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Experimental

ASSESSMENT OF ALCOHOL CONSUMPTION AND NUTRITIONAL STATUS OF COMMERCIAL DRIVERS IN SELECTED OSHODI TERMINAL IN LAGOS STATE

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Abstract

Consumption of alcohol is prevalent among commercial drivers is a public health problem which has been of concern to the stakeholders. Therefore, this study examined dietary patterns, alcohol intake and nutritional status of commercial drivers at different motor parks in Oshodi Lagos state. Less than half (45.0%) of the respondents are between 31-40 years while 17.5% were between 21-30 years of age. Exactly 67.0% were Yoruba, 11.0% were Igbo while 2.2% were Hausa. Nearly 12.0% drove ordinary buses, while 44.5% of the drivers drove luxurious buses. Majority of the respondents (61.0%) earned above ₦90,000 monthly while 9.0% earned between ₦31,000- ₦60,000. Also, 24.5% were contacted in Terminal 1, while 25.0% and, 11.0% were contacted at Under-bridge park and Terminal 2 respectively. Above half (74.5%) ate thrice daily while 27.0% always skipped meals. Majority (76.5%) ate in-between meals while 23.5% did not. Above half (59.0%) ate snacks, ate fruits (7.0%), took juice (3.0%) while 5.0% ate food as in-between meals. Almost all consumed alcohol (85.5%) while 14.5% did not take alcohol. Almost half (45.5%) consumed alcohol frequently, (37.5%) took alcohol twice while (4.17%) took alcohol more than once. Also, 32.5% were heavy drinkers while 44.0% were mild drinkers. Nutritional status of the respondents showed that underweight, normal nutritional status, overweight and obese was 14.0%, 44.5%, 26.0% and 15.5% respectively. There was no significant association between Body Mass Index (BMI) and alcohol consumption pattern. Government should introduce nutrition mentoring program for all drivers.

Keywords: Alcohol, food habits, malnutrition, nutritional status

1.0 INTRODUCTION

The consumption of alcohol among drivers is a major public health issue of concern. Driver's ability to drive successfully from point of origin to destination is an important component of road safety. Drivers in most part of the world especially in developing countries, do not get to their final destinations. As people travel across the country through villages strategically located along highways have more than 3000 motor parks, kiosks, stores, restaurants and joints where they eat, drink alcohol, and smoke without closing time (Adekoya, 2011). Nigeria and South Africa arguably have the highest road traffic death rates (33, 7 and 31, 9/100 000 respectively) (WHO, 2013, cited in Okafor, Odeyemi, Dolapo, Ilika and Omosun (2014). No countries have comprehensive road safety laws on five key risk factors: drinking and driving, speeding and failing to use motorcycle helmets, seat-belts and child restraints (WHO, 2013, cited in Okafor *et al.*, 2014). Furthermore, speed limit violation which is most times, often induced by excessive drinking has become a prevalent factor in road traffic crashes, accounting for 39% of road crashes recorded nationwide between January 2014 and August 2014 (WHO, 2013, cited in Okafor *et al*., 2014).

The risk associated with driving (truck, bus and taxi) is very high and has an adverse effect on their nutritional status due to the unpredictable nature of their profession which expose them to long work hours (up to 14 hours per day), noise, prolonged sitting and unhealthy lifestyles (May *et al.,* 2016). A researcher in Kano, Nigeria have found that due to prolonged sitting, the long duration of driving, increased vibrations and other factors, professional drivers such as bus drivers, truck drivers and taxi drivers are at high risk of developing work-related musculoskeletal disorders (Rufai *et al*., 2015). A high level of alcohol consumption is associated with many mental disorders such as euphoria, hyperactivity, anorexia, insomnia, lewdness, and depression when they are shared with tobacco smoking (Ferreira *et al.,* 2019). Alcohol increases appetite and promotes extra calories that the body does not need (Stanton *et al*., 2020).

Conventionally it has become a trend in Nigeria commercial drivers, consume alcohol under the pretense of taking medicinal beverages (herbs mixed with alcohol)

locally called "opaehin", "paraga", or "fidigbodi". These drinks are common and popularly consumed in many neighbourhoods which are sold by vendors in motor parks where commercial drivers have unhindered access (Oluwadiya & Akinola, 2012).

Over the years alcohol consumption is culturally acceptable globally (Smart, 2007). It is highly consumed by various class and its consumption has been considered normal, especially when drunk without outright intoxication (Adewuyi, 2014). The pattern and purpose of consumption vary considerably among societies and within communities (Adewuyi, 2014; Awonusi & Adegboyega, 2015). Globally, tobacco use is second leading cause of death, while the harmful use of alcohol is the third leading cause of morbidity (WHO, 2010).

Conventionally, one most commonly consumed herbal preparations being sold among the Yorubas of the South-west Nigeria is Paraga, which has been defined by Oshodi and Aina (2007) as "a mixture of unrefined or poorly refined alcohol and herbs which is periodically ingested, as a form of self-medication against certain illnesses and disease".

Over the years, most studies on public transportation system has focused mainly on both the vehicle and its associated costs (World Bank, 2005), affordability and level of service (Carruthers *et al*, 2005; Benmaamar, 2003) as well as other indices such as access, waiting and journey time. No study have attempted to show any relationship between dietary patterns, alcohol consumption and nutritional status of drivers within this area. Therefore, this study becomes important to examine dietary patterns, alcohol intake and nutritional status of commercial drivers at different parks in Oshodi, Lagos state. However, findings from this study will give baseline information which could be consulted for advocacy.

2.0 METHODOLODY

Oshodi Transport Terminal is situated within the Oshodi area of Lagos State, Nigeria. **Oshodi-Isolo** (Yoruba: *Oṣòdì-Ìsọlọ̀*) is a Local Government Area (LGA) within Lagos state. It is located on latitude 6°33'18.1"N (6.5550400°) and longitude 3°20'37.1"E (3.3436300°) on the map. At the 2006 Census it had a population of 621,509 people, and an area of 45 square kilometers. These bus terminals are located between the Lagos-Apapa expressway and the Agege motor road. The Oshodi Bus Terminal is divided into three different terminals namely: Terminal 1, Terminal 2, and Terminal 3. The Oshodi bus terminal is divided into three terminals called: Terminal 1, Terminal 2, and Terminal 3. Each of the bus terminals is 30000 square meters and harbor lot of facilities which such as: loading bays, ticketing stands, driver lounge, parking areas and restrooms. The Oshodi Bus Terminal began operation in May 2019. Terminal 1 functions for interstate transportation, and it was designed for destinations spanning the southwest, southeast, FCT, and Northern states. Terminal 2 is for intercity routes. Ikeja, Agege, IyanaIpaja, egbeda, AbuleEgba etc. Terminal 3 enroute such as Mile 2/Festac, Airport road, Bariga/New Garage, Tincan, Orile, Apapa/Wharf, ejigbo, Ajegunle/Boundary, Ojodu/Berger, Gbagada/Anthony, EkoIjumota, IyanaIsolo/Jakande Gate/ Itire, Ojota/Ketu/Mile 12, Adeniji, Eko Hotel all within the state.

Sampling design

This study design was cross sectional and descriptive (Lauren, 2020) among drivers in Oshodi, Lagos state, Nigeria.

Sampling Technique

Population size

This study involved male drivers in Oshodi, Lagos state. Known population of four hundred (400) drivers work within this terminals. These commercial drivers included the bus, truck and taxi drivers. Conductors who either coordinate or collects money from the drivers were excluded from the study.

Sample size

Two hundred (200) drivers were randomly contacted for this study. Drivers were met in person as they arrived for their turn, and they were administered questionnaire. No reward or payment was awarded to drivers who participated in the study. Number of drivers for this study was drawn from five different parks which are (under bridge Oshodi, terminal 1, terminal 2, terminal 3 and Iyana brown Oshodi), to include 50 commercial drivers who were purposively considered for this study.

Therefore, the Taro Yamane formula (Yamane, 1967) was used to determine the sample size.

$$n = \frac{N}{1 + N * (e)^2}$$

(Taro Yamane 1967)

Where N= Population size (400)

n = Sample size

e = Margin of error (0.05)

$$n = \frac{400}{1 + 400*(0.05)^2}$$

n = 200

Data Collection Method

For this study, a pretested structured questionnaire was administered to the respondents and it has four sections which includes;

SECTION A: The socio demographic (age, sex, ethnic, group, religion, family type, number of children, marital status), socio economic (monthly income) characteristics of the respondents.

SECTION B: Anthropometry measurements involved weight and height was used to measure body mass index (BMI kg/m). Body weight would be measured using the bathroom weighing scales, with the person wearing light clothes and no shoes. Body weight would be expressed in kilograms. The logarithm scale would be calibrated before and during the study and readings would be approximated to the nearest 0.1 kg. Height would be measured using a calibrated stadiometer with the respondent standing in meter. Height would be expressed in meters and readings would be taken to the nearest 0.1cm. This would be used as an indicator of nutritional status based on the following WHO criteria (WHO, 2000)

SECTION C: Dietary habits which includes the number of meals taken in a day, skipping of meals and places where the meal was taken.

SECTION D: Alcohol consumption pattern and intake.

3.7 Data analysis

Data was analysed using Statistical Package for Social Sciences (SPSS) version 22.0 software (SSPS, chicago, IL, United States). Analyzed data was represented using descriptive statistics (frequency, percentage, mean value, and standard deviation). Chi square was used to establish association between alcohol consumption and BMI while statistical significance was set at ($p<0.05$).

3.0 RESULTS

Socio-demographic characteristics of the respondents

Table 1 shows the socio demographic and socio-economic characteristics of the respondents in respect of age, sex, ethnic group, marital status, education, religion, family size, type of family, annual income, residential area, class handled, years of teaching, type of school and working hours. About 45.0% of the respondents are between 31-40 years while 17.5% were between 21-30 years of age. Majority 67.0% were Yoruba, 11.0% were Igbo while 2.2% were Hausa. More than 66.9% were married while 1.6% were widow. Half (50.0%) were Muslims while 17.5% were traditionalist. Majority (53.0%) came from polygamous while 47.0% came monogamous. Majority had secondary education (45.5%) while some 11.5% had no education. Few 12.0% drove bus, while 44.5% of the drivers drove luxurious bus. Majority of the respondents 61.0% earned above ₦90,000 monthly while 9.0% earned between ₦31,000- ₦60,000. Also, 24.5% were contacted in Terminal 1, while 25.0%, 11.0% were contacted at under-bridge and Terminal 2 respectively.

Table 1: Socio Demographic Characteristics of the Respondents

Variables	Frequency	Percentage
Age (years)		
21-30	35.0	17.5
31-40	90.0	45.0
41-50	75.0	37.5
Total	**200.0**	**100.0**
Ethnicity		
Yoruba	134.0	67.0
Igbo	22.0	11.0
Hausa	44.0	22.0
Total	**200.0**	**100.0**
Religion		
Traditional	35.0	17.5
Islam	100.0	50.0
Christian	65.0	32.5
Total	**200.0**	**100.0**
Family structure		
Monogamy	94.0	47.0
Polygamy	106.0	53.0
Total	200.0	100.0
Type of vehicle		
Bus	24.0	12.0
Car	60.0	30.0
Luxurious	89.0	44.5
Taxi	27.0	13.5
Total	**200.0**	**13.5**
Name of park		
Terminal 1	49.0	24.5
Terminal 2	22.0	11.0
Terminal 3	44.0	22.0
Under bridge	50.0	25.0
Iyana brown	35.0	17.5
Total	**200.0**	**100.0**
Secondary	91.0	45.4
NCE/OND	35.0	17.5
Total	**200.0**	**100.0**

Table 1 (Cont'd): Socio demographic characteristics of the respondents

Variables	Frequency	Percentage
Family size		
5-7	17.0	8.5
8-10	70.0	35.0
>10	113.0	56.5
Total	200.0	100.0
Marital status		
Single	57.0	28.5
Divorced	101.0	50.5
Widow	42.0	21.0
Total	**200.0**	**100.0**
Educational level		
No education	23.0	11.5
Primary	51.0	25.5
Secondary	91.0	45.4
NCE/OND	35.0	17.5
Total	**200.0**	**100.0**
Monthly income (₦)		
31,000-60,000	18.0	9.0
61,000-90,000	60.0	30.0
>90,000	122.0	61.0
Total	**200.0**	**100.0**

Food Habits of Respondents

Table 2 shows information on dietary habit and food intake. More than half (74.5%) of the respondents ate thrice in a day while a little over one quarter (27.0%) always skipped meal. Majority of the respondents (23.0%) that usually skipped meal, eat twice in a day while few (2.5%) of the respondents that do skipped meal eat once daily. The meal usually skipped in most cases was lunch (12.5%) and (11.5%) lack sufficient money to purchase meal, (3.0%) normal routine (4.0%) was due to lack of appetite. Almost all of the respondents (93.0%) usually took breakfast, while (7.0%) do not take breakfast.

In addition 39.5% took breakfast between 6:00-7:00am, (38.5%) took breakfast at 7:01-8:00am while (7.5%) usually breakfast between 8:01-9:00am. Almost all of the respondents (93.0%) took lunch while (7.0%) did not take lunch. Furthermore, (8.0%) took lunch between 12:00-1:00pm, (23.5%) took lunch between 1:01-2:00pm, while (27.5%) usually took lunch between 2:01-3:00pm and majority (32.0) took lunch between 3:01-4:00. Almost all (91.0%) took dinner while (9.0%) do not take dinner. Also, (17.5%) took dinner between 6:00-7:00pm, majority (37.0%) took dinner between 7:01-8:00pm, (19.5%) took dinner between 8:01-9:00pm while only a small amount (1.0%) took dinner above 10:00pm.

More than half of the respondents (76.5%) ate in-between meals while (23.5%) did not eat in-between meals. Furthermore, majority (59.0%) ate snacks, (7.0%) ate fruits, (3.0%) took juice while (5.0%) ate food as in-between meals. Also, (11.5%) did not take in-between meals due to lack of money, some (3.30%) did not as it is a routine, (4.0%) did not because they lacked appetite while (1.5%) did not take in-between meals because it was their habit. Moreover, more than half of the respondents 62.0% of the respondents bought food from vendors while (38.0%) did not buy from vendor. Additionally, 12.5% of the respondents bought food from vendor every day, (24.0%) frequently bought food from vendor while almost half (26.5%) occasionally purchased food from vendors.

Also, almost half (36.5%) of the respondents purchased lunch from vendor, while 22.0% purchased breakfast and only (3.0%) purchased dinner from food vendor. Majority (73.0%) of the respondents preferred home-made diet while (22.0%) preferred diet from food vendor. Majority (75.0%) of the respondents prepare food in their house every day, while (19.5%) do not prepare meal at home. Almost all (86.0%) of the respondents did not smoke, while only (14.0%) smoked. Furthermore (11.5) of those that smoked, smoked twice while 1.5% smoked once.

Table 2: Food habits of respondent

Variables	Frequency	Percentage
How many times do you eat in a day?		
Once	5.0	2.5
Twice	46.0	23.0
Thrice	149.0	74.5
Total	**200**	**100**
Do you skip meal?		
Yes	54.0	27.0
No	146.0	73.0
Total	**200**	**100**
If "yes" state the meal skipped		
Breakfast	16.0	8.0
Lunch	25.0	12.5
Dinner	10.0	5.0
No	24.0	12.0
NA	125.0	62.5
Total	**200**	**100**
What is the reason for skipping meal?		
No money	23.0	11.5
Routine	6	3.0
Appetite	8.0	4.0
Lateness	2.0	1.0
Habit	3.0	1.5
No response	32.0	16.0
Not Applicable	126.0	63.0
Total	**200**	**100**
Do you take breakfast		
Yes	186	93.0
No	14	7.0
Total	**200**	**100**

Table 2 (cont'd): Food habits of respondent

Variables	Frequency	Percentage
What time do you take breakfast		
6:00-7:00am	79.0	39.5
7:01-8:00am	77.0	38.5
8:01-9:00am	15.0	7.5
9:01-1:00am	8.0	4.0
No Response	3.0	1.5
Not applicable	18.0	9.0
Total	**200**	**100**
Do you take lunch		
Yes	186.0	93.0
No	14.0	7.0
Total	**200**	**100**
What time do you take lunch		
12:00-1:00pm	16.0	8.0
1:01-2:00pm	47.0	23.5
2:01-3:00pm	55.0	27.5
3:01-4;00pm	64.0	32.0

No response	7.0	3.5
Not applicable	11.0	5.5
Total	**200**	**100**
do you take dinner		
Yes	182.0	91.0
No	18.0	9.0
Total	**200**	**100**
what time do you take dinner		
6:00-7:00pm	35.0	17.5
7:01-8:00pm	74.0	37.0
8:01-9:00pm	39.0	19.5
9:01-10:00pm	11.0	5.5
>10:00pm	2.0	1.0
No response	34.0	17.0
Not applicable	5.0	2.5
Total	**200**	**100**

Table 2: Food habits of respondent (Con't)

Variables	Frequency	Percentage
Do you eat in-between meal		
Yes	153.0	76.5
No	47.0	23.5
Total	**200**	**100**
If "yes" what do you usually take		
Snacks	118.0	59.0
Fruits	14.0	7.0
Juice	6.0	3.0
Food	10.0	5.0
No response	13.0	6.5
Not applicable	39.0	19.5
Total	**200**	**100**
Do you buy food from vendors		
Yes	124.0	62.0
No	76.0	38.0
Total	**200**	**100**
If "yes" how often		
Everyday	25.0	12.5
Frequently	48.0	24.0
Occasionally	53.0	26.5
NR	12.0	6.0
NA	62.0	31.0
Total	**200**	**100**
Which meal did you usually buy from food vendors		
Breakfast	44.0	22.0
Lunch	73.0	36.5
Dinner	6.0	3.0
NR	19.0	9.5
NA	58.0	29.0
Total	**200**	**100**

Table 2: Food habits of respondent (con't)

Variables	Frequency	Percentage
Do you prefer foods from vendors to your family diet?		
Yes	44.0	22.0
No	146.0	73.0
NR	6.0	3.0
NA	4.0	2.0
Total	**200**	**100**
How often do you prepare food in the house?		
Yes	150.0	75.0
No	39.0	19.5
NR	5.0	2.5
NA	6.0	3.0
Total	**200**	**100**
Do you smoke?		
Yes	28.0	14.0
No	172.0	86.0
Total	**200**	**100**
If "yes" how often do you smoke		
Once	3.0	1.5
Twice	23.0	11.5
NR	1.0	0.5
NA	173.0	86.5
TOTAL	**200**	**100**

Alcohol consumption of respondent

Table 3 shows the alcohol consumption of the respondents. Almost all 85.5% of the respondents do take alcohol while (14.5%) does not take alcohol. More than half (45.5%) consumed alcohol frequently, (37.5%) took alcohol twice while (4.17%) took alcohol more than once. Almost half 44.5% consumed above 5 bottles/sachet of alcohol per day while 25.0% consumed 1-2 bottles/sachet per day. Also, 85.5% took alcohol before driving while 14.5% do not, while 79.0% took alcohol after driving, 21.0% do not. Most the drivers consumed herbal mixture (44.5%) while 12.0% took beer. Majority 55.5% were alcohol addicted while 44.5% were not. Furthermore, 32.5% were heavy drinkers while 44.0% were mild drinkers.

Table 3: Alcohol consumption of respondent

Variables	Frequency	Percentage
Do you take alcohol		
Yes	171.0	85.5
N0	29.0	14.5
Total	**200**	**100**
If yes how often ?		
Once	23.0	11.5
Everyday	51.0	25.5
Frequently	91.0	45.5
Occasionally	35.0	17.5
Total	**200**	**100**
Amount of bottle/sachet consumed per day		
1-2 bottles/sachet	51.0	25.5
3-4 bottles/sachet	60.0	30.0
>5 bottles/sachet	89.0	44.5
Total	**200**	**100**
alcoholic beverages after meal		
Yes	111.0	55.5
No	89.0	44.5
Total	**200**	**100**
alcohol before driving		
Yes	171.0	85.5
No	29.0	14.5
Total	**200**	**100**
alcohol after driving		
Yes	158.0	79.0
No	42.0	21.0
Total	**200**	**100**
alcohol consumed		
Beer	24.0	12.0
Dry gin	87.0,	43.5
Herbal mixture	89.0	44.5
Total	**200**	**100**

Table 3: Alcohol consumption of respondent (cont)

Variables	Frequency	Percentage
alcohol addiction		
Yes	111.0	55.5
No	89.0	44.5
Total	**200**	**100**
level of alcohol consumption		
Heavy drinker	65.0	32.5
Light drinker	47.0	23.5
Mild drinker	88.0	44.0
Total	**200**	**100**

Figure 1 below shows the nutritional status of drivers. Underweight status of the respondents was 14.0%, 44.5% had normal nutritional status, 26.0 were overweight and 15.5% were obese.

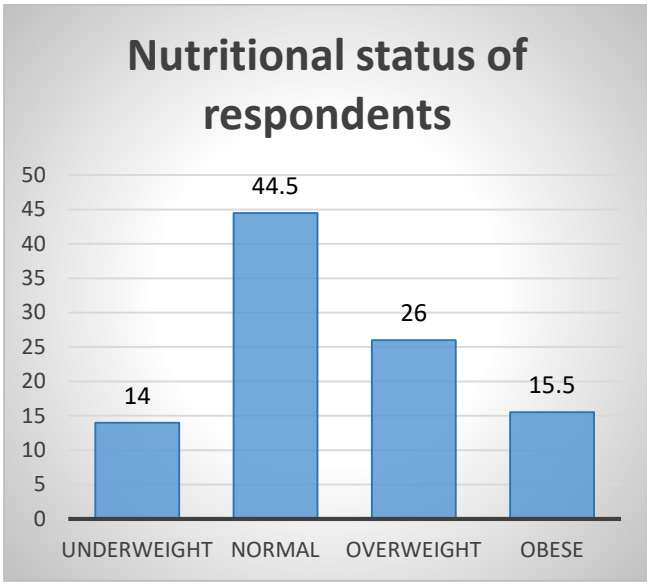

Fig 1: Nutritional status of respondents.

The association between Body Mass Index and Alcohol consumption pattern of the respondents

Table 4 below shows association between Body Mass Index with alcohol consumption of the respondents. Therefore, no significant association at ($p<0.05$) between body mass index and alcohol consumption pattern of the respondents.

Table 4: Association between BMI and Alcohol consumption

Variables	Body Mass Index				χ^2	p-value
	Underweight	Normal	Overweight	Obese		
Frequency(weekly)						
2-3times	4(1.6)	12(4.8)	7(2.8)	1(0.4)	4.7	0.58
>4 times weekly	18(7.2)	61(24.4)	33(13.2)	30(12.0)		
monthly	9(3.6)	34(13.6)	22(8.8)	19(7.6)		
No of bottles consumed						
2-4	7(2.8)	31(12.4)	16(6.4)	9(3.6)	7.6	0.27
5-6	15(6.0)	51(20.4)	38(15.2)	26(10.4)		
7-8	9(3.6)	25(10.0)	8(3.2)	15(6.0)		
Drinking alone						
Yes	10(4.0)	37(14.8)	14(5.6)	13(5.2)	7.2	0.30
No	8(3.2)	29(11.6)	13(5.2)	17(6.8)		

I don't know	13(5.2)	41(16.4)	35(14.0)	20(8.0)		
Alcohol consumed						
Beer	7(2.8)	18(7.2)	5(2.0)	5(2.0)	7.4	0.60
Wine	8(3.2)	30(12.0)	18(7.2)	18(7.2)		
Liquor	11(4.4)	44(17.6)	32(12.8)	21(8.4)		
Others	5(2.0)	15(6.0)	7(2.8)	6(2.4)		
Reason for alcohol						
Taste	96(24.0)	54(13.5)	19(4.8)	10(2.5)		
Feeling	35(8.8)	19(4.8)	12(3.0)	3(0.8)		

Mean values are statistically significant at p<0.05

Table 4: Association between BMI and Alcohol consumption (Con't)

Variables	Body Mass Index				χ^2	p-value
	Underweight	Normal	Overweight	Obese		
Reason for alcohol						
Taste	15(6.0)	52(20.8)	36(14.4)	27(10.8)	3.2	0.8
Feeling	14(5.6)	50(20.0)	25(10.0)	22(8.8)		
Boost confidence	2(0.8)	5(2.0)	1(0.4)	1(0.4)		
First time alcohol						
Curiosity	16(6.4)	46(18.4)	32(12.8)	27(10.8)	4.9	0.6
Custom	14(5.6)	59(23.6)	30(12.0)	23(9.2)		
Parents	1(0.4)	2(0.8)	0(0.0)	0(0.0)		
Alcohol location						
Bar						
Restaurant	8(3.2)	29(11.6)	13(5.2)	17(6.8)		
Someone's apartment	13(5.2)	41(16.4)	35(14.0)	20(8.0)		
Alcohol consumed						
Beer	7(2.8)	18(7.2)	5(2.0)	5(2.0)	7.4	0.60
Wine 8(3.2)	30(12.0)	18(7.2)	18(7.2)			
Liquor	11(4.4)	44(17.6)	32(12.8)	21(8.4)		
Others	5(2.0)	15(6.0)	7(2.8)	6(2.4)		

*Mean values *statistically significant at p<0.05*

DISCUSSION

The study aimed to assess the dietary habit, alcohol consumption and, nutritional status of commercial drivers in selected parks in Oshodi, Lagos state.

Below half (45.0%) of the respondents are between 31-40 years while 17.5% were between 21-30 years of age. Majority 67.0% were Yoruba, 11.0% were Igbo while 2.2% were Hausa. This is clearly possible because the research was conducted in south western Nigeria and it is to the work of (Ajewole *et al*., 2017). Majority had secondary education (45.5%) while some 11.5% had no education. Few 12.0% drove bus, while 44.5% of the drivers drove luxurious bus. Majority of the respondents 61.0% earned above ₦90,000 monthly while 9.0% earned between ₦31,000- ₦60,000. Their monthly income is good enough compared to some others who earned below minimum wage.

Majority (74.5%) ate thrice daily while a little over one quarter (27.0%) always skipped meal. Some of the respondents (23.0%) that usually skipped meal. This could be linked to the level of alcohol consumption been practiced by the drivers (Stanton *et al*., 2020). More than half of the respondents (76.5%) ate in-between meals and (23.5%) did not eat in-between meals. Furthermore, (59.0%) ate snacks, (7.0%) ate fruits, (3.0%) took juice while (5.0%) ate food as in-between meals.

Almost all (85.5%) of the respondents do take alcohol while (14.5%) does not take alcohol. More than half (45.5%) consumed alcohol frequently, (37.5%) took alcohol twice while (4.17%) took alcohol more than once. Furthermore, 32.5% were heavy drinkers while 44.0% were mild drinkers. There is a similarity to the study of (Adepoju *et al*., 2019).

Nutritional status showed that Underweight status of the respondents was 14.0%, 44.5% had normal nutritional status, 26.0 were overweight while 15.5% were obese. The high percentage of overweight and obesity is alarming.

4.0 CONCLUSION

The socio-economic status of the drivers is high, a lot of then earn above the minimum wage. However, their eating habit is not too good as they consume less nutritious diet. Also they consume a lot of alcohol wish could impair nutrient absorption. Consumption of numerous bottles/sachet of alcohol before, during and after driving is very common among the drivers in Lagos state. They majorly consume herbal alcohol drink over bottled beer because of the claim of its health effect and lower market prize. Nutrition education is necessary to enlighten all the drivers in Oshodi terminals in Lagos State on the need for adequate diet at all time. Government should also introduce nutrition mentoring programme for all drivers. Nutritionists and health practitioners should carry out more sensitization on the prevalence of hypertension and a need to do regular blood pressure checkup due to excessive alcohol consumption.

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