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Occupational Health Knowledge, Attitudes, Safety Practices, and Associated Factors among Automobile Mechanics in Ikeja Local Government Area, Lagos State, Nigeria

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ABSTRACT

Background: Occupational hazards remain a major global public health concern, with a disproportionate burden in the informal sector of low- and middle-income countries. Automobile mechanics are frequently exposed to multiple workplace hazards, yet gaps persist between knowledge and safe practices. **Aim:** To assess occupational health knowledge, attitudes, safety practices, and associated factors among automobile mechanics in Ikeja Local Government Area, Lagos State, Nigeria. **Materials and Methods:** A cross-sectional study was conducted among 196 automobile mechanics selected using a multistage sampling technique. Data were collected using an interviewer-administered structured questionnaire covering sociodemographic characteristics, knowledge, attitudes, and safety practices. Data were analyzed using Epi Info (version 2017). Descriptive statistics were computed, and associations were tested using the chi-square test at a significance level of $p < 0.05$. **Results:** The mean age of respondents was 31.66 ± 12.6 years, with the majority being male (99.0%) and Yoruba (82.5%). Most respondents demonstrated good knowledge of occupational hazards (82.7%) and positive attitudes toward safety practices (68.9%). High awareness was observed regarding risks such as exposure to harmful substances (88.8%), inhalation of exhaust fumes (95.4%), and manual lifting injuries (92.3%). However, only 48.0% exhibited good safety practices. While 70.9% reported regular workplace cleaning and 56.1% practiced hand hygiene, the use of personal protective equipment was inconsistent. Ethnic group was significantly associated with knowledge of occupational hazards ($p = 0.01$), whereas other sociodemographic factors were not. **Conclusion:** Although knowledge and attitudes toward occupational hazards were generally good, safety practices among automobile mechanics were suboptimal. Targeted interventions focusing on behavioral change, improved access to protective equipment, and strengthened occupational health policies are recommended.

Keywords: Occupational health knowledge, Attitudes toward safety, Safety practices, Automobile mechanics, Personal protective equipment (PPE)

INTRODUCTION

Occupational health and safety (OHS) remains a critical public health and development concern worldwide, particularly in labor-intensive sectors. Recent global estimates indicate that approximately 2.9 million deaths are attributable to work-related causes annually, with 2.58 million resulting from occupational diseases and about 0.32 million from occupational injuries.[1] These figures underscore the substantial burden of occupational risks and the urgent need for effective preventive strategies. Even in high-income countries with relatively advanced regulatory systems, occupational hazards persist. For instance, in the United States, about 3.9 per 100 full-time workers in the automobile repair and maintenance sector experience non-fatal occupational injuries or illnesses annually.[2] This highlights the inherently hazardous nature of automobile repair work, irrespective of setting.

In low- and middle-income countries such as Nigeria, the situation is further complicated by the predominance of the informal sector, where occupational health issues are often under-recognized and poorly addressed. Roadside automobile mechanics constitute a significant segment of this informal workforce, yet their occupational health needs remain inadequately documented.[3] The lack of structured occupational health services for this group exacerbates their vulnerability, as coverage is minimal or entirely absent.[4] Consequently, these workers are frequently exposed to a wide range of physical, chemical, and ergonomic hazards without adequate protection or awareness.

Empirical evidence from Nigeria presents a mixed picture regarding automobile mechanics' knowledge and attitudes

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toward occupational hazards. Some studies have reported moderate to good levels of knowledge and generally positive attitudes toward workplace safety among mechanics.[5–8] These findings suggest a degree of awareness that could serve as a foundation for improved safety behaviors. However, other studies have demonstrated gaps in knowledge, particularly concerning specific safety practices and risk mitigation measures.[9–12] This inconsistency points to disparities in training, education, and access to occupational health information across different settings.

The broader context of OHS in developing countries further compounds these challenges. While formal sectors may have regulatory frameworks in place, enforcement and compliance are often weak. In contrast, the informal sector, where most automobile mechanics operate, faces significant deficits in regulation, monitoring, and institutional support.[13] This lack of oversight contributes to poor safety culture and limited adoption of preventive measures. As a result, many mechanics may not fully understand the hazardous nature of the substances they handle, including fuels, lubricants, solvents, and heavy metals, nor the long-term health implications of exposure. Risky occupational practices are commonly observed among automobile mechanics and reflect both knowledge gaps and entrenched work habits. These include sucking fuel by mouth, loosening bolts with bare hands, and using petrol or diesel to clean hands.[4,11,12]

Such practices increase the risk of acute and chronic health effects, including chemical poisoning, dermatitis, and respiratory conditions. Despite these risks, the use of personal protective equipment (PPE) remains inconsistent. Studies have shown variability in PPE utilization across regions, with overalls being the most commonly used protective gear, while other essential items, such as gloves, goggles, and masks, are less frequently adopted.[11,12] This pattern suggests partial compliance and highlights the need for comprehensive safety interventions.

Several factors have been identified as influencing safety practices among automobile mechanics. These include sociodemographic and occupational characteristics such as age, educational level, type and duration of training, working hours, and years of experience.[6,12,13] Generally, older and more experienced workers, as well as those with higher educational attainment or formal training, are more likely to demonstrate better safety practices. However, the persistence of unsafe behaviors despite awareness of occupational hazards indicates a critical gap between knowledge and practice.[12] This disconnect may be attributed to factors such as economic constraints, limited access to PPE, perceived inconvenience, or lack of enforcement of safety standards.

Given these challenges, there is a pressing need for context-specific research to better understand the dynamics of occupational health knowledge, attitudes, and practices among automobile mechanics, particularly in urban informal settings. Ikeja Local Government Area in Lagos State is a major hub for automobile repair, with a high concentration of roadside mechanics operating under diverse conditions. Assessing their level of knowledge, attitudes toward occupational risks, and safety practices, as well as identifying associated factors, is essential for informing targeted interventions and policy development. Therefore, this study aimed to evaluate the occupational health knowledge, attitudes, safety practices, and associated factors among automobile mechanics in Ikeja Local Government Area, Lagos State, Nigeria. By generating evidence in this context, the study seeks to contribute to developing effective strategies to improve workplace safety and reduce the burden of occupational hazards among this underserved population.

MATERIALS AND METHODS

Study Design, Population, and Area

This study employed a cross-sectional design to assess occupational health knowledge, attitudes, safety practices, and associated factors among automobile mechanics in Ikeja Local Government Area (LGA), Lagos State, Nigeria. Eligible participants included general automobile mechanics, diesel mechanics, brake and transmission technicians, auto body repairers, service technicians, automobile welders, auto glass technicians, and tyre repairers. All automobile mechanics who were actively engaged in practice within the selected study sites and who provided informed consent were considered eligible and enrolled in the study.

Sample Size Estimation and Sampling Technique

The minimum sample size for the study was estimated at 196 using Cochran's formula for a single proportion,[14] based on an 86% prevalence of positive safety practices regarding occupational hazards from a previous study,[15] and an anticipated 90% response rate. A multistage sampling technique was employed to select study

participants. In the first stage, five wards were selected from the ten wards in Ikeja LGA using a simple random sampling technique (balloting). In the second stage, three automobile mechanic workshops were selected from each of the selected wards by simple random sampling. In the third stage, two groups of mechanics were selected from each workshop using a simple random technique. In the final stage, eligible automobile mechanics within each selected group were recruited via simple random sampling. Only respondents who met the inclusion criteria and consented to participate were enrolled in the study.

Data Collection

Data were collected using an interviewer-administered structured questionnaire adapted from a previous similar study.[7] The instrument was designed to obtain information on respondents' sociodemographic characteristics, knowledge of occupational hazards, attitudes toward work-related hazards and safety practices, prevalence of occupational injuries, and safety practices among automobile mechanics. The questionnaire consisted of five sections: Section A captured sociodemographic information; Section B assessed knowledge of occupational hazards; Section C evaluated attitudes toward occupational hazards and safety practices; Section D assessed the prevalence of occupational injuries; and Section E assessed safety practices. The instrument was reviewed for content validity by experts in public health and occupational health. Three research assistants, who were medical students, were recruited and trained for 2 days on the study's objectives, ethical considerations, and questionnaire administration. Data collection was conducted through face-to-face interviews, with each interview lasting approximately 15 minutes. Completed questionnaires were checked on-site for completeness and consistency by the research assistants and the principal investigator to ensure data quality.

Data Analysis

Data were entered and analyzed using Epi Info statistical software (version 2017). Quantitative variables were summarized using means and standard deviations, while categorical variables were summarized using frequencies and percentages. Results were presented using tables and charts. Knowledge of occupational hazards was assessed by assigning 1 point for each correct response and 0 for each incorrect response. Respondents who scored ≥50% were categorized as having good knowledge, while those who scored <50% were categorized as having poor knowledge. Attitude toward occupational hazards and safety practices was assessed using a 5-point Likert scale; respondents with scores ≥50% were classified as having a positive attitude, and those with scores <50% were classified as having a negative attitude.[15] Inferential statistics were conducted using the Chi-square test to assess associations between categorical variables. The level of statistical significance was set at $p < 0.05$.

Ethical Consideration

Ethical approval for the study was obtained from the Health Research Ethics Committee of Lagos State University Teaching Hospital. Permission to enter the study sites and to administer the questionnaire was obtained from the leadership of the automobile mechanics' association in Ikeja LGA. The purpose of the study was explained to all participants, and informed consent was obtained prior to data collection. Participation was voluntary, and respondents were assured of the confidentiality of the information provided. All data collected was used strictly for research purposes and was handled with strict confidentiality.

RESULTS

Sociodemographic characteristics of respondents

A total of 196 questionnaires were completed and analyzed, yielding a 100% response rate. More than half of the respondents (55.6%) were aged less than 30 years, with a mean age of 31.66 ± 12.6 years. The vast majority were male (99.0%), and most were Yoruba (82.5%). Slightly over half (53.6%) were single, while 48.5% had attained secondary education. Most respondents (73.0%) were employed full-time, and 38.3% had 1–4 years of work experience [Table 1].

Respondents' knowledge of occupational hazards

The majority of respondents demonstrated awareness of occupational hazards. Most (95.4%) knew that injuries or diseases could result from workplace hazards, and 88.8% recognized that working without personal protective equipment (PPE) could expose workers to harmful substances. Similarly, 95.4% reported that eating with unwashed hands was harmful, while 87.2% identified sucking fuel by mouth as dangerous. Three-quarters (75.0%) were aware that washing hands with fuel or engine oil was hazardous. In addition, 95.4% acknowledged the harmful effects of inhaling exhaust fumes, 81.6% identified noise exposure as a cause of

hearing loss, 92.3% recognized manual lifting as a cause of low back pain, and 91.8% were aware of the risk of eye injury from spray painting [Table 2].

Table 1: Sociodemographic characteristics of respondents

Variables	Frequency (%) n = 196
Age group (years)	
≤30	109 (55.6)
31-40	40 (20.4)
41-50	24 (12.2)
≥51	23 (11.8)
Mean = 31.66 ± 12.6	
Gender	
Male	194 (99.0)
Female	2 (1.0)
Ethnic group	
Yoruba	162 (82.5)
Igbo	29 (14.8)
Hausa	5 (2.5)
Marital status	
Single	105 (53.6)
Married	74 (37.8)
Separated	8 (4.1)
Widowed	9 (4.5)
Religion	
Christianity	106 (54.1)
Islam	90 (45.9)
Level of education	
No formal education	1 (0.5)
Primary	21 (10.7)
Secondary	95 (48.5)
Tertiary	79 (40.3)
Nature of the job	
Full-time	143 (73.0)
Part-time	53 (27.0)
Length of practice (years)	
≤1	21 (10.7)
1-4	75 (38.3)
5-9	52 (26.5)
≥10	48 (24.5)

Association between respondents' sociodemographic characteristics and knowledge of occupational hazards

There was a statistically significant association between ethnic group and overall knowledge of occupational hazards ($\chi^2 = 9.331$, $p = 0.01$). A higher proportion of respondents from the Yoruba ethnic group (86.4%) had good knowledge compared to those from the Igbo (65.5%) and Hausa (60.0%) ethnic groups. No statistically significant associations were observed between knowledge of occupational hazards and age, gender, marital status, religion, or level of education ($p > 0.05$) [Table 3].

Table 2: Respondents' knowledge of occupational hazards

Variables	Frequency (%) n = 196
Knew that injuries or diseases could occur due to work	
Yes	187 (95.4)
No	9 (4.6)
Knew that working without personal protective equipment exposes one to harmful substances	
Yes	174 (88.8)
No	22 (11.2)
Knew that eating with unwashed, dirty hands in the workshop is harmful to health	
Yes	187 (95.4)
No	9 (4.6)
Knew that sucking fuel with the mouth is harmful	
Yes	171 (87.2)
No	25 (12.8)
Knew that washing hands with fuel or engine oil is dangerous	
Yes	147 (75.0)
No	49 (25.0)
Knew that inhaling exhaust fumes is hazardous	
Yes	187 (95.4)
No	9 (4.6)
Knew that a noisy hearing environment can cause hearing loss	
Yes	160 (81.6)
No	36 (18.4)
Knew that lifting heavy objects manually could cause low back pain	
Yes	181 (92.3)
No	15 (7.7)
Knew that tightening bolts with bare hands could cause injury to the fingers	
Yes	169 (86.2)
No	28 (13.8)
Knew that injury to the eyes could occur from spray painting	
Yes	180 (91.8)
No	16 (8.2)

Respondents' attitudes towards occupational hazards and safety practices

Regarding attitudes, 31.6% of respondents strongly agreed that their work was risky and hazardous, while 39.3% strongly agreed that observing precautionary measures during work was important. The use of personal protective equipment varied: 38.3% strongly agreed to wearing overalls, 30.1% to wearing gloves, 30.6% to wearing eye goggles, and 29.1% to wearing face masks while working. However, a substantial proportion of respondents expressed neutral or less favorable attitudes toward the consistent use of PPE [Table 4].

Respondents' safety practices towards occupational hazards

Regarding safety practices, 70.9% of respondents reported always cleaning their work environment, and 56.1% reported always washing their hands with soap and water after work. However, PPE utilization was suboptimal, with 50.0% reporting occasional use of gloves, 47.4% reporting safety boots, and 49.0% reporting overalls. Additionally, 48.5% sometimes used a log to support a jack while working, and 42.9% reported using fuel siphon pumps for fuel transfer Figure 1].

Respondents' overall knowledge, attitude, and safety practices

Overall, 82.7% of respondents had good knowledge of occupational hazards, while 68.9% demonstrated a positive attitude toward occupational hazards and safety practices. In contrast, less than half (48.0%) exhibited good safety practices [Figure 2].

Table 3: Association between respondents' sociodemographic characteristics and knowledge of occupational hazards

Variables	Overall knowledge		Test of significance
	Good, n(%)	Poor n(%)	
Age group (years)			
≤30 (n=109)	91 (83.5)	18 (16.5)	χ^2= 0.719
31-40 (n=40)	34 (85.0)	6 (15.0)	p=0.86
41-50 (n=24)	19 (79.2)	5 (20.8)	
≥51 (n=23)	18 (78.3)	5 (21.7)	
Gender			
Male (n=194)	160 (98.8)	34 (17.5)	Fe = 0.424
Female (n=2)	2 (100)	0 (0)	p=0.51
Ethnic group			
Yoruba (n=162)	140 (86.4)	22 (13.6)	χ^2= 9.331
Igbo (n=29)	19 (65.5)	0 (34.5)	p=0.010*
Hausa (n=5)	3 (60.0)	2 (40.0)	
Marital status			
Single (n=105)	88 (83.8)	17 (16.2)	χ^2= 0.914
Married (n=74)	59 (79.7)	15 (20.3)	p=0.820
Separated (n=8)	7 (87.5)	1 (12.5)	
Widowed (n=9)	8 (88.9)	1 (11.1)	
Religion			
Christianity (n=106)	88 (83.0)	18 (17.0)	χ^2= 0.021
Islam (n=90)	74 (82.2)	16 (17.8)	p=0.880
Level of education			
No formal education/Primary (n=22)	18 (81.8)	4 (18.2)	χ^2= 2.100
Secondary (n=95)	82 (86.3)	13 (13.7)	p=0.550
Tertiary (n=79)	62 (78.5)	17 (21.5)	

χ^2: Pearson's chi square test; Fe: Fisher's exact test; *Statistically significant (p<0.05)

DISCUSSION

This study assessed occupational health knowledge, attitudes, safety practices, and associated factors among automobile mechanics in Ikeja LGA, Lagos State. The findings provide important insights into the occupational health profile of this largely informal workforce. The respondents were predominantly young and male, reflecting the gendered nature of automobile repair work in Nigeria. This is consistent with findings from studies conducted in Anambra State, Abuja, and Lagos, where the profession was similarly male-dominated.[6,8,17]

About half of the respondents were single, and less than half had attained secondary education. This contrasts with findings among production workers in formal automobile industries, where higher levels of education were reported.[17] The disparity likely reflects differences between formal and informal sectors, particularly in terms of entry requirements and access to structured training.

Table 4: Respondents' attitudes towards occupational hazards and safety practices

Variable	Strongly Agree, n (%)	Agree, n (%)	Neutral, n (%)	Disagree, n (%)	Strongly Disagree, n (%)
Work was risky and hazardous	62 (31.6)	59 (30.1)	34 (17.3)	20 (10.2)	21 (10.7)
Feared doing work because of hazards	16 (8.2)	7 (3.6)	30 (15.3)	52 (26.5)	91 (46.4)
Considered observing precautionary measures while doing work as important	77 (39.3)	68 (34.7)	35 (17.9)	9 (4.6)	7 (3.6)
Wore an overall while working	75 (38.3)	66 (33.7)	38 (19.4)	13 (6.6)	4 (2.0)
Wore safety shoes while working	52 (27.0)	71 (36.2)	46 (23.5)	18 (9.2)	8 (4.1)
Wore hand gloves while working	59 (30.1)	58 (29.6)	56 (28.6)	15 (7.7)	8 (4.1)
Wore eye goggles while working	60 (30.6)	55 (28.1)	59 (30.1)	16 (8.2)	6 (3.1)
Wore a face mask while working	57 (29.1)	44 (22.4)	56 (28.6)	30 (15.3)	9 (4.6)
Wore a helmet while working	51 (26.0)	42 (21.4)	57 (29.1)	31 (15.8)	15 (7.7)

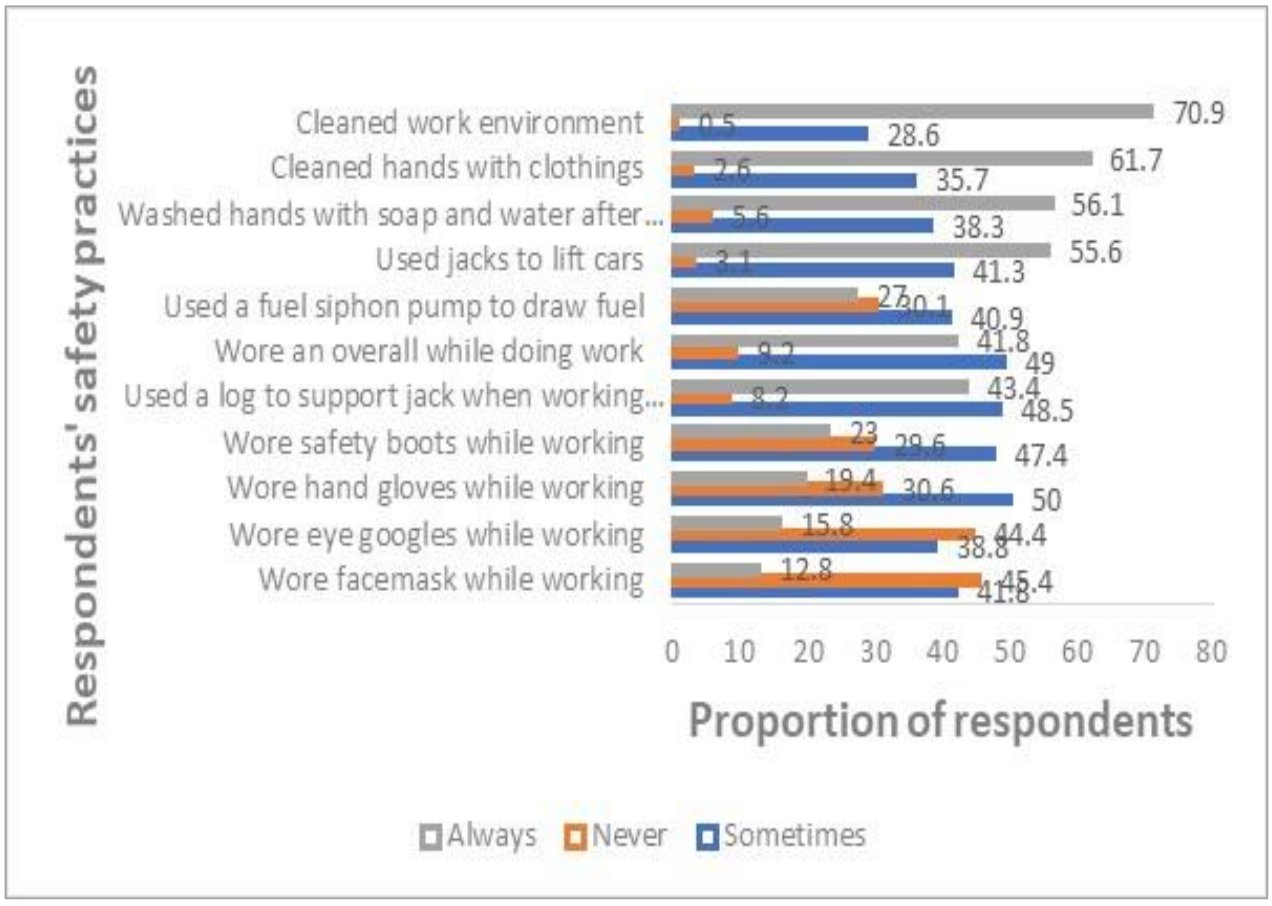

Figure 1: Respondents' safety practices towards occupational hazards

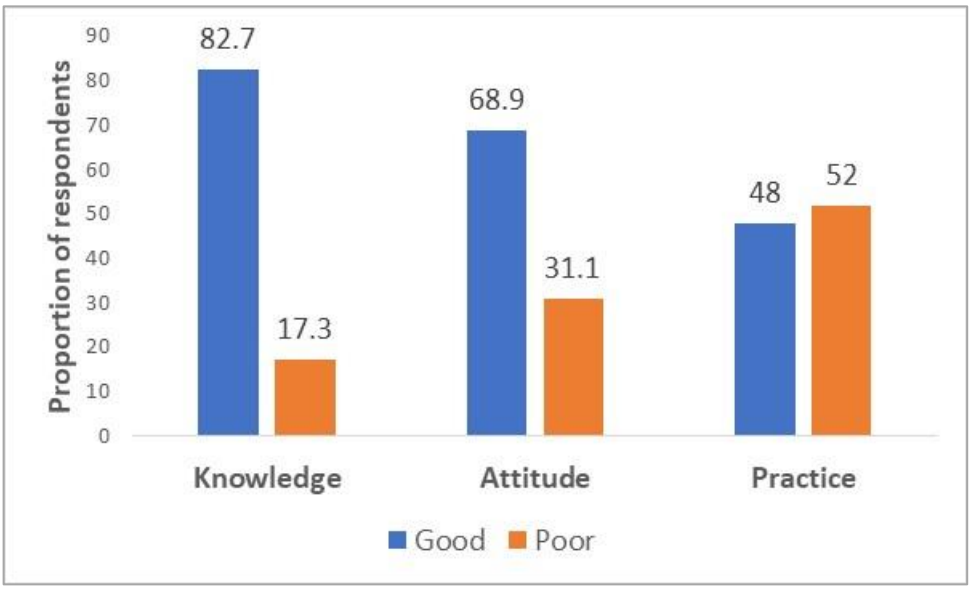

Figure 2: Respondents' overall knowledge, attitude, and safety practices

The study demonstrated a high level of knowledge of occupational hazards among respondents. A large proportion correctly identified risks associated with lack of personal protective equipment (PPE), poor hygiene practices, exposure to exhaust fumes, manual handling of heavy loads, and unsafe practices such as fuel siphoning. These findings are consistent with studies conducted in Rivers State and other Nigerian settings, where awareness of occupational hazards among automobile mechanics was also relatively high.[4,5] However, the level of awareness observed in this study was higher than that reported in Lokoja, where knowledge of certain hazardous practices, such as sucking fuel by mouth, was comparatively low.[17,18] Similarly, studies from Akure reported only moderate levels of knowledge among automobile mechanics.[19] These differences may be attributed to variations in study populations, educational exposure, urbanization, and access to occupational health information.

Despite the high level of knowledge, attitudes toward occupational hazards and safety practices were less robust. Although the majority of respondents demonstrated an overall positive attitude, only a minority strongly perceived their work as hazardous or consistently endorsed the use of PPE. This suggests a degree of risk normalization, where hazardous conditions are accepted as part of routine work. Similar findings have been reported in Uyo, where automobile artisans exhibited generally negative attitudes toward occupational safety.[7] In contrast, the proportion of respondents with positive attitudes in this study was higher than that reported in Surulere, Lagos.[6] This variation may be related to differences in sample size, exposure to safety information, or local workplace culture. Nonetheless, the persistence of ambivalent attitudes toward safety underscores the need for interventions that go beyond knowledge dissemination to address perceptions and beliefs about risk.

The findings on safety practices revealed important gaps between knowledge and behavior. Although some positive practices were observed, such as routine cleaning of the work environment and hand hygiene, overall safety practices were suboptimal, with less than half of respondents demonstrating good practices. The use of PPE was inconsistent, with many respondents reporting only occasional use of gloves, safety boots, and overalls. These findings are consistent with previous studies in Lagos and other parts of Nigeria that reported low PPE utilization among automobile mechanics.[6,19] In Ibadan, for example, PPE use was found to be minimal, highlighting a widespread challenge across different

regions.[20] The relatively higher, yet still inadequate, level of PPE use observed in this study may reflect increased awareness but limited translation into sustained practice.

The persistence of unsafe practices despite good knowledge suggests the influence of contextual and behavioral factors. Previous studies have identified barriers such as cost and limited availability of PPE, discomfort during use, time constraints, and weak enforcement of safety regulations as key determinants of poor compliance.[11,12,13] Additionally, the sector's informal nature limits access to occupational health services and regulatory oversight, further exacerbating unsafe practices. These findings highlight the need for multifaceted interventions that combine education with structural support, including improved access to affordable PPE and enforcement of safety standards.

In examining associated factors, this study found a statistically significant relationship between ethnic group and knowledge of occupational hazards, with respondents from the Yoruba ethnic group demonstrating higher levels of knowledge. This may reflect differences in access to information, social networks, or duration of residence within the study area. However, no significant associations were observed between knowledge and other sociodemographic variables, including age, gender, marital status, religion, and level of education. The lack of association with education contrasts with findings from some studies, which reported that higher educational attainment was associated with better knowledge and safety practices.[17,16,21,22] Conversely, other studies, including one conducted in Akure, have reported no significant relationship between education and knowledge of occupational hazards, consistent with the findings of this study.[19] These inconsistencies suggest that factors beyond formal education, such as informal training and peer learning, may play a significant role in shaping occupational health awareness in this population.

Furthermore, this study did not find a significant association between age and safety practices, in contrast to findings among production workers in formal automobile industries, where older workers demonstrated better compliance with safety measures.[17] This difference may be due to the relatively unstructured nature of work in the informal sector, where experience does not necessarily translate into improved safety behavior. Overall, the findings of this study highlight a critical gap between knowledge and practice among automobile mechanics. While awareness of occupational hazards is relatively high and attitudes are moderately positive, the adoption of safe work practices remains inadequate. Addressing this gap will require targeted interventions that focus on behavioral change, improved access to protective equipment, and strengthened occupational health policies tailored to the informal sector.

STUDY LIMITATIONS

This study has some limitations. The cross-sectional design limits the ability to establish causal relationships between variables. Data were collected using self-reported measures, which may be subject to recall and social desirability biases. The study focused on automobile mechanics in a single local government area, which may limit the generalizability of the findings to other settings. Additionally, the assessment of safety practices was not supported by direct observational methods, which could have provided more objective measures of compliance.

CONCLUSION

This study found that automobile mechanics in Ikeja LGA had generally good knowledge and moderately positive attitudes toward occupational hazards; however, safety practices were suboptimal, particularly in the consistent use of personal protective equipment. The observed gap between knowledge and practice highlights the influence of contextual and behavioral factors. There is a need for targeted interventions, including occupational health education, improved access to protective equipment, and strengthened enforcement of safety regulations, to enhance safe work practices in this population.

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Conflict of interest

None declared.

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