

## Health and Socio-Economic Factors as Determinants of Happiness and Life Satisfaction of People Living in Oke-Ogun Areas of Oyo State, Nigeria

J.K. Mojinyinola

Department of Social Work, Faculty of Education, University of Ibadan, Nigeria

**Abstract:** The study investigated the impact of health and socio-economic factors on happiness and life satisfaction. Towards this end, a single questionnaire tagged "Happiness and Life Satisfaction Assessment Questionnaire (HALSAQ) was used as the major instrument for the study. A descriptive survey research design was adopted for the study and two hypotheses were tested, using the statistical tests of Analysis of Variance (ANOVA), Multiple Regression and Partial Correlation. The study established, among others, that there was no significant impact of health on happiness and life satisfaction, but that socio-economic factors had significant impact on happiness and life satisfaction. Based on the above findings, some recommendations were made, among which are that every person should strive to make him or herself happy, become educated, live a comfortable life, always remain healthy, engage in leisure activities and establish a small-scale business or find a good job to earn a living.

**Key words:** Health, socio-economic factors, happiness, life satisfaction

### INTRODUCTION

Happiness to some people implies delight, joy, ecstasy and life satisfaction. According to Akinboye (1983) it is a pleasant or positive emotional feeling characterized by high degree of excitement, optimism, laughter, delight, cheerfulness and satisfaction.

Marx (1976) viewed happiness to be a generally satisfied state of the organism, but Anker (1978) considered it simply as a state of well-being. Whatever be the conceptualization, happiness is an emotion which shows how people feel about life.

It is an important emotion that enhances mental health and social well-being of an individual or which helps in preventing sudden or premature death.

For this and other reasons, people work hard to get money so as to be able to live happily. Some people even struggle to acquire and accumulate wealth as a source of happiness. Some strive for leadership positions in public offices, organizations and other places to become happy or live a satisfying life.

Other people struggle to acquire education so as to improve their status, standard of living or live a comfortable life. Some individuals in search of happiness go to the extent of taking to drugs, (e.g. drink alcohol, smoke cigarette, etc) when they have emotional problems. At times, others marry many wives to get many children or take solace in religion.

However, the paradox of life is that the acquisition or satisfaction of each of these does not bring complete

happiness or total satisfaction to people. The problem of this study, therefore, is to investigate what health and socio-economic factors contribute to human happiness and life satisfaction.

The study also aims at addressing the issues of how psycho-social problems and life stress can be reduced to enhance happiness, life satisfaction, positive mental health and then, prevent sudden death.

**Review of relevant study:** A review of some literature has shown that education and other socio-economic variables have either positive or negative influence on state of happiness and life satisfaction. One of such studies is the study carried out by Kubzanky *et al.* (1998).

In their study, they investigated the associations among education and behavioural, biological, psychological and social factors and found that low level of education was associated with poorer psychological functions such as happiness and internal or emotional satisfaction. This finding implies that education exercise greater influence on human happiness and satisfaction.

A study by Jou and Fukada (1996) revealed that socio-economic status and stress variables exerted little or no influence on physical health and state of happiness of Chinese students living in Taiwan. Kloop (1995) in a longitudinal study on how socio-economic crisis and value change in society affect family life, found that economic difficulties together with value differences between the parents had a negative influence on marital happiness.

Thus, in a situation where there is high level of poverty, members of the family may not be able to meet their economic needs and this may make them unhappy or even become angry with themselves.

Mojoyinola (2002) in his study on factors determining happy living, found that both positive and negative associations existed between socio-economic factors and happy living. The factors found to be positively associated with happy living include age, occupation, level of education, level of income while sex, religion, marital status and number of children were found to be negatively associated. McKenzie and Campbell (1987) in their study on the relationship between race, socio-economic status and self assessed health status and problem experienced found that most effects of race and socio-economic status were mediated by self-assessed health status and problems experienced. They also found that these two interviewing variables were the strongest direct predictors of happiness and morale.

Some studies have empirically demonstrated that religious factor play significant role in life satisfaction. For instance, McClure and Loden (1982) in their study examined the effects of degree of religious involvement on subject's well-being, satisfaction with religious association and perception of stress. They found that the time spent on religious activities was positively related to happiness, both with the subjects' religion and with life satisfaction but not with perceived stress.

Chiason *et al.* (1996) in their study investigated people's perception about what contributes to happiness and whether culture influences these perceptions. Findings from the study revealed that factors contributing to happiness were perceived similarly across all groups. Such factors include the importance of family relationship, pursuing and achieving valued goals and positive attitudes toward self. Their findings also revealed religions values, socio-political conditions and personal sources of power as contributing positively to happiness. The inference that can be made from these findings is that culture or religious belief can help every individual to experience joy or happiness.

Marital satisfaction has been found to have positive influence on happiness. One of the studies carried out in this area is on the significance of romantic love for marriage. Willy, asked six hundred and five subjects about romantic love and marriage and found that married people differentiated themselves from single people with stable partners and divorced people with stable partners and frequently living together with their great love, more reciprocity in that love and less disappointment in love relationship prior to the current relationship, but also

describe themselves as less happy and satisfied than the single and divorced respondents, particularly with regard to tenderness, sex and conversation with their partners.

Independent of marital status, those who were greatly in love with their partners describe themselves as happier. Love at first sight relative to a gradually developing one, nevertheless, did not have a worse prognosis for happiness in marriage. However, it can be said that where genuine love exist between couples, there is the tendency for them to feel happy or experience marital satisfaction. While some studies tried to measure couples happiness based on the responses of each couple (Dean and Lucas 1978) others tried to measure happiness of the couple via the family members (Kolb and Strauses, 1974).

Whatever be the approach used in measuring the level of happiness of married couples, marital satisfaction has been found to be positively associated with decision making among couples which invariably contributes to their happiness. For instance, Corrales (1975) found that spouses reporting husband-dominating decision making scored higher in satisfaction, followed by those reporting joint decision and wife-dominant decision making was associated with lowest marital satisfaction.

Health is a complete state of physical, mental and social well-being. This state of well-being has been found to be related with life satisfaction. That is, it has significant relationship with life satisfaction (Berkman, 1971).

Health is an important issue in life. Without it, an individual cannot feel happy or become satisfied with life. This is well demonstrated in a study carried out by Patterson *et al.* (1998). In their study, they measured the well-being and treatment satisfaction in older people with diabetes. They found that the general well-being of insulin-treated patients remained slightly, but significantly, lower than that of non-insulin-treated patients, when adjusted for age, sex, BMI and diabetes duration. Women had low well-being than men.

The implication of this finding is that those patients with lower well-being score (i.e., insulin-treated-patients with general well-being score of 48) might be fed up with the insulin injection they receive or give to themselves everyday. Considering the cost and pains of getting themselves cured of the disease, such patients may not feel happy about their conditions.

In another study, Molassiotis and Morris (1998) assessed the perceptions about quality of life after Bone Marrow Transplantation (BMT) and its impacts on long-term survivors who had undergone an unrelated donor bone marrow transplant.

They found that, there were many factors the survivors were unable to cope with. These include symptoms, frustration brought from the in-abilities to function in life, family life, returning to work and infertility. Concerns about the future were found to be related to health status, the long-term effects of the transplant, financial concern and so on.

However, about 25% of the survivors reported a positive impact of the transplant on their lives. These findings suggest that when people are much concerned about their health problems, they may develop feelings of insecurity about life and therefore, generally become unhappy or dissatisfied with life.

Knuiman *et al.* (1996) in their study on state of health and level of happiness of Australian persons with diabetes, found that about half of the people with diabetes assessed their health as good or excellent, but ninety percent stated that they were happy or very happy. No differences between diabetic people living in capital cities and other areas were found. These results have useful implications for education and life-style behaviour modification programmes for people with diabetes.

What might be probably deduced from this study is that treatment given to these patients helped them to experience improved conditions of health which make them happy or emotionally satisfied with life.

Related to health and happiness is human personality. This has been found by DeNeve and Cooper (1998) to be predictive of life satisfaction, happiness and positive affect. Similarly, Furr and Funder (1998) examined how unhappiness and self-dissatisfaction are related to behaviour, self-perception, social reputation and the way one is treated by others.

They found that personality negativity was closely associated with maladaptive social interactions, negative behavioural responses by others and a negative social reputation and self image. They also found that though, women more clearly expressed personality negativity behaviourally, men and women showed generally similar patterns of correlates. These suggest that even, sub clinical levels of unhappiness and dissatisfaction may have important consequences.

Therefore, it can be inferred from these studies on human personality that the level of happiness of an individual is largely determined by his/her personality traits. Thus, an individual with Type-A personality may be too anxious, or restless in stressful conditions. If the stress or anxiety is too great, he/she may have physical or psychological impairments, which may affect his patterns of living and perception about life.

To live a happy life or experience life satisfaction, it is imperative therefore, that every person should be less emotionally worried, anxious, angry or depressed, even in hopeless or difficult conditions.

**Research hypotheses:** Two hypotheses were formulated and tested in the study. They are:

- State of health will have significant effect on happiness and life satisfaction.
- Socio-economic factors will have significant effect on happiness and life satisfaction.

## MATERIALS AND METHODS

**Research setting and design:** The research was carried out among people living in Oke-Ogun areas of oyo State, Nigeria. To this end, a descriptive survey research design was adopted for the study.

**Population and sample size:** All people living in Oke-Ogun areas constituted the research population. Out of these, 350 people were purposefully selected as sample for the study.

**Instrumentation:** A single questionnaire tagged Happiness and Life Satisfaction Assessment Questionnaire (HALSAQ), was used as the research instrument. It contains items measuring demographic, socio-economic, health and emotional variables. Items measuring happiness and Life satisfaction were drawn from Akinboye's (1983). Happiness behaviour rating Scale and Pavot and Diener. Satisfaction with life scale. Items measuring state of health were drawn from Golberg General Health Questionnaire (GHQ).

The instrument was adequately validated yielding crumbatch alpha value of 0.82 and its reliably was determined before it was used. Based on the pilot study conducted, a test-retest reliability co-efficient of  $r = 0.78$  and  $r = 0.80$  were obtained, respectively.

**Procedure:** After ascertaining the validity and reliability of the instrument, 350 copies of the questionnaires were administered on the respondents by six research assistants employed for the purpose.

The two areas understudied were adequately covered by the research assistants who also helped to explain the items of the questionnaire to the respondents. The questionnaires were retrieved later and used for analysis. Out of the 350 copies of the questionnaires administered, 300 of them were properly filled and used for data analysis.

**Data analysis:** The statistical test of Analysis of variance, Multiple Regression and Partial Correlation were used to test the hypotheses stated in the study.

Table 1: Anova, showing the impact of state of health on happiness and life satisfaction

Source of variation	Mean of square	Sum of square	df	F. cal	F-critical	P	Remark
Regression	19.5911	19.5911	1	0.166	2.73	.05	N.S
Residual	117.66020	35062.73998	298				

F(1/298) = 0.166 p<.05

Table 2: Anova showing the impact of socio-economic factors on happiness and life satisfaction

Source of variation	Mean of square	Sum of square	df	f-cal	f-critical	P	Remark
Regression	357.420	5003.879	14				
Residual	105.538	30078.450	285	3.4	1.57	.05	Sig.

F = 3.4, df = 15/285, p<0.05

## RESULTS

**Hypothesis 1:** State of health will have significant impact on state of happiness and life satisfaction.

This hypothesis was put to test, using analysis of variance. This was based on the scores obtained on items measuring state of health, happiness and Life satisfaction. The results obtained from the test were summarized in Table 1.

The above table revealed that state of health did not have significant impact on happiness and Life satisfaction (f = 0.116, df = 1/298, p<0.05). The first hypothesis was rejected.

The above result, however, indicates that state of health had positive impact on happiness and Life satisfaction.

**Hypothesis II:** Socio-economic factors will have significant impact on happiness and Life satisfaction.

The hypothesis was put to test using Analysis of variance. This was based on the scores obtained on items measuring socio-economic status, happiness and Life satisfaction.

The results obtained from the test were summarized in Table 2.

Table 2 above revealed that socio-economic factors had significant positive effect on happiness and Life satisfaction (f = 3.4, df = 15/285 p<0.05). The second hypothesis was accepted.

The general influence of the socio-economic factors and the specific influence of each of the socio-economic factors on happiness and Life satisfaction were further determined through Multiple regression and Partial Correlation Statistics. The results obtained from the tests were summarized in Table 3-4.

The above table revealed that socio-economic factors correlate and exert positive influence on happiness and Life satisfaction (R = 0.377).

The above table showed the specific influence of each of the socio-economic factors on happiness and Life satisfaction.

The test revealed that some of the socio-economic variables in the study had positive influence on

Table 3: Multiple regression showing the general influence of socio-economic factors on happiness and life satisfaction

R. square	0.14263
Adjusted R square	0.10052
Standard Error	10.27319
Multiple R	0.37767

R = 0377

Table 4: Multiple regression showing partial correlation of each of the socio-economic factors with happiness and life satisfaction

Variable	B	SEB	Beta	T.	Sig T.
Education	0.440194	0.718726	0.037233	0.612	0.5407
Place where holiday is mostly spent	0.407843	1.133313	0.020619	0.360	0.7192
Religion	-2.500511	1.162871	-.120917	-2.150	0.0324
Travelling	1.796146	1.830035	0.055859	0.981	0.3272
Marital status	-4.592968	2.761314	-.182248	-1.663	0.0973
Residential Area	2.669351	1.489259	0.101693	1.792	0.0742
Language spoken	1.550088	0.692736	0.129576	2.238	0.0260
Occupation	0.604042	0.550221	0.063271	1.096	0.2732
Home items	0.468123	0.236222	0.119159	1.982	0.0485
Sex	-1.252342	1.291890	-.057614	-.969	0.3332
Income	1.161741	0.591139	0.122895	1.965	0.0504
Accommodation	-.003639	0.498554	-4.723E-04	-.007	0.9942
Age	2.296335	0.884525	0.181895	2.596	0.0099
Number of children	0.559180	0.915012	0.055938	0.611	0.5416
Happiness/Life satisfaction	58.345065	9.510265	-	6.856	0.0000

happiness and life satisfaction, while others exerted negative influence. For instance, age ( $\beta = 0.181895$ ), Education ( $\beta = 0.037233$ ), occupation ( $\beta = 0.063271$ ); Home items ( $\beta = 0.119159$ ) Income ( $\beta = 0.122895$ ); Number of children ( $\beta = 0.055938$ ); Language spoken ( $\beta = 0.129576$ ) and Place of Residence ( $\beta = 0.101693$ ), had positive influence on happiness and Life satisfaction.

Contrarily, socio-economic factors like Religion ( $\beta = -0.120917$ ), sex ( $\beta = -0.057614$ ) Marital status ( $\beta = -0.182248$ ) and type of accommodation ( $\beta = -4.723E-04$ ), had negative influence on happiness and life satisfaction.

## DISCUSSION

The present study investigated how health and socio-economic factors affect happiness and Life satisfaction, most especially among people living in Oyo and Oke-Ogun areas of Oyo State, Nigeria.

The result of the first hypothesis showed that state of health had no significant impact on happiness and life satisfaction (F = 0.166, df 1/298, p<0.5).

Though the result was not significant, it showed that state of health had positive impact on happiness and Life satisfaction.

This finding is consistent with the finding of Okamoto (1996) that high scores on the morale scale were associated with low level of total cholesterol and low density lipoprotein and with high levels of the ratio of high density to low density lipoprotein cholesterol in elderly persons living at home.

The result was also in line with the finding of Palmore and Luikart (1972) that health was the strongest variable related to Life satisfaction or happiness.

Findings from the study suggested that the state of health of the people understudied helped them to feel happy and become emotional satisfied. It is imperative therefore that every individual wishing to experience happiness and life satisfaction must try as much as possible to always remain healthy.

To this end, such an individual must maintain high standard of personal and environmental hygiene to prevent him/herself from being infected. Not only this, he/she must not unduly overwork or stress him/herself. The individual should avoid being alcoholic, drug addict or abuser, avoid indiscriminate or casual sexual intercourse, take balanced diet, take adequate rest and do regular or occasional exercises.

It is hoped that when all the above suggestions are adhered to, the individual will become physically, psychologically and mentally healthy, thereby experience happiness and become emotionally satisfied with his/her Life.

The result of the second hypothesis showed that socio-economic factors had significant positive impact on happiness and Life satisfaction ( $F = 3.4$ ,  $df = 15/285$ ,  $p < 0.05$ ). The result was supported by the finding of McKenzie and Campbell (1991) that race and socio-economic status were strong predictors of happiness and morale among the older Americans.

The result was also consistent with the finding of Chiason *et al.* (1996) that socio-economic factors (e.g., religion, culture, family relationship and so on), contribute to happiness positively.

Findings from the study revealed that age exerted positive influence on happiness and Life satisfaction ( $\beta = 0.18895$ ). This finding was supported by the finding of Mroczek and Kolarz, that age has positive effect on happiness. It was also in line with their finding that among women, age was related to positive affect (happiness) but was unrelated to negative affect among men.

However, the above finding was in contrast to the finding of Palmore and Luikart (1972) that there was a low negative correlation between age and life satisfaction.

This result according to them indicated that older middle aged tend to be slightly less satisfied than the younger middle aged.

The above finding from the present study suggested that the age of the people understudied influenced their level of happiness and satisfaction.

It also implies that their age and level of maturity helped them to cope well with their personal or life problems.

It is imperative therefore, that all individuals, irrespective of their age, should strive to make themselves happy in order to live a satisfied life.

Religion can be regarded as one of the socio-cultural practice that can increase man happiness and satisfaction. However, finding from the study revealed that religion exerted negative influence on happiness and life satisfaction ( $\beta = -0.120917$ ).

The result was in line with the finding of Ortega (1998) that the larger the religious distance, the greater the likelihood of unhappiness in marriage. However, the result was not consistent with the finding of McClure and Loden (1992) that time spent on religious activities was positively related to happiness, both with the subjects religion and with life satisfaction.

It is imperative therefore, that to experience happiness and life satisfaction, individuals should move closer to their God, have strong faith in Him and look unto Him for support, care and protection. It is hoped that when people engage themselves in religious activities, or exercise their faith in God, their restlessness or anxiety about life will be greatly reduced.

Poverty or financial difficulty can make people unhappy or get tired of life. However, when they are financially buoyant feeling of happiness and satisfaction become manifested in them.

In this study, level of income is one of the socio-economic variables found to exert low positive influence on happiness and life satisfaction ( $\beta = 0.122895$ ). This was in line with the finding of Jou and Fukada (1996) that financial anxiety exerted little influence on happiness.

This finding suggests that though level of income of people may be high, it does not always make them happy or become satisfied with life.

Similarly, it connotes that money cannot buy happiness but adequate income may provide more of the basic necessities related to life satisfaction such as adequate food, housing security, recreation and social status.

However, it is imperative for individuals to work hard to earn a living in order to maintain themselves and their families.

As mentioned somewhere in this study, some people believed that the education they acquire will make them happy and emotionally satisfied. Hence, many people strive hard to be highly educated.

Finding from the study revealed that education enhances happiness and life satisfaction ( $\beta = 0.037233$ ). This finding was in line with the finding of Mojinyinola (2002) that education was positively associated with happy living. Similarly, the finding was supported by the finding of Kubzansky *et al.* (1998) that high levels of education were associated with happiness, while low levels of education were associated with poorer psychological function (e.g., less mastery and efficacy, happiness, etc).

Though, the above result revealed little influence which education has on happiness and life satisfaction, it behoves that every individual should become literate or educated in order to be able to acquaint him/herself with information or read books or words of God that can bring relief to him/her when in emotional difficulty or other psycho-social problems.

Marital status of an individual is one of the socio-demographic variable that can enhance or impede human happiness and life satisfaction. Findings from this study however, revealed that marital status of the people understudied had negative influence on their happiness and emotional satisfaction ( $\beta = -1.663$ ). This implies that marital status of the people (single, married, separated, widow or divorced) contributed negatively to their happiness and life satisfaction.

It is therefore possible that those that are yet to get married among them may become worried about whom to marry and this may reduce the level of their happiness and satisfaction with life.

The married ones may not be happy and satisfied with their marriage probably because of marital problems, while those separated, widowed or divorced may be battling with who will take care of them.

The negative result obtained further suggests that the married individuals may experience various forms of marital problems and as a result may not feel happy and become dissatisfied with their marriage and life generally. One form of marital problem is a situation where a wife dominates the husband. This may lead to frequent conflicts or quarrels between the couples and as such, happiness and life satisfaction may elude them.

The above negative result was supported by the finding of Gray-Little and Burks (1983) that subjects reporting wife-dominant decision making had lower marital satisfaction and vice-versa.

It is imperative therefore, that husband and wives should see themselves as help mates and involve each

other in decision making concerning their lives or that of their children. They should also try as much as possible to maintain their marital status and prevent themselves from being separated or divorced.

## CONCLUSION

Based on the findings from this study and similar findings by other researchers, it can be summarily concluded that when people are healthy, educated and their psychological, social, spiritual and economic needs are fully met, they will experience less negative emotional feelings such as anxiety, worry, sadness, apathy, guilt, hopelessness, unworthiness, depression and suicide. Not only this, they will feel secured, happy, joyous, delightful and emotionally satisfied with their life.

In this regard, it is highly recommended that the individuals should see that they remain always healthy and maintain high standard of personal and environmental hygiene.

It is also suggested that individuals with little or no education should enroll in literacy classes to acquire knowledge, or skills in reading and writing which will help them to become better informed about how to improve their conditions.

The government at all levels should ensure that all its citizens become educated through its literacy programmes. They should provide health and other social amenities (e.g. pipe-borne water, electricity, hospitals, maternity centres, amusement parks, etc) for people living in urban and rural areas to improve their well-beings give soft loans to unemployed youth and adults to start businesses of their own and help in reducing marital problems among couples through its counselling services.

Also, it is highly recommended that the government or the various religious organizations should re-introduce moral and religious education in schools to inculcate the fear of God and discipline into the minds of youth and adults.

Since the government cannot provide all the essential needs for its people, it is recommended that social organizations and philanthropists in the society should help in providing financial, material or social support to people in need of help. They should also help in providing social amenities (e.g. bore-holes, schools, electricity, etc) in rural and urban areas and recreational facilities (e.g. sport stadium, game fields, amusement park, etc) in places where people can go to enjoy themselves, release their tensions, forget their sorrow and make themselves happy. The health care-givers (i.e. the nurses, social workers) and other people that work with those in difficulties also have useful roles to play to enhance

happiness and life satisfaction. To this end it is suggested that the health professionals should help in meeting the physical, social, emotional and psychological needs of people. The nurses for instance, should help in promoting physical and positive mental health. They should also help in giving adequate care to the sick persons.

The social workers on their own parts, should help in seeking financial material and other forms of social support for the needy or less privileged individuals in the society. They should help in finding jobs for unemployed youths and adult, give psychological counselling to couples with marital disputes or to those who are frustrated and are likely to commit suicide.

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