BINDURA UNIVERSITY OF SCIENCE EDUCATION

DEPARTMENT OF ENVIRONMENTAL SCIENCE

OCCUPATIONAL HEALTH AND SAFETY LAW COMPLIANCE IN MUNICIPALITIES: A CASE STUDY OF HARARE CITY COUNCIL

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF A BACHELOR OF SCIENCE HONOURS DEGREE IN SAFETY, HEALTH, AND ENVIRONMENTAL MANAGEMENT

JUNE 2025

DECLARATION FORM

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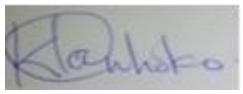
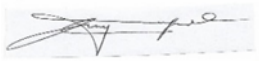
Signature of the supervisor:  Date: 7 October 2025

Department Chairperson:  Date: 10 October 2025

DEDICATION

I dedicate this thesis to my family, especially my sister Tinotenda Bettar, who provided unwavering support throughout my entire educational journey. Lastly, I dedicate this to my supervisor, departmental lecturers and my classmates whose smiles and intellectual support were invaluable throughout this journey.

ACKNOWLEDGEMENTS

Firstly, I would like to thank the Almighty God who allowed me to accomplish the requirements of this dissertation. It was not easy, but by the grace of God, it was made possible. Not forgetting my parents, who made it possible for me to attend school and be able to finish this dissertation by providing me with financial and support.

My special thanks to my supervisor, Mr. Nhokovedzo, who helped me with the skills and knowledge required in conducting research, which has enabled me to come up with this research. I would also want to extend my special gratitude to Chakanyuka Millicent, Brighton Murandu, and Runyararo Mangezi for the support they gave me during the process.

Lastly, would like to thank the Harare City Council for allowing me to conduct my dissertation.

ABSTRACT

Occupational Health and Safety (OHS) laws compliance is crucial in Harare City Council (HCC), given its higher accident rates. This study assessed OHS compliance levels across the departments, how the departments influence the level of compliance, and challenges faced by HCC. A descriptive cross-sectional study was conducted using a systematic literature review and a compliance tool. Results showed a fair compliance level across the departments, with an average score of 66.6%. The compliance mean scores for the Department of Works and Human Capital did not significantly influence compliance levels whilst the department of Chamber Secretary influence the compliance level. Key challenges included insufficient resources, irregular training, weak enforcement, cultural barriers, and poor communication.

Key terms: Harare City Council, Occupational Health and safety (OHS), Compliance.

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ACRONYMS

HCC- Harare City Council

OHS- Occupational Health and Safety

ILO- International Labour Organisation

SHE- Safety Health and Environment

MOCT- Municipal OHS Compliance Tool Municipal

PPE- Personal Protective Equipment

NSSA- National Social Security Authority

SMEs- Small and medium sized enterprise

CHAPTER 1: INTRODUCTION

1.1 Background of the study

Accidents in the workplace are a significant concern globally, leading to profound implications for employees, employers, and the broader economy. According to the International Labour Organisation (ILO), an estimated 2.78 million lives are lost each year due to work-related accidents and illnesses, highlighting the need for effective Occupational Health and Safety (OHS) measures (ILO, 2021). The nature of workplace accidents varies across sectors, with common incidents including falls, machinery-related injuries, and exposure to hazardous substances. These accidents not only lead to physical harm but also affect mental health, resulting in decreased productivity, increased absenteeism, and higher healthcare costs (Cohen & Doyon, 2016). The importance of compliance with Occupational Health and Safety (OHS) laws becomes evident as a preventive measure against such accidents. SHE regulations provide a structured framework for identifying risks, implementing safety protocols, and fostering an organisational safety culture.

Compliance is a crucial method of controlling and demonstrating commitment towards incident prevention by mandating adherence to established safety standards. Organisations that follow OHS laws actively engage in risk assessment and mitigation strategies, leading to a safer working environment. Studies indicate that effective compliance can reduce accidents by up to 40% in high-risk industries, and robust safety programs experience fewer accidents, lower insurance costs, and improved employee morale (Kines et al., 2010). Furthermore, the legal implications of non-compliance can be severe, with organisations facing fines, lawsuits, and reputational damage. For instance, a study by Chen et al. (2019) found that companies with poor safety compliance often suffer financial losses due to workers' compensation claims and legal fees. This reinforces the argument by Fox T (2012) that compliance is not merely a legal obligation but a strategic approach to enhancing workplace safety and organisational sustainability. In summary, the overarching challenge of workplace accidents can be caused by poor compliance at the workplace.

The necessity for compliance with OHS laws is evident across multiple industries, each facing unique safety challenges. In construction, adherence to safety regulations is critical due to the dangerous nature of the work, which involves heavy machinery and hazardous materials (Chandra and Loosemore, 2022). Similarly, the manufacturing sector faces significant risks related to

machinery safety and toxic substance exposure. The National Safety Council reports that manufacturing accidents cost companies billions annually (NSC, 2021). The healthcare sector also requires strict compliance, as workers face biological and chemical hazards (Wang et al., 2019). Compliance is equally vital in agriculture, where workers are exposed to pesticides and machinery-related injuries. In Zimbabwe, the National Social Security Authority (NSSA) emphasises the importance of compliance to protect workers' rights and health (NSSA, 2020). Overall, adherence to SHE laws is crucial for ensuring employee safety and operational excellence across all sectors.

Addressing non-compliance challenges requires a multifaceted approach that includes training, monitoring, and continuous improvement. Comprehensive training programs are essential for educating employees about safety regulations and hazard recognition. Research indicates that organisations investing in training experience lower accident rates (Häkkinen & Kaivanto, 2018). Regular safety audits help identify compliance gaps and prevent potential accidents (Bennett et al., 2019). Fostering a safety culture through open communication and employee engagement in safety initiatives significantly enhances compliance (Zohar & Luria, 2005). Additionally, leveraging technology, such as safety management systems, can track incidents and monitor compliance metrics, facilitating continuous improvement (Wang et al., 2021). By integrating these strategies, organisations can effectively mitigate risks and promote a safer work environment.

Municipalities in Zimbabwe are key employers who house 5% of the total workforce and have with highest number of workplace fatalities in the year. For municipalities, compliance is not merely a regulatory requirement but a moral obligation to protect employees and the community. According to National Social Security Authority (NSSA) statistics, there has been a concerning rise in workplace accidents, with fatalities increasing by 30% compared to previous years (NSSA, 2024). This alarming trend raises questions about the effectiveness of current OHS measures and the commitment of local authorities to enforce safety regulations. The potential consequences of non-compliance include not only accidents and injuries but also legal liabilities, reputational damage, and financial losses. To address these challenges, the Council must prioritise safety training programs and allocate adequate resources for safety measures. Engaging employees in safety initiatives and fostering a culture of safety is vital for promoting compliance (Mupambwa & Ndlovu, 2019). Implementing regular safety audits and inspections can help identify areas needing improvement and ensure adherence to regulations. By prioritising compliance with SHE

laws, the Harare City Council can enhance workplace safety, protect its employees, and uphold its responsibility to the community it serves. Furthermore, given the large workforce, ensuring compliance will not only mitigate risks but also improve overall service delivery and community trust in municipal operations.

1.2 Problem Statement

Workplace safety remains a critical challenge across various industries, with significant implications for employee health, organisational productivity, and economic stability. Despite the existence of Occupational Health and Safety (OHS) laws designed to mitigate risks, many organisations fail to comply, leading to a high incidence of workplace accidents. The International Labour Organisation (ILO) reports that over 2.7 million workers die annually due to work-related accidents or diseases (ILO, 2021). Common incidents such as slips, trips, falls, and exposure to hazardous materials not only result in immediate physical injuries but can also lead to long-term health issues, decreased employee morale, and increased financial burdens for organisations (Kines et al., 2010). In high-risk industries like construction, manufacturing, and healthcare, non-compliance with OHS regulations can have dire consequences, including severe injuries and fatalities. For instance, a study highlights that effective compliance can reduce accidents by up to 40% in such sectors.

However, many organisations neglect the importance of compliance, often viewing it merely as a regulatory obligation rather than a pivotal component of risk management. This oversight can lead to significant legal repercussions, including fines and lawsuits, as companies with poor safety records face increased scrutiny from regulatory bodies (Chen et al., 2019). Municipal entities, such as the Harare City Council, exemplify these challenges, managing a large workforce while providing essential public services. The Council oversees operations that inherently involve safety risks, such as waste management and road maintenance. Reports indicate that incidents related to non-compliance with OHS laws occur frequently within such organisations, highlighting a pressing need for enhanced safety measures (Chikodzi et al., 2020).

1.3.1 Aim

- To investigate the key challenges faced by the Harare City Council in ensuring compliance with OHS laws.

1.3.2 Objectives

- To assess the council's level of compliance.
- To identify the main challenges faced by the HCC.

1.4 Research Questions

- To what extent has the council complied with these laws?
- What are the main challenges faced by the HCC in complying with the OHS laws?

1.5 Significance of the study

The significance of this study lies in the urgent need to address the challenges associated with non-compliance with Occupational Health and Safety (OHS) Laws. With workplace accidents resulting in millions of fatalities and injuries each year, the implications of non-compliance extend far beyond individual organisations, affecting entire communities and economies. By focusing on the challenges faced by organisations, particularly municipal entities like the Harare City Council, this research aims to shed light on critical areas that require attention and improvement. However, the findings of this study will have practical applications for policymakers, organizational leaders, and safety practitioners. By identifying effective strategies for improving compliance with OHS laws, this research can inform the development of policies and initiatives aimed at enhancing workplace safety across various sectors. Ultimately, this study seeks to contribute to a safer work environment for employees, thereby promoting organizational sustainability and community well-being.

1.6 Delimitations

- Attitude from participants towards workplace safety may result in a lack of awareness, and affect compliance efforts.
- Outdated OHS laws may not address modern health risks, limiting effective enforcement.

1.7 Limitations

- The study may involve a limited number of municipalities, which could affect the generalizability of the findings to other regions or municipalities with different characteristics.
- Participants may provide socially desirable answers during interviews, affecting the accuracy of the data regarding compliance practices and challenges.

1.8 Assumptions

- Data collected from the participants will be accurate and reliable.
- The study will be conducted in a timely and ethical manner.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter intends to focus on the literature review, which consists of theoretical and empirical frameworks that underpin the study, offering insights into how these frameworks can reveal the complexities of occupational and health safety compliance.

2.1 Definition of terms

1. Safety Laws

These are rules intended to prevent people from becoming hurt in a variety of settings, such as public places, businesses, and homes. They are regulations that covers a wide range of areas such as public health standards, building codes, and workplace safety. Smith (2018) asserts that safety regulations are crucial for reducing hazards and guaranteeing that surroundings support health and wellbeing.

2. Health Laws

Health laws are statutes and regulations to prevent illness and improve public health. They address topics like access to healthcare, illness prevention, and sanitation. According to Brown (2019), the establishment of standards that safeguard the health of the population depends on health legislation.

3. Compliance

It is defined as the state of being under established guidelines, specifications, or requirements. OHS compliance is also defined as adhering to rules, guidelines, and regulations outlined in the OHS Act. The Act is there to ensure that workplaces are safe for employees, contractors, and anyone who might be affected by the business operations. Compliance involves implementing safety procedures, conducting risk assessments, providing necessary training, and maintaining a work environment free from hazards. However, the importance of OHS compliance cannot be stressed enough. A company such as municipalities can meet the OHS standards and is better equipped to prevent workplace injuries and illnesses, which can result in significant cost savings and improved employee morale.

4. Occupational Health and Safety

The Occupational Health and Safety refers to the practices that protects employees from work-related injuries and fatalities by mitigating hazards and ensuring a safe working place. (ILO, 2001). (Zondo, 2021) Also define OHS as a cross-disciplinary discipline concerned with safeguarding employees' safety, health, and welfare at the workplace.

2.2 Theoretical Framework

2.2.1 Deterrence Theory

Deterrence theory was introduced by classical thinkers such as Jeremy Bentham and Cesare Beccaria in the 18th century (Beccaria, 1764) (Bentham, 1789). The theory states that people obey the law because they fear punishment or penalties for non-compliance (Becker, 1968). Certainty, harshness, and swiftness are the three components that makes up the idea of Deterrence. The likelihood that punishment of non-compliance will result in a harsh punishment is known as certainty (Gray & Scholz, 1993) and for this reason, the municipality must enforce the rules consistently. Severity is defined as the penalties for the violations must be sufficiently harsh to deter the employer, so punishment should reflect the severity of hazards (Harris, 2018). Swiftness means that the punishment must be administered just after non-compliance is detected (Braithwaite, 2003), so delays counteract the effectiveness of deterrence. In the municipality, employers follow OHS laws to avoid fines, lawsuit, and reputational damages which can be accomplished through enforcement mechanisms like regular inspections and the installation of strict penalty systems to punish non-compliance.

2.2.2 Self Determination Theory

In 1985, Richard M. Ryan and Edward L. Deci presented the self-determination theory. They suggested that OHS compliance is driven by intrinsic motivation. Additionally, it implies that people may adhere to OHS regulations since they are consistent with their own beliefs and objectives (Deci & Ryan, 2000) (Gagné & Deci, 2005). The theory predicated on the three psychological needs that influence behavior which are relatedness (feeling a connection to a greater purpose, like protecting the workplace and community), competence (feeling capable of implementing OHS standard effectively), and autonomy (having ownership over decisions related to safety measures) (Gagné & Deci, 2005). OHS compliance rises when workers' autonomy and competence are supported, and OHS culture is improved when there is a healthy relationship between the employer and employees (Zohar & Luria, 2005).

However, by integrating these two theories, municipalities can create an OHS compliance plan by combining these two approaches. Although the deterrence theory is important in establishing the framework for external enforcement and responsibility of the activity, it ignores the inherent motive of employers for OHS. Employee commitment to safety is fostered by the Self-Determination Theory, which in turn promotes a safety culture. This well-rounded strategy encourages employees from inside and addresses compliance through the threat of penalty, creating a safer and more cooperative work environment.

2.3 Empirical Literature Review

Occupational Health and Safety Laws are in place to protect workers from workplace hazards and ensure a safe and healthy work environment. However, many organizations face significant challenges in complying with OHS laws, resulting in work-related accidents and diseases. The empirical literature reviews the empirical evidence on the challenges of not complying with OHS laws.

A study by (Hasen & Woods, 2013) and (Hallowell & Yih, 2020) on OHS legal compliance management. The study examines how daily health and safety management in the majority of businesses is impacted by legal compliance and non-compliance. Compliances is influenced by regulatory enforcement, employee involvement, and management commitment. According to (Zwetsloot, et al., 2013), management commitment is the support of upper management for OHS compliance, which affects the compliance rate and employee engagement entails the workers' interactive involvement in the decision-making processes, which in turn increases compliance(DeJoy, et al., 2010). Regulatory enforcement, as defined by (Amiri, et al., 2015), is the process by which regulatory authorities increase compliance through rigorous penalties, inspections, training, and frequent audits. The results of the study showed that training programs with OHS regulations and severe penalties increase compliance rates (Gray & Scholz, 1993). Nonetheless, OHS records were better for businesses with robust compliance cultures.

(Amiri, et al., 2015), conducted a systematic review that looked at qualitative research on OHS laws. Regulatory enforcement prevents occupational illness and injuries, according to the review. OHS compliance rates rose by 25% as a result of strict enforcement (Gray & Scholz, 1993). The effectiveness of enforcement was influenced by a number of factors, including adequate sanctions and inspector training. Stronger sanctions for non-compliance and frequent audits are advised. Effective enforcement also increased employee reporting of dangers. Enforcement differed throughout industry and jurisdictions. Therefore, regulatory enforcement plays a crucial role in OHS compliance.

(Arewa & Farrell, 2012), investigate the adherence to OHS standards in the construction sector, a survey of small and medium-sized businesses (SMEs) in the UK. All companies in the UK are required to adhere to health and safety requirements, regardless of their size or type (Walters & Nichols, 2011). A similar study by (Kheni, Dainty, & Gibb, 2008), found that SMEs in Ghana had a difficult time in adhering to OHS regulations. The results of the study have consequences for practitioners and policymakers. However, the findings indicated that SMEs had a low legal compliance, which can be attributed to a lack of resources, a lack of knowledge about OHS legislation, and a failure to prioritize OHS. Nonetheless, the data emphasizes how important it is for local governments to offer SMEs resources and assistance.

A study by researchers like (Robson, et al., 2012) examined the connection between OHS training and the behaviour and knowledge

of healthcare workers. According to the study, healthcare workers' improved knowledge and conduct were linked to OHS training. Employees have greater practice opportunities in trainings that are mostly interactive (Robson, et al., 2012). (Lingard & Rowlinson, 2011), also discovered that the foundation of OHS compliance in the construction sector is training. Effective OHS training improved the knowledge and conduct of workers in the mining industry, according to another study by (Amponsah-Tawiah & Mensah, 2016)

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology used to achieve the objectives of this study, utilizing the Saunders Onion Model as a framework for designing the research approach. The research is descriptive and analytical, whilst employing the quantitative and qualitative approaches. The chapter outlines the research process, including the research designs, data collection, and data analysis methods, and the ethical processes followed are outlined.

3.2 Description of the study

The Harare City Council is the local government authority responsible for the administration of Harare, Zimbabwe's capital city. It is situated at 17.8272^0 S latitude and 31.0533^0E longitude, with an average elevation of 1.483 meters above sea level.

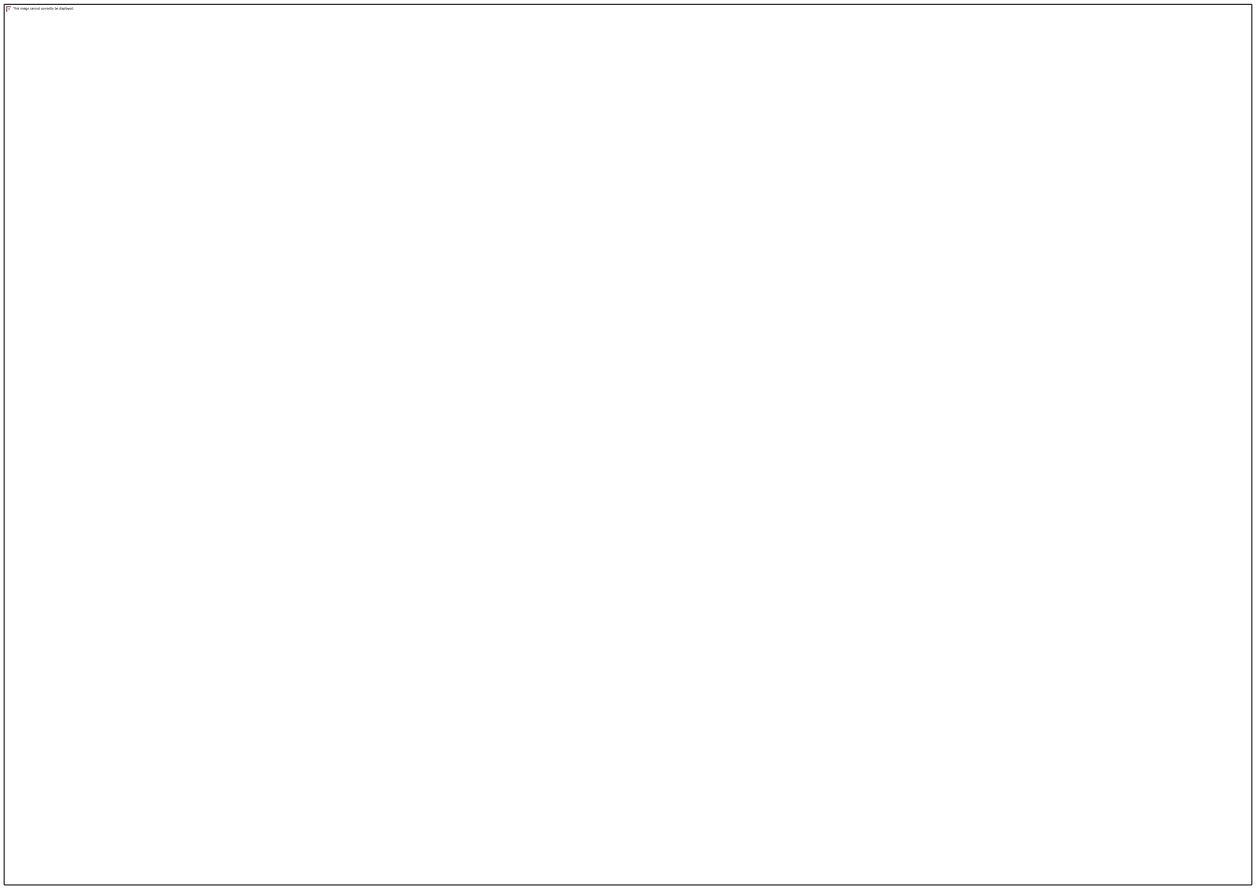


Figure 3.1 Map showing the location of the study area in Harare, Zimbabwe

3.3 Research Design

The Research Design of the study refers to the overall plan or structure that guides the collection, analysis, and interpretation of data to evaluate Occupational Health and Safety (OHS) laws compliance in municipalities. This study used a cross-sectional design to assess the level of OHS compliance in Harare City Council. The researcher employs both qualitative and quantitative approaches, such as semi-structured interviews, and uses a compliance tool, the Municipal OHS Compliance Tool (MOCT). The quantitative approach involves collecting numerical data (compliance scores) to objectively assess the level of OHS compliance in municipality. The use of numerical data enables the researcher to analyse and compare compliance levels across different departments in the municipality, thus identifying areas of strength and weakness. The MOCT tool provides a structured framework for data collection, ensuring consistency and reliability in the assessment of OHS compliance.

In implementing the approach, the study aimed to leverage the strengths of both methodologies. By combining the MOCT and semi-structured interviews, the researcher gather diverse data that provided a more nuanced understanding of compliance levels and challenges.

3.4 Research Strategy

The research strategy describes how the researcher aims to carry out the work (Saunders M, 2019). In terms of research strategy, this study utilized a case study design, focusing specifically on the Harare City Council as the primary unit of analysis. The case study strategy allow an in-depth exploration of the complexities associated with compliance levels and challenges, including contextual factors such as resource allocation (Yin, 2018). By concentrating on a single municipality, the study aimed to uncover detailed insights that could inform broader discussions about OHS law compliance in urban settings.

Moreover, the case study design facilitated a multi-faceted examination of the issues at hand. The researcher collected data to ensure a well-rounded perspective on the levels and challenges faced by the Harare City Council. This comprehensive approach enabled the identification of both systemic issues and localized factors that contributed to non-compliance, ultimately providing a richer understanding of the dynamics at play.

3.5 Sampling Technique

It is a process of selecting the participants to take part in the study (Nueman & Karen, 2014). In the study the researcher used a simple random and purposive sampling strategy was employed. The sampling strategy ensures that all relevant employees are included in the study, providing a comprehensive assessment of OHS compliance across the City Council. The methods allowed the researcher to focus on individuals who could provide valuable insights into the study's objectives. The sample included a diverse range of employees, such as municipal officials, managers, safety officers, and general hands, ensuring a well-rounded representation of perspectives.

3.5.1 Sample Size

The sample size was determined using the simplified formula for proportions (Yamane, 1967), using a 95% confidence level and, margin error of 5%.

$$n = \frac{N}{1 + N(e)^2} = \frac{800}{1 + 800(0.05)^2} = 267$$

Where N = Population;

e = marginal error

n = sample size

A sample size of 267 was employed to ensure a balanced representation of perspectives, enabling the researcher to draw meaningful conclusions across Council about the challenges and opportunities related to OHS law compliance.

3.6 Data Collection Methods

The fifth layer of the Saunders Onion pertains to data collection methods. This study employs both the qualitative and quantitative data collection techniques (Saunders M, 2019).

3.6.1 Compliance Tool

The Occupational Health and Safety Self Audit tool was designed to evaluate Occupational Health and Safety (OHS) laws compliance in Harare City Council. The tool is developed based on the ISO 45001 Standards of 2018. Closed-ended and coded questions (64 items across the 8 elements) were developed from literature (Oluwafemi et al., 2017; Kofi et al., 2019; Oluwaseun et al., 2022) to collect data on the OHS Compliance with laws. The elements are (1) OHS policy and leadership; (2) Hazard Identification and Risk Assessment; (3) OHS training and Competence; (4) Communication and Participation; (5) Document Control and Records; (6) Operational Control and Emergency Preparedness; (7) Monitoring and Measurement; and (8) Incident Investigation and Continuous Improvement. The compliance tool had sections that included demographic information. However, the tool provides a standardised way to assess compliance level, allows tracking compliance trends over time, and ensures the alignment with the relevant OHS laws and regulations thus reduce legal penalties (Oluwaseun et al., 2022). There is also a potential disadvantage of self-report bias, hence pilot study was conducted before the main study is carried out.

Compliance Tool Procedure

1. Obtain approval from Harare City Council administration.
2. Pilot test the compliance tool with at least 4 employees.
3. Distribute the tool to the random selected employees
4. Collect completed tools within 2 days.
5. Review the tools for completeness and consistency.

3.6.2 Semi-structured Interviews

In addition to compliance tool, the study incorporated semi-structured interviews with key informants, such as safety officers, director, line supervisors and committee members from the departments. These interviews provided qualitative insights into the challenges and successes related to health and safety law compliance, allowing for a deeper understanding of the local context. The semi-structured format allowed for flexibility in questioning, enabling the researcher to explore topics in greater depth as they emerged during the conversation.

The interviews were designed to elicit detailed narratives from participants regarding their experiences with compliance efforts and the barriers they faced. This qualitative data complemented the quantitative findings from the compliance tool, revealing nuanced perspectives that enriched the overall analysis of compliance levels in Harare City Council.

3.7 Data Analysis

The final layer of the Saunders Onion involves data analysis. Quantitative data collected from the compliance tool were presented using tables via Microsoft Excel, and Microsoft Word, allowing for descriptive statistics and inferential analysis to identify trends and correlations (Field, 2018). The scoring of compliance level was done using the weighting system (Amissah et al., 2021). Cut-off levels used for scoring were 90 - 100% (high compliance), 70 - 89% (good compliance), 51-69% (fair compliance), and < 50% (poor compliance). A correct response was awarded 2 points. The score was converted to a percentage.

Qualitative data from the semi-structured interview was summarized through in-depth explanations. By integrating quantitative and qualitative analyses, the study aimed to provide a holistic view of the research problem, ensuring that both numerical trends and personal narratives informed the conclusions.

The association between OHS compliance and Departments was done using the ANOVA (Analysis of Variance) (Quirk & Quirk, 2012) where significant association was considered for $p < 0.05$. The results of the ANOVA tested would indicate whether there was a statistically significant association between departments of participants and OHS compliance. For example, if there is a statistically significant association, it would mean that certain department may be more likely to comply with OHS standards than others.

3.8 Ethical Considerations

Before collecting data, the researcher obtained informed oral consent from the employees who participated in the study. The researcher provided a brief explanation to the participants about the nature and purpose of the research. The researchers emphasised to the participants that their responses would be kept confidential and anonymous. They also stressed that participation was voluntary, and the participants had the right to refuse to take part in the study. The researcher explained the objectives of the study to the participants in clear terms. No personal details of the participants were written down during the data collection process. Instead, the researcher only used numbered identifiers to keep track of the sample. .

CHAPTER 4: RESULTS

4.1 Introduction

This chapter presents the results, analysis, and interpretation of data gathered to evaluate Harare City Council's compliance with OHS laws. Both quantitative and qualitative data were analysed to determine overall compliance levels, and identify the main challenges hindering OHS adherence. The findings are illustrated through statistical tables, graphs, and thematic summaries. The integration of both descriptive and inferential methods offers a comprehensive understanding of the council's performance in meeting OHS regulatory standards.

4.2 Response Rate

A total of 260 structured questionnaires were distributed, and 10 key informant interviews were planned, with the corresponding response rates presented in Table 4.1.

Table 4.1 Response Rate

Research Tools	**Frequency**	**Rate**
Questionnaires administered	260	100%
Questionnaires returned	251	97%
Interviews Scheduled	10	100%
Interviews Conducted	9	90%

A total of 260 questionnaires were distributed, and 251 were successfully returned, reflecting a high response rate of 97%. This strong return rate indicates robust participation and enhances the credibility and reliability of the quantitative findings. It suggests that employees were willing to engage with the subject matter, potentially reflecting their interest or concern regarding OHS issues within the council.

Additionally, 10 key informant interviews were scheduled with strategic personnel such as Safety Officers, the Directors, Line Supervisors, and members of Council Committee. Of these, 9

interviews were successfully conducted, representing a 90% completion rate. This is a satisfactory level of participation in qualitative research and provides valuable insight into the institutional and managerial aspects of OHS compliance. The near-complete interview schedule ensures that a broad range of expert perspectives were captured, enriching the thematic analysis of challenges and compliance levels. In relation to the study objectives, the high response rates for both tools strengthen the validity of the data collected, supporting well-grounded conclusions and recommendations.

4.3 Demographics of the participants

Table 4.2. Summary of Demographics

Gender	**Percentage (%)**
Female	36.36
Male	63.64
Age Group	**Percentage (%)**
60 years and above	21.74
Below 30 years	21.74
50-59 years	21.34
40-49 years	19.37
30-39 years	15.81
Education Level	**Percentage (%)**
Tertiary level	26.48
Ordinary level	25.30
Primary level	24.90
None	23.32
Years at Council	**Percentage (%)**

Less than a year	23.72
More than 20 years	19.37
1-5 years	19.37
11-20 years	19.37
6-10 years	18.18

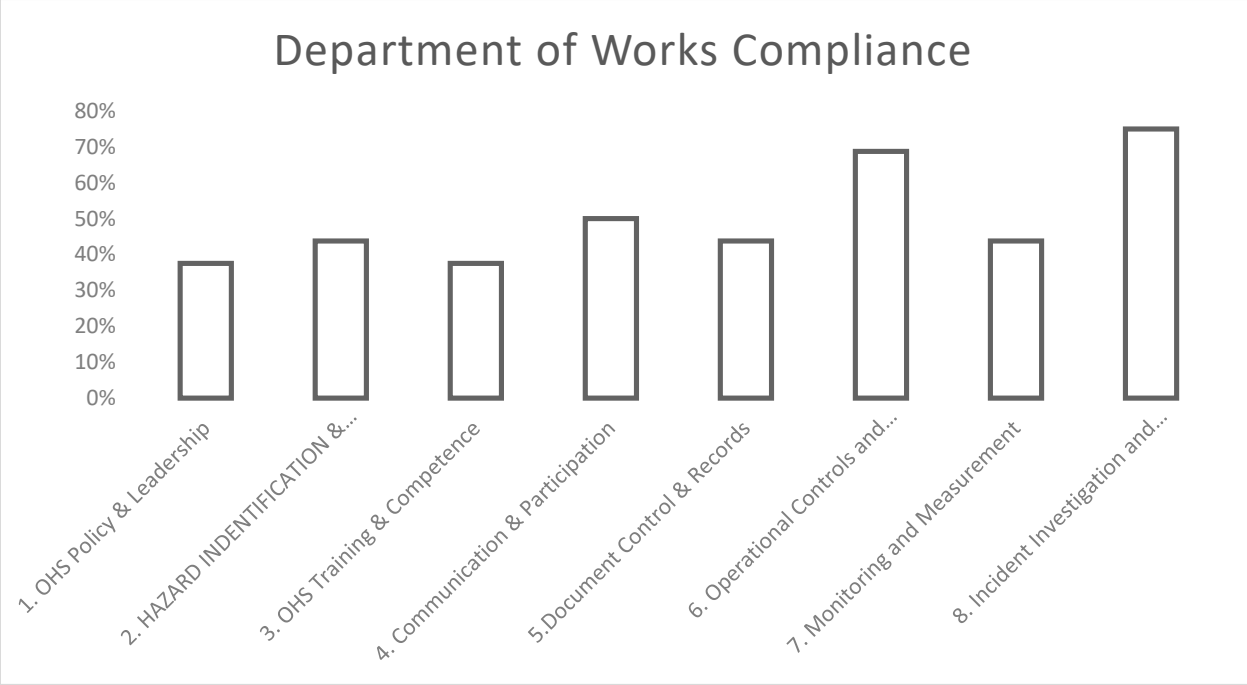
The demographic data from Harare City Council offers a comprehensive overview of the respondents' characteristics, which are essential in understanding patterns of compliance with OHS laws. In terms of gender, the workforce is predominantly male, with 63.64% of respondents identifying as male and 36.36% as female. This male-dominated structure may influence the organizational culture and how OHS protocols are implemented and communicated within departments.

The age distribution among employees is relatively balanced, though there is a notable representation of both the youngest and oldest age groups. Employees aged 60 years and above, as well as those below 30 years, each account for 21.74% of the workforce. Those aged 50–59 years follow closely at 21.34%, with 40–49 years at 19.37% and the 30–39 years group at 15.81%. This suggests a workforce that includes both early-career and near-retirement employees, which may impact risk perception, adaptability to change, and the design of training programs.

Regarding educational attainment, the distribution is fairly even across all levels. Tertiary education was attained by 26.48% of the employees, while 25.30% had Ordinary level education. Primary education and no formal education were reported by 24.90% and 23.32% of respondents, respectively. This educational spread may affect employees' comprehension of safety procedures, highlighting the need for simplified and inclusive safety communication.

The data on years of service at the council shows a mix of newly hired and long-serving employees. The largest group, 23.72%, had worked for less than a year. Equal proportions of 19.37% were recorded for those with more than 20 years, 11–20 years, and 1–5 years of service, while 18.18%

had been with the council for 6–10 years. This blend of experience levels may affect how OHS policies are understood and applied, with long-serving employees potentially relying on experience and newer employees needing formal induction and training.



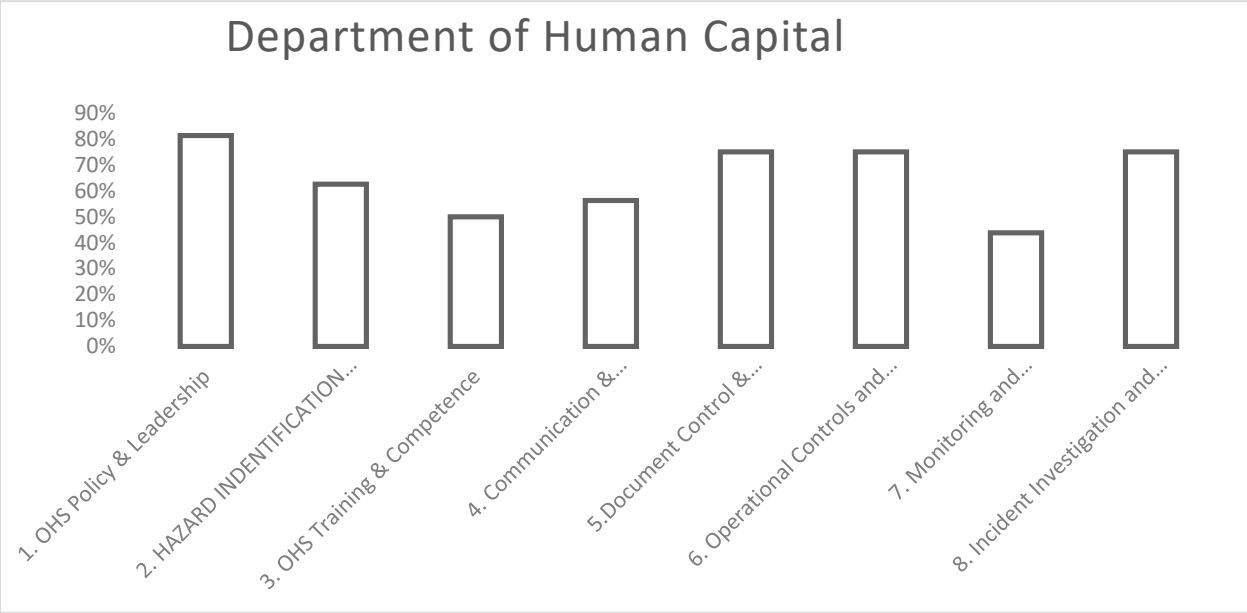
4.4 Assessing Level of Compliance per Department

Figure 4.1: Department of Work compliance level

The above figure 4.1, illustrates the Department of work compliance with various Occupational Health and Safety (OHS) aspects. The data reveals that the department excels in Incident Investigation and Continuous Improvement with a score of 75%. In contrast, it struggles with OHS Policy and Leadership, and OHS Training and Competence both scoring around 40%. The data represented suggests that the Department tends to perform better in reactive measures, such as incident investigation, rather than proactive measures like OHS policy and leadership.

The Human Capital Department responders were aware of their department's OHS compliance. At around 90% OHS Policy and Leadership is the category with the best performance. This implies that the department has done a great job of creating and putting into place efficient OHS rules and leadership structures for the staff. OHS training and competence, and monitoring and

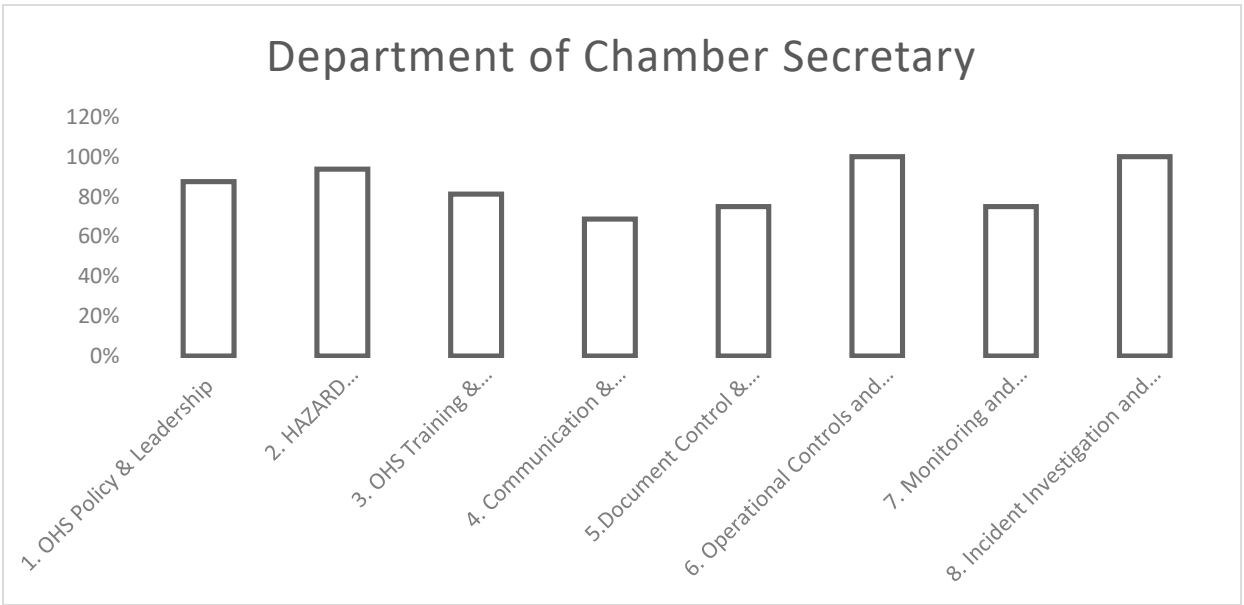
measurement, on the other hand, have the lowest marks of about 49%. This suggests that in order to improve the OHS performance, the department may need to concentrate on enhancing its



competency levels and training programs.

Figure 4.2: Department of Human Capital Compliance Level.

The compliance levels of the Chamber Secretary Department is mostly above 65% which is a fair level of compliance to a department that deals with the Fire Brigade and Emergency Services of the whole council. This indicates that the department is proactive in managing operation risks,



monitoring its performance, and investigating incidents to improve its processes.

Figure 4.3: Department of Chamber Secretary Compliance Level.

4.5 Overall level of compliance

The overall compliance across all the departments stands at 66.6% which suggest a Fair Compliance level. The highest compliance rate was observed in the department of Chamber Secretary (85%), and conversely, the Works department recorded the lowest compliance rate at 65%. This is shown in the table below:

Department	**Compliance level (%)**
Works	50
Chamber Secretary	85
Human Capital	65
AVERAGE	**66.6**

Table 4.3: Overall compliance of HCC

4.6 Association between departments and compliance levels.

The study investigated the association between the departments and the level of OHS compliance through ANOVA analysis. The ANOVA was conducted to determine whether different departments (Works, Chamber Secretary, and Human Capital) and compliance levels significantly affect the compliance scores. The ANOVA summary tables are shown below:

Table 4.4 ANOVA- Department of Chamber Secretary

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	22.5625	1	22.5625	12.20773	0.003578	4.60011
Within Groups	25.875	14	1.848214			
Total	48.4375	15				

For the Department of Chamber Secretary, the F-statistic is 12.20, and the corresponding p-value is 0.003. The results provide a strong evidence that there is statistically difference between OHS compliance mean score analysed within the Department of Chamber Secretary.

Table 4.5 ANOVA- Department of Works

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	256	1	256	99.55556	9.6E-08	4.60011
Within Groups	36	14	2.571429			
Total	292	15				

The above ANOVA was conducted to determine whether the Department of Works and levels of compliance affect the mean compliance score. For the Department of Works, the ANOVA summary table shows that the F-statistic is 99.5 with a p-value of 9.60. Since the p-value is greater than the standard significance value of 0.05, we fail to reject the null hypothesis. This means that there is no statistically differences in OHS compliance levels within the Department of Works.

Table 4.6 ANOVA- Department of Human Capital

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	126.5625	1	126.5625	52.30627	4.34E-06	4.60011
Within Groups	33.875	14	2.419643			
Total	160.4375	15				

The ANOVA results for the Department of Human Capital (F= 52.30, p=4.34) shows there is no statistically differences in OHS compliance levels within the Department.

However, the findings indicates that the Department of Works and Human Capital do not play a significant role in determining the level of OHS compliance among Harare City Council departments. This suggests that individual compliance behaviour may be shaped more by institutional factors such as safety culture, training, leadership commitment, and enforcement mechanisms rather than by department background.

4.7 Challenges Faced by HCC in Ensuring Compliance with OHS Laws

To explore the main challenges faced by the Harare City Council in ensuring compliance with OHS laws, a thematic analysis of these interviews identified several key barriers to effective OHS implementation. Some of the challenges are:

- Lack of sufficient budget and material resources

Most departments' lack the essential tools and appropriate protective equipment (PPE) needed to meet even the minimum safety standards. One Safety Officer stated, "*We often run training sessions without the actual PPE to demonstrate, and staff share gear across shifts*." A committee member echoed this sentiment, noting, "*Some workstations don't have fire extinguishers or emergency signage. You can't comply with safety standards when you lack the basic infrastructure*." This indicates that many compliance failures are due to material shortages rather than intentional negligence.

- Limited training and low safety awareness

The Director of Works explained, *"Many workers still believe safety is only necessary in high-risk jobs, not realising that hazards exist in routine duties too."* Similarly, a Line Supervisor noted, *"OHS training is irregular, and when it happens, attendance is poor due to lack of prioritisation by department heads."* This indicates a need for structured, frequent training and a cultural shift that places value on safety at all levels of the organisation.

- Poor enforcement and accountability mechanisms

While policies and procedures exist, they are often not enforced consistently. One SHE Officer admitted, *"Even when violations are reported, disciplinary actions are rare. This weakens the entire system."* A committee member further stated, *"Supervisors sometimes ignore non-compliance to avoid confrontation or delays in output."* This points to a systemic weakness where the lack of consequences undermines the effectiveness of OHS laws.

- Lack of coordination and communication

Departments often operate in silos, and there is minimal cross-functional dialogue on safety. The Director of Works commented, *"There's no central OHS coordination on everyone's doing their own thing, so lessons and resources aren't shared."*

- Cultural resistance to change

There was a noted resistance to the cultural shift towards prioritizing safety in all departments since some employees think that safety is not a priority. Participants' responses include that, "*Some colleagues still don't see the importance of following safety protocols. It's frustrating when others don't take it seriously*." Some continue saying that "*Changing the mind-set around safety is tough. Some people are set in their ways and don't want to adapt to new practices."*

CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction

The chapter provides a discussion of the findings presented in Chapter 4, contextualising them within existing literature and theoretical frameworks. The results were analysed to address the study's objectives focusing on the Harare City Council's compliance level with OHS laws and the challenges hindering the compliance.

5.2 Data quality and response rate

Achieving a 97% MOCT return and a return of 90% interview completion rate demonstrates a strong participation engagement and lends credibility to both qualitative and quantitative findings. The higher the response rates mitigates the non-response bias and suggests that employees consider OHS issues important thus it is a promising indicator for future safety interventions.

5.3 Compliance levels across departments

The study revealed that Harare City Council's level of compliance with Occupational Health and Safety (OHS) laws is fair and uniformly high, with compliance rates across all eight assessed elements. This finding aligns with studies conducted in other developing country settings. For instance, Amponsah-Tawiah and Mensah (2016) reported similarly fair compliance levels in Ghanaian municipalities, attributing these shortcomings to inadequate training, poor institutional commitment, and insufficient resource allocation. The scores across all departments and elements within Harare City Council indicate systemic weaknesses, not isolated incidents, echoing findings by Moyo et al. (2015), who emphasized the need for organization-wide OHS integration in Zimbabwean public entities.

The ANOVA analysis of both the Department of Works and Human Capital showed no significant variations in compliance thus suggesting that challenges are structural and cut across almost the entire organisation. This is consistent with empirical observations by Arewa and Farrell (2012), who noted that public sector entities often struggle with holistic OHS adoption due to bureaucratic inertia and fragmented accountability. Additionally, low scores in OHS training and communication mirror global trends in weak learning mechanisms, as highlighted by Robson et al. (2012).

Furthermore, a statistically significant difference is found in the analysis for the Department of Chamber Secretary, indicating that the variances are unlikely to be the result of chance. These results are consistent with earlier study by Neal and Griffin (2006), who highlighted the disparities in leadership commitment, employee training, and resource allocation are frequently responsible for departmental discrepancies in OHE compliance. The outcome emphasizes how crucial it is to look at intra-departmental dynamics because certain units may follow OHS procedures more strictly because of leadership influence or risk of exposure (Zohar & Luria, 2005). Moreso, the results corroborate the claim made by Fernandez-Muniz et al. (2007) that safety culture and organisational structure have a major influence on compliance levels.

5.4 Main Challenges Faced by HCC in Ensuring Compliance with OHS Laws

The study revealed a range of systemic challenges hindering Harare City Council's ability to comply with OHS laws. These findings are consistent with observations from similar empirical studies in low-resource and public-sector environments. The results closely mirror findings by Moyo et al. (2015), who found that Zimbabwean local authorities struggle to maintain active safety monitoring systems due to budget and manpower limitations.

Empirical studies in other African contexts echo these trends. For instance, Amponsah-Tawiah and Mensah (2016) found that weak accountability, poor training, and lack of enforcement mechanisms significantly undermine OHS law implementation in Ghanaian municipalities. Similarly, Arewa and Farrell (2012) highlighted that fragmented communication and lack of centralized oversight often lead to duplicated efforts or non-compliance in UK construction and public works sectors.

The thematic analysis in this study identified inadequate resources, infrequent training, and poor enforcement as the most cited barriers by key informants. These findings align with Gumedze and Chauke (2018), who argued that OHS compliance is only possible when supported by institutional capacity, active leadership, and worker empowerment. Furthermore, the lack of coordination across departments reported in this study is consistent with research by Robson et al. (2012), which emphasized the need for integrated OHS systems. Overall, the study confirms that HCC's compliance challenges are systemic, requiring holistic and cross-functional reforms.

5.5 Chapter summary

The chapter reveals that Harare City Council has fair OHS compliance across all departments and safety elements, with average 66.6%. Key challenges identified include insufficient resources, irregular training, weak enforcement, and poor communication. The thematic analysis of key informant interviews corroborated the quantitative findings, emphasizing the need for systemic reform. The results highlight a critical need for strategic, organization-wide interventions to strengthen the council's OHS framework.

CHAPTER 6: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

The study set out evaluate HCC compliance with OHS laws and to identify the main challenges impeding the adherence. A robust data collection confirmed that, while the top management intent and policy frameworks are largely sound. Practical barriers faced within Municipality include:

- Lack of sufficient budget and material resources
- Limited training and low safety awareness
- Poor enforcement and accountability mechanisms
- Lack of coordination and communication
- Cultural resistance to change

By adopting the recommendations below, HCC can bridge the gap between policy and practice, fostering a safer work place, reducing accidents rates, and uplifting organisational performance.

6.2 Recommendations

Based on the findings of this study, the following recommendations are proposed to improve OHS compliance within Harare City Council:

- Management to invest in safety education by providing comprehensive safety training for all workers, and do regular safety inspections of the worksite to identify and address hazards.
- Improved monitoring, regulation, and enforcement of workers safety practices to comply with organisation.

REFERENCES

Amiri, Maghsoud, Moeini, Mahdi, Zarei, Ehsan, . . . Shima. (2015). Regulatory enforcement and occupational health and safety legislation: A systematic review. Safety Science, 72. 212-223.

Amponsah-Tawiah, K., & Mensah, J. (2016). Occupational health and safety and organizational commitment: Evidence from the Ghanaian mining industry. *Safety and health at work*, 7(3), 225-230.

Beccaria, C. (1764). *On Crimes and Punishments*.

Becker, G. (1968). Crime and Punishment: An Economic Approach. *Journal of Political Economy, 76(2)*, 169-217.

Bentham, J. (1789). *An Introduction to the Principles of Morals and Legislation.*

Braithwaite, J. (2003). Deterrence and the Limits of Punishment. *Restorative justice and responsive regulation. Oxford University Press*, 87-114.

Deci, E., & Ryan, R. (2000). The "what" and "why" of goal pursuit. *A self-determination theory perspective , 11(4)*, 227-268.

DeJoy, M, D., Schaffer, S, B., Wilson, G, M., . . . M, M. (2010). Managing safety in the workplace: An empirical test of a theoratical model. *Journal of Occupational and Organizational Psychology, 83(3)*, 563-586.

Gagné, M., & Deci, E. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior*, 26(4), 331–362.

Gray, W., & Scholz, J. (1993). Does regulatory enforcement work? *A panel analysis of OSHA enforcement. Laws & Society Review, 27(1)*, 177-214.

Hallowell, M. R., & Yih, J. (2020). Management of legal compliance in occupational health and safety. *Journal of Safety Research*, 72, 257-265.

Harris, P. (2018). "The Role of Deterrence in Occupational Safety Regulation". *Journal of Safety Research*, 65,1-8.

Hasen, H., & Woods, D. (2013). Managing legal compliance in occupational health and safety: A literature review. *Journal of Occupational and Organizational Psychology, 86(2),* 147-163.

ILO. (2001). International Labour Organization. *Occupational Safety and Health Convention, 1981 (No. 155).*

Kheni, N., Dainty, A., & Gibb, A. (2008). Health and safety management in developing countries: a study of construction SMEs in Ghana. 26(11), 1159–1169 .

Lingard, H., & Rowlinson, S. (2011). Occupational health and safety in construction project management. *Construction Management and Economics*, 1073-1086.

Nueman, & Karen. (2014). *Social Research Methods: Qualitative and Quantative Approach.6th ed.* Boston,USA: Allyn and Bacon.

Quirk, J. T., & Quirk, J. T. (2012). "One-way analysis of variance (ANOVA)." Excel 2007 for educational and psychological statistics. *A guide to solving practical problems*, 163-179.

Robson, L., Stephenson, C., Schulte, P., Amick III, B., Irvin, E., Eggerth, D. .., & Grubb, P. L. (2012). A systematic review of the effectiveness of occupational health and safety training. *Scandinavian journal of work, environment & health*, 193-208.

Saunders M, L. P. (2019). Research methods for business students.

Walters, D., & Nichols, T. (2011). Compliance with health and safety regulations in small and medium sized enterprises. *International Journal of Management*, 32(1), 143-155.

Zohar, D., & Luria, G. (2005). A multilevel model of safety climate: Cross-level relationship between organization and group-level climates. *Journal of Applied Psychology, 90(4),* 656-671.

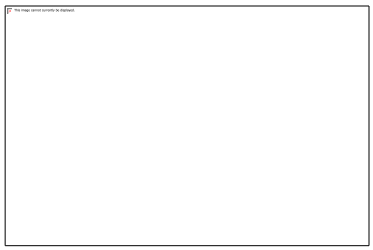
Zondo, R. (2021). Assessing the effectiveness of an occupational health and safety system in a selected automotive assembly organisation in South Africa. *South African Journal of Economics and Management Sciences*, 24(1):35-53.

Zwetsloot, I.J.L, G., Latta, D., Aaltonen, Mari-Anna, Wybo, . . . Giorgia. (2013). The relationship between safety culture and safet performance in construction companies. *Journal of Safety Research, 44*, 21-29.

APPENDIX

FACULTY OF AGRICULTURE AND ENVIRONMENTAL SCIENCE

DEPARTMENT OF ENVIRONMENTAL SCIENCE



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BINDURA UNIVERSITY OF SCIENCE EDUCATION

08 MAY 2025

Dear Sir/Madam

REQUEST FOR PERMISSION TO COLLECT DATA FOR ACADEMIC RESEARCH PROJECT

PROJECT TITLE: ***OCCUPATIONAL HEALTH SAFETY LAWS COMPLIANCE IN MUNICIPALITIES. A CASE STUDY OF HARARE CITY COUNCIL***

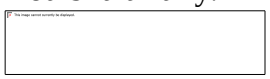
ACADEMIC SUPERVISOR: Mr P. Nhokovedzo

This letter serves to inform you that **Bettar Sharon Rumbidzai (B211458)** is a fourth-year student at Bindura University of Science Education, in the Department of Environmental Science. During her fourth year of study she is supposed to do a research project in her area of specialisation.

Please assist in any possible way. Data collected will be used for academic purposes only and will not be published without your prior consent.

Thank you for your assistance.

Yours faithfully.



Mr T. Nyamugure
Chairperson- Department of Environmental Science