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Well-Being of Lagos Urban Mini-Bus Drivers: The Influence of Age and Marital Status

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***Abstract*—**Lagos urban mini bus drivers play a critical role in the transportation sector. The current major mode of transportation within Lagos metropolis remains road transportation and this confirms the relevance of urban mini-bus drivers in transporting the populace to their various destinations. Other modes of transportation such as the train and waterways are currently inadequate. Various threats to the well-being of urban bus drivers include congested traffic typical of modern day lifestyles, dwindling financial returns due to long hours in traffic, fewer hours of sleep, inadequate diet, time pressure, and assaults related to fare disputes. Several health-related problems have been documented to be associated with urban bus driving. For instance, greater rates of hypertension, obesity and cholesterol level have been reported. Research studies are yet to identify the influence of age and marital status on the well-being of urban mini-bus drivers in Lagos metropolis. A study of this nature is necessary as it is culturally perceived in Nigeria that older and married people are especially influenced by family affiliation and would behave in ways that would project positive outcomes. The study sample consisted of 150 urban mini-bus drivers who were conveniently sampled from six (6) different terminuses where their journey begins and terminates. The well-being questionnaire was administered to participants. The criteria for inclusion in the study included the ability to read in English language and the confirmation that interested participants were on duty and suited to be driving mini-buses. Due to the nature of the job of bus driving, the researcher administered the questionnaires on participants who were free and willing to respond to the survey. All participants were males of various age groups and of different marital statuses. Results of analyses conducted revealed no significant influence of age and marital status on the well-being of urban mini-bus drivers. This indicates that the well-being of urban mini bus drivers is not influenced by age or marital status. The findings of this study have cultural implications. It negates the popularly held belief that older and married people care more about their well-being than younger and single people. It brings to fore the need to also identify and consider other factors when certifying people for the job of urban bus driving.

***Keywords*—**Age, Lagos metropolis, marital status, well-being of urban mini bus drivers.

I. Introduction

URBAN bus driving has consistently been described as an occupation that is predisposed to various health hazards [1]. For example, physical health challenges [2]; coronary heart diseases such as obesity, hypertension, hypercholesterolemia, hypertriglycerolemia and ischemic heart disease [1]; bronchitis and inflammation of the spinal nerve [3]; and lower back pain [4] have at various times been documented to be consequences of health outcomes diagnosed for urban bus drivers. That notwithstanding, bus transit has remained the most patronized mode of transportation globally [5]. It is therefore of utmost importance to identify potential variables that will mitigate these health hazards among urban bus drivers.

The definition of well-being varies but the culmination of these various definitions is that well-being signifies a state of positive health and a life that can be described as comfortable, happy, lack of negativity, satisfying and fulfilling [6]-[8]. The desire to achieve a state of positive health is the ambition of every individual. However, the environment is constantly filled with elements and conditions that potentially truncate the attainment of positive health outcomes. This is still a challenge for man to contend with. A state of well-being may therefore be achieved with conscious effort and personal determination.

Age [9] and marital status [10] are perceived as significant demographic predictors of well-being. In the African culture, safety practices and responsible behaviour are ascribed to people above a certain age group and people who are married. This perception, though not empirical is a generally held belief among Africans and in particular Nigerians. The understanding is that through the years, people experience negative and positive outcomes that are related to the choices they make in life. The outcome of people's choices; which may be positive or negative, determines the reoccurrence of such behaviours. Additionally, the status of marriage confers responsibility to either a spouse or children. Africans therefore interpret age and marriage as a sign of caution that would deter older or married people from engaging in activities that will affect their health negatively.

To the best knowledge of the authors of this paper, the relationship between age, marital status and well-being of urban bus driver has not been investigated in Nigeria. Despite the generally held assumption that older people and those who are married are more careful and would take actions that would promote a positive well-being, this assumption requires empirical support. The objective of this study therefore is to investigate the relationship between age, marital status and well-being of urban mini bus drivers in the metropolitan city of Lagos, Nigeria.

II. Lagos Urban Bus Drivers

Considering that well-being refers to a general state of positive health, it is pertinent to investigate the well-being of urban mini bus drivers because of the occupational hazards attached to bus driving for a living. Lagos urban mini bus drivers practically have to start driving their vehicles early in

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the morning otherwise passengers who depend on this mode of transportation to get to their different locations on time will be stranded. In Nigeria, this requires that such drivers rise up from their beds as early as 4.00am in the morning. Urban bus drivers start work most often before dawn when most people are still in bed. They are engaged in driving their passengers from one point to another with several stops until it gets to midnight. This they do every day of the week including Sundays. They barely get enough sleep at night; neither do they nap during the afternoons except occasional naps while waiting for passengers. This has earned the urban bus driver the name "Sleepless Worker" by their passengers. The condition of the roads these drivers drive on and traffic situation in the city of Lagos may encourage and contribute to a poor state of their well-being. Traffic situation in the city of Lagos is characteristic of normal city driving in any part of the world [11]. Due to phenomenal growth in population occasioned by urbanization and positive economic growth [12] traffic congestion has become a common sight in big cities. For example in Nigeria, during the oil boom era, aggregate demand in the economy rose strongly because money supply increased from about 18% in 1973 to about 70% in 1976 [13]. This brought about changes in the purchasing power of Nigerians and consequently the ability to purchase more vehicles. This trend has consistently increased and has resulted in increased volume of motor vehicles that ply existing road network [12]. The resultant consequences of increased volume of vehicles plying the roads are traffic congestion, traffic gridlock, increased driving hours, increased physical activities behind the wheels, exhibition of aggression, infrequent and low quality of meals, excessive exposure to harsh weather conditions such as sunlight and flood, inhalation of carbon monoxide, and misunderstandings with passengers. All of these negative consequences impact on the well-being of urban mini bus drivers.

III. Well-Being and Urban Bus Drivers

Reference [8] described well-being as a cognitive and affective assessment of one's life. Consequently therefore, a person's value judgment about satisfaction with life (cognition) and pleasant and unpleasant moods, guided by emotions and feelings (affect) about life aptly describes the well-being of that individual. The theory of well-being was postulated by [14] and it identified five elements essential to a state of well-being thus: positive emotion, engagement, relationship, meaning and accomplishment. These five elements were construed as the PERMA Model. The importance of these elements to well-being has also being corroborated by other studies. For instance positive emotion (P) [15], [16] being employed and engaged (E) [17] support from relationships (R) [18] have been identified as sensitive to well-being. The fourth and fifth elements are represented by meaning (M) and accomplishment or achievement (A) respectively. For meaning to create a sense of well-being, an individual must have served a cause that would be beneficial to others. That creates a sense of usefulness which propels a person to want to live for something. Accomplishment or achievement connotes a sense of fulfilment of having accomplished or mastered a task or skill, achieved a goal or won a competition. All of these elements according to [14] create a sense of well-being.

The urban bus driver spends considerable hours of the day on the road and behind the wheel of the vehicle. The traffic congestion takes a toll on the health of the urban bus drivers. For the urban bus driver to experience positive emotion, engagement, relationship, meaning and accomplishment, there is need to create the time to achieve them. In the absence of a free time, which may be due to the nature of the job of urban bus driving, these elements would be absent in the life of the bus driver and in essence, well-being will elude the urban bus driver.

Innumerable research studies have been conducted to assess the well-being of urban bus drivers. Consistent findings that have characterised these studies adduce to the fact that there is a positive correlation between bus driving and negative health outcomes. In [19], the incidences of hypertension were investigated in a sample of 1500 black and white male drivers in the United States in comparison with individuals in the general population employed in other professions. The findings revealed that incidences of hypertension were prevalent among bus drivers than in three other comparison groups. Additionally, drivers who were 50 years and above, and drivers who have been driving for a long time were more hypertensive compared to younger drivers. A similar result was obtained in [20] investigating stress among bus drivers and its effect on hypertension when age and years of driving are considered. The findings revealed that 39 % of the drivers who were 50 years and above were hypertensive. Also 36% of the bus drivers who have been driving consistently for over 20 years were also hypertensive. In another related study, a cohort of bus, car, taxi and van drivers were surveyed for potential risk of stroke. These findings were consistent with other related studies [21] where professional drivers, irrespective of the type of vehicle they drove were at increased risk of stroke. Specifically, those drivers who served passengers reported higher risks than those who carried goods [21]. Other types of illnesses and diseases have been documented as threats to urban bus drivers. Examples are lung and bladder cancer [22]; low back pain [19]; and mental illness [23].

In Nigeria, a series of studies have been conducted in relation to health risks of professional drivers. For instance, [24] surveyed 400 male professional drivers on occupational health diseases. It was revealed that 52 (13%) of the drivers had renal tubular acidosis while majority of the drivers who constituted 88% (352) had myagla. Further analysis indicated that 20 (5%) of the drivers had upper respiratory infections while 90 (22.5% of the drivers had hypertension. In a related study [25] musculoskeletal pain was investigated among professional drivers located in Ibadan. The study investigated the influence of socio-demographic variables on the prevalence of musculoskeletal pain and illness perception and health seeking behaviour among public automobile drivers. Findings obtained revealed that 89.3 percent of the drivers

reported experiencing musculoskeletal pain 12 months before the study and the location of the pain was at the lower back [25]. Further demographic analysis revealed that those who had longer years of driving experience reported higher musculoskeletal pain. These studies however did not indicate the influence of these physical illnesses on the well-being of the professional drivers.

IV. Urban Bus Drivers, Well-Being, Age and Marital Status

Prior to this study, an interview was conducted to seek the opinion of commuters on their choice of the age and marital status of the driver of the public bus they board to their destinations. A sample of 102 participants who had recently graduated from universities located in different parts of Nigeria and serving a national assignment volunteered to respond to survey questions. On the choice of the preferred age of the driver who drive the public buses they boarded, 55 of the 102 respondents (53.9%) preferred older drivers while 47 (46.1%) preferred younger drivers. On the choice of marital status, 60 (58.8%) participants preferred drivers who are married while 42 (41.2%) participants preferred bus drivers who are single. Age and marital status are demographic variables that connote a sense of responsibility, safety and maturity in the African setting. For example, age is associated with experience, insight and wisdom [26]. Interestingly though, in the study of [27] professional drivers who were between the ages of 19 and 30 and those between the ages of 31 to 60 years obtained the same score on four different dimensions of driving namely aggressive driving, judgment error, safety consciousness and compliance to traffic rules and regulations. Marital status according to [28], [29], is viewed as a major achievement in the life of an individual in America. Responsibility, maturity, and proper adjustment [30] are attributes perceived to be possessed by married people and behaviours that may positively influence their health. Single people have fewer obligations in other settings that are not work related [30] hence, the tendency to work long hours is high since there are no marital and family obligations to fulfill.

Extant literature on demographic, social, and personal variables associated with driver behaviour is consistent on the crucial role of individual differences [31] in the outcomes on automobile driving. Differing results have been recorded on the influence of variables such as age, socio-economic status, marital status, and others on well-being. This is because the nature of individuals may vary across cultures, perceptions, family background, and religious affiliations among others. The objective of this study therefore is to investigate the influence of variables of age and marital status on the well-being of urban bus drivers. This would highlight the contribution of these variables to the well-being of urban bus drivers, which is presently a concern to psychologists and stakeholders in the medical and transport industries. The hypothesis of this study therefore is that:

- There will be a significant positive relationship among age, marital status and well-being of urban mini bus drivers.

V. Methodology

This study utilised the survey research design, specifically the ex-post factor survey research method was adopted. The setting was the metropolitan city Lagos, situated in Lagos State, the former capital city of Nigeria. According to a daily newspaper [32], Lagos State has a population of 21 million inhabitants. Data was collected from six major areas of metropolitan Lagos: Oyingbo, Obalende, Under-bridge Ikeja, Oshodi, Yaba and Ojota. A convenient sampling method was used to select one hundred and fifty (150) male urban mini-bus drivers who completed the well-being survey. Convenient sampling method was adopted because the mini-bus drivers do not have a fixed schedule of movement. The bus drivers were approached in six different terminuses where their journey begins and terminate. The criteria for inclusion in the study included the ability to read in English language and the confirmation that interested participants were on duty and sited to be driving mini buses. The research instrument was the well-being scale developed by [33]. The questionnaire consists of sections A and B. Section A assessed demographic variables of age, ethnic affiliation and marital status while section B assessed the 21-item Well-being Scale developed by [33]. Urban bus drivers were required to respond to the well-being items on a 5-point Likert scales (strongly disagree to strongly agree).The wellbeing questionnaire was both directly and reversely scored. The 21-item well-being questionnaire by [33] has a reliability statistics of 0.72.

VI. Procedure

The researcher approached each of the 6 terminuses and proceeded to the office of the Chairman of the Road Transport Workers Association (RTWA) for the terminus. The RTWA monitor the activities of the drivers. The essence of the visit to the Chairman of the RTWA was to introduce the researcher and discuss the purpose of the study. Thereafter, the urban mini-bus drivers were approached in each of the locations for the study with the 21-item Well-being Scale. The researcher explained and interpreted some items on the questionnaires to a few of the drivers. A hundred and fifty (150) bus drivers provided responses to the questionnaires between 10-15 minutes each in their parks. Data collection was concluded in eight days.

VII. Results

A one-way ANOVA statistical analysis was conducted to test the hypotheses using version 21 of the Statistical Package for Social Software (SPSS). Firstly, the descriptive statistics is presented in Table I.

For the hypothesis which states that there will be significant positive relationship among age, marital status and well-being of urban mini-bus drivers, the results suggested that age and marital status did not significantly influence the level of well-being of urban mini-bus drivers. ANOVA ($F(2, 147 = 0.487$, $p = 0.615$) across all age grades and marital statuses indicate there was no observed significant mean difference in their

well-being. A Turkey post-hoc test did not also reveal any significant prediction across board.

TABLE I
DESCRIPTIVE STATISTICS FOR INDEPENDENT VARIABLES

Variables	Categories	N	%
Age	30-39	79	52.7
	40-44	46	30.7
	45-49	18	12.0
	50 and above	7	4.7
	Total	150	100%
Marital Status	Never Married	28	18.7
	Married	109	72.7
	Separated	13	8.7
	Total	150	100%

TABLE II
DESCRIPTIVE STATISTICS ON WELL-BEING

Variable	Levels	N	%
Well-being	Low	94	62.7
	High	56	37.3
	Total	**150**	**100**

TABLE III
CORRELATION MATRIX ON AGE, MARITAL STATUS AND WELL-BEING

	Age	Marital Status
Marital Status	.505**	
Well-being	.034	-.012

**Correlation is significant at the 0.01 level (2-tailed)

In Table III, results indicate that there was no relationship among age, marital status and well-being. However, a significant positive correlation exists between age and marital status; this implies that as an individual increases in chronological age, a change in marital status is expected.

In more specific terms, the cultural expectation is that the older an individual becomes, the more the society expects that the person should get married or be more concerned about his or her marital life. The positive correlation therefore seems logical within the context in which the research was conducted. However, the fact remains that the same result may not obtain in some other culture.

VIII. DISCUSSION

The hypothesis of this present study which stated that there will be significant positive relationship among age, marital status and well-being of urban mini bus drivers was not confirmed. The result of this present study is surprising and interesting considering the characteristics of the population of study and the cultural inclination toward age and marital status in relation to healthy behaviour. This finding negates the traditional perception held by majority of Africans that people who are above a certain age or people who are matured and are married [10]) would exhibit a positive, healthy and responsible behaviour towards their health. This is because healthy behaviours are predictors of well-being [34]. Moreover, [35] affirms that demographics such as race, ethnic affiliation and marital status are determinants of differential practices and attitudes to their health. Moreover, unmarried individuals have been implicated in health practices that are not safe [36].

The descriptive statistics in this present study says a lot when the percentage of bus drivers reporting low level of well-being (62.7%) is considered. This is more like a true reflection of what happens in the real world of the urban mini-bus drivers. The low level of well-being in this present study is indicative of a profound health situation affecting the urban mini-bus drivers that requires urgent attention. It thus means that there are possibly several variables other than age and marital status that account for the low level of well-being; particularly in Lagos.

Firstly, the traffic situation in Lagos is characteristic of city traffic anywhere in the world [11]. With a projected population of 25 million inhabitants by the year 2015 [37], and the increasing number of vehicles [38], traffic congestion and subsequently time delays on the roads will be experienced. The implication of this is that urban city bus drivers may likely experience anxiety, frustration, anger; all of which may lead to negative moods and emotions. As reiterated by [12], if positive emotion is a catalyst to well-being, then, negative mood and emotion will lead to low level of well-being. Hence, irrespective of age and marital status, the traffic condition of urban Lagos will defy wisdom, maturity and responsible health behaviours associated with these demographic variables.

Numerous literature on driver behaviour have confirmed irregular and poor diet of urban bus drivers [39], [40]. The urgency to make several rounds of trips for financial advantage makes it difficult to find adequate time to eat. Furthermore, the quality of food consumed by urban bus drivers may be of low quality due to the fact that time constraints warrants eating out at different points during the course of the day. These makes unhealthy eating habits characteristic of the behaviour of urban bus drivers. All of these inadequacies negatively influence the well-being of urban bus drivers on the roads from dawn to dusk while sitting behind the wheel. This condition is made worse with the nature of Lagos traffic which stretches for kilometers. Poor eating habits may culminate in negative health outcomes such as hypertension [19], [20]. Additionally, traffic jam has been identified as a determinant of emotion laden reactions which may culminate in negative health consequences such as mental illness [41].

Environmental cues that are ubiquitous in the vicinity of the mini-bus drivers may also be responsible for the insignificant result obtained in this present study. Alcohol of various types are sighted and sold in various parks and terminuses across Lagos. The alcoholic drink sellers are patronized by bus drivers despite concerted efforts by the government to ban these practices [40].

Therefore from the result of this present study, the inability of married participants and older urban mini-bus drivers to achieve a higher level of well-being compared to the single participants and those drivers who are younger may be attributable to factors beyond demographics. Increased vehicles on the roads, traffic congestion, deplorable roads,

negative driving behaviours, inadequate traffic management and so on combine to form a strong force that becomes too much for personal factors to surmount.

The implication of the result of this present study is multifaceted. The perceived cultural perception associating age and marital status with healthy and responsible lifestyle may be erroneous. Most of the urban bus drivers in Lagos do not own the buses they drive. These buses are owned by the government and other private investors including corporate entities. Thus other factors could be considered by employers of labour in Nigeria when recruiting for employment.

As indicated in the table of correlations (table 3), age and marital status have a significant positive correlation. This implies that as an individual increases in chronological age, a change in marital status is expected. In more specific terms, the cultural expectation is that the older an individual becomes, the more the society expects that the person is married or be more concerned about his or her health and invariable have a high level of well-being. When these factors are considered in hiring decisions, the consequences may be devastating. A situation where an individual who is desperate for another job shows up for the job of a professional driver and is hired based on age and marital status, negative outcomes could be experienced with such an individual. It is pertinent for employers to consider other criteria, in addition to age and marital status for selection decisions.

The result obtained in this study may be limited to Lagos. The peculiarity of the traffic situation in Lagos may have produced a non-significant relationship among the variables of study. Hence a different result whereby age and marital status will positively influence well-being of urban bus drivers may suffice in other parts of Nigeria. This may be explored as a future research.

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