

Alcohol consumption and work-related health problems: Exploring the perceptions of Nigerian informal automobile artisans

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Abstract

Alcohol consumption is one of the principal factors that lead to work-related health problems worldwide. However, the nature and pattern of alcohol consumption among informal workers in developing countries are unknown. Using a qualitative method this study explores the perceptions of informal automobile artisans in Nigeria regarding alcohol consumption and its contribution to workplace health problems among the working population. Data were collected through in-depth interviews with a purposive sample of 43 automobile artisans from Osun State. Thematic analysis was done using MAXQDA 2020 software. The artisans identified a range of alcohol-related injuries and illnesses. They described the severity of these work-related health problems (WHPs) as minor, serious, or very serious. Moreover, the study shows that alcohol consumption is rampant among the group. The artisans noted that alcohol consumption is one of the major causes of accidents and injuries among their members. They further explained that members imbibe alcohol to have the physical strength for their tasks. The study concluded that using the workplace as a platform to address alcohol consumption is critical to promoting a healthy and productive work environment.

Introduction

Alcohol is a leading risk factor for morbidity and injury mortality worldwide (Ye et al., 2020). This is because alcohol is responsible for 3.3 million deaths (5.9% of all deaths) and 5.1% of the global burden of disease (World Health Organization, 2022). Alcohol is a toxic and psychoactive substance with dependence-producing properties. It is the most used and misused psychoactive substance in the workforce; one to three out of ten workers can be involved in regular consumption of alcohol (Thørrisen et al., 2019), which increases the risk of workplace accidents and injuries.

Several risk factors have been found to increase the risk of occupational injuries. The risk factors include job characteristics, worker's related behaviors and cultural beliefs (Afolabi et al., 2021a; 2021b). According to Afolabi et al. (2021a), alcohol consumption is one of the behaviors responsible for injuries caused by accidents in the workplace. Similarly, the International Labour Organization (ILO) estimates that 10–20% of all occupational injuries can be attributed to alcohol use. In comparison, the World Health Organization (WHO) highlighted that 30% of annual injuries globally are related to hazardous alcohol consumption (Borrelli et al., 2023).

Generally, there are limited studies on alcohol and workplace injuries among informal workers in developing countries, even though several studies in developed countries have reported the negative influence of alcohol consumption among workers (American Addictions Centre, 2019; Laslett et al., 2020; Pidd et al., 2011). For instance, the American Addictions Centre (2019) reported that workers in the United States (US) in certain sectors were at higher risk of heavy drinking or alcohol-related problems. Similar to this report, research from the World Health Organization (WHO) suggests a global trend of increased alcohol use risk in specific job sectors (WHO, 2018). Not only are workers themselves at high risk of injuries and accidents at work, but they can also cause harm to fellow workers. Laslett et al. (2020) reported that workers could be harmed by their colleagues' alcohol consumption; they concluded that workforce impairment because of drinking extends beyond the drinker in many countries, and this impacts productivity and economic development.

A few studies from developing countries on alcohol drinking among workers have been carried out in the main among commercial drivers and healthcare workers (Makanjuola et al., 2014; Nwakobi, 2022; Obadeji et al., 2018). Makanjuola et al.'s (2014) study among petroleum tanker drivers reported a significant relationship between alcohol consumption and involvement in road traffic accident. The informal automobile repair sector is another sector of the

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Financial support: The author received a grant (#DVC/AC/37A/AFO) from Tertiary Education Trust Fund (TETFUND) under Academic Staff Training and Development for her Ph.D. studies at the University of Amsterdam, Netherlands (between 2016 and 2021).

Declaration of interest: TETFUND was not involved in the study design, data collection, analysis, and interpretation or reporting of the data.

Keywords: Alcohol consumption; occupational hazards; workplace health problems; informal workers; qualitative approach.

economy with a high incidence rate of occupational accidents and injuries (Afolabi et al., 2021a). Adejumo et al., 2017 and Johnson and Bassey (2016) reported a high incidence rate of occupational health problems with varying degrees of occurrence. However, no study has considered the contribution of alcohol consumption to occupational accidents and injuries in this sector. Hence, this study aims to explore the perceptions of Nigerian informal automobile artisans regarding alcohol consumption and its contribution to workplace accidents and injuries.

Informal Automobile Artisans

Informal automobile artisans, also known as roadside mechanics, are one of the largest occupational groups (40%) in Nigeria. The artisans are vulnerable to various kinds of occupational hazards because most of their repair work is carried out manually (Afolabi et al., 2021b). They engage in diverse repairs and services of vehicles and have formed associations according to their occupational group (Afolabi, 2022; Afolabi et al., 2021c). Because they are informal workers, they depend largely on their daily income, which makes them spend more than eight hours per day at the workplace (Afolabi et al., 2021b). According to the ILO, (2011), one of the factors that can affect the perception of hazards and toxic substances in the workplace is alcohol or drugs. This is because the acute effects of alcohol consumption may impact reasoning, reaction time, coordination, judgment, and care (Egervari et al., 2021). Unfortunately, Nigeria has no policy on alcohol to date, even though it is among the 30 countries with the highest per capita consumption and alcohol-related problems (Dumbili, 2014). Thus, in the absence of a policy that regulates alcohol drinking, it is of interest to investigate the perception of Nigerian automobile artisans about alcohol consumption and its effect on occupational injuries and accidents in the sector. This knowledge could help the Government and occupational health and safety professionals to design intervention programs that could reduce alcohol consumption as well as injuries and accidents in the sector.

Nigeria and Alcohol Consumption

Alcohol consumption in Nigeria is similar to other low-income countries, in which more than half (53%) of the population aged 15 years and above consume alcohol (Obot, 2023). This is in contrast to high-income countries, where the proportion of alcohol drinkers is higher in adults (Obot, 2023). Moreover, the total alcohol per capita consumption in the Nigerian general population is about 13.4 litres (compared to 6.4 litres globally, and 6.2 litres in the African region). The total alcohol per capita for drinkers in Nigeria is 25.5 litres (compared to 15 litres globally, and 18.4 litres for the African region; Obot, 2023). Going by this figure, it means a typical drinker in Nigeria consumes more alcohol over a given period of time than a similar drinker worldwide. Also, 55% of drinkers in Nigeria, especially male and young drinkers, engage in binge drinking (a consumption pattern involving drinking 60 grams or more of pure alcohol on at least one occasion in the past month). Despite these statistics, Nigeria currently has no national policy that aims to control the production, distribution, and consumption of alcohol. All past efforts by the Federal Ministry of Health

have been undermined by the alcohol industry because of a conflict of interest. Hence, in the absence of a national policy on alcohol consumption in the country, it is important to explore the perception of workers about alcohol consumption in the workplace and the risk of injuries and accidents.

Method

To examine the views of informal automobile artisans on alcohol consumption and occupational injuries and accidents, a qualitative inductive approach was adopted. No pre-conceived hypotheses were formulated because the aim was to understand the perceptions of the artisans on the subject matter. The qualitative approach provides an understanding of 'how' and 'why' a particular phenomenon or behavior operates as it does in a particular context. This is crucial to achieving results without having a pre-conceived frame of causes and consequences, as used with the quantitative method.

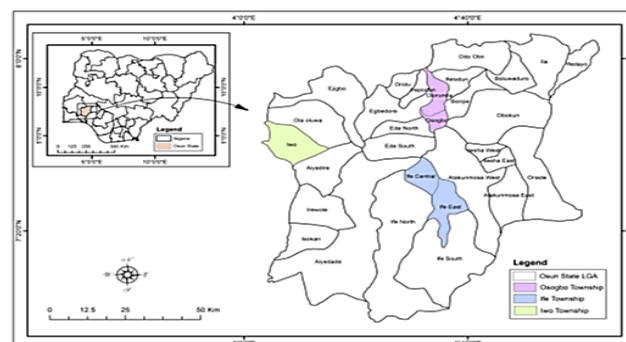
The qualitative method used in this study was an in-depth interview. The in-depth interview was guided by a topic list of semi-structured, open-ended questions. This approach is particularly useful for the exploration of respondents' own ideas, as it gives them an opportunity to address themes that researchers may not have anticipated (Haradhan, 2018).

Study Group

Artisans who were working in small informal car repair enterprises in three urban areas in Osun State, Nigeria: Ile-Ife, Iwo, and Osogbo (see Figure 1), were recruited for the study. Inclusion criteria were: first, being a 'professional' mechanic, vulcanizer (tyre repairer), painter or panel beater; and second, having more than one year of working experience. The first criterion was chosen because the selected professions are the most common ones in the informal car repair sector in Nigeria. The second criterion was chosen because we wanted to interview artisans with enough working experience to be able to reflect on alcohol consumption and health and safety issues in their area. To allow for variation, both master artisans and apprentices working in different zones of the towns were recruited.

Figure 1

Osun State and the Three Zones Selected for the Study



Almost all car repair workers in the study areas belong to local chapters of their respective trade organizations (Afolabi & Ojo, 2023). Pictures 1 to 4 show the artisans at work.

The study participants were referred by the chairmen of the local chapters of their trade associations because a pilot had shown that without their consent, access to this study population might be challenging (Afolabi, 2021). None of the invited participants refused to participate.

Picture 1

A Panel Beater at Work



Picture 2

A Vulcanizer at Work



Picture 3

A Mechanic at Work



Picture 4

A Painter at Work



Data Collection

The interviews were held face-to-face at the participants' workplaces between January and March 2017, by the researcher and an assistant who took notes. The interviews lasted 90 minutes on average, and all were audio recorded. After each interview, the researcher and the assistant reviewed the key themes addressed by the interviewee and identified topics that would require further exploration or clarification as the study progressed (Creswell, 2014). Before the main study, a pilot study had been conducted between July and August 2016 to see how conducting research among the group would work. A semi-structured interview guide was developed based on the pilot study. The semi-structured approach was chosen to ensure that all the relevant themes were raised, as well as to ensure that the interview followed the study objectives and provided a probe when further information was required (Seidman, 2006).

The interview focused on the artisans' perception of alcohol consumption and work-related accidents. To allow

participants to focus on the issues that were crucial to them, the interview questions were unobstructive and non-directive, in line with Alan's (2015) guidelines for conducting qualitative interviews. For example, the questions were framed as: 'Can you tell us the type of health problems an artisan can get from this work?'; 'What is your perception about drinking alcohol at the workplace?'; and 'What influence could alcohol have on the workers at the workplace?' All participants provided informed consent before the interview.

Data Analysis

All interviews were fully transcribed by three transcriptionists and then translated from Yoruba into English by a professional translator. At each round, the researcher checked for errors. The transcripts were analyzed using the steps for qualitative data analysis suggested by Strauss and Corbin (2014). To classify self-reported occupational health problems, the common distinction between work-related injuries and diseases (Takala et al.,

2017) was used. The first category refers to acute injuries resulting from a work-related accident (e.g., broken bones). The second category refers to illnesses that are contracted in the course of employment and are primarily the result of risk factors posed by work activity (e.g., respiratory disease). To classify the self-reported severity of these health problems, a distinction between minor, serious, and very serious, as was inductively suggested by the data, was used.

Data analysis was performed using MAXQDA 2020 software (Kuckartz, 2007) to support consistent processing, analysis, ordering, and comparison of the data. Quotes from participants are presented in italics, and ellipses (...) are used to indicate where irrelevant information was deleted from a quote. Minimal editing was done to preserve authenticity while ensuring readability. The COREQ checklist was used to report this study (Tong, 2007).

Results

Table 1

Socio-Demographic Characteristics of the Participants

Characteristics	<i>n</i> = 43 (%)
Profession	
Mechanics	12 (27.9%)
Panel beaters	12 (27.9%)
Painters	8 (18.6%)
Vulcanizers	11 (25.6%)
Age group	
< 20 years	1 (2.3%)
20–39 years	6 (14.0%)
≥ 40 years	36 (83.7%)
Position	
Master	39 (90.7%)
Apprentice	4 (9.3%)
Religion	
Christianity	17 (39.5%)
Islam	26 (60.5%)
Years of experience	
< 10 years	18 (41.9%)
10–30 years	12 (27.9%)
≥ 31 years	13 (30.2%)
Educational level	
No formal education	2 (4.7%)
Primary education	20 (46.5%)
Technical/modern	6 (14.0%)
Secondary	14 (32.5%)
College of Education	1 (2.3%)

Characteristics of Respondents

Among the 43 artisans interviewed (Table 1), there was an equal percentage of mechanics and panel beaters (27.9%), 25.6% were vulcanizers, and 18.6% were painters. Most were master artisans (90%). Even though we intended to interview more apprentices, masters reported that few apprentices were available during the period of the study, as young people prefer other jobs. Most participants (87.3%) had more than 10 years of working experience, received

primary-to-secondary education (93.1%), and were more than 40 years old (84.9%). All participants were male and belonged to the Christian (39.5%) and Muslim (60.5%) faiths.

Perceived Work-Related Health Problems (WHPs) and Their Severity

Table 2 summarizes respondents' perceptions of the types of health problems that may be related to their work and the severity of these problems. Participants mentioned four broad categories of accident-related injuries that can result from their work. Commonly mentioned accident-related injuries were burns (*n* = 23); wounds, bruises, and cuts (*n* = 27); and injuries incurred to different parts of the body (*n* = 35). The latter category includes several specific conditions such as eye injury, leg injury, mouth injury, head injury, broken legs/arms, hand injury, and disability. Moreover, some respondents (*n* = 9) mentioned that bystanders (others) may get injured if they happen to be at the workplace when an accident occurs. Commonly mentioned work-related illnesses were pains in various parts of the body (*n* = 16), vision problems (*n* = 14), malaria (*n* = 12), stress (*n* = 9), and respiratory disease (*n* = 9).

Table 2

Artisans' Perceptions of WHPs and Severity

Perceived health problems ^a	Perceived severity ^{b,c}		
Injuries due to occupational accidents	Minor	Serious	Very serious
Burns (23) ^a	7	3	21
Injuries to the parts of the body (35)	27	18	19
Injuries to other people (9)	1	0	4
Wounds, bruises, and cuts (27)	24	3	3
Perceived illnesses			
Eye problems (14)	5	5	5
Bad health (10)	1	7	5
Disability (4)	0	0	5
Stress (9)	4	5	4
Damage to internal organs (2)	0	0	2
Job kills you when older (3)	2	2	1
Respiratory disease (9)	3	7	2
Tetanus (3)	0	0	2
Blocked cells (1)	0	0	1
Pains (16)	15	8	0
Malaria (12)	9	3	0
Heart problem (1)	0	1	1
Headache (2)	2	0	0
Cancer (1)	0	0	1

^a Numbers between brackets indicate the total number of respondents mentioning the condition

^b Minor: not influencing work capacity; Serious: causing temporary work-disability/income loss; Very serious: causing long-term or permanent work-disability, income loss, or death.

^c Respondents were able to classify conditions into one or more category of severity.

When reflecting on the severity of WHPs, most respondents conceptualized this as the extent to which a problem could hamper them in their work capacity. It should be noted that participants classified the severity of WHPs often in more than one category, arguing that consequences of one accident may vary.

Iron sheets can cut one's hand and cause lots of bleeding. And at other times, it might not be as severe as that, just a small cut. So that is why I said (such problems) might be severe as well as not severe. (ID5).

A WHP was typically described as “minor” if it was considered an everyday unavoidable problem that is considered part of the job and does not hamper the artisan from carrying out his work. For instance, a mechanic said:

Look at my hands [he showed us his scars]. They are due to a fire accident. But can I call this a (severe) accident? No, such accidents are common occurrences. How many more scars from injuries should I show you? It is nothing. (ID21).

The artisans described a work-related problem as “serious” if it would require (medical) treatment and/or temporary absence from work. Giving an example, a panel beater said:

If a hose is not all right, it can burst and catch fire. The fire will affect the workers. Our members [of the artisans' association] experienced this also. If this happens, they will spend about two weeks in hospital. (ID35).

Finally, WHPs were generally perceived as “very” serious if they are lethal or lead to long-term or permanent work disability, as is illustrated by the following quote:

If [a vulcanizer] is careless [the] tyre will kill the person. It is not by word of mouth alone. I can tell you it has killed an uncountable number of people. I can show you many of the pictures that we took before taking them out of the hospital. (ID9).

Thus, the artisans reflected on WHPs in terms of the consequences that might be minor, serious, and very serious.

Alcohol Consumption and WHPs

Alcohol Consumption in the Workplace

Many of the participants reported that artisans take alcohol in the workplace. They identified alcohol consumption as one of the factors responsible for the prevalence of workplace injuries caused by accidents among the working group. For instance, a panel beater reported:

Many of our members used to drink alcohol and we have been advising them to stop it because of its contribution to accidents at the workplace. (ID31)

Artisans take alcohol in various forms and for various purposes. For instance, they take herbs prepared with alcohol or alcohol alone. According to them, some herbal medicines require alcohol in the preparation. These herbal medicines are used to keep them healthy, and many of the artisans take

them in the morning because the herb sellers bring them to their workplaces.

Some also reported preparing the herbal mixture themselves. For instance, a mechanic reported:

People use different things to be in good health. We have people who prefer herbal mixture prepared with alcohol.... (ID19).

Herbal tinctures are usually compounded using herbal parts such as roots and barks or leaves of plants (e.g., pawpaw [papaya] and mango), and commercial and noncommercial alcohols are used as extracting solvents or as preservatives.

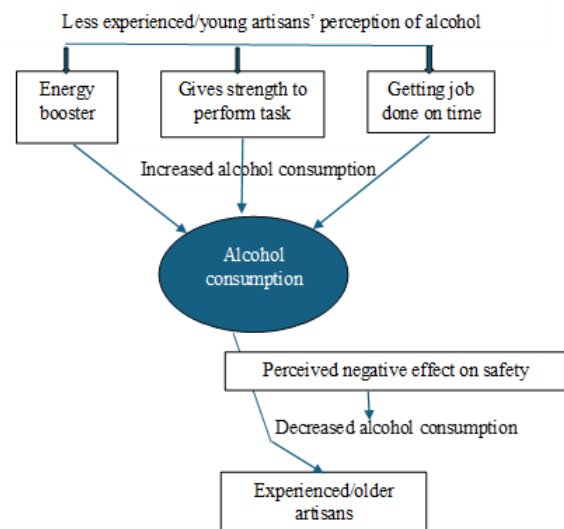
In summary, the artisans perceived that accidents are associated with drinking alcohol at the workplace, while drinking herbal tinctures is to prevent health issues.

Alcohol Consumption: Age and Experience

Figure 2 depicts the perception of the respondents on how age and experience influence alcohol consumption. As shown in the figure, alcohol consumption at the workplace is common among the less experienced and young artisans. However, many reported stopping consumption of alcohol in the workplace as they grew older and more experienced on the job. Hence, the perception of the artisans on the benefits of alcohol changed as a factor of age and experience.

Figure 2

The Influence of Age and Experience on Alcohol Consumption in the Workplace



Alcohol Consumption and Age

The age of the workers seems to influence workplace alcohol consumption among car repair workers. Their perception of the benefits of alcohol consumption at the workplace in relation to achieving their task seems to change with age (see Figure 2 above). For instance, some younger artisans perceived alcohol to be an energy booster. According to them, the tasks they perform are strenuous (for example,

manual lifting of heavy objects) and require strength; alcohol is perceived to be an energy booster that can give the strength to perform those tasks. This view was exemplified by a painter:

In our jobs, some of us use alcohol and hard drugs to receive strength for the work (IDI 8).

Also, some of the elders reminisced on their drinking activities when they were younger. A painter and a mechanic said:

There was a time I used to take about two bottles of beer at intervals when I was working. I thought it was the Gulder [beer] that gave me the strength to work, but later I realized it was injurious to my health. (ID2).

When I was still younger, I didn't allow my apprentice to couple the engine for me, I used to do it myself; as I was doing it, I would be sipping 'big stout' [alcoholic beer]. I believe this will give me the energy I need to do the work and will also enable me to complete the work on time. (IDI 25).

Perhaps, the perception that alcohol gives strength and energy might not be unconnected to the psychoactive ingredients in alcohol that affect the drinker's mental and behavioral status (Amanollahi et al., 2023). In essence, age seems to be one of the important factors that contribute to their change in perception of the benefits of alcohol consumption at the workplace.

Experienced versus Less-Experienced Artisans

The experienced artisans reported the deleterious effect of consuming alcohol at work and said they warn the younger ones to desist from taking alcohol at work (see Figure 2). Perhaps this might be because of their experience as they know the consequences of drinking alcohol at the workplace. Many of the elders reported that accidents at the workplace will stop if members abstain from drinking alcohol at the workplace. Because of this, they used to warn the younger ones not to take alcohol while working. This is because someone who is drunk will not know when things have gone wrong while working. According to them, if workers want to drink at all, they must wait till after the close of work. A vulcanizer and a panel beater reported:

Yes, they [automobile artisans] drink alcohol a lot; we, the elders, are trying our best to curb them from drinking. I cannot say much about hard drugs, but beer, ah, you can hardly restrain them from doing that. (ID17).

I used to warn my fellow workers that they should desist from taking alcoholic drinks during working time; this can cause occupational accidents and untimely death. (ID33).

Another vulcanizer reported a situation where a member got involved in an accident that claimed his life after returning from an association meeting.

We have seen a situation where we warned members not to ride a motorcycle after drinking alcohol; a boy still died that same day after leaving the association meeting because he rode a bicycle after being drunk... (ID15).

It therefore seems alcohol consumption at the workplace is more prevalent among the less experienced artisans and was seen as a contributory factor to work-related health problems. It can then be inferred that there was a change in behavior towards alcohol consumption among the experienced artisans perhaps as a result of alcohol-induced health challenges or after being involved in workplace accidents.

Discussion

This paper addresses a critical gap in the literature on the perception of informal workers, especially automobile artisans, about alcohol consumption and work-related health problems in a developing country. This study population is an under-studied group. According to the artisans, the injuries that workers can get from their work include wounds, bruises, cuts, burns, and injuries to the part of the body. They can also get illnesses such as malaria, stress, pains in various parts of the body, and vision problems. The notable exception in these health problems from a biomedical point of view is malaria which is caused by a parasite transmitted by an infected mosquito that bites primarily at night or dusk, and not during the (work) day (Mayo Clinic, 2023). These health problems could be of varying degrees and have been identified by other scholars (Adejumo et al., 2017; Johnson & Bassey, 2016) as common among automobile artisans in Nigeria. Similar health problems were also identified in other countries (Amfo-Out & Agyemang, 2017; Thangaraj & Shireen, 2017). This is remarkable because it shows that the artisans are aware of the health problems they can get from their work. It can then be reasoned that since the artisans are aware of the health problems associated with their work, it might be possible to prevent the occurrence, as one must admit that a problem exists before a solution can be found or accepted.

Furthermore, the artisans' attribution of the injuries and accidents to alcohol consumption at the workplace is in line with other professions that attributed alcohol consumption to accidents. For instance, ILO and WHO have attributed 10-30% of occupational injuries to alcohol use (Borrelli et al., 2023). Moreover, the artisans agreed that the majority of them are involved in alcohol consumption, confirming the studies that reported the prevalence of alcohol consumption among workers (Akanke et al., 2023; Buvik et al., 2018; Edo & Nwosu, 2022; Grandey et al., 2019). Akanke et al. (2023) reported that 51% of professional drivers in Umuahia, Nigeria are alcohol users, while 16% use an alcoholic herbal tincture.

This study also showed the type of alcohol that the artisans are taking. The types include herbal tinctures, which they use in keeping healthy, and alcoholic beer which they perceive as energy boosters to give them the strength needed to perform their tasks. An herbal tincture is a concentrated liquid form of one or more herbs. It is made by soaking parts of an herb(s) in alcohol, and this is in a bid to extract the

active components (especially those that are not water soluble) of the herbs (Fletcher, 2023). Though the artisans reported taking alcohol to get physical strength for their tasks, it has been found that alcohol might affect concentration and performance at work, which might increase the risk of injuries and accidents at the workplace (Choice House, 2022; Frone, 2013). Also, drinking alcohol to get strength for the job task was in contrast to Hamieh et al.'s (2022) findings which say physical exertion at work was not associated with alcohol use.

Another interesting finding of this study is that young and less experienced workers are more involved in alcohol consumption. This might be because they are yet to be convinced by personal experience and negative health outcomes that alcohol consumption does not provide the strength to perform a task. Furthermore, as informal workers, the artisans spend most of their waking time at the workplace, working more than eight hours a day (Afolabi et al., 2021b). Researchers have reported that long working hours are associated with alcohol consumption at the workplace (Okechukwu, 2015). For example, a systematic review and meta-analysis study conducted by Virtanen et al. (2015) concluded that individuals whose working hours exceed standard recommendations are more likely to increase their alcohol use to levels that will pose a health risk. Similarly, Okechukwu (2015) reported that long working hours boosted the likelihood of higher alcohol intake by 11% overall.

It is interesting to note also that the artisans attributed alcohol consumption to injuries and accidents without mentioning the impact of the behavior on physical health. This might be because injuries and accidents are acute (the effect would be seen immediately), while negative health conditions might take longer to manifest. Even when they do, the artisans might not be able to associate the health condition with their drinking habit. However, studies have reported detrimental physical health consequences of drinking too much, including high blood pressure, cancer, weakening of the immune system, and mental health problems (Rehm et al., 2010; World Health Organization, 2018).

Lastly, the study found that experienced workers help to discourage alcohol consumption in the workplace, ultimately contributing to a safer work environment with fewer injuries and accidents. The experienced workers counsel the less experienced workers through their personal experience. This personal experience might come from the episodes of injuries and accidents they have had due to their drinking habit, or because of negative health outcomes they experienced due to alcohol consumption. This supports studies that advocate the workplace as the place to stop alcohol abuse (Gómez-Recasens et al., 2018; ILO, n.d.).

Limitations and Strengths of the Study

This was a qualitative study, and caution is warranted in generalizing the results because the interviews were conducted among a limited number of informal automobile workers in a specific location (Osun State, Nigeria). Moreover, the study did not measure the frequency and the

quantity of beer taken by individuals and so cannot fully determine the pattern of alcohol consumption among the group. Even though the study was able to identify the influence of age and experience on alcohol consumption, there is a need for a quantitative study that will establish the patterns among the group. However, despite these limitations, the study was able to establish that the workers are involved in alcohol consumption in the workplace, and this might be responsible for the incidence of injuries and accidents among the group. The study also suggests that the workplace can be an effective platform for reducing alcohol consumption in the country.

Lastly, even though the study could not establish the alcohol use pattern among the group, it suggests that alcohol consumption in the workplace is a worrying symptom of a drinking habit.

Conclusion

This study explored the alcohol use of automobile artisans in Nigeria, an under-studied population group. The study showed a clear indication of the risk of several occupational health and safety problems, as indicated by the workers. Depending on the consequences, they describe the problems as minor, serious, and very serious. The workers also recognize alcohol use as one of the factors that are responsible for the WHPs, especially injuries and accidents.

The older (experienced) workers are concerned about the issue of alcohol consumption at the workplace and the attendant problems. Hence, they are actively involved in preventing alcohol consumption in the workplace.

Lastly, it can be concluded that since physical exertion was not associated with alcohol use, the artisans might be drinking because of their long working hours.

Implication

Since the artisans know the harmful effects of alcohol consumption in the workplace and are actively working to reduce it among their members, it would be beneficial if the government and occupational health and safety professionals could use the workplace as a site to advocate against alcohol use and for WHP prevention. The stakeholders could also use the workplace to focus on health and health promotion among the workers. This would enhance healthy and productive work environments.

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