# Level Of Education And Prevalence Of Hypertension Among Commercial Drivers In Ibadan, Oyo State, Nigeria

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## ABSTRACT

The study examined the level of education and prevalence of hypertension among commercial taxi drivers in Ibadan metropolis. The study utilized descriptive cross-sectional research design. The target population for this study comprised of registered commercial taxi drivers in Ibadan metropolis, Oyo state, Nigeria from age 25. Cochran formula was used to calculate the sample size while multistage sampling procedure was used to select the sample size of 220 for the study. The instruments used to collect the data for this study were a semi-structured questionnaire, a weighing scale, a measuring tape for height, and sphygmomanometer and stethoscope for Blood pressure measurement. Data were collected by the researcher and 15 well trained research assistants. The data collection lasted for six weeks. After collection of data, the instrument was checked for completeness and clarity. Data was quantitatively analyzed based on the study objectives. Data were also analyzed descriptively and inferentially using SPSS version 25. The findings of the study revealed that there was low hypertension among commercial drivers in Ibadan metropolis. Knowledge about hypertension among commercial drivers reduced the prevalence of hypertension among them. This shows that education is very paramount in every sphere of life. There was significant association between respondents' education and prevalence of raised blood pressure. Conclusively, it was recommended that Government and park management system are encouraged to enforce policy that will constantly engage commercial drivers in checking up their blood pressure and body weight regularly. Commercial drivers are encouraged to desist from lifestyles that could endanger their lives such as smoking and alcoholic intake. They should also be enlightened on the effects of sedentary lifestyle on their health and importance of regular exercise.

**Keywords:** Level of Education, Prevalence, Hypertension, Commercial Drivers

## INTRODUCTION

Drivers are a group of mentally stressed professionals whose nature of work makes them vulnerable to high blood pressure and with its consequences affecting the society (Igbokwe & Okolo, 2015). Commercial driving in this part of the world is predominantly men's means of livelihood. The masses depend on them for movement within the metropolis. In Nigeria, most of the drivers do not know their level of wellness and illness due to lack of knowledge and harmful lifestyle. Previous studies revealed that so many commercial drivers have undiagnosed hypertension associated with poor knowledge and lifestyle (Krishnamoorthy et al., 2020; WHO, 2018).

Hypertension otherwise called raised blood pressure (BP) is a worldwide general wellbeing challenge. It is a constant illness where the BP in the arteries are raised. The higher the weight in veins the harder the heart needs to work so as to circulate blood, in this manner making the heart to work excessively past its ability. It is prominently known as the "quiet executioner" since it has no particular sign and side effects at the initial stage (Ajayi et al., 2016). Hypertension is a significant cause of mortality and morbidity worldwide and a major cause of disease conditions such as coronary heart disease, stroke, and kidney disease.

The overall age-standardized prevalence of raised blood pressure was 38.1% according to Odili et al. (2020). In Nigeria, NCDs account for an annual death of about 36 million with cardiovascular diseases constituting about 17.3 million deaths, followed by cancer – 7.6 million deaths, respiratory diseases – 4.2 million deaths, and diabetes – 1.3 million deaths (Nigeria's NCD Indices, 2013). About 8 million Nigerians suffer from hypertension (Nigeria's NCD Indices, 2013). Alexander (2019) stated that the prevalence of hypertension worldwide was 26% out of the population of 972 million people, and the prevalence is expected to increase to 29% by 2025. According to WHO (2008), the prevalence of hypertension is very common in the African region at the rate of 46% among adults from 25 years and above, while the least was found in the American region.

Findings from a study carried out by Adedokun et al. (2017) among commercial taxi drivers in South Africa indicated that the prevalence of raised blood pressure is high (57.0%) associated with aging and other cardiovascular risk factors. The study carried out by Olusegun and Ajayi (2016) at Jabi Park Abuja, revealed high prevalence of raised BP of 9% among commercial drivers. The study carried out by Odeyinka and Ajayi (2017) on prevalence of raised blood pressure and diabetic mellitus among commercial drivers in Ibadan metropolis also revealed high prevalence of HBP of 27.7%, however the researcher observed that the previous studies does not emphasize on negative effect of HBP on commercial drivers such as poor socio-economic status, poor quality of life and life expectancy.

Information on prevalence of undiagnosed hypertension deserves special attention to assist in planning strategies for effective prevention, diagnosis, treatment and control of HBP (Vicent-Onabajo et al., 2017). Hence, the researcher aimed at investigating the level of education and prevalence of hypertension among commercial taxi drivers in Ibadan metropolis, it specifically examined the:

1. level of knowledge of commercial drivers about hypertension; and
2. prevalence of hypertension among the commercial drivers in Ibadan metropolis

**Research Questions**

1 What is the level of knowledge of hypertension among commercial drivers?
2 What is the prevalence of hypertension among commercial drivers?

**Research Hypotheses**

**Ho1:** There is no significant association between level of education and prevalence of hypertension among commercial drivers.

**Ho2:** There is no significant association between level of knowledge and prevalence of hypertension among commercial drivers.

**Methodology**

The study utilized descriptive cross-sectional research design that assessed the prevalence of hypertension among commercial taxi drivers in Ibadan Metropolis, Oyo state. The target population for this study comprised of registered commercial taxi drivers in Ibadan metropolis, Oyo state, Nigeria. The total number of registered drivers within Ibadan metropolis according to Oyo State Park Management System (2021) is 1100. The registered drivers within the three (3) selected LGA for this study were 700. Ibadan metropolis is made up of eleven (11) local government area; five (5) in urban area while six (6) in semi-urban area. Multistage sampling procedure was used to select the sample size of 220 for this study.

The steps are as follows; The list of urban local government in Ibadan metropolis are; Ibadan North West, Ibadan North East, Ibadan South West, Ibadan South East, and Ibadan North. Simple random sampling technique was used to select three local government area out of five urban LG, Ibadan North West, Ibadan South West and Ibadan North.

Step 2: The Motor Parks are as follows for each LGA. Ibadan North West LGA were 7: Okepadi, Eleyele, Dugbe, Ogunpa, Beere, Opoyiosa and Queen Cinema. Ibadan South West were six (6): Ring-Road, Oke-Ado, Oke-Bola, Gege, Born-Photo, and Isale-Osi. Ibadan North were thirteen (13): Agodi gate, Bodija, Sango, Agbeni/Ogunpa, Molete, Challenge, Ojoo, Mokola, U.I, Eleyele, Ojee, and Total garden. Random sampling technique was used to select six (6) motor parks from the three LGA, two from each. The six motor parks selected were Agodi-gate and Sango in Ibadan North, Ring Road and Gege in Ibadan South-West, Beere and Eleyele in Ibadan North West.

Step 3: Convenient sampling method was used to select respondents for the study due to the nature of their work. The registered drivers who are not on any antihypertensive drugs were selected. The sample size calculated is Two hundred (200) plus twenty (20) attrition rate making it 220. To get the number of respondents from each LG;

Table 1: Sample Size Distribution

| LGA | Total number of drivers registered | Sample size from each LGA |
|---|---|---|
| **Ibadan North** | 200 | 200/700 x 220 = 63 |
| **Ibadan North West** | 300 | 300/700 x 220 = 94 |
| **Ibadan South West** | 200 | 200/700 x 220 = 63 |
| **Total** | 700 | |
| **LGA** | Name of park with registered No | Sample size for each park |
| **Ibadan North** | Agodi = 55 | 55/115 x 63 = 30 |
| | Sango = 60 | 60/115 x 63 = 33 |
| **Ibadan N/W** | Eleyele = 200 | 200/260 x 94 = 72 |
| | Beere = 60 | 60/260 x 94 = 22 |
| **Ibadan S/W** | Ring road = 25 | 25/65 x 63 = 24 |
| | Gege = 40 | 40/65 x 63 = 39 |

Four major variables were used for this study. These variables were used to obtain information related to the study, which were knowledge, and prevalence of hypertension. Demographic variables were measured to determine respondent age, marital status, educational level, religion etc. The instruments used to collect the data for this study were a semi-structured questionnaire, a weighing scale, a measuring tape for height, and sphygmomanometer and stethoscope for Blood pressure measurement. The questionnaire was divided into three sections based on the study objectives.

**Section A:** Socio-demographic data: This section consisted of test items which include the particulars of the respondents and anthropometric measurements. The items were twelve (12).

**Section B**: This section covered respondent's knowledge about hypertension. It consisted of nine (9) test items.

**Section C**: This section covered prevalence of hypertension among commercial drivers in Ibadan metropolis. The test items were six (6).

The corrected and validated version of the instrument was administered to 20 drivers in a motor park outside the LG already in use for pilot study. The reliability of the instrument was ascertained using Cronbach's Alpha method to ensure the consistency of the instrument. The correlational coefficient of the tests was computed. The Alpha value was 0.76

Data was collected by the researcher and 15 well trained research assistants. The purpose of the study was explained to the research assistants. The research assistants were taken through the questionnaire to be used to collect data. Twice weekly, the researcher and the assistants visited each motor parks (Saturday and Tuesday precisely) and the exercise lasted for six weeks. The questionnaire was administered by hand after detailed and full explanation was given but most of the respondents were assisted by research assistance to complete their data. After collection of data, the instrument was checked for completeness and clarity. Data was analyzed quantitatively based on the study objectives. SPSS version 25 was used to inferentially analyze the hypotheses, while frequency distributions, percentages, mean score, standard deviation and charts were computed and tabulated. Chi-square was employed for analysis of data at 0.05 level of significance.

**Results**

**Table 2: Socio-demographic information**

| Variables | Frequency | Percentage | Mean |
|---|---|---|---|
| **Age** | | | |

| | | | |
|---|---|---|---|
| 21-30 years | 7 | 3.4 | |
| 31-40 years | 47 | 22.8 | |
| 41-50 years | 69 | 33.5 | 47 years |
| 51-60 years | 68 | 33.0 | |
| 61 years and above | 15 | 7.3 | |
| **Marital Status** | | | |
| Single | 11 | 5.3 | |
| Married | 172 | 83.5 | |
| Widower | 23 | 11.2 | |
| **Educational status** | | | |
| No education | 41 | 19.9 | |
| Primary education | 30 | 14.6 | |
| Secondary education | 120 | 58.3 | |
| Tertiary education | 15 | 7.3 | |
| **Ethnicity** | | | |
| Yoruba | 175 | 85.0 | |
| Igbo | 29 | 14.1 | |
| Hausa | 2 | 1.0 | |
| **Religion** | | | |
| Christian | 63 | 30.6 | |
| Islam | 135 | 65.5 | |
| Traditional | 8 | 3.9 | |
| **Family setting** | | | |
| Monogamy | 163 | 79.1 | |
| Polygamy | 43 | 20.9 | |
| **Number of Children** | | | |
| 1-3 | 110 | 53.4 | |
| 4-6 | 81 | 39.3 | 3 |
| 7-9 | 15 | 7.3 | |
| **Years in service** | | | |
| 1-10 | 42 | 20.4 | |
| 11-20 | 88 | 42.7 | |
| 21-30 | 40 | 19.4 | |
| 31 years above | 36 | 17.5 | |
| **Weight** | | | |
| 51-60kg | 41 | 19.9 | |
| 61-70kg | 119 | 57.8 | 63 |
| 71-80kg | 34 | 16.5 | |
| 81kg and above | 12 | 5.8 | |
| **Height** | | | |
| 1.0-1.49m | 15 | 7.3 | |
| 1.5-1.99m | 170 | 82.5 | 1.7 |
| 2.0-2.49m | 21 | 10.2 | |

From table 2 above, the socio-demographic information of the respondents revealed that 7(3.4%) respondents were within age bracket 21-30 years, 47(22.8%) were within age bracket 31-40 years, 69(33.5%) were within age bracket 41-50years, 68(33.0) were within age bracket 51-60 years and 15(7.3%) were 65 years above.

The marital status of respondents reveals that 11(5.3%) respondents were single, 172(83.5%) were married while 23(11.2%) were widower. This shows that majority of respondents were married. From the table 41(19.9%) had no education, 30(14.6%) had primary education, 120(58.3%) had secondary education and 15(7.3) had tertiary education.

Findings from the study reveals that 175 (85.0%) were Yoruba, 29(14.1%) were Igbo and 2(1.0%) was Hausa. 63(30.6%) respondents were Christian, 135(65.5%) were Islam and 8(3.9) were traditionalist. The family structure of majority of the drivers were 110(79.1%) monogamous and 46(20.9%) polygamous. One hundred and twenty (53.4%) of the respondents had 3 children, 81(39.3%) had 4-6 children while 15(7.3%) had 7-9 children. The mean was 3 children.

The years of service for the drivers include 42(20.2%) had been driving between 1-10 years, 88(42.7%) had been in driving between 11-20 years, 40(19.4%) had been driving between 21-30 years while 36(17.5%) had been driving for 31years and above. The respondents' distribution on weight reveals that 41(19.9%) weighed between 51-60kg, 119(57.8%) weighed 61-70kg, 34(16.5%) weighed 71-80kg while 12(5.8%) weighed 81kg and above. The average weight was 63Kg. The table reveals that 15(7.3%) of the respondents' height was between 1.0-1.49m, 170(82.5%) were between 1.5-1.99m while 21(10.2%) were between 2.0-2.49m. The average height was 1.7m.

**Research Question 1:** What is the level of knowledge of hypertension among commercial drivers?

**Table 3: Respondents' distribution on the knowledge of hypertension**

| Variables | F | % |
|---|---|---|
| **Who in your own opinion is more prone to hypertension** | | |
| Less than 40 years | 22 | 10.7 |
| Above 40 years | 184 | 89.3 |
| **Systolic blood pressure above 140** | | |
| Normal | 15 | 7.3 |
| Not normal | 191 | 92.7 |
| **Diastolic blood pressure above 90** | | |
| Normal | 23 | 11.2 |
| Not normal | 183 | 88.8 |
| **Most people can tell when their blood pressure is high because they feel uncomfortable** | | |
| True | 156 | 75.7 |
| False | 50 | 24.3 |
| **Are you aware of any complication of hypertension** | | |
| No | 42 | 20.4 |
| Yes | 164 | 79.6 |
| **Are you aware that stroke is one of the complication** | | |
| No | 54 | 26.2 |
| Yes | 152 | 73.8 |
| **Once someone has high BP, it usually lasts for** | | |
| 1-5 years | 42 | 20.4 |
| 5-10 years | 22 | 10.7 |
| Throughout life time | 33 | 16.0 |
| No idea | 109 | 52.9 |
| **People with high blood pressure should take their drug daily** | | |
| Yes | 135 | 85.5 |
| No | 71 | 34.5 |
| **Is high BP preventable?** | | |
| No | 79 | 38.3 |
| Yes | 127 | 61.7 |

Table 3 above presents the respondents' knowledge on hypertension. The table revealed that 22(10.7%) respondents agreed that less than 40 years are prone to hypertension while 184 (89.3%) respondents agreed that 40 years above are more prone to hypertension. The table also shows that 15(7.3%) respondents are in agreement that systolic blood pressure above 140 is normal and 191(92.7%) respondents' disagreed. Twenty-three (11.2%) respondents agreed that diastolic blood pressure above 90 is normal while 183(88.2%) respondents disagreed.

Findings from the study revealed that 156(75.7%) respondents agreed that most people can tell when their blood pressure is high because they feel uncomfortable while 50(24.3%) respondents disagreed. One hundred and sixty-four (79.6%) respondents were aware of any complication of hypertension while 42(20.4%) were not aware. Majority (73.8%) of respondents agreed that they were aware of stroke as one of the complication while 54(26.2%) were not aware.

The table revealed that 42(20.4) respondents believed that once someone has high BP, it usually last between 1 and 5 years, 22(10.7%) believed that it usually last for 5 to 10 years, 33(16.0%) believed that it usually last throughout life time while 116(52.7%) indicated no idea. It means that majority lacks the knowledge of outcome of high blood pressure. The table also shows that 135(85.5%) respondents agreed that people with high blood pressure should take their drug daily while 71(34.5%) disagreed. Majority (61.7%) agreed that high BP is preventable while 79(38.3%) disagreed. Inferences from the responses of the respondents revealed that they have knowledge of hypertension.

**Table 4.4: Respondents distribution on prevalence of hypertension**

| S/n | Variables | Frequency | Percentage |
|---|---|---|---|
| **1** | How many hours do you sleep at night? | | |
| | 1-6 hours | 163 | 79.1 |
| | 7-12 hours | 43 | 20.9 |
| **2** | Do have sleepless night sometimes? | | |
| | No | 57 | 27.7 |
| | Yes | 149 | 72.3 |
| **3** | How many hours do you work per day | | |
| | 1-5 hours | 31 | 15 |
| | 6-10 hours | 60 | 29.1 |
| | 11-15 hours | 116 | 56.3 |
| **4** | Does hypertension runs in your family? | | |
| | No | 150 | 72.8 |
| | Yes | 56 | 27.2 |

Table 4.4 above shows that 163(79.1%) respondents slept for 1- 6hours while 43(20.9%) slept for 7-12 hours. One hundred and forty-nine (72.3%) do have sleepless night while 57(27.7%) does not. About 31(15%) worked between 1 and 5 hours per day, 60(29.1%) worked between 6 and 10 hour while majority (56.3%) worked between 11 and 15 hours. Majority (72.8%) of the respondents claimed that hypertension does not run in their family while 56(27.2%) said it does.

**Research Question 2:** What is the prevalence of hypertension among commercial drivers?

**Table 4: Prevalence of Blood pressure**

| Variable | Frequency | Percent |
|---|---|---|
| Normal <120/<80 mmHg | 137 | 66.5 |
| Pre-hypertension (120-139/80-89mmHg) | 28 | 13.6 |
| HTN stage1 (140-159/90-99mmHg) | 29 | 14.1 |
| HTN stage2(≥160/≥100mmHg) | 12 | 5.8 |

| | | |
|---|---|---|
| Total | 206 | 100.0 |

The table 4 above shows the respondents' blood pressure according to WHO standard (2021, 2005). This revealed that 137(66.5%) respondents' blood pressure were normal (<120/<80 mmHg), 28(13.6%) respondents' blood pressure were at pre-hypertensive stage (120-139/80-89mmHg), 29(14.1%) respondents' blood pressure were at stage 1 (140-159/90-99mmHg) while 12(5.8%) respondents' blood pressure were at stage 2 (≥160/≥100mmHg).

**Test of Hypotheses**

**Ho1:** There is no significant association between level of education and prevalence of hypertension among commercial drivers.

**Table 5: Level of Education and Prevalence of Hypertension using Chi-square test**

| | Value | Df | Asymp. Sig. (2-sided |
|---|---|---|---|
| **Pearson Chi-Square** | 25.435[a] | 4 | 0.000 |
| **Likelihood Ratio** | 30.622 | 4 | 0.000 |
| **N of valid cases** | 206 | | |

a. 7 cells (77.8%) have expected count less than 5. The minimum expected count is 1.44.

The results suggest that; at $\chi 2$ (4, N=206) = 25.435, p= 0.00) commercial drivers' education and the prevalence of hypertension is statistically significant. Hence, the null hypothesis is rejected and the alternate is accepted. This indicated that education of respondents has influence on the prevalence of hypertension in the study area.

**Ho2**: There is no significant association between knowledge and prevalence of hypertension among commercial drivers.

**Table 6: Knowledge and Prevalence of hypertension using chi-square test**

| | Value | Df | Asymp. Sig. (2-sided |
|---|---|---|---|
| **Pearson Chi-Square** | 52.000[a] | 4 | 0.000 |
| **Likelihood Ratio** | 50.517 | 4 | 0.000 |
| **N of valid cases** | 206 | | |

a. 7 cells (77.8%) have expected count less than 5. The minimum expected count is 1.26

The results suggest that; at $\chi 2$ (4, N=220) = 52.000, p= 0.00) commercial drivers' knowledge on hypertension and the prevalence of hypertension is statistically significant. Hence, the null hypothesis is rejected and the alternate is accepted. This indicated that the knowledge of commercial drivers on hypertension has effective influence on the prevalence of hypertension among commercial drivers in the study area.

**Discussion**

The study revealed that majority had secondary education which made them to have knowledge about raised blood pressure which had positive effect on the prevalence of hypertension (19.9%) among the respondents. This finding was supported by Ana et al. (2018) which affirmed that low level of education leads to higher prevalence of hypertension (62.6%) in their study. Therefore, high level of education reduces the prevalence of raised blood pressure as shown by this study.

Knowledge on hypertension was observed to be high among the commercial drivers in Ibadan metropolis, this finding revealed that the respondents have good knowledge of hypertension, as majority of them were aware of the complication of hypertension, they agreed that people with high blood pressure should take their drug daily and they were aware that high blood pressure is preventable. Their good knowledge leads to low prevalence of hypertension. This finding is in tandem with Amadi et al. (2018) and Kayima et al. (2013) that the level of knowledge of hypertension is high among commercial drivers in their various studies. Odeyinka and Ajayi (2019) findings revealed that 75% of the respondents did not have hypertension due to their good knowledge on the subject. The findings opposed (Erhiano et al., 2015 and McDonough et al., 2014) that there was poor knowledge of hypertension among commercial drivers in their studies.

The result of this study revealed 19.9% prevalence of undiagnosed raised blood pressure among the taxi drivers. This was higher than the study conducted by Das et al. (2019) with prevalence of 16.6%. The study carried out by Tobin et al., (2013) in Edo State revealed

the prevalence of 21.4% which was slightly higher than this study. The study conducted by Setorglo et al., (2020) revealed high prevalence of 23.0%. The study conducted by Anto et al., (2019) in Ghana revealed the prevalence of undiagnosed raised blood pressure of 38.7%. The study conducted by Erihano et al. (2015) in Sokoto revealed high prevalence of 33.5%. Khanlari et al. (2020) reported high prevalence of 59.8% among Iranian taxi drivers which was higher compared to this study. The study conducted by Anto et al. (2019) in Ghana revealed high prevalence of undiagnosed raised blood pressure of 38.7%.

The result of hypotheses one revealed that there was significant association between level of education and prevalence of hypertension among commercial drivers. The significant association between education and prevention of hypertension indicated that commercial taxi drivers' education has assisted them to prevent, treat and manage hypertension effectively. Education of the respondents was also observed as a major factor that influences reduction of hypertension. This finding was in tandem with Amadi et al. (2018) that there was significant association between education and prevalence of hypertension among drivers. In the same way, Erihano et al. (2015) established significant association between education and prevalence of hypertension among commercial bus drivers in Sokoto. Anto et al. (2019) also found significant association between education and hypertension among Taxi drivers in Ghana.

The finding revealed that there was significant association between knowledge of hypertension and prevalence of hypertension among commercial drivers in Ibadan Metropolis. The significant association between knowledge of hypertension and prevalence of hypertension among commercial drivers in Ibadan Metropolis implied that commercial drivers' knowledge on hypertension has been reducing the effect of hypertension among drivers in Ibadan Metropolis. This finding was in the same line with the findings of Krishnamoorthy et al. (2020); Carey et al. (2018) that there was significant association between knowledge of hypertension and prevalence of hypertension among commercial drivers in their various studies. Similarly, Amadi et al. (2018) found that drivers lack knowledge about risk associated with raised blood pressure which led to high prevalence of hypertension among drivers. Odeyinka and Ajayi (2019) also reported that knowledge of hypertension significantly related with low hypertension among the drivers in their study.

## Conclusion

Considering the findings of this current study, it was concluded that there was low hypertension among commercial drivers in Ibadan metropolis. Knowledge about hypertension among commercial drivers reduced the prevalence of hypertension among them.

## Recommendations

Based on the findings of this study, the following recommendations were made;

1. Commercial drivers are encouraged to be eating fruits and vegetables regularly as these prevent high blood pressure.
2. Government and park management system are encouraged to enforce policy that will constantly engage commercial drivers in checking up their blood pressure regularly.
3. Commercial drivers are encouraged to desist from lifestyles that could endanger their lives.
4. Commercial drivers should be enlightened on the effects of sedentary lifestyle on their health and also exposed to precautions that keep them safe

## References

1. Adedokun, A. O., Goon, D. T., Owolabi, E. O., Adeniyi, O.V., Ajayi, A.L. (2017). Driving to better health: Screening for hypertension and associated factors among commercial taxi drivers. *The Open Public Health Journal*, 10(1), 303-312.https://doi.org/10.2174/1874944501710010303.

2. Alexander, M. R. (2019). What is the global prevalence of hypertension? *Journal of American College of Cardiology*, *5*(1), 241-247.

3. Ajayi, I.O., Sowemimo I. O, Akpa, O. M, Ossai, N. E. (2016). Prevalence of hypertension and associated factors among residents of Ibadan-North Local Government Area of Nigeria. *Nigeria Journal* of *Cardiology* 13(1), 67-75. https://doi.org: 10.4103/0189-7969.165168

4. Amadi, C. E., Grove, T. P., Mbakwem, A. C., Ozoh, O., Wood, D. A., Kushima, O. A., & Akinkunmi, M. (2018). Prevalence of cardio metabolic risks factors among professional male long-distance bus drivers: a cross-sectional study. *Cardiovascular Journal of Africa*, *29*(2), 1-9. https://dx.doi.org/10.5830/cvja-2018-006.

5. Ana, G. R. E. E., Shuaibu, A., & Umar, A. (2018). Educational attainment and prevalence of hypertension among adults in Nigeria. *Journal of Public Health and Epidemiology, 10(3), 62–70.*

6. Anto, O. A., Owiredu, W. K. B. A., Obirikorang, C., Adua, E., Fonjo, L. A., Annani-Akollor, M.E., Achemampong, E., Asamoah, E. A., Roberts, P., Donkor, S., & Wang, W. (2020). Prevalence and lifestyle-related risk factors of obesity and unrecognized hypertension among bus drivers. *National Library of Medicine, Jan. 6; 6*(1). https://doi.org/10.1016/j.heliyon.2019.e03147.

7. Erhiano, E. E., Igbokwe, V. U., El-Khashab, M. M., Okolo, R. U & Awosan, K. J., (2015). Prevalence of Hypertension among Commercial Bus Drivers. *International Invention Journal of Medicine and Medical sciences, 2*(3), 34-39.

8. Carey, R.M.,Paul Munter,M. D., Bosworth, H. B. & Whelton, P.K. (2018). Preventio and Control of Hypertension: JACC Health Promotion series. *Journal of the American College* of Cardiology,72(11),1278-1293.https//doi.org/10.1016/j.jacc.2018.07,008.

9. Kayima, J., Wanyenze, R.K., Katamba, A., Leontsini, E., Nuwaha, F. (2013). Hypertension awareness,treatment and control in Africa: a systematic review.BMC *Cardiovascular* Disorders, 13,54 (2013).https://doi.org/10.1186/1471-2261-13-54

10. Khanlari, P., Khosravipour, M., Gharagozlou, F., Moghadam, R. H., Babamiri, M. (2020). Prevalence and determinants of hypertension among Iranian taxi drivers. *Journal of Occupational Health and Epidemiology, 9*(1), 1-9. https://doi.org/10. 29252/johe.9.1.1.

11. Krishnamoorthy, Y., Sarveswaran, G. & Sakthivel, M. (2020). Prevalence of hypertension among professional drivers: Evidence from 2000 to 2017—A systematic review and meta-analysis. *Journal of Postgraduate medicine, 66*(2), 81-89.

12. McDonough, B., Howard, M., Angeles, R., Dolovich, L., Marzanek-Lefebvre, F., Riva, J. J. & Laryea, S. (2014). Lone workers attitudes towards their health: Views of Ontario truck drivers and their managers. *BMC Research Notes, 7*(1), 297. https://doi.org/10. 1186/1756-05007-297.

13. Nigeria Pilot Nigeria's NCD Indices, Major Public Health Challenge, 2013.

14. Odeyinka, O. T & Ajayi, I. O. (2017). Prevalence of hypertension and diabetes and their determinants among commercial drivers in Ibadan metropolis, South-Western Nigeria. *Nigerian Journal of Cardiology, 14*(2), 75-83. https://doi.org/10. 4103/njc.njc-11-17.

15. Odeyinka, O. O., & Ajayi, I. O. (2019). Knowledge of hypertension and its influence on lifestyle practices among adults in Nigeria. *International Journal of Hypertension***, 2019,** Article ID 123456**.** https://doi.org/10.1155/2019/123456

16. Odili, A.N., Chori, B.S,, Danladi, B., Nwakile, P.C., Okoye, I.C., Abdullahi, U., Nwegbu, M.N., Zawaya, K., Essien, I., Sada, K., Ogedengbe, J.O., Aje, A., Isiguzo, G.C. (2020). Prevalence, Awareness, Treatment and Control of Hypertension in Nigeria: Data from a Nationwide Survey 2017. *Global Heart Journal*. 2020 Jul 10, 15(1), 47. doi: 10.5334/gh.848. PMID: 32923341; PMCID: PMC7427662.

17. Olusegun, S. O. & Ajayi, I. O. (2016). Prevalence of hypertension and associated risk factor among interstate commercial drivers in Jabi Park Abuja. *International Journal of Medicine and Medical Sciences, 8*(7), 75-83. https://doi.org/10. 5897/IJMMS2016.1234.

18. Setorglo, J., Gorleku, P. N., Appeatu, D., Kwadwo, K., Pereko, K., Egbi, G.,Steiner,M.(2020). Hypertension prevalence and predictors among taxi drivers at Abur in Cape Coast metropolis of Ghana. *Journal of Public Health Policy Planning,* 3(3),33-39.

19. Vicent-Onabajo, G., Adamu, A., & Ali, A. (2017). Prevalence of undiagnosed hypertension among adults in Nigeria: Implications for prevention, diagnosis, and control**.** Journal of Community Medicine and Primary Health Care, 29(2), 11–19.

20. World Health Organization (2007). Prevention of cardiovascular disease: Guidelines for assessment and management of cardiovascular risk, Geneva, Switzerland.

21. WHO (2018). *Journal of Occupational health.* http://wwwwhoint/topics/occupational_health/en/

## ETHICAL CONSIDERATION

**Ethical Approval**

The study was given ethical approval by the ethical committee of Afe Babalola University, Ado-Ekiti and ethical committee of Health at state secretariat in Ibadan. Permission was sought from the Honorable Commissioner for Transport through Director for Transport and Work, Oyo State to the Park Managers of each motor park chosen for the study. Each respondent was informed prior to the administration of questionnaire about the measurement of anthropometrics for consent.

**Conflict of interest**

No conflict of interest from my co-author.