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*Nigerian Journal
of
Clinical and Counselling Psychology*

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- (1) The entire manuscript, which includes the title page, abstract, and key words, text, tables, figures and legends, should be typewritten on A4 size paper, double-spaced. Manuscript length should not normally exceed 20 pages.
- (2) A concise abstract of not more than 150 words should be included.
- (3) Authors should follow the reference and citation styles as prescribed in the publication manual of the American Psychological Association (APA).
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From the Editor

These fourteenth and fifteenth publication of the Nigerian Journal of Clinical and Counselling Psychology is thought out under a new Editorial Team, I therefore place on record the most invaluable editorial work of the former Editor, Professor Helen Nwagwu. Her editorial erudition for more than a decade has placed the Journal on an enviable position.

It is on this success note; I midwife the first publication and the fourteenth edition under my editorial leadership. While I appreciate the support of the contributions and our numerous reviewers, I want to stress it that it is the new policy of the Journal to ensure timely publication. This is in line with acceptable international practice. Suffice to note that sixteenth edition of the Journal (2010 and 2011) will be out before the end of the year. Efforts in this regards are on.

In this edition, twenty-six papers of two volumes are published. The papers not only cut across a wide spectrum of ideas and views in Psychology, Education, Management, Health and Spirituality, the papers are also well thought out and seasoned. Their preferment for publication by the Editorial Board of NJCCP is borne out of the profile of integrity of the Journal. This will be sustained.

Trust you will enjoy the articles in this edition.

Oyesoji Aremu, CF., JP.

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Psychological Appraisal of Spirituality Indices of Crash Helmet Phobia among Nigerians

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Abstract

This study examined the spirituality factors associated with crash helmet phobia among motorcycle cyclists and consumer of their success in Nigeria. The study randomly selected 1,327 participants across 5 major cities in Nigeria. These are Ibadan, Lagos, Kaduna, Kano and Enugu. They consist of 862 commercial motorcyclists and 465 customers who responded to the Crash Helmet Scale. The survey uses a nationally representative probability sample selected using an extended form of the two-stage random-digit selection procedure. The survey employed a rotating panel design to gather data from approximately 200 respondents on a weekly basis. Results showed that 56.9% of the participants refused use of crash helmet because they believe people could use the avenue to charm helmets for various evil machinations such as money ritual. Also, 75.7% stated that the use of helmet could not prevent accident most of the time. Majority of the commercial cyclists and customers (93.2%) averred that the helmet is not convenient for them. The findings were highly essential since they raise awareness about the relevance of cultural reality in the treatment of helmet phobia among Nigerians and the need for re-orientating the motorcycle cyclists and customers in Nigeria.

Keywords: Cyclists, Spirituality, Crash Helmet Phobia. Culture

Introduction

For the past ten years, motorcycle popularly known as 'okada' has become a viable means of transport in Nigeria. This is as a result of fuel crisis and near total collapse of road infrastructure. This boosted the commercial motorcycle transportation business in almost every major towns and cities such as Lagos, Ibadan, Abuja, Kaduna, Enugu, Port Harcourt with swarm of commercial motorcyclists carrying two or more customers at the same time.

Despite the fact that M enjoys high patronage as a means of transportation occasioned by non-availability of regular transportation had roads, poverty and unemployment, the menace of fatal accidents is on the high side. Many hospitals do have a staggering record of commercial motorcycle accident victims daily. A study carried out in 1993 in Yola, a medium-sized city in the north-eastern state of Adamawa, Nigeria, provides additional insight into the nature of the motorcycle business (Solagberu, Adekanye, Ofoegbu, Udoffa, Abdur-Rahman & Taiwo, 2006). The study showed that about 88% of the commercial cyclists were aged between 18 and 30 years and only 47% of them received formal education of any form. The 1993 survey also elicited information from 106 motorcycle users. Customers were generally: male (65%); young adults between 18 and 30 years of age (57%); in possession of a diploma from a secondary school or higher (83%); unemployed but in the job market (59%); and of low- to-moderate income levels (45%). Commercial motorcycles were valued mainly because they were fast and readily, available. Customers disliked them because they were considered to be unsafe (stated by two-thirds of respondents) and expensive (stated by 43% of respondents). The survey of commercial motorcycles customers in Akure, Nigeria also revealed customer concerns over safety - 61% felt operators drove too fast and 31% felt they drove too recklessly. Left with few mobility options, many patronize Commercial motorcycles well knowing the significant risks involved (Solagberu, Adekanye, Ofoegbu, Udoffa, Abdur-Rahman & Taiwo, 2006).

'Okadas', like all motorcycles elsewhere, have a far higher rate of

crippling and fatal accidents per unit distance than automobiles. A study conducted in the USA in 2004 showed that while about 15.0 cars out of 100,000 ended up in fatal crashes, the rate for motorcycles was 69.3 per 100,000 ended (WHO, 2004). From the universalist perspective, one could infer that motorcycle safety is low compared to other means of transportation.

A 1998 study at the Obafemi Awolowo Teaching Hospital, Ile-Ife, Nigeria, showed that injuries to limbs occurred in 79.3% of patients who reported at the emergency department of that hospital. The same study also stated the male: female ratio of accident victims to be around 2.8:1, and identified the use of Personal Protective Equipment (PPE) to be practically nonexistent among most commercial cyclists (The UK Department for Transport, 2004).

Also, in a report by Punch Newspaper, Nigeria, the Head of Department, Accidents and Emergency Unit at the University College Hospital, Ibadan stated that about 8,000 motorcycle accident victims are treated annually. He said further that about 4,000 cases were handled between January and May, 2009.

In a study by Li-Pin, Gong-Li, Qi-En, Lin Zhang and Sing Kai (2008), they observed that motorcycle helmet wearing rates remain low in smaller cities in developing countries. In their study of mid-size cities in China, a large proportion of both drivers and customers (34% and 71%, respectively) did not wear a helmet, or did not have their helmet fastened (34% and 14%). Proper helmet usage rates were lower among male drivers, younger people, on secondary streets, and during the evenings and weekends. The majority of the 2325 drivers interviewed (90%) acknowledged the benefits of helmet wearing, but 72% reported that helmets are not always comfortable, and only 20% said they would wear a helmet for preventive purposes (Li-Ping, et al., 2008).

In Nigeria, Federal Road Safety Commission (FRSC) (2008) has said that the commercial motorcycle popularly known as okada accounts for 60% of all intra-urban load accidents in the country. This unabated high accident risk therefore informs the reason why the FRSC, inaugurated the National Joint Task Force on the enforcement of the use of safety helmet by motorcyclists on 15th

December 2008 in Abuja. This aimed at curbing accident rate among the cyclists.

The Commission also noted that over 90% of all commercial motorcyclists in Nigeria were untrained and unlicensed and as a result of this, not qualified to operate on Nigerian roads, The National Action Committee in pursuance of the goal of creating sanity on the Nigerian roads commenced the enforcement of the use of safety helmets by motorcycle cyclists in Nigeria from January 1, 2009. The crash helmet safety measure attracted outcry, resistance and protests from both the commercial motorcyclists associations and customers across the country. This is majorly because the helmet use is very strange to the change resistant populace. As a result, so many hearsays have been canvassed against the helmet use among the cyclists and their customers. This research is therefore, interested in examining factors responsible for the resistance over the use of the crash helmet among Nigerians and to justify the buffering effect of health belief model on the phobia for the crash helmet.

Numerous research studies have addressed the importance of spiritual beliefs in the lives of Nigerian people and the potential influences of spirituality on mental health (Ogundayo, 2007; Oluwole, 2008a; Oluwole, Okon, Fetters, & James, 2008). In the study of the pattern and strength of religiosity among people around the world, out of the 76 countries investigated, Nigeria expressed the strongest level of religiosity by scoring 93 per cent (Razib, 2004; Inglehart & Norris, 2005). Researchers have reported that a majority of people within Nigeria find spirituality beliefs as an important aspect of their lives (Oluwole, 2008a; Oluwole, 2008b; Oluwole, 2008).

Though spirituality may be a pathway to mental and physical health, yet, the attendant problems are usually being overlooked or unexpressed. Most of the trauma, disappointments, manipulations and brainwashing that are experienced by individuals in their religious groups are hidden to those outside the groups. The main reason why this is so may be that it is an existential or experiential phenomenon which could be difficult to analyse. Spiritual beliefs have the power

to negatively or otherwise transform and maintain enormous changes in one's perception, values, and behaviours. It could be a personal source of strength in coping with physical, mental, emotional, or social stress (Oluwole, 2008a) while it could also in the long run, inhibit rational and effective functioning of an individual's cognition (Anderson and Worthen, 1997; Millison, 1995).

The Health Belief Model (HBM) was initially propounded by social psychologists (Hochbaum, Rosenstock & Kegels in the 1950s) to understand the lack of participation in disease detection and prevention programs established by the U.S. Public Health Service. The first documented use of the HBM was by Hochbaum (1958) who studied probability samples of more than 1200 adults in 3 cities that conducted tuberculosis (TB) screening programs in mobile X-ray units. It was explained that one's "readiness" to obtain an X-ray was assessed by their beliefs that they were susceptible to tuberculosis and their beliefs in the personal benefits of early detection (Rosenstock, Strecher, & Becker, 1994).

Later the HBM was expanded to understand people's responses to symptoms and their adherence to medical regimens (Janz, Champion, & Strecher, 2002). One of the related theories is known as value-expectancy theory. As such, value-expectancy theories of health-related behavior, explain behavior in terms of the desire to avoid illness or to get well (value) and the belief that a specific health action available to a person prevents illness (expectation) (Janz et al., 2002). The expectation component is represented by the individual's estimate of personal susceptibility to and severity of an illness, and of the likelihood of being able to reduce that threat through personal action (Janz et al., 2002).

Against this backdrop, it could be explained that the reservations commercial motorcyclists and their customers have for crash helmet use may be associated with various unexpressed irrational beliefs they have about the crash helmet. This may also make them feel rather unsafe using the crash helmet than using it.

The HBM has been one of the most widely used psychosocial approaches to explaining health-related behavior, It explains why people fail to practise the

desired health behaviour and also explains that the probability that one will engage in a particular undesirable health behaviour is related to one's belief about the seriousness or severity of the potential illness. Thus, it has been used to explore a number of long and short-term health behaviour including sexual risk behaviour (Campus, 2005). It is therefore, pertinent that the psychopathology of helmet use phobia that pervades Nigeria as a country should be explored. This is the thrust of this paper.

Method Participants

Participants were 1,327 who responded to the crash helmet scale across 5 major cities in Nigeria. These are Ibadan, Lagos, Kaduna, Kano, and Enugu. The participants were all adults of age 18 and older. They consist of 862 commercial motorcyclists and 465 customers. The survey uses a nationally representative probability sample selected using an extended form of the two stage random digit selection procedure described by Waskberg (1978). The survey employs a rotating panel design to gather data from approximately 200 respondents on a weekly basis. Each weekly sample consists of about 100 new respondents. For six weeks (December 1, 2008 to January 9, 2009), the study added questionnaires to the weekly survey administered to the new national samples of about 100 respondents. The total sample for the 6-week period was 1,327 respondents, and the response rate for the survey ranged from 0.72 to 0.75 during the 6-week period. Table 1.1: Percentage, mean and standard deviation scores of

Age	Frequency	Cumulative Percent	
		Percent	
18-30	464	37.8	37.8
30-39	434	35.4	73.2
40-49	189	15.4	88.6
50 and above	140	11.4	100.0
Total	1227	100.0	

The data above showed that about 37.5% of the total respondents were quite young (18-30) and they are supposed to be at early career development stage of their lives.

Table 1.2: Percentage, mean and standard deviation scores of commercial motorcycle users

Respondents	Frequency	Percent	Cumulative Percent
Commercial motorcycle	862	70.3	70.3
Customers	365	29.7	100.0
Total	1227	100.0	

70.3% of the respondents in this study were commercial motorcyclists while the rest were customers.

Table 1.3: Percentage, mean and standard deviation scores of commercial motorcycle users

Respondents	Frequency	Percent	Cumulative Percent
Male	676	55.1	55.1
Female	551	44.9	100.0
Total	1227	100.0	

55.1% of the respondents in this study were males. What informs this may be that majority of the commercial motorcyclists were males.

Measure

The Crash Helmet Abhorrence Scale was constructed and validated by the author. Out of several reasons presented by people as the factors for abhorrence of crash helmet use among Nigerians, they were summarized into eight statements. The scale consisting the eight items could best describe the socio-cultural norm of most commercial motorcyclists and customers about the use of crash helmet while meandering through Nigeria roads. The items were:

1. The crash helmet could be charmed for evil purposes.
2. Crash helmet could bring curse on whoever uses it.

3. Crash helmet could be used to rob people of good fortune.
4. Crash helmet cannot prevent accident.
5. Crash helmet is inconvenient.
6. Crash helmet is not appropriate for our culture and it is strange culture.
7. A typical crash helmet that is being used by several customer is a public material and may therefore become unsafe
8. Crash helmet could transmit diseases.

For all the items, respondents were asked whether they strongly agreed, agreed, disagreed or strongly disagreed. These items are both face and criterion valid, in that, they directly assess the reasons behind the phobia of the people about the use of crash helmet. The internal reliability is 0.76.

Statistical analyses

All data were analyzed using the SPSS version 14.0 software and frequencies tabulations means were determined with a 95% confidence limit at a P value of < 0.05 taken as significant

Results

Table 1.4: The crash helmet could be charmed to bring evil

Responses	Frequency	Valid Percent	Cumulative Percent
No	529	56.9	56.9
Yes	698	43.1	100.0
Total	1227	100.0	

Table 1.5: Crash helmet may bring curse on whoever uses it

Responses	Frequency	Valid Percent	Cumulative Percent
No	480	39.1	39.1
Yes	747	60.9	100.0
Total	1227	100.0	

Table 1.6: Crash helmet is used to rob people of good fortune

Responses	Frequency	Valid Percent	Cumulative Percent
No	214	17.4	17.4
Yes	1013	82.6	100.0
Total	1227	100.0	

Table 1.7: Crash helmet cannot prevent accident

Responses	Frequency	Cumulative Percent
No	53	24.3
Yes	1174	100.0
Total	1227	

Table 1.8: Crash helmet is inconvenient

Responses	Frequency	Percent	Cumulative Percent
No	83	6.8	6.8
Yes	1144	93.2	100.0
Total	1227	100.0	

Table 1.9: Crash helmet is not appropriate for our culture and it is strange

Responses	Frequency	Percent	Cumulative Percent
No	450	36.7	36.7
Yes	777	63.3	100.0
Total	1227	100.0	

Table 1.10 A typical crash helmet that is being used by several customers is a public material and may therefore become unsafe

Responses	Frequency	Percent	Cumulative Percent
No	318	25.1	25.1
Yes	909	74.1	100.0
Total	1227	100.0	

Table 1.11: Crash helmet could transmit diseases

Responses	Frequency	Percent	Cumulative Percent
no	513	41.8	41.8
yes	714	58.2	100.0
Total	1227	100.0	

Discussion

Research on crash helmet phobia is an area of research that is gradually emerging. This study explored helmet phobia among motorcycle cyclists and customers in Nigeria. While investigating whether the crash helmet could be charmed to bring evil to the user or not, 56.9% affirmed that it is possible that occult people could use the avenue to charm helmets for various evil machinations such as money ritual. This widespread belief of black magic or voodoo practices is rampant in Nigeria hence the pathological fear for the helmet use.

This belief was corroborated by a recast of the statement in item number 2 of the questionnaire. For instance, participants who indicated that crash helmet may eventually bring curse on whoever uses was calculated to be 60.9%.

In table 3, it was discovered that 82.6% of the respondents agreed that helmet could be used to rob people of their fortune. Moreover, 75.7% stated that the use of helmet could not prevent accident most of the time. This may be as a

result of already existing high mortality rate in Nigeria due to some other factors such as HIV/AIDS, robbery incident and motor accidents. The result also revealed that majority of the commercial cyclists and customers (93.2%) averred that the helmet is not convenient for them. The similarity in some findings of Li-Pin, Gong-Li, Qi-En, Lin Zhang and Sing Kai (2008) with the recent study lends credence to the relativist paradigm of culture and psychology. Moreover, 63.3% of the respondents indicated that the use of helmet is strange and inappropriate to the Nigerian culture. These observations are attitudinal factors because there are so many other safety practices such as use of seat belt in vehicle and oral vaccination which are imbibed by the citizenry though with some grudges. On whether a typical crash helmet that is being used by several customers is a public material and may therefore become unsafe, 94.9% agreed to this statement. Most Nigerians believe that crash helmet is akin to cap or clothing material with personalised aura, smell and sweat. People are always careful about using other people's personal effect because of some perceived spiritual implications. This view was supported by 58.2% response rate to the likelihood of crash helmet possibility of transmitting diseases.

The underlying overbearing factors may be low education which makes individuals to overspiritualise their problems as Solagberu, Adekanye, Ofoegbu, Udoffa, Abdur-Rahman, Taiwo (2006) noted that about 83% of the commercial motorcycle customers in Nigeria are not well educated. It appears here that training and education could be effective in re-orientating the motorcycle cyclists and customers in Nigeria. This divergent finding may be explained on the strength and the influence spirituality could exert on the helmet use behaviour.

Counseling and Educational Implications and Conclusion

The findings of the current study also have some implications for counselling, clinical and social psychologists. These psychologists should be able to use their skills to assist in managing cultural psychopathology of crash helmet use among commercial motorcyclists and their customers.

Specifically, the populace could be counseled and educated on safety education. Psychologists could also develop training and organic workshops (through the assistance of the Federal Road Safety Commission and Police authorities) for the commercial motorcycle cyclists. The outcome of this could make the federal Road Agency to appreciate the roles of counselling in making people live a healthy life, and thereby improving the quality of life in the country.

The findings are highly essential to raise awareness about the relevance of cultural reality in the treatment of helmet phobia among Nigerians. More importantly, since findings have shown that both cyclists and customers of the commercial motorcycles popularly known as 'Okada' do have excessive fear for helmet use due to some psycho-spiritual reasons identified in this study, psychologists should design interventions that would help to re - orientate the commercial motorcycle cyclists. Similarly, a strong advocacy on helmet use should be made.

It is imperative to acknowledge that the present study is centred on commercial motorcyclists in Nigeria. This therefore, calls for some caution in generalizing the findings of the study because of the heterogeneous nature of motorcycling worldwide. Thus, the findings may not be applicable to the general helmet use behaviours of motorcycle cyclists in order parts of the world. These limitations notwithstanding, the study has significantly contributed to the emerging knowledge in helmet use behaviour and motorcycling.

The results of this study are important because they contribute to knowledge base in helmet use behaviour; and also to a greater understanding of how motorcycle cyclists and customers perceive helmet use. The findings also provide greater insight into the attitude of the respondents to crash helmet hence the overall import on commuter generally in Nigeria cannot be overemphasized.

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