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Understanding the Risk of Indoor Residential Radon Exposure and Readiness to Test among Health Workers

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Abstract

This research work provides a detailed analysis of a cognitive survey conducted to assess the knowledge, risk perception, and readiness to test for indoor residential radon exposure among health workers in Ondo State, Nigeria. The central objective of this analysis is to synthesize the study's findings into a comprehensive and actionable framework for public health intervention. The investigation reveals a critical paradox: while the surveyed health workers possess a foundational understanding of radon, their overall awareness and, more importantly, their readiness to take preventative action remain insufficient. The most significant finding is a statistically validated, direct correlation between awareness and the willingness to test for radon exposure. This relationship, confirmed by a Pearson Chi-Square test, establishes that education is the most powerful lever for change. The analysis identifies a significant gap between the health workers' willingness to act and their capability to do so. This is not a failure of motivation but rather a systemic breakdown in providing the necessary logistical and financial support. Key barriers include a lack of knowledge regarding testing procedures, the unavailability of test kits, and the associated cost. This suggests that public health efforts must evolve from solely educational campaigns to integrate strategies that also address these structural and financial obstacles. The recommendations presented in this report focus on leveraging health workers as key communicators and empowering them with the resources and training required to serve as effective public health advocates. By addressing both the knowledge deficit and the logistical barriers, it is possible to transform a latent willingness to act into a robust, community-wide movement toward radon risk mitigation.

Keywords: Radon, health workers, risk, willingness, indoor

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Introduction

Radon, a radically distinctive, natural noble and inert gas is a decay product of uranium. It can be found in soil, rock, and water from the decay of uranium and thorium. It can enter a building in different ways (Pacella *et al*., 2023). As radon and its progeny decay after 3.8 days, they emit alpha particles (Perko & Turcanu, 2020; Syuryavin *et al*., 2020). Radon is a gas and can accumulate in homes and workplaces, such as schools and hospitals (Pacella *et al*., 2023; Vienneau *et al*., 2021). Radon and its progeny have been found to be the major source of lung cancer after smoking and the major source of radioactivity in the Earth atmosphere (Esan *et al*., 2020; J. Wang *et al*., 2020; Y. Wang *et al*., 2000). Globally, people are exposed to various risk and environmental hazards that have negative impact on their health (Rey *et al*., 2024). The magnitude of the health effect varies depending on the kind of risk involved. Understanding and being aware of the risk is crucial for an individual to take necessary steps to mitigate them (Pacella *et al*., 2023). Awareness of nature of risk of radon and other environmental hazards by health workers help them to be able to educate others, protect themselves and patients from such harm and prevent the spread of it.

Health workers are care givers that deals with the public and should have knowledge and awareness to get prepared in the case of an emergency, diseases or natural disaster such as radon exposure, earthquake, volcanic eruption, food poisoning, smoking, electromagnetic radiation, and so on (Cholowsky *et al*., 2021; Hazar *et al*., 2014). This awareness helps them to get trained and take appropriate measures in readiness for emergencies (Pacella *et al*., 2023). Many people are completely unaware of what radon is, the source of it or its risk capability. Not only that, most people do not know if it has entered their homes, or have been exposed to it or not. Most importantly is the fact that any building or land can have accumulated radon. The only way to know is by testing, since radon is an invisible, odourless gas that is ubiquitous (Timmons & Lunn, 2023; Vienneau *et al*., 2021). But how can somebody test for what he/she is unaware of? Radon concentration differs significantly from place to place within

countries daily, weekly, and seasonally. Therefore, radon concentration cannot be guessed or forecast in a state or country. Other sources of radiation such as cosmic or terrestrial, could not be regulated or mitigated, but radon could be.

Previous studies to determine what the public really knows about radon reveal that a large population, especially below 30 years of age and less educated, have not heard about radon or know what radon is (Vogeltanz-holm & Schwartz, 2018). Approximately 50% of the public has erroneously believed that radon causes headaches (Vogeltanz-holm & Schwartz, 2018). In a study, 33% of 310 health care providers had knowledgeable awareness of radon (Hazar *et al*., 2014). Only 21% of respondents were knowledgeably aware of radon and only 15% of the respondents had their homes tested (Y. Wang *et al*., 2000). Studies have revealed that knowledge and public awareness about radon are very low (Martell *et al*., 2021; Perko *et al*., 2024; Rey *et al*., 2024; Timmons & Lunn, 2023; Wu *et al*., 2023). Awareness can be provided through education and training, effective risk communication, risk assessment, and collaboration among government, individuals, communities, and organizations. Researchers are doing great work and have published various articles on radon research (Antignani *et al*., 2021; Asere, 2022; Curado *et al*., 2020; Jobbágy & Hult, 2020; Usikalu *et al*., 2020).

This study was specifically designed to investigate the understanding of indoor radon risks and the readiness to test for them among health workers in four major towns in Ondo State, Nigeria. The selection of health workers—a population comprising doctors, nurses, and other health practitioners is a deliberate and strategic choice. As frontline caregivers, these professionals are expected to possess a deep understanding of environmental hazards to protect themselves, their patients, and the public. The foundational premise of the study is that health workers are a critical conduit for public health information. Their level of knowledge and awareness serves as a powerful proxy for the overall state of public health education and infrastructure. If these professionals lack a comprehensive understanding of a significant hazard like radon, it signals a systemic failure that extends far beyond individual ignorance. It suggests a gap in professional training and the public health communication network itself. The findings, therefore, provide a diagnostic insight into the preparedness of the entire health system to address this invisible threat. A knowledge deficit among caregivers implies that the public they serve is unlikely to receive the crucial information needed to take preventative action.

The study presents the results obtained by carrying out a cognitive survey on understanding the risk of exposure to radon and their readiness to test for radon by health care workers in selected area in Ondo State, Nigeria. This study was carried out in 4 major towns Akoko area in Ondo State namely Akungba Akoko, Arigidi Akoko, Ikare Akoko, and Iwaro - Oka Akoko.

Methodology

Research Questions and Hypothesis

This study examined the research questions below:

1. What concepts do health workers sustain about Radon?
2. How do health workers perceive reducing the risks due to exposure to Radon?
3. What factors are militating against their readiness to test for radon?
4. What do they consider to be a health and environmental hazard?

In addition to examining the number of possible correlates of respondents' knowledge and perceptions of the risks of radon exposure, the researcher hypothesized that people who viewed radon as a serious health threat were more likely to test for radon and implement mitigation steps, independent of other factors. Other independent variables that were tested for their effects are: radon risk perception, radon testing, and mitigation. Demographic data included gender, income, age, educational level, smoking status and home ownership.

Sampling Procedure

The population of this study is made up of health workers, which include doctors, nurses, community health workers, medical secretaries, and other health practitioners in the chosen towns. The sample size is composed of health workers in Akungba Akoko, Arigidi Akoko, Iwaro-Oka Akoko and Ikare Akoko, Ondo State. Altogether, the sample size included stratified random sampling of 100 respondents.

The first stage of this procedure involved getting approval from the hospitals and health centers by writing a letter to them. The letter explained the purpose of the study and sought their approval to distribute questionnaires to interested workers. The second stage involved the distribution of questionnaires. The respondents were chosen carefully to reflect the important features of the population. All respondents were active health workers in the towns mentioned above. The study was conducted using a self-report questionnaire that focused on their knowledge of radon, understanding the risk of exposure, and readiness to test for radon.

Ethical Consideration

Permission was obtained from Hospitals Management authority and individual health workers' consent was sought before administering the questionnaires.

Results and Discussion

The data was presented in frequency and percentage. The mean and the standard deviation of the data set were also presented. SPSS software version IBM 25 was used to analyze the questionnaires. Pearson Chi-Square was used to analyze the data gathered from the 100 respondents.

Gender of the Respondents

Given the sample size used, table 1 shows that both genders are adequately represented in the research. The study showed that women tended to view radon as a greater health hazard than men did.

Table 1: Gender of Respondents

Gender	Frequency	Percentage %
Male	43	43
Female	57	57
Total	100	100

Age of Respondents

Table 2 shows the age distribution of the health workers who took part in the exercise. 33 of them fell within the age range 17-25. 37 fell within the age range 26-35; 29 fell within 36-59, while just 1 was 60 years or more. Most of the respondents were younger persons.

It is evident that the majority of the health workers who responded to the questionnaires are in their prime and so are energetic enough to seek education or a greater level of awareness about their environment if they so wish. This bears on the possession of vital information about Radon. These sets of people, in this present age, could be said to be conveniently capable of exploring the internet and using gadgets that could help them be abreast of happenings around the globe and also be armed with vital environmental updates. But it all boils down to their willingness to go after knowledge in this aspect of personal and community health. The study showed that older people tended to be less concerned about radon exposure. These findings are consistent with those of Halpern and Warner (1994) and Mainous and Hagen (1993).

Table 2: Age of Respondents

Age	**Frequency**	**Percentage %**
17-25	33	33
26-35	37	37
36-59	29	29
60 and above	1	1
Total	100	100

Education Level of the Respondents

Table 3 shows the level of education of the respondents: 10 of them have O' Level, 44 of them have OND/NCE, 35 of them have Bachelor's Degree, and 9 of them have Master's Degree. While 2 of the respondents have a Doctorate degree.

The education level of the respondents is very key because it determines and increases the respondents' willingness to test. Most of the respondents chose OND/NCE. This is good, but we would have gotten a better result if the vast majority had either a bachelor's degree or a master's degree. This is because their education level determines how knowledgeable they are about their environment and what happens there.

The majority of the respondents had an education up to the tertiary level. This shows that most of the respondents are in a good position to be more aware of their environment by means of such a higher level of education. In the tertiary institutions, there are facilities (like the library) which could be used to get themselves knowledgeable enough about personal and public health.

Table 3: Education Level of Respondent

Level of Education	Frequency	Percentage %
Secondary School (O' Level)	10	10
Ordinary National Diploma/National Certificate of Examination (OND)/(NCE)	44	44
Bachelor's Degree	35	35
Master's Degree	9	9
Doctorate Degree	2	2
Total	100	100

House Status of the Respondents

Table 4 shows the housing status of the respondents. The housing status of 58 of them is in private accommodation, while that of 42 is in non-private accommodation. The accommodation where the respondents stay is very important because a private accommodation can be easily monitored, and the concentration of radon can be easily reduced. Most of the respondents stay in the private sector; it suffices to say that radon can be easily reduced in the area.

Table 4: Respondents' House Status

House status	**Frequency**	**Percentage %**
Private	58	58
Non-private	42	42
Total	100	100

Respondents' Conception about Radon

Table 5 below shows the responses of the participants to the question about the concept they sustain about Radon. 12.5 % of the respondents chose radon is a gaseous inert gas, and radon is a decay product of uranium in the soil, rock, and water. 11.6 % chose "radon has no odour, colour or taste. 10.4 % choose that radon is carcinogenic. 9.2 % choose the alpha particle by radon, and its decay products are dangerous to health. 10.1 % choose radon can be inhaled or ingested. 11.3 % choose that smoking increases the risk of getting lung cancer from radon. 5.7 % choose Radon is present everywhere. 6.5 % choose radon can enter the house through cracks in the floor and walls, gaps between floor and slabs around drains and pipes. 10.2 % choose radon can be tested in homes/offices.

Table 5: Concept about Radon

Conditions	Frequency	Percentage %
Radon is a gaseous inert gas	72	12.5
Radon has no odour and colour or taste	67	11.6
Radon is a decay product of uranium in the soil, rock, or water	72	12.5
Radon is carcinogenic (can cause lung cancer)	60	10.4
The alpha particle by radon and its decay products are dangerous to health	53	9.2
Radon can be inhaled or ingested	58	10.1
Smoking increases the risk of getting lung cancer from radon	65	11.3
Radon is present everywhere	33	5.7
Radon can enter the house through cracks in the floor and walls, gaps between floor and slabs around drains and pipes	38	6.5
Radon can be tested in homes/office	59	10.2

Average	Standard error	Total
57.7	13.23	577

Respondents' Perception about Reducing Radon

This section assesses the respondent's perception of reducing the risk caused by radon (Table 6). It could be said that the respondents' views or perceptions about reducing radon in indoor space is fairly satisfactory, but more is expected. The least positive response to reducing radon by sealing cracks in the floor and walls might be an indication that these respondents are less aware of how radon invades the indoor space.

The table below shows the responses of the participants. 21.5 % of the participants choose there is a need to consider radon protective measures when building new houses. 24.9 % choose you can reduce radon in your house by improving ventilation status. 13.1 % of the participants choose you can reduce radon in your home by sealing cracks in floors and walls. 21.1 % choose you can reduce radon in your home by installing a radon sump system, and 19.4 % of them choose you can reduce radon in your home by limiting the use of mud blocks for building. The average of their responses is 57.8, and the standard error is 12.5

Table 6: Perception on Reducing Radon

Condition	Frequency	Percentage %
There is a need to consider Radon protective measures when building new houses.	62	21.5
You can reduce Radon in your house by improving the ventilation status	72	24.9
You can reduce Radon in your home by sealing cracks in floors and walls	38	13.1
You can reduce Radon in your home by installing a radon sump system	61	21.1
You can reduce radon in your home by limiting the use of mud blocks for building	56	19.4

Average	Standard deviation	Total
57.8	12.5	289

Respondents' Readiness to Test for Radon

This result in Table 7 shows that a larger percentage of the respondents are willing to test for radon, though they are not aware of how to get the testing equipment and tools. Also, it is clear that their education status shows here; they are not aware of what to do to test, but they are willing if they could be helped and taught. This is consistent with the findings of Hazar (2014), who discovered that 80% of respondents had not tested for radon.

The table below shows the responses of the participants. 15.7 % of the participants choose I don't know how to test for radon in my house. 13 % of the participants choose I don't have money to buy a radon test kit. 17.7 % choose I don't have the radon test kits. 15.7 % of them choose I don't know where to buy a radon test kit. 11.9 % choose if I am given a radon test kit freely, and I would test. 7.4 % choose I have not seen or heard about a radon test kit before. 8.3 % choose I don't believe in radon health-related issue. 10.3 % of the respondents choose I prefer to reduce radon in my house rather than testing it. The average of their responses is 55.8, and the standard error is 16.6.

Table 7: Readiness to Test for Radon

Condition	Frequency	Percentage %
I don't know how to test for radon in my house	70	15.7
I don't have the radon test kits	79	17.7
I don't have the money to buy a radon test kit	58	13.0
I don't know where to buy a radon test kit	70	15.7
If I am given a radon test kit for free, I would test	53	11.9
I have not seen or heard about a radon test kit before	33	7.4
I prefer to reduce radon in my house rather than testing it	46	10.3
I don't believe Radon has a health-related issue	37	8.3

Total	Average	Standard error
446	55.8	16.6

Respondents' Considerations about Health and Environmental Hazards

Table 8 presents the responses of the participants on what they consider a health or an environmental hazard. 14.4 % of the participants chose smoking, 12.0 % choose radon as a health and environmental hazards. 12.8 % choose food poisoning, 13.4 % choose air pollution, 15.2 % choose diseases, 11.6 % choose Earthquake, 12 % of the participants chose Electromagnetic Radiation; while, 8.5 % chose volcanic eruption. From the results, larger percentage chose radon while the least choose volcanic eruption because it rarely occurs in Nigeria. The average of their responses is 63.5 and the standard error is 10.4.

Table 8: Health Workers' Considerations about Health and Environmental Hazards

Condition	Frequency	Percentage %
Radon	61	12.0
Smoking	73	14.4
Food poisoning	65	12.8
Air Pollution	69	13.4
Diseases	77	15.2
Earthquake	59	11.6
Electromagnetic Radiation	61	12.0
volcanic Eruption	43	8.5

Total	Average	Standard error
508	63.5	10.4

Respondents' Perception of the Magnitude of Radon Risk

Table 9 shows the responses of the participants on their perception of the magnitude of risk caused by Radon. 21.5 % of the participants chose "I believe in radon-related health risk, 19.5 % choose, if need be, I can limit radon in my house by being conscious of my living habits." It also shows that 13.9 % chose "I believe I can be exposed to radon in my home," 17.7 % choose I am worried about developing radon-included lung cancer," and "I have concerns radon might cause other serious illness in me. 9.7 % of the participants chose "even if I am exposed to radon, I would remain healthy due to my high immunity." The mean value of their responses is 56.5, while the standard error is 14.3.

The majority of the respondents are aware of the risk of Radon. It could be seen that a major part of them agree that radon could cause health risks and that they are prone to exposure to it, and thus become sick as a result. This also made them willing to test for it and to cause a reduction in its circulation. The respondents' educational level positively affects the choice of their answer, which shows that they are educated and willing to know what is going on in their environment. There are, however, those few who believe their immune systems are strong enough to shield them against the effects of exposure to radon. This attitude is dangerous and should be discouraged.

Table 9: Perception of the Magnitude of Radon Risk

Condition	Frequency	Percentage %
I believe in radon-related health risks	73	21.5
I believe I can be exposed to radon in my home	47	13.9
I am worried about developing radon-included lung cancer	60	17.7
Even if I am exposed to radon, I would remain healthy due to my high immunity	33	9.7
I have a concern that radon might cause other serious illnesses in me	60	17.7
If need be, I can limit radon in my house by being conscious of my living habits	66	19.5

Total	Average	Standard error
339	56.5	14.3

Table 10 the result of the cross-tabulation of the respondents to know their awareness about Radon and their readiness to test for Radon. The number of responses for "yes" for both awareness and readiness to test is 1131, which also has the highest value. The number of responses for "yes" and "no", respectively for awareness and readiness to test is 323. The number of responses for "no" and "yes", respectively for awareness and readiness to test is 309. The number of responses for "no" and "no" respectively for awareness and readiness to test is 309.

Table 10: Awareness versus Readiness to Test

Awareness * Test Cross-tabulation				
Count				
		Readiness to Test		Total
		Yes	No	
Awareness	Yes	1131	323	1454
	No	309	309	618
Total		1440	632	2072

Table 11 shows that the respondent's willingness to test is dependent on their awareness level. The significance value gotten from the Chi-Square test is 0.000, which is less than 0.05 (i.e., the standard significance level is 0.05). Hence, the respondents are willing to test because they are aware of radon, they know what to do to reduce radon, and they are aware of the diseases associated with radon.

Table 11: Test

	Value	df	Sig. Value
Pearson Chi-Square	157.942	1	0.000

Implications for Health Workers and Research

The results of this study carry important implications for health professionals. Health education initiatives should address the serious health risks associated with long-term radon exposure and work to dispel common misconceptions, such as the false belief that radon causes headaches or asthma. Once communities are informed about radon's actual health impacts, nurses can take the lead in promoting radon testing programs to assess exposure levels in local households. Health workers have a crucial role in raising public awareness about radon's potential dangers and its presence in their communities. They can also help patients understand complex information related to radon testing, prevention, mitigation, and associated health risks.

Recommendations

Given the general lack of public awareness about radon, doctors and nurses can include it in discussions about cancer risks during patient counseling, highlighting it as one of several indoor environmental health hazards alongside factors like smoking. This is especially critical since radon is recognized as the second leading cause of lung cancer after cigarette smoking (WHO, 2009). As healthcare providers, physicians and nurses should expand their focus beyond commonly discussed cancers such as breast and prostate cancer to also address radon-induced lung cancer through research, education, and prevention efforts.

Conclusion

This study aimed to assess health workers' awareness of indoor radon and their readiness to conduct radon testing. Based on the analysis of the questionnaire data, 54.58 % of the health workers are aware of radon and are ready to test for radon. 15.58 % are aware of radon but are not ready to test. 14.91 % are unaware of radon but are ready to test. 14.91% are unaware of radon and are not ready to test. The findings show that while health workers are somewhat aware of indoor radon and its associated health risks, their level of knowledge does not meet the expectations for healthcare providers. A large percentage of them are not aware (29.82 %) of the health risk of radon and are not ready to test (30.49 %) for radon in their dwellings or workplaces. This highlights the need for sensitization and awareness among health workers so they can protect both themselves and the wider community.

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