarely (12.24%) (Table 9). The study has thus been able to reveal variations in the severity of body pains experienced by the traders based on their shop types. Though the reason for the observed variations is not easily forth coming, the need to carry the foodstuff which are quite heavy might be a significant factor causing the body pains. This finding supports the observations of Balogun and Owoaje, (2003), that the common ailments reported by the traders were; muscular and joint pain, malaria and low back pains.

Table 9: Body Pains and Shop Structure

BODY PAINS	Frequency	SHOP STRUCTURE			
		Lock-up shop	Open shop	Hawking	
	Daily	7(14.29%)	18(15.79%)	2(8.70%)	
	Several time in a week	10(20.41%)	22(19.30%)	11(47.83%)	
	Once a week	4(8.16%)	27(23.68%)	3(13.04%)	
	several times in a month	4(8.16%)	13(11.4%)	0(0.0%)	
	Once per month or less	18(36.73%)	19(16.67%)	6(26.09%)	
	Rarely	6(12.24%)	12(10.53%)	1(4.35%)	
	Not sure	0(0.0%)	3(2.63%)	0(0.0%)	
	Total	49(100.0%)	114(100.0%)	23(100.0%)	186(100.0%)

Source: Author's Fieldwork, 2015.

5.4 Chi-Square Tests for the Reported Health Conditions of Traders and Shop Structures of Foodstuff Traders

Hypothesis Testing

H_0 : there is no significant association between the various shop structures of the food traders and the reported health condition of the traders.

Table 10 below shows the chi-square calculation for various shop structures of food traders and reported health condition of the traders separately. For headache, ($X^2 = 10.117$; d.f = 12, $p > .05$). It is not statistically significant; there is no significant association between the shop structures and headache. For fatigue ($X^2 = 19.171$; d.f = 12, $p > .05$). It is not statistically significant; there is no significant association between the shop structures and fatigue. For malaria fever, ($X^2 = 16.641$; d.f = 12, $p > .05$). It is not statistically significant; there is no significant association between the shop structures and malaria fever. For cough, ($X^2 = 25.420$; d.f = 12, $p < .05$). It is statistically significant; there is a significant association between the shop structures and cough. Chest tightness, ($X^2 = 16.388$; d.f = 12, $p > .05$). It is not statistically significant; there is no significant association between the shop structures and chest tightness. For body pain ($X^2 = 24.265$; d.f = 12, $p < .05$), It is statistically significant; there is a significant association between the shop structures and body pain.

It could be deduced from the above test of hypothesis that H_0 was accepted for headache, fatigue, malaria fever, and chest tightness but rejected for cough and body pain. Therefore, the reported health problems like cough and body pain are significantly influenced by the various shop structures but headache, fatigue, malaria fever and chest tightness are not significantly influenced by the various shop structures in the study area.

Table 10: Chi-Square tests for the various shop structures of foodstuff traders and reported health condition of the traders

Variables	Pearson Chi-Square (X^2)	D.f	P	Remark
Shop structures and headache	10.117	12	0.606	Not sig
Shop structures and fatigue	19.171	12	0.084	Not Sig.
Shop structures and malaria fever	16.641	12	0.164	Not Sig.
Shop structures and cough	25.420	12	0.013	Sig.
Shop structures and chest tightness	16.388	12	0.174	Not Sig.
Shop structures and body pain	24.265	12	0.019	Sig.

Chi-Square test is significant at the 0.05 level (2-tailed).

Source: Author's Fieldwork, 2015.

6. Summary of Findings

A comprehensive assessment of the health condition of food traders in Bodija market, Ibadan was carried out. With regards to the preceding chapter and the analysis made so far, a number of findings have emerged with serious implications for the purpose of ensuring a safe and habitable environment for the traders in Bodija market. The following are the major findings observed from the research:

It was also discovered that majority of the traders in Bodija market carry out their sales in an open shops (Table 2). Various reasons were given by the traders as to why they chose their shop structures. For the traders that operate open shops, their reasons include the following: to increase their sales, insufficient capital or the shops are too expensive, easy patronage or visibility, scarcity of shops, the lock up shops are small, to keep the commodity in good condition. For lock-up shops owners, their reasons include: it is convenient, it secures the goods from thieves and rain, to keep the commodity in good condition.

The study also revealed that almost all of the food traders in Bodija market experienced one form of health problem or the other but the rate at which it occurred in individual varies. This influences the rate at which the traders visit the hospital.

7. Recommendations

There should be construction of more shops in the market in order to stop the influx of traders along the road from selling their goods. The cost of renting these shops should not be exorbitant in order for the traders to be able to afford it and not avoid it. Even if the project is going to be contracted out to private body, the government should caution them as to the cost of the shops. Also, all traders should be strictly banned from selling on the road side and strict regulation should be enforced to prevent shop owners from displaying their good on the pedestrian walk ways. The government can also assist the traders with loan that can be paid back within reasonable time with little or no interest attached.

To enhance and help improve the health status of the traders, a government hospital should be built inside the market or near the market that will be accessible to all the traders. Being a government hospital, all traders will be able to afford it and their services will also be efficient and reliable. Free medical check-up and treatment and giving out of drugs should be made available to the traders once in a while. This will encourage them to pay more attention to their health.

8. Conclusion

An effort has been made through this research to assess the physical conditions of the shops in the market, perceived health implications on the traders and also perceived strategies to enhance environmental health in the market. From the field work, it is obvious the environment of the market affect the health of the traders directly or indirectly.

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