

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/370815734>

Relationship between family dynamics, spirituality, quality of life and happiness among older adults in Nigeria

Article in *Успехи геронтологии* · January 2023

CITATIONS

2

READS

93

4 authors, including:



[Lawrence Adebuseye](#)

University College Hospital Ibadan

106 PUBLICATIONS 846 CITATIONS

[SEE PROFILE](#)



[Oladipo Kunle Afolayan](#)

The University of Texas Health Science Center at Houston

16 PUBLICATIONS 26 CITATIONS

[SEE PROFILE](#)

UNIVERSITY OF IBADAN LIBRARY

O. Oyinlola^{1,2}, *L.A. Adebusoye*³, *E.O. Cadmus*⁴, *O.K. Afolayan*³

RELATIONSHIP BETWEEN FAMILY DYNAMICS, SPIRITUALITY, QUALITY OF LIFE AND HAPPINESS AMONG OLDER ADULTS IN NIGERIA*

¹ Department of Medical Social Services, University College Hospital, PMB 5116 Ibadan, Nigeria; ² McGill School of Social Work, H3A 1B9 Montreal, Canada, e-mail: gsticks2@gmail.com; ³ Geriatric Centre, University College Hospital, PMB 5116 Ibadan, Nigeria; ⁴ Department of Community Medicine, College of Medicine, University of Ibadan, PMB 5116 Ibadan, Nigeria

Happiness of older adults in rarely studied in the global south like Nigeria compared with the global north. This study assessed the relationship between family dynamics, spirituality, quality of life and happiness among older adults in Nigeria. Cross-sectional study of 378 older adults (≥60 years) were selected. Oxford Happiness questionnaire, the family dynamics, spirituality, and quality of life (QoL) were determined with the Family Relationship Index, spiritual Index of Well-being scale and Quality-of-Life Brief questionnaire respectively. Descriptive and inferential statistics were carried out at $\alpha_{0,05}$. The mean age was $72,8 \pm 7,1$ years and 255 (67,5%) were females. Majority 313 (82,8%) were assessed to be happy. Overall, family dynamics, spirituality, and health related QoL were significantly determinants of happiness ($p < 0,05$). Among the women, there was good cohesion in the family dynamics ($p = 0,031$), good health related QoL in the physical domain ($p < 0,001$) and satisfaction with health ($p = 0,036$) were the predictors of happiness. Having higher self-efficacy ($p = 0,018$) and life scheme spirituality ($p = 0,050$) were the predictors of happiness among the men. The present findings showed that most of the older adults were happy. Routine assessment and interventions could increase the feeling of happiness among older adults in the global south.

Key words: *family dynamics, quality of life and happiness, Nigeria, older adults, spirituality*

Happiness among older persons is subjective wellbeing which has a strong connection with success, health, peace, freedom, living conditions, and socio-economic circumstances [43]. Evidence suggests that patterns and expression of happiness among older adults are defined by several factors such as culture, family dynamism, spirituality, and health morbidity [10, 19–22]. A handful of literature from the global north such as the United States, Canada, and European countries often conceptualised happiness of older adults as life satisfaction and positive quality of life [9, 31, 32] however, based on this study happiness is

conceptualised as subjective wellbeing of older adults which is expressed within a certain period. Reports from the World Happiness Survey in 2022 indicated that Nigeria is ranked 118 of 146 countries and second in the sub-Saharan African region while Finland is the happiest country in the World followed by Denmark, Norway, Iceland, and Netherland [17, 26, 45]. This report provided some basic information on happiness across the world while the demographic representation of the population was not reported, as older adults receiving care in hospitals and long-term nursing homes were excluded, hence the need to explore the level of happiness among older adults and inclusiveness during data capturing and collection, especially in low and middle countries of the world.

Nigerian older adults consider healthy ageing as the ability perform activities of daily living, getting social support from family members and other supports [7]. Healthy ageing is a lifelong process of optimizing opportunities for purpose of preserving physical, social and mental wellness, quality of life of older adult [53]. Nigeria is the most populous country in the African region and with highest number of older adults, hence, older adult with chronic health conditions and physical disabilities have led to unprecedented burden on the economy of Nigerian government and planning of manpower [2, 16]. Beside the associated decline in health, and increasing mortality of older adults in Nigeria, there is no nationally representative data on the health-status of over 60 percent of older adults residing in rural communities of Nigeria, hence, there is poor social support services for older adults [41, 49] and the existing one do not address innovative ways of improving happiness of older adults in Nigeria. There is a crucial need to explore factors that determine happiness of older adults in Nigeria.

* The first author is a recipient of the Social Science and Humanities Research Council (SSHRC) 2022 Vanier Canada Doctoral Scholarship.

Diverse factors determine happiness in older adults in the African region, Nigeria inclusive, for example, evidence suggests that income level, activities of daily living, occupation, level of education, level of freedom, religion, culture, and values are great determinants of happiness of older adults in the region where resources and services are grossly limited [10, 34, 36, 56]. Studies from the global north about the inter-relationships between these factors and the happiness of older adults in clinical settings seem to provide a strong landscape for dialogue in the African region [11, 29, 30].

A review of literature on the determinants of happiness among older adults in Africa and by extension global south region of the world indicated that happiness is subjective well-being associated with family relations [12, 18, 35, 37, 39, 50], health-status [1, 3, 15, 24, 46], spirituality [5, 6, 33, 48, 55], quality of life [7, 8, 25, 52] and socioeconomic status of the older adults. This study is considered a first step towards creating a dialogue and discussion on the assessment of happiness of older adults attending geriatric service centres in the African region. Therefore, the main purpose of this study is to examine the relationship between family dynamics, spirituality, quality of life and the happiness of older adults in a Nigerian hospital.

Materials and methods

Study design: Cross-sectional descriptive hospital-based study.

Setting: The study was conducted at the Chief Tony Anenih Geriatric Centre (CTAGC), University College Hospital (UCH), Ibadan. Ibadan is the capital city of Oyo State in the southwestern area of Nigeria and has a population of 3,6 million inhabitants [51]. The CTAGC is a purpose-built facility for the care of older patients in Nigeria established on 17th November 2012. CTAGC has facilities for out-and in-patient care in addition to theatre, physiotherapy, dietetics, ophthalmology, old age psychiatry, and dental care.

Study population: all the newly registered male and female patients aged 60 years and above who presented at CTAGC consecutively from February 1st, 2022, to April 24th, 2022, were included in the study. While non-consenting and very ill older adults were excluded. The ages of the respondents were determined by a direct recall and by the table of historical events if they could not recall their ages [42, 44].

Sample size calculation: It was calculated using the Leslie and Kish formula for a single proportion with an estimated prevalence of 50% since the prev-

alence of happiness is not known among older adults in Nigeria and applying the correction for a population less than 10 000. Thus, 378 older adults were recruited.

Procedure: An interviewer-administered semi-structured, and pretested questionnaire was used for data collection. Sociodemographic information such as age, sex, marital status, educational attainment, and occupation was obtained.

Validated tools that included the 29-item Oxford Happiness Questionnaire (OHQ) were used to assess their happiness. The OHQ is a 29 items tool was developed by psychologists Michael Argyle and Peter Hills at Oxford University [27]. All items were scored on a 6-point Likert scale ranging from 1 to 6. The sum of the item scores is an overall measure of happiness, with high scores indicating greater happiness [4].

The family dynamics were measured with the Family Relationship Index (FRI) which is an extract of the family environment scale (FES) [28, 46]. It is a self-reported 27-item questionnaire assessing family functioning in three domains of; cohesion, expressiveness, and conflict (reversed) subscales. The scale items consist of statements concerning family life and respondents were asked to rate how true or false each statement is for their own family. Each subscale has a maximum raw score of 9 and a minimum of 0 using true or false. All the scores were converted to standard as stated in the scale [28].

The spiritual index of well-being (SIWB) was employed in determining the spiritual quality of life of the respondents. The SIWB has two domains – 6 items on the intrapersonal self-efficacy domain and 6 items on the life scheme domain. It is measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated lower levels of spiritual well-being [23, 53].

The World Health Organization Quality of Life instrument (WHOQoL-Bref) was used to measure the quality of life of the subjects. The WHOQoL-Bref is a cross-culturally applicable tool developed by the WHOQoL Group in 1998 for the subjective evaluation of health-related QoL (24). It has been shown to be a valid measure of QoL in the elderly [24, 38, 40]. The WHOQoL-Bref is designed as a self-rating instrument that can also be interviewer-administered with excellent internal reliability (Cronbach alpha=0,86) and has four domains: physical, psychological, social, and environmental [24, 38].

The questionnaire was translated and back-translated into the Yoruba language (the predominant lo-

cal language) and it took about 30 minutes for the administration.

Ethical consideration: Approval for the study was obtained from the University of Ibadan/ University College Hospital Institutional Review Board (UI/EC/19/0603). Each respondent gave informed consent before the interview.

Data collection and Analysis: The Research Electronic Data Capturing (REDCap)^R was used to deploy the questionnaires on mobile devices (tablets). Two research assistants were trained in the processes of administering the questionnaires. The Statistical Package for Social Sciences (SPSS) version 27 was used for the data analysis. Descriptive statistics were used for the sociodemographic characteristics of the respondents. The Student's t-test was used to test the association among the continuous variables and the Chi-square test for the categorical variables. The logistic regression analysis was used to explore the various factors that were most significantly associated with happiness. The ρ values of significance were set at $\rho \leq 0,05$.

Results and discussion

There were 378 — females = 255 (67,5 %) and Males = 123 (32,5 %) respondents. The overall

Table 1

Basic characteristics of the study sample by gender, n (%)

Variable	Females, n=255	Males, n=123	Total, n=378
Age-group, years			
60–69	85 (33,3)	46 (37,4)	131 (34,7)
70–79	121 (47,5)	50 (40,6)	171 (45,2)
80 and above	49 (19,2)	27 (22)	76 (20,1)
Marital status			
married	107 (42,0)	108 (87,8)	215 (56,9)
divorced	2 (0,8)	3 (2,4)	5 (1,3)
widowed	146 (57,3)	12 (9,8)	158 (41,8)
Education			
none	53 (20,8)	6 (4,9)	59 (15,6)
primary	43 (16,9)	13 (10,6)	56 (14,8)
secondary	54 (21,2)	20 (16,3)	74 (19,6)
tertiary	105 (41,2)	84 (68,2)	189 (50)
Occupational status			
not engaged in occupational activities	200 (78,4)	105 (85,4)	305 (80,7)
currently engaged in occupational activities	55 (21,6)	18 (14,6)	73 (19,3)

mean age was 72,8±7,1 years. The male respondents were mostly married (87,8 %), had formal education (95.1%), and were not engaged in occupational activities (85,4 %). While the majority of the female respondents were widowed (57,3 %), *tabl. 1*.

The majority 313 (82,8 %) of the respondents were assessed to be happy; 294 (77,8 %) were 'rather happy' and 19 (5 %) were 'very happy'. A higher proportion of female respondents (87 %) were happy compared with the male respondents (80,8 %) without a statistical difference ($\rho=0,134$).

Tabl. 2 shows the association between Family dynamics and happiness. The family dynamics were measured in 3 domains — cohesion, conflict, and expression. Among the female respondents, a significant association was found in the cohesion domain (mean score happy =6,60±1,18 vs mean score unhappy = 6,10±1,85), $\rho=0,019$. There was no significant association between the domains of family dynamics and happiness for the men (see *tabl. 2*).

The association between spirituality and happiness is described in *tabl. 3*. For both genders, the mean scores in both subscales (self-efficacy and life scheme) of spirituality among the respondents who were happy were significantly less than those who were not happy ($\rho < 0,05$), see *tabl. 3*.

The respondents of both genders who were happy had statistically higher mean scores in all the domains (physical, psychological, social and environment) of the health-related quality of life compared with those who were unhappy ($\rho < 0,05$), *tabl. 4*.

Table 2

Association between Family dynamics and happiness by gender, Mean±SD

Variable	Not Happy	Happy	t	p
Cohesion domain				
females	6,10±1,85	6,60±1,18	-2,353	0,019*
males	6,25±2,05	6,79±1,16	-1,038	0,314
total score	6,14±1,89	6,67±1,18	-2,176	0,033*
Expression domain				
females	3,59±1,85	3,97±1,47	-1,339	0,185
males	4,31±2,06	3,97±1,38	0,614	0,530
total score	3,77±1,91	3,97±1,43	-0,807	0,422
Conflict domain				
females	6,82±0,73	6,70±0,82	0,878	0,381
males	6,57±1,50	6,84±0,85	-0,724	0,479
total score	6,75±0,97	6,75±0,83	0,026	0,979

Note. Here and in *tabl. 3–5*: * significant at a 5 % level of significance.

Table 3

Association between Health-related quality of life and happiness, Mean±SD

Variable	Not Happy	Happy	<i>t</i>	<i>p</i>
Physical domain				
females	65,89±7,43	73,86±5,81	-8,140	<0,0001*
males	65,00±8,25	76,02±6,08	-5,141	<0,0001*
total score	65,67±7,58	74,60±6,99	-8,928	<0,0001*
Psychological domain				
females	60,27±4,07	62,69±4,93	-3,573	0,001*
males	56,04±5,74	63,55±5,46	-5,097	<0,0001*
total score	59,23±4,85	62,98±5,13	-5,418	<0,0001*
Social domain				
females	76,73±7,09	79,48±3,75	-2,628	0,011*
males	72,91±10,17	79,69±4,13	-2,630	0,018*
total score	75,79±8,04	79,55±3,88	-3,679	<0,0001*
Environmental domain				
females	66,73±4,28	70,68±5,54	-5,460	<0,0001*
males	62,81±7,29	73,11±5,96	-6,257	<0,0001*
total score	65,77±5,39	71,51±5,79	-7,354	<0,0001*

Table 4

Association between Health-related quality of life and happiness, Mean±SD

Variable	Not Happy	Happy	<i>t</i>	<i>p</i>
Physical domain				
females	65,89±7,43	73,86±5,81	-8,140	<0,0001*
males	65,00±8,25	76,02±6,08	-5,141	<0,0001*
total score	65,67±7,58	74,60±6,99	-8,928	<0,0001*
Psychological domain				
females	60,27±4,07	62,69±4,93	-3,573	0,001*
males	56,04±5,74	63,55±5,46	-5,097	<0,0001*
total score	59,23±4,85	62,98±5,13	-5,418	<0,0001*
Social domain				
females	76,73±7,09	79,48±3,75	-2,628	0,011*
males	72,91±10,17	79,69±4,13	-2,630	0,018*
total score	75,79±8,04	79,55±3,88	-3,679	<0,0001*
Environmental domain				
females	66,73±4,28	70,68±5,54	-5,460	<0,0001*
males	62,81±7,29	73,11±5,96	-6,257	<0,0001*
total score	65,77±5,39	71,51±5,79	-7,354	<0,0001*

Fig. 1 depicts the relationship between self-rated health and happiness. Among the female respondents, a higher proportion of those who had good self-rated health (82,6%) was significantly happy compared with those who self-rated their health as poor (25%) $\chi^2=16,557$; $p<0,0001$. For the male respondents, a higher proportion of those who self-rated their health

as good were happy compared to those who self-rated their health as poor (82,6% vs 25%) $\chi^2=27,649$; $p<0,0001$.

The satisfaction with health and happiness is described in fig. 2. A higher proportion of women who expressed good satisfaction with their health were happy compared to those who expressed poor satisfac-

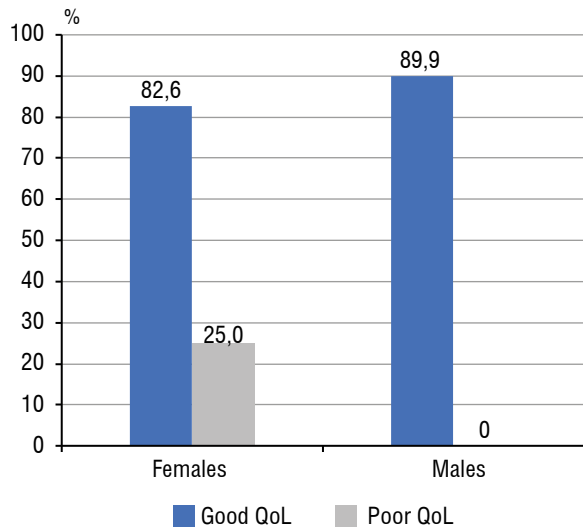


Fig. 1. Self-rated quality of life and happiness by gender

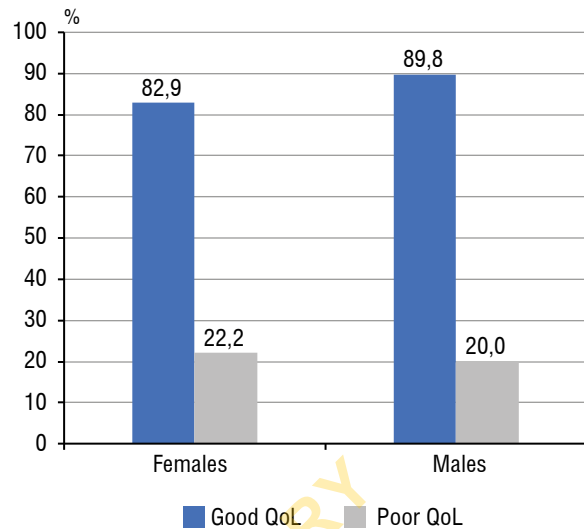


Fig. 2. Satisfaction with health and happiness by gender

Most significant factors associated with happiness by gender

Variable	β	<i>p</i>	Odds Ratio	95% CI for OR	
				lower	upper
<i>Females</i>					
Family dynamics					
cohesion	0,288	0,031*	1,333	1,027	1,733
Spirituality					
self-efficacy subscale	-0,129	0,157	0,879	0,736	1,051
life scheme subscale	-0,197	0,137	0,821	0,633	1,065
Health-related quality of life					
physical domain	0,170	<0,0001*	1,185	1,090	1,289
psychological domain	-0,006	0,916	0,994	0,882	1,119
social domain	-0,045	0,303	0,956	0,877	1,042
environmental domain	0,081	0,181	1,085	0,963	1,222
Self-rated quality of life	-1,671	0,325	0,188	0,007	5,244
Satisfaction with health	3,165	0,036*	23,679	1,231	455,551
Constant	-8,315	0,148	0,000	-	-
<i>Males</i>					
Spirituality					
self-efficacy subscale	-0,629	0,018*	0,533	0,316	0,899
life scheme subscale	-0,767	0,050*	0,464	0,216	0,998
Health-related quality of life					
physical domain	0,061	0,394	1,063	0,923	1,224
psychological domain	0,190	0,265	1,210	0,865	1,691
social domain	-0,035	0,700	0,966	0,809	1,153
environmental domain	0,300	0,075	1,350	0,971	1,876
Constant	-54,061	0,997	0,000	-	-

Table 5 tion with their health (82,9 % vs 22,2 %) $\chi^2=20,611, \rho<0,0001$. Among the men, a higher proportion of those who expressed good satisfaction with their health (89,8 %) was significantly happy compared with those who expressed poor satisfaction with their health (20 %) $\chi^2=20,670; \rho<0,0001$.

Logistic regression analysis was carried out on variables that showed a significant association with happiness. Among the female respondents, having good cohesion in the family dynamics (OR=1,333; 95 % CI=1,027–1,733; $\rho=0,031$), having good health-related quality of life in the physical domain (OR=1,185; 95 % CI=1,090–1,289; $\rho<0,0001$) and satisfaction with health (OR=23,679; 95 % CI=1,231–455,551; $\rho=0,036$) were the predictors of happiness (tabl. 5). For the male respondents, having higher self-efficacy (OR=0,533; 95 % CI=0,316–0,899; $\rho=0,018$) and life scheme spiritually (OR=0,464; 95 % CI=0,216–0,998; $\rho=0,050$) were the predictors of happiness (see tabl. 5).

The focus of our study is to examine the association between family dynamics, spirituality, quality of life and happiness among older adults in Nigeria. This type of study is considered first in many ways, 1) it provides ideas on the level of happiness among older adults attending the pioneer geriatric centre in the West African sub-region, and 2) provides a new direction for the understanding of different determinants to hap-

piness among older adults attending clinical settings in Nigeria where infrastructural resources are limited and 3) healthy ageing is central to happiness of older adults in Africa, this study provides an opportunity for dialogue with African government toward the actualisation of healthy ageing by 2030.

In this study, more than four-fifths (82,8 %) of the respondents were happy. This was similar to reports from studies among older adults in the United States of America (82,7 %) [47], Iran (71,2 %) [4], and Turkey (81,8 %) [30]. We also found that the females were happier than the males without a statistical difference. This was contrary to the Study on Ageing and Adult Health (SAGE) survey, which reported that older males were happier than older females in South Africa [18]. Though there is no available data on gender disparity and happiness among older Nigerians, we therefore view our study as a crucial step in understanding the role of gender in the promotion of happiness among older adults in Nigeria.

We assessed family dynamics into three domains (cohesion, conflict and expression). Happy respondents had higher mean scores than those who were not happy though these associations were not statistically significant in all the domains except among the female respondents where a statistical association was observed between family cohesion and happiness. Family harmony and interaction patterns are positively associated with positive affect and well-being, especially among older women whose perceived family support has been shown to boost well-being and functional health [18]. Our findings were dissimilar to those among older Chinese where achieving family harmony is viewed as an important purpose of life that is essential for the maintenance of an individual's well-being [18].

Our study conceptualised the spiritual well-being of older adults on two sub-scales (self-efficacy and life-scheme). In both genders, the mean scores of spiritual well-being (self-efficacy and life-scheme) were significantly less in older adults who were happy compared with those who were not happy. Since higher scores indicate lower levels of spiritual well-being in the spiritual index of well-being (SIWB) tool that was employed [24, 54]. This finding is supported by the view of E.Y. Aglozo et al. [6] that spiritual well-being has a significant pivot on the overall happiness of older adults. A similar report among older adults residing in Iran and the eastern region of Nigeria found a moderate level of spiritual well-being with a low level of happiness. [4, 5]. Since spiritual well-being provides an avenue to reflect on the meaning of life and their goals in life, therefore, the healthcare provider should provide inclu-

sive spirituality services for the improvement of happiness of older adults through the establishment.

Our study reported that for both genders, happiness was significantly associated with all four domains of health quality of life (Physical, psychological, social and environmental). It is globally acknowledged that a good quality of life is an integral part of healthy ageing, therefore, the happy older adult often has personal aspirations, enjoyment, and a sense of fulfilment in life [7, 47]. Furthermore, the good quality of life of older adults has been reported as one of the determinants of happiness [38]. Respondents who had good self-rated health were significantly happy compared with those who self-rated their health as poor ($p < 0,0001$). Self-rated quality of life of older adults is conceptualised as a personal judgment of signs, symptoms, and functional capacity.

A similar study has reported that self-related health status has a potential impact on individuals' sense judgement about the self and ability to express their happiness [14, 48]. D. Mahadea et al. [36], individuals with poor health status may become unhappy, in tandem with the report from the SAGE study in South Africa, that the depreciation in the health status after self-assessment often reduces happiness and functional ability among older adults [48]. Although the above study was not conducted among older adults in the region, it offers some insights into the understanding of how self-rated health and happiness are important factors to consider in clinical judgement and service provision in the region of Africa. Furthermore, we observed the relationship between happiness and satisfaction with health among the respondents was statistically significant. The South African SAGE study revealed that older adults with poor health satisfaction are possible to be unhappy [19, 48]. Additionally, A.J. Bishop et al. reported that access to social support and health impairment is a critical predictor of happiness among older adults [13].

We conducted separate a logistic regression analysis for both genders to understand the most significant factors that determine happiness among older adults. Among the older female adults, good cohesion in the family dynamics [48] is consistent with the findings among community-dwelling older Iranians [23] and in our setting where family cohesion is a critical component of family systems in Nigeria [25], having a good health-related QoL in the physical domain [13] and satisfaction with health [14] were the predictors of happiness similar to the report of E.O. Cadmus et al. [16] that in the south-west region of Nigeria. Good health quality, especially in the physical activity domain and

satisfaction with health status, is a critical predictor of the well-being of older adults. Among male respondents, higher self-efficacy and life-scheme subscales of spirituality were found to be predictors of happiness. This was similar to findings from southeast Nigeria [5] and Iran on the level of spirituality of men as a determinant of happiness in later life [4].

Conclusion

The increasing life expectancy of older adults in developing countries like Nigeria calls for services that make older adults happy. This study offered some insight into the paucity of literature on the determinants of happiness among older adults attending a geriatric center in Nigeria. The study utilized the contextually validated Oxford happiness scale to understand the level of happiness of older adults which was found in more than eighty percent. In both genders, the quality of life and spirituality were important factors in being happy among older adults. Whereas family dynamics except for family cohesion among older women influenced happiness. The implication of our study is that, as obtainable in other countries in the global south like China, India and Indonesia, there is need for developed for a routine assessment of happiness among older adults in hospitals in the African region. Our findings also underline the need for intervention programming on improving health-related quality of life of older adults, promoting family cohesion and upholding spirituality of older adults attending receiving care in the hospitals. Lastly, our findings also highlight the importance of integrating geriatrics health services into primary health care programming in Africa.

Limitation

This present study is limited due to its cross-sectional design, so the causality between family dynamics, spirituality, quality of life and happiness cannot be fully confirmed. Thus, our findings may not be generalizable to the older population in other contexts.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest concerning this article's research, authorship, or publication.

References

1. Adebowale S.A., Atte O., Ayeni O. Elderly well-being in a rural community in North Central Nigeria, sub-Saharan Africa // *Publ. Hlth Res.* 2012. Vol. 2, № 4. P. 92–101. <https://doi.org/10.5923/j.phr.20120204.05>
2. Adebosoye L.A., Ladipo M.M., Owoaje E.T., Ogunbode A.M. Morbidity pattern amongst elderly patients presenting at a primary care clinic in Nigeria // *African J. Primary Hlth Care Family Med.* 2011. Vol. 3, № 1. P. 1–6.
3. Adesanya A.O., Rojas B.M., Darboe A., Beogo I. Socioeconomic differential in self-assessment of health and happiness in 5 African countries: Finding from World Value Survey // *PLoS One.* 2017. Vol. 12, № 11. e0188281. <https://doi.org/10.1371/journal.pone.0188281>
4. Adib-Hajbaghery M., Faraji M. Comparison of happiness and spiritual well-being among the community dwelling elderly and those who lived in sanitariums // *Int. J. Commun. Based Nurs. Midwifery.* 2015. Vol. 3, № 3. P. 216.
5. Agbo A.A., Ome B. Happiness: meaning and determinants among young adults of the Igbos of Eastern Nigeria // *J. Happiness Studies.* 2017. P. 18. № 1. P. 151–75.
6. Aglozo E.Y., Akotia C.S., Osei-Tutu A., Annor F. Spirituality and subjective well-being among Ghanaian older adults: optimism and meaning in life as mediators // *Aging Mental. Hlth.* 2021. Vol. 25, № 2. P. 306–315.
7. Akinyemi O.O., Owoaje E.T., Popoola O.A., Ilesanmi O.S. Quality of life and associated factors among adults in a community in South West Nigeria // *Ann. Ibadan Postgrad. Med.* 2012. Vol. 10, № 2. P. 34–39.
8. Al Bahar M., Badri M., Al Khaili M. et al. A Path Analytic Model Exploration of Determinants of Happiness of Older Adults in Abu Dhabi // *Ageing Int.* 2021. Vol. 7. P. 1–24. <https://doi.org/10.1007/s12126-021-09463-5>
9. An H.Y., Chen W., Wang C.W. et al. The relationships between physical activity and life satisfaction and happiness among young, middle-aged, and older adults // *Int. J. Env. Res. Publ. Hlth.* 2020. Vol. 17, № 13. P. 4817.
10. Angner E., Miller M.J., Ray M.N. et al. Health literacy and happiness: A community-based study // *Soc. Indicators Res.* 2010. Vol. 95, № 2. P. 325–338.
11. Angner E., Ray M.N., Saag K.G., Allison J.J. Health and happiness among older adults: a community-based study // *J. Hlth Psychol.* 2009. Vol. 14, № 4. P. 503–512.
12. Bedi S., Case G. Cultural impact on happiness and subjective well-being of older adults // *Indian J. Hlth Wellbeing.* 2014. Vol. 5, № 11. P. 1273–1280.
13. Bishop A.J., Martin P., Poon L. Happiness and congruence in older adulthood: A structural model of life satisfaction // *Aging Mental Hlth.* 2006. Vol. 10, № 5. P. 445–453.
14. Borim F.S., Neri A.L., Francisco P.M., Barros M.B. Dimensions of self-rated health in older adults // *Revista Saude Publ.* 2014. Vol. 48. P. 714–722.
15. Bourne P.A., Morris C., Eldemire-Shearer D. Re-testing theories on the correlations of health status, life satisfaction and happiness // *North Amer. J. Med. Sci.* 2010. Vol. 2, № 7. P. 311.
16. Cadmus E.O., Adebosoye L.A., Owoaje E.T. Rural-urban differences in quality of life and associated factors among community-dwelling older persons in Oyo state, South-Western Nigeria // *Quality Quantity.* 2022. Vol. 56, № 3. P. 1327–1344.
17. Chei C.L., Lee J.M., Ma S., Malhotra R. Happy older people live longer // *Age Ageing.* 2018. Vol. 47, № 6. P. 860–866. <https://doi.org/10.1093/ageing/afy128>
18. Chiang H.H., Lee T.S. Family relations, sense of coherence, happiness and perceived health in retired Taiwanese: analysis of a conceptual model // *Geriat. Geront. Int.* 2018. Vol. 18, № 1. P. 154–160.
19. Chirinda W., Phaswana-Mafuya N. Happy life expectancy and correlates of happiness among older adults in South Africa // *Aging Mental Hlth.* 2019. Vol. 23, № 8. P. 1000–1007.
20. Chyi H., Mao S. The determinants of happiness of China's elderly population // *J. Happiness Studies.* 2012. Vol. 13, № 1. P. 167–185. <https://doi.org/10.1007/s10902-011-9256-8>
21. Didino D., Taran E.A., Gorodetski K. et al. Exploring predictors of life satisfaction and happiness among Siberian older adults living in Tomsk Region // *Europ. J. Ageing.* 2018. Vol. 15, № 2. P. 175–187.
22. Diener E., Sandvik E., Pavot W. Happiness is the frequency, not the intensity, of positive versus negative affect // In: *Assessing well-being.* Dordrecht: Springer, 2009. P. 213–231 https://doi.org/10.1007/978-90-481-2354-4_10

23. Farahani M.A., Dorri S., Seyedfatemi N. Happiness strategies for older adults: A qualitative study // *Res. Geront. Nursing*. 2020. Vol. 13, № 5. P. 254–563.
24. Frey B.B. The spirituality index of well-being: A new instrument for health-related quality-of-life research // *Ann. Family Med*. 2004. Vol. 2, № 5. P. 499–503.
25. Gureje O., Kola L., Afolabi E., Olley B.O. Determinants of quality of life of elderly Nigerians: results from the Ibadan study of ageing // *African J. Med. Medical Sci*. 2008. Vol. 37, № 3. P. 239.
26. Gureje O., Oladeji B.D., Abiona T. et al. The natural history of insomnia in the Ibadan study of ageing // *Sleep*. 2011. Vol. 34, № 7. P. 965–973.
27. Helliwell J.F., Layard R., Sachs J.D. World happiness report 2022. New York. <https://worldhappiness.report/>
28. Hills P., Argyle M. The Oxford Happiness Questionnaire: A compact scale for the measurement of psychological well-being // *Person. Individ. Differen*. 2002. Vol. 33, № 7. P. 1073–1082. [https://doi.org/10.1016/S0191-8869\(01\)00213-6](https://doi.org/10.1016/S0191-8869(01)00213-6)
29. Hoge R.D., Andrews D.A., Faulkner P., Robinson D. The family relationship index: Validity data // *J. clin. Psychol*. 1989. Vol. 45, № 6. P. 897–903.
30. Hwang E.J., Sim I. Association of Family Type with Happiness Attributes Among Older Adults: 2017 Korean Community Health Survey Analysis. 2020. <https://doi.org/10.20944/preprints202002.0056.v1>
31. Kelly G., Mrengqwa L., Geffen L. «They don't care about us»: older people's experiences of primary healthcare in Cape Town, South Africa // *BMC Geriat*. 2019. Vol. 19, № 1. P. 1–4.
32. Khodabakhsh S. Factors affecting life satisfaction of older adults in Asia: A systematic review // *J. Happiness Studies*. 2021. Vol. 7. P. 1–6.
33. Kolosnitsyna M., Khorkina N., Dorzhiev H. Determinants of life satisfaction in older Russians // *Ageing Int*. 2017. Vol. 42, № 3. P. 354–473.
34. Lawal Z.I., Khan A., Bin Ramli J. Culture, socio-economic status, and religious coping as predictors of happiness: a review // *Ann. Tropical Med. Hlth*. 2020. Vol. 23. P. 156–169.
35. Lyubomirsky S., Lepper H.S. A measure of subjective happiness: Preliminary reliability and construct validation // *Soc. Indicators Res*. 1999. Vol. 46, № 2. P. 137–155.
36. Mahadea D., Rawat T. Economic growth, income and happiness: An exploratory study // *South African J. Econ*. 2008. Vol. 76, № 2. P. 276–290.
37. McAuley E., Blissmer B., Marquez D.X. et al. Social relations, physical activity, and well-being in older adults // *Preventive Med*. 2000. Vol. 31, № 5. P. 608–617.
38. Michalos A.C. Connecting the quality of life theory to health, well-being and education. Berlin: Springer, 2017.
39. Moller V., Saris W.E. The relationship between subjective well-being and domain satisfactions in South Africa // *Soc. Indicators Res*. 2001. Vol. 55, № 1. P. 97–114.
40. Naumann V.J., Byrne G.J. WHOQOL-BREF as a measure of quality of life in older patients with depression // *Int. Psychogeriat*. 2004. Vol. 16, № 2. P. 159–173. <https://doi.org/10.1017/S1041610204000109>
41. Obiageli O.Q., Agu C.S., Nonso O.S. et al. Underscoring the Relationship Between Education for Women and National Development in Nigeria // *SAGE Open*. 2022. Vol. 12, № 2. <https://doi.org/10.1177/21582440221102429>
42. Obimakinde A.M., Ladipo M.M., Irabor A.E. Familial and socio-economic correlates of somatisation disorder // *African J. Primary Hlth Care Family Med*. 2015. Vol. 7, № 1. P. 1–8.
43. Ogunbode A.M., Adebuseye L.A., Olowookere O.O. et al. Factors associated with insomnia among elderly patients attending a geriatric centre in Nigeria // *Curr. Geront. Geriat. Res*. 2014. Vol. 22. Article ID 780535. <https://doi.org/10.1155/2014/780535>
44. Ogunniyi A., Osuntokun B.O. Determination of ages of elderly Nigerians through historical events: validation of Ajayi-Igun 1963 listing // *West African J. Med*. 1993. Vol. 12, № 4. P. 189–190.
45. Oishi S., Diener E. Can and should happiness be a policy goal? // *Policy Insights Behav. Brain Sci*. 2014. Vol. 1, № 1. P. 195–203. <https://doi.org/10.1177/2372732214548427>
46. Paraiso M.N., Houinato D., Guerchet M. et al. Validation of the use of historical events to estimate the age of subjects aged 65 years and over in Cotonou (Benin) // *Neuroepidemiology*. 2010. Vol. 35, № 1. P. 12–16.
47. Peterson T.L., Chatters L.M., Taylor R.J., Nguyen A.W. Subjective well-being of older African Americans with DSM IV psychiatric disorders // *J. Happiness Studies*. 2014. Vol. 15, № 5. P. 1179–1196.
48. Phaswana-Mafuya N., Peltzer K., Chirinda W. et al. Self-rated health and associated factors among older South Africans: evidence from the study on global ageing and adult health // *Global Hlth Action*. 2013. Vol. 6, № 1. P. 19880. <http://dx.doi.org/10.3402/gha.v6i0.19880>
49. Salami K.K., Okunade O.O. Adults and social supports for older parents in peri-urban Ibadan, Nigeria // *J. Caring Sci*. 2020. Vol. 9, № 2. P. 65.
50. Tran T.Q., Nguyen C.V., Van V.H. Does economic inequality affect the quality of life of older people in rural Vietnam? // *J. Happiness Studies*. 2018. Vol. 19, № 3. P. 781–799.
51. United Nations Department of Economic and Social Affairs (UNDESA), World Population Ageing and Development 2012, Wall Chart, 2012. <http://www.un.org/en/development/desa/population>
52. Westaway M.S., Myburgh M.A. Quality of life and happiness: Results obtained from a South African Student project in greater Pretoria // *New Voices Psychol*. 2007. Vol. 3, № 2. P. 69–78. <https://hdl.handle.net/10520/EJC112554>
53. World Health Organisation: Life expectancy: Nigeria. <https://www.worldlifeexpectancy.com/nigeria-life-expectancy>
54. World Population Review Ibadan Population 2021 (Demographics, Maps, Graphs), 2021 World Population Review. <https://worldpopulationreview.com/world-cities/ibadan-population>
55. Wu L.F., Yang S.H., Koo M. Psychometric properties of the Chinese version of Spiritual Index of Well-Being in elderly Taiwanese // *BMC Geriat*. 2017. Vol. 17, № 1. P. 1–7. <https://doi.org/10.1186/s12877-016-0392-1>
56. Yaya S., Idriss-Wheeler D., Vezina M., Bishwajit G. Self-reported activities of daily living, health and quality of life among older adults in South Africa and Uganda: a cross sectional study // *BMC Geriat*. 2020. Vol. 20, № 1. P. 1.

Поступила в редакцию 29.08.2022

После доработки 10.10.2022

Принята к публикации 12.10.2022

Успехи геронтол. 2023. Т. 36. № 1. С. 48–56

О. Оyinlola^{1,2}, L.A. Adebuseye³, E.O. Cadmus⁴, O.K. Afolayan³

ВЗАИМОСВЯЗЬ СЕМЕЙНОГО СОСТОЯНИЯ, ДУХОВНОСТИ, КАЧЕСТВА ЖИЗНИ И СЧАСТЬЯ У ПОЖИЛЫХ ЛЮДЕЙ В НИГЕРИИ

¹ Department of Medical Social Services, University College Hospital, PMB 5116 Ibadan, Nigeria;

² McGill School of Social Work, H3A 1B9 Montreal, Canada, e-mail: gsticks2@gmail.com;

³ Geriatric Centre, University College Hospital, PMB 5116 Ibadan, Nigeria; ⁴ Department of Community Medicine, College of Medicine, University of Ibadan, PMB 5116 Ibadan, Nigeria

Проблемы семейного состояния, духовности, качества жизни и счастья у пожилых людей редко изучают в южных странах, таких как Нигерия, по сравнению с северными. В этом исследовании оценивали взаимосвязь семейного состояния, духовности, качества жизни и счастья у пожилых людей в Нигерии. Было проведено поперечное обследование 378 пожилых людей (≥ 60 лет). Семейное состояние, духовность и качество жизни определяли с помощью индекса семейных отношений, шкалы духовного индекса благополучия и краткого опросника качества жизни соответственно. Описательную и логическую статистику проводили при $\alpha_{0,05}$. Средний возраст составил $72,8 \pm 7,1$ года, 255 (67,5%) были женщины. Большинство — 313 (82,8%) пожилых были оценены как счастливые. В целом семейное состояние, духовность и качество жизни, связанное со здоровьем, были в значительной степени определяющими факторами счастья ($p < 0,05$). У женщин предикторами счастья были семейная сплоченность ($p = 0,031$), хорошее качество жизни, связанное с физическим здоровьем ($p < 0,001$), и удовлетворенность здоровьем ($p = 0,036$). Предикторами счастья у мужчин были высокая самореализация ($p = 0,018$) и духовность жизни ($p = 0,050$). Результаты исследования показали, что большинство пожилых людей были счастливы. Регулярная оценка и программы вмешательства для улучшения качества жизни могут повысить чувство счастья у пожилых людей южных стран.

Ключевые слова: семейное состояние, качество жизни, счастье, Нигерия, пожилые люди, духовность

UNIVERSITY OF IBADAN LIBRARY