

The Mental Health Status of Taxi Drivers in Lagos State, Nigeria

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Abstract: *Mental health disorders have been found to cause impairments in attention/vigilance, executive function, memory and psychomotor coordination, which are of obvious importance to driving. Taxi Drivers are center in the commercial functioning of Lagos State and an indelible factor in human and general road safety. In a U.S.A. study, truck drivers were found to have significant issues affecting their mental health, such as loneliness (27.9%), depression (26.9%), chronic sleep disturbances (20.6%), anxiety (14.5%), and other emotional problems (13%). Empirical information on the psychological health of Lagos taxi drivers is yet to be adequately represented in literature. The present study was set to fill this gap. 206 Taxi Drivers purposely selected in Lagos responded to Awaritefe Psychological Index (API) Form X and a structured questionnaire. The results depict a high prevalence of mental health symptoms with Insomnia being the highest at 59%. General psychopathology, mood disorder and general somatic disorder followed with 45.6%, 43.6% and 39.9% respectively. Marital Status and job tenure were found to play a significant role in influencing mental health among the taxi drivers. Finding may be useful in helping researchers develop intervention programs to improve the interpersonal relationship, emotional, occupational and general mental health of taxi drivers in Nigeria. Findings were discussed in line with the existing literature and the current socio-economic realities of the country. Appropriate recommendations were put forward.*

Keywords: *Mental Health, Disorders, Drivers, Nigeria*

1. INTRODUCTION

Mental health disorders have been found to cause impairments in attention/vigilance, executive function, memory and psychomotor coordination, which are of obvious importance to driving (Durand and Kales, 2008). Taxi Drivers are center in the commercial functioning of Lagos State and an indelible factor in human and general road safety. Lagos is the hub of commercial functioning in Nigeria and even some West African nations. As ambassadors of first-timers, visitors and even the dwellers of Lagos State, the taxi driver holds an important position as a representation of the city. The mental health status of these ambassadors become a great concern to researchers, authorities and most especially, those who patronize the services of these taxi drivers. Mental Health has been identified as one of the factors considered in the prevalence of fatal accidents among drivers (Karjalainen, Blencowe & Lillsunde, 2011). In a U.S.A. study, truck drivers were found to have significant issues affecting their mental health, such as loneliness (27.9%), depression (26.9%), chronic sleep disturbances (20.6%), anxiety (14.5%), and other emotional problems (13%) (Shattell, Apostolopoulos, Collins, Sönmez, Fehrenbacher, 2012). Empirical information on the psychological health of Lagos Taxi Drivers is yet to be adequately represented in literature. The present study was set to fill this gap.

An assessment of personality in relation to stress proneness of taxi drivers in India was carried out by Bawa and Srivatasv (2013). It was found that 52% had type B1 personality, while 42% had A/B type personality, and only 6% had stress prone and aggressive type A1 personality. An assessment of occupational and non-occupational stressors among taxi drivers showed that, out of 508 taxi drivers, 67.1% of them felt always stressful during traffic congestion, while 42.5% and 41% taxi drivers always felt stressful due to narrow bottle neck roads and too many speed breakers respectively (Bawa & Srivastav, 2013). The other important stressors identified by Bawa and Srivastav (2013) were rude gestures and behavior by other drivers (41.5%) and bad weather (36.4%) with all this possibly leading to a 63% rate of hypertension among the cases of morbidity.

168 (33%) of taxi drivers in Bawa and Srivastav's study had at least five or more symptoms of depression in the previous 2 weeks of the study (Bawa & Srivastav, 2013). For gastrointestinal symptoms, overall contribution by factors under consideration was 50% while alcohol intake was the most significant determinant of gastrointestinal symptoms in taxi drivers followed by tobacco chewing, regularity of food intake, duration of sleep and stressor traffic congestion (Bawa & Srivastav, 2013). Xiong et al. (2009) found that the level of drivers' mental health is much lower than that of common people. According to Bawa and Srivastav (2013), researchers like Anthony and Jillian hold the factors like hazards in the work environment, individual factors, and the organizational factor together responsible for lower levels of emotional well-being in taxi drivers. Finding of hypertension in taxi drivers in Bawa and Srivastav's study is not surprising as the study conducted by Narvadeh, Moazenzadeh and Mirzazadeh (2008) found that driving increases systolic, diastolic and mean arterial BP by about 20 mmHg while the increase risk of hypertension in taxi drivers was also confirmed by Nasri and Moazenzadeh in Bawa & Srivastav (2013).

A wide ranging review of city bus drivers identified occupational stress as a primary causal factor in a number of diseases in Whitelegg (1995)'s study and these include gastrointestinal diseases, heart disease and musculoskeletal disorders. Absenteeism for bus drivers is double the rate for other public sector employees and more than half of the bus drivers retire prematurely, typically from stress related illness or musculoskeletal dysfunction (Whitelegg, 1995). A study of peptic ulcers among urban bus drivers in Denmark showed a prevalence of abdominal pain alleviated by food intake of 12% among bus drivers and 6% among the general population while the incidence of hospital discharge with duodenal ulcer among young bus drivers was twice the incidence among Danish men as a whole (Whitelegg, 1995). 33% of Copenhagen bus drivers over the age of 50 had left their jobs for health reasons and gastrointestinal diseases were an important factor in the profile of health reasons (Whitelegg, 1995). According to Whitelegg (1995), the causes of these health problems were described as "psychosocial" and relate to stress, shift work and very difficult time schedules. Truck drivers, especially those who drive long-haul routes, are faced with a multitude of mental health-related risks attributed to the transportation environment (Apostolopoulos et al., 2010). Long work hours, disrupted sleep patterns and fatigue (Sabbagh-Ehrlich, Friedman, & Richter, 2005), spending many consecutive days away from home and family, time pressures due to demands of "just in time" (JIT) delivery requirements (Heaton, 2005), compliance with "hours of service" (HOS) driving requirements (drivers in the US are not permitted to drive more than 14 hours per day; U.S. Department of Transportation, Federal Motor Safety Carrier Administration, 2010), as well as low job satisfaction and low control (Quinlan, 2010) are aspects of the transportation work environment that breed mental health-related problems. In a study of occupational stressors and the mental health of truckers with a sample of 59 male truck drivers located in an urban setting, job-related factors such as constant time pressures and social isolation were found to not only lead truckers to engage in risky behaviors (e.g., drug use and sex with sex workers) but caused them psychological strain and emotional distress (Shattell et al., 2012). According to Shattell et al., (2012) results in a related study of 300 male drivers revealed that 13.6% of truck drivers suffered from depression; further, multivariate analysis showed that low educational level, truckers' use of stimulants, and low wages, increased risk for depression (Pereira da Silva-Junior, Nunes de Pinho, T'ulio de Mello, Sales de Bruin, & Carvalhedo de Bruin, 2009). This study examines the prevalence of mental health among taxi drivers in Lagos state and also examines some socio-demographic factors that determine the prevalence of mental health among these drivers. Factors like marital status, age, educational status and length of time on the job are taken into consideration.

1.1. Objectives

To investigate the prevalence of psychopathological symptoms among selected Lagos State taxi drivers.

To examine the nature of the relationship between age and job tenure and the psychopathological level of Lagos State taxi drivers.

To examine the influences of marital status and level of education on the mental health status of the Lagos State taxi drivers.

1.2. Justification

Taxi driving is a fast growing trend in Lagos and in Nigeria

Taxi Drivers are at the center of the economic hub in Nigeria

The option to drive Taxi in Nigeria is connected to the current socio-economic conditions

Mental health is directly related to the general well being, particularly socio-economic conditions

1.3. Research Hypothesis

The following hypotheses were formulated to guide the research for this study.

- Older taxi drivers (36yrs above) will report a lower mental health status than younger taxi drivers (18 – 35yrs).
- There will be a significant difference in the mental health of Taxi Drivers with Educational levels SSCE/UME, NCE/OND and those with HND/BSc/MSc
- Taxi drivers who have spent a shorter time on the job (1 -10yrs) will report higher mental health status than taxi drivers who have spent longer on the job (11yrs above).
- Taxi drivers who are married will report a lower mental health status than taxi drivers who are single.

2. METHODOLOGY

2.1. Research Design

This study adopted a survey research design to examine the prevalence of mental health and the influence of selected demographics as determinants of mental health among Taxi Drivers in Lagos state. The independent variable measured is demographic variables, while the dependent variable measured is mental health. The research was carried out to seek knowledge on the mental health status among Taxi Drivers in Lagos state, Nigeria.

2.2. Study Sample and Instruments

The study sample included 206 Taxi Drivers who were incidentally selected from 16 Taxi Parks covering most of Lagos metropolis. Participants who could not read in English were excluded because of the inability to control interpretation errors while administering the questionnaires. Information was obtained using the Awaritefe Psychological Index (API) Form X and a structured questionnaire.

API Reliability: Awaritefe (1982) found a coefficient of alpha of .87, retest reliability coefficient of .86 for males and .80 for females at 21 day interval. A split- half reliability coefficient of .85 (N= 250, P< .001) was observed by Akinnawo (1989). On form X, a Guttman split- half reliability coefficient of .6256 was observed by Akinnawo and Ofovwe (2012).

2.3. Method of Data Analysis

Four hypotheses were analyzed. The data was analyzed using the t-Test and One Way ANOVA.

2.4. Data Analysis

The Statistical Package for Social Sciences, SPSS (version 22.0) was used in processing the data. Both descriptive (percentages) and inferential (regression analysis) statistics were employed in the analysis.

3. RESULTS

3.1. Demographic Characteristics of Participants

The demographic characteristics of the participants are presented in Table 1.

There were 206 Taxi Driver participants from several counties of Lagos State surveyed on this study. From the Table 4.1, the age distribution shows that 89 of the participants were between the ages 18 and 35 while 117 are ages 36 years and above. They have on average of 32.62 and 29.96 respectively on their psychological health scores with a standard deviation of 16.953 and 13.971

respectively. The job tenure distribution shows that 124 of the participants have been on the job between 1 and 10 years, while 81 of them have been on the job for longer than 11 years. This distribution recorded an average of 36.10 and 26.8 respectively on their psychological health scores with a standard deviation of 16.827 and 12.038 respectively. The marital status distribution shows that 147 of the participants are married and 59 are single and they have on average of 29.68 and 39.32 respectively on their psychological health scores with a standard deviation of 13.690 and 18.283 respectively.

Table1. Demographic Characteristics of Participants

Variables	Number	Mean	SD	%	
Age	18 - 35	89	36.62	16.953	43.2
	36 Above	117	29.26	13.971	56.8
Job Tenure	1-10	124	36.10	16.827	60.2
	11 Above	81	26.8	12.038	39.3
Marital Status	Married	147	29.68	13.690	71.4
	Single	59	39.32	18.283	28.6
Educational Qualification	SSCE & UME	99	28.77	13.139	48.1
	NCE, OND	55	37.91	19.029	26.7
	HND/BSc	52	33.65	14.777	25.2

3.2. Prevalence of Psychopathology Among the Taxi Drivers

The mental health symptoms data collected from the taxi drivers reported the following prevalence as shown in Table 2.

Table2. Prevalence of Mental Health Symptoms

Prevalence of Mental Symptoms	Percentage	Requiring Psychological Intervention
Insomnia	59.9%	11.8%
Intellectual Disorder	38.4%	11.3%
Heat Disorder	32.4%	13.8%
Mood Disorder	43.6%	14.8%
Head Disorder	32.3%	14.8%
Alimentary Track Disorder	35.5%	8.1%
General Somatic Disorder	39.9%	8.4%
General Psychopathology	45.6%	19.5%

The results depict a high prevalence of mental health symptoms with Insomnia being the highest at 59%. General psychopathology, mood disorder and general somatic disorder followed with 45.6%, 43.6% and 39.9% respectively. These were followed by intellectual disorder, alimentary track (gastrointestinal) disorder, heat disorder and head disorder with 38.4%, 35.5%, 32.4% and 32.3% respectively. About 15% of the taxi drivers surveyed required psychological intervention for mood disorder (depression) and 15% also for head disorder. These were followed by heat disorder (13.8%), insomnia (11.8%), intellectual disorder (11.3%), general somatic disorder (8.4%) and alimentary track disorder (8.1%). A total of 19.5% of the taxi drivers surveyed required psychological intervention for general psychopathology.

3.3. Test of Hypotheses

The results of the four hypotheses tested for this study are presented in this section. The statistics include the One Way ANOVA and the t-Test statistics.

3.3.1. Hypothesis One

Older taxi drivers (36yrs above) will report a lower mental health status than younger taxi drivers (18 – 35yrs).

Table3. t-Test Table for Taxi Drivers Age and Mental Health

AGE	N	MEAN	SD	T	P
YOUNGER (18-35)	89	36.62	16.953	3.411	>.05
OLDER (36 ABOVE)	117	29.26	13.971		

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The t-Test scores showed that there were 89 participants who were 18-35 years and 117 participants 36 years and above while the mean mental health scores were 36.62 and 29.26 respectively. The two-tailed p value associated with this test was .001. The t-Test succeeded in revealing a statistically reliable difference between the mean number of mental health scores that the younger Taxi Drivers (18-35) has ($M = 36.62, s = 16.953$) and that of the older Taxi Driver (36 Above) ($M = 29.26, s = 13.971$), $t(204) = 3.411, p = .001, \alpha = .05$. It can be therefore concluded that the psychological health of younger Taxi Drivers (18-35) in Lagos State is higher than that of the older Taxi Drivers (36 above).

3.3.2. Hypothesis Two

There will be a significant difference in the mental health of Taxi Drivers with Educational levels SSCE/UME, NCE/OND and those with HND/BSc/MSc

A One-way Analysis of Variance (ANOVA) was used to determine if there would be a difference in the mental health scores of Taxi Drivers with HND/BSc/MSc, NCE/OND and SSCE/UME certificates. The independent variable represented the three different sets of educational qualifications, while the dependent variable was the taxi driver's mental health scores. See Table 4 for the means and standard deviations for each of the three groups of educational qualifications.

Table4. Means and Standard Deviations of Standardized Test Scores

Method	n	Mean	SD
MSc/BSc/HND	52	33.65	14.78
OND/NCE	55	37.91	19.02
SSCE/UME	99	28.77	13.14
Total	206		

An alpha level.05 was used for all analyses. Table 5 shows the analysis of variance for the mental health scores of the taxi drivers based on their highest educational qualification.

Table5. One Way ANOVA Table for Taxi Driver's Education and Mental Health

(I) Educ. Qual.	(J) Educ. Qual.	Mean Diff.	Std. Error	95% Confidence	
				Lower B	Upper B
SSCE/UME	NCE/OND	9.141	2.575	15.22	3.06
	HND/BSC/MSC	4.886	2.623	11.08	1.31
NCE/OND	SSCE/UME	9.141	2.575	3.06	15.22
	HND/BSC/MSC	4.225	2.962	2.74	11.25
HND/BSC/MSC	SSCE/UME	4.886	2.623	1.31	11.08
	NCE/OND	4.225	2.962	11.25	2.74

From the results so far, we know that there are significant differences between the groups as a whole. The table for Multiple Comparisons shows which educational qualification levels differed from each other. The Tukey post-hoc test is generally the preferred test for conducting post-hoc tests on a one-way ANOVA, even though there are many others. We can see from the table above that there is a significant difference in general psychological health between the group that had SSCE and the NCE/OND group ($p = 0.001$) with the NCE/OND group reporting higher psychological health, but interestingly no significant differences between SSCE group and the HND/BSC/MSC group ($p = 0.152$). There were also no differences between the NCE/OND group and the HND/BSC/MSC group ($p = 0.324$). We can therefore conclude that there was a statistically significant difference between the SSCE and the NCE/OND groups as determined by one-way ANOVA ($F(2,203) = 1528.415, p = .002$). A Tukey post-hoc test revealed that the NCE/OND group ($M = 37.91$) exhibited statistically significantly higher general psychological health symptoms than the SSCE group ($M = 28.77$) ($p = .001$). The post-hoc test did not reveal any other statistically significant differences in the other educational qualification levels.

3.3.3. Hypothesis Three

Taxi drivers who have spent a shorter time on the job (1 -10yrs) will report higher mental health status than taxi drivers who have spent longer on the job (11yrs above).

Table6. *t-Test Table for Taxi Drivers Job Tenure and Mental Health*

JOB TENURE	N	MEAN	SD	T	P
1 – 10 Years	124	36.10	16.827	4.302	<.05
11 Years Above	81	26.80	12.038		

The t-Test scores showed that there were 124 Taxi Drivers who had been on the job between 1 - 10 years and 81 Taxi Drivers on the job 11 years and above while the mean mental health was 36.10 and 26.80 respectively. The two-tailed p value associated with this test was .000. The t-Test succeeded in revealing a statistically reliable difference between the mean number of psychological health scores that the shorter tenure Taxi Drivers (1-10) has (M = 36.10, s = 16.827) and that the longer tenure Taxi Driver (11 Above) has (M = 26.80, s = 12.038), $t(203) = 4.302, p = .000, \alpha = .05$. It can be therefore concluded that the mental health of shorter tenure Taxi Drivers (1-10 years) in Lagos State is higher than that of the longer tenured Taxi Drivers (11 years above).

3.3.4. Hypothesis Four

Taxi drivers who are married will report a lower mental health status than taxi drivers who are single.

Table7. *t-Test Table for Taxi Drivers Marital Status and Mental Health*

MARITAL STATUS	N	MEAN	SD	T	P
MARRIED	147	29.68	13.690	4.133	<.05
SINGLE	59	39.62	18.283		

The t-Test scores showed that 147 of the Taxi Drivers participants were married and 59 of the Taxi Drivers were single while their mean mental health was 29.68 and 39.62 respectively. The two-tailed p value associated with this test was .000. The t-Test succeeded in revealing a statistically reliable difference between the mean number of psychological health scores that the married Taxi Drivers has (M = 29.68, s = 13.690) and that the single Taxi Drivers has (M = 39.62, s = 18.283), $t(204) = 4.133, p = .000, \alpha = .05$. It can be therefore concluded that the psychological health of single Taxi Drivers in Lagos State is higher than that of the married Taxi Drivers.

4. DISCUSSION

The objectives of the study were to determine the level of prevalence of psychological health among Taxi Drivers in Lagos Nigeria. Williams, Chambers, Logan, & Robinson (1996) report an apparent growth in the prevalence of general psychopathology among adults. Based on data generated by the study, it is reasonable to conclude that there was a prevalence of psychopathological symptoms among the Taxi Drivers. Most of the hypothesis studied succeeded in showing a significant difference or relationship between the selected variables and the results of general psychopathology.

The result from hypothesis one which states that older taxi drivers (36yrs above) will report a lower mental health status than younger taxi drivers (18 – 35yrs) succeeded in revealing a statistically reliable difference between the mean number of mental health scores that the younger Taxi Drivers (18-35) has (M = 36.62, s = 16.953) and that the older Taxi Driver (36 Above) has (M = 29.26, s = 13.971), $t(204) = 3.411, p = .001, \alpha = .05$. It was therefore concluded that the psychological health of younger Taxi Drivers (18-35) in Lagos State is higher than that of the older Taxi Drivers (36 above). This finding however appears to be consistent with the previous empirical findings. In a reported work by Erskine, Kvavilashvili, Conway, and Myers (2007) a study was conducted to test the hypothesis that the increased psychological well-being and positivity effect in old age can be related to a high prevalence of repressive coping in healthy older adults. Both older (mean age 73) and younger (mean age 20) adults completed a range of indices measuring psychopathology and repressive coping and results showed that older adults scored lower than younger adults on almost all indices of psychopathology, and were more likely to be classed as repressive coppers than younger adults (41% versus 11%, respectively) (Erskine et. al., 2007). Furthermore, when the repressive coppers and borderline repressors were removed from both samples, age effects on several, but not all, measures of psychopathology disappeared, indicating that even older non-repressors showed better mental health than young non-repressors (Erskine et. al., 2007). The implication of this finding to the current results of hypothesis one is

that the younger populations are more prone to psychopathological symptoms than the older population in general. The empirical study cited has been able to attribute this finding to the ability to utilize coping techniques better among the older population than with the younger population.

The result from the second hypothesis which states that there will be a significant difference in the mental health of Taxi Drivers with Educational levels SSCE/UME, NCE/OND and those with HND/BSc/MSc predominantly showed no significant differences in their general psychological health. The only significant difference was found between SSCE/UME and NCE/OND populations group ($p = 0.001$) with the NCE/OND group reporting higher psychological health. No supporting evidence was found to collaborate the finding here. Further analysis might reveal the actual nature of the psychopathological symptoms manifested among this group. The NCE/OND certificate holders in the researcher's opinion seem to be neither here nor there. For instance, the SSCE certificate holders are on the lower rung of the educational ladder while the BSc holders are regarded as graduates. The NCE/OND holders are in-between and can be seen as individuals who are striving for a higher level but are not quite there yet. This may be a source of higher anxiety for this group when compared to the other groups surveyed.

The result from the third hypothesis which states that taxi drivers who have spent a shorter time on the job (1 -10yrs) will report higher mental health status than taxi drivers who have spent longer on the job (11yrs above) succeeded in revealing a statistically reliable difference between the mean number of mental health scores that the shorter tenure taxi drivers (1-10) has ($M = 36.10$, $s = 16.827$) and that the longer tenure taxi driver (11 above) has ($M = 26.80$, $s = 12.038$), $t(203) = 4.302$, $p = .000$, $\alpha = .05$. It can be therefore concluded that the mental health of shorter tenure taxi drivers (1-10 years) in Lagos State is higher than that of the longer tenured taxi drivers (11 years above). Although no specific empirical data was found to support this result, there are possibilities that the same implications that apply to older Taxi Drivers may also apply to the longer tenured ones. The older the Taxi Drivers get, the longer they spend in their jobs and the better they get at coping with the pressures of life and hazards of the job. Being able to cope with stress and anxiety, depression and mood disorders has a lot of implication on the general psychopathology of individuals. Older individuals are more aware of their mental health situation than the younger ones and are therefore more likely to find ways to resolve health issues better than the younger folks.

The fourth and last hypothesis which states that taxi drivers who are married will report a lower mental health status than taxi drivers who are single succeeded in revealing a statistically reliable difference between the mean number of psychological health scores that the married taxi drivers have ($M = 29.68$, $s = 13.690$) and that the single taxi drivers have ($M = 39.62$, $s = 18.283$), $t(204) = 4.133$, $p = .000$, $\alpha = .05$. It can be therefore concluded that the mental health of single taxi drivers in Lagos State is higher than that of the married taxi drivers. Although there is little empirical data supporting this result directly with taxi drivers, it can be deduced from other existing data. Research shows that marital status, i.e. being married, helped to reduce the risk of depressive disorders twice as much in men than in women (Scott, Wells, Angermeyer, Brughar and Bromet, 2010) while Wainwright and Surtees (2004) allude to a lower incidence of mood disorders among married women either older or younger. Akinnawo, Uzonwanne and Adedoyin (2013) found that married self-employees manifested significantly lower level of mood disorder than the single employee. Marriage is therefore a very likely determinant of psychological health and as such should be given more attention. The implication of this finding is that married taxi drivers share the burdens of life with their partners and so tend to suffer less psychopathological symptoms than those who are not married.

4.1. Summary

The main purpose of this study has been to study the prevalence of general psychopathological symptoms among Taxi Driver in Lagos State, Nigeria. Relevant data for the study were collected using the questionnaire method. The research questionnaire consisted of seven sub-areas measuring the general psychopathology of each respondent. Quantitative data were analyzed using descriptive analysis, ANOVA and t-Test statistics. Four hypotheses were tested at 0.05 level of significance. The results show the following:

- There was a significant difference in the psychological health of older (36 Above) and younger (18-35) Taxi Drivers.
- There was a significant difference only in the psychological health of Taxi Drivers with Educational levels SSCE/UME and NCE/OND but not with those with HND/BSc/MSc
- There was a significant difference in the job tenure and the psychological health of Taxi Drivers in Lagos State
- There was a significant difference in the marital status and the psychological health of Taxi Drivers in Lagos State

4.2. Conclusion

The prevalence of psychological health among Taxi Drivers in Lagos, Nigeria is brought into focus in this study. Hypothesis focusing on comparison of mental health scores among these taxi drivers and related variables like age, job tenure and marital status are tested in this study. 206 Taxi Driver participants from Lagos State Nigeria were randomly sampled and data collected were subjected to descriptive statistics, ANOVA and t-Test statistics. From the analysis and interpretation of results, it may be concluded that older Taxi Drivers, longer tenured and married ones manifest higher general psychopathological symptoms than the Taxi Drivers who were younger, shorter job tenured and single. Age in this study was therefore significantly related to general psychopathological health, so did being married and spending a longer time on the job.

4.3. Recommendation and Implication of Finding

The implication of the findings of this study is that there is room for further research. The study was done in only one part of Nigeria and taxi drivers were surveyed from only two major areas of Lagos State, Nigeria. There are six geo political and social regions of the country, thirty six states and over two hundred local governments in the nation. The findings of the study can therefore not be taken as conclusive. Taxi drivers from surrounding states were not surveyed either. In order to validate the findings of this study, there is therefore the need to replicate this study on other parts of the country, survey more taxi drivers from less populated cities as well. It may be necessary to include other variables also in the study. Added to these, there is a need for the components of psychopathology to be individually surveyed. For instance, a study may not find a significant difference in the general psychopathology of older versus younger taxi drivers, but may find a significant difference in the mood disorder of the same groups.

Those who research occupational psychopathology generally, hope to glean greater understanding of the mental and behavioral disorders that occur during adulthood. Researchers must work hard to discover more about the manifestations of these disorders, their origins and how they develop and their prevalence. Researchers should also focus on discovering how physical changes impact emotional development at adulthood, and how this might contribute to mental and behavioral disorders. Researchers in Nigeria should also be more involved in the study of drug and alcohol usage. Car accidents are one of the leading causes of deaths. What role does mental health and mental health intervention play on the high incidences of fatal road accidents among taxi drivers? Suicidal thoughts and feelings often accompany depression in adults. What are the suicide rates among taxi drivers and what role does mood disorders play on suicide rates or suicidal thoughts among this group?

4.4. Recommendation

The following recommendations are made from the finding of this study to government authorities, motor park management, researchers and other professionals and/or experts who work with adults.

Government policies must be taken in awareness of the fact that there is a prevalence of psychopathological symptoms in a lot of taxi drivers and so must find a way to incorporate mental health check-ups alongside regular health check-ups of this important group.

Mental health counselors and authorities must also be aware of this prevalence in order to make genuine attempts to incorporate mental health service close to Taxi Parks around the metropolis.

This is much more important with the finding that there is a significantly higher manifestation of psychopathological symptoms among drivers.

The prevalence of psychological impact on the older citizens should be de-emphasized while the emphasis should be on the younger ones, whether educated or not.

Research should focus on singling out the core sources of psychopathological symptoms among taxi drivers so that it can be treated or laid emphasis on directly.

Authorities must be aware of this prevalence which impact Taxi Driver's drug use and find ways to target prevention.

Police should become more educated about the warning signs of psychopathology in this "at risk" and important group. Some of the warning signs that a driver may be spiraling into dangerous emotional territory include agitation or restlessness, weight fluctuations, reckless driving, and bags around the eyes. Other signs of possible emotional distress include apathy, a lack of motivation, loss of interest in formerly pleasurable activities, poor self-esteem, insomnia and criminal behavior.

4.5. Suggestion for Future Research

Despite the research that has been concluded, further investigation may need to be carried out so as to better understand the various psychological and social factors which may affect the general psychopathology of commercial drivers in Nigeria. Other studies could be specifically directed at the breaking down of general psychopathology into the various known and common components like anxiety, mood disorder, sleep disorder, somatoform disorder and so on. Further studies should also look at the prevalence of drug use among this group as well.

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