Family Size, Income and Marriage Types as Predictors of Healthy Living: A Case Study of Families in Ogun State

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Research Article

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ABSTRACT

The study investigated the influence of family size, income and marriage types of healthy life of randomly selected families. It adopted ex-post-factor research design within Ikenne Local Government Area of Ogun State. Four hypotheses were tested and analyzed by the use of multiple regression and independent t-tests. All hypotheses were tested at 0.05 level of significant. The finding reveals that the three independent variables contributed 28.1% to healthy living and they were significant. Also family income was the most contributors to the healthy living follows by Home types and family size. The result also indicates that people on higher income earners and monogamous setting do enjoy better health than that of the lower income earners and separated home.

From the result of the study, it is therefore recommended that:
1. The families should limit the number of children and dependent so as to enjoy better health.
2. Government and corporate enterprises should look into wages and salaries, so that more money will be available to for a better healthy life.
3. People are encouraged to set up a monogamous home other than separated or polygamy.

Key words: family size, income, marriage types, healthy living

INTRODUCTION

The greatest challenge facing the 21st century generation is the problem of wellness. As we look around the globe, there seems to be a sharp increase in the health problems of individuals. Our hospitals with no drugs have recorded a large numbers of patients in the recent time and large number of unknown disease has also sufficed. There seems to be a global concern. (World Health Organization, 1979).

Healthy living is defined as a state of complete physical, mental and social well being and not the absence of disease or infirmity. (World Health Organization, 1948). The other dimension that has been added to it is the spiritual health (White, 2004). This has to be because of the importance God also place on health. From the Biblical perspective, it has been supported by researchers that God view about health is the best for wellness, right from the garden of Eden the Lord gave our forefather vegetarian diet to eat. This has been proved that if people can abide by this, it lengthens life span and produce wellness of the body. Even when meat was given to be eaten, it was well stated the type of meat to be eaten (Leviticus 11) and we have several statements in the Bible that are credited to healthy living like Exodus 15:26, 3 John 2.

There are different dimension of wellness; these are physical, emotional, intellectual, spiritual interpersonal (social) and environment wellness. (Insel & Roth, 2006). The physical health involve eating well, exercising, making decision, avoiding harmful habit, while the emotional health involves optimum trust, self – confidence, esteem and acceptance and intellectual health includes an openness to new ideas and ability to think properly. The spiritual health is to posses a set of beliefs, principles or value that are meaningful and purposeful in life, the interpersonal involves satisfying relationship and
environmental health entails protection of oneself from poverty and learning against hazards. (Glanz Lewis & Rimer 2002).

The relation between mind and health of the body has also been established. White (2004) pointed out that when one is affected, the other sympathizes. The condition of the mind affects the health to a greater degree than many realized. She went further to state that many of disease from which men suffer are the result of mental depression. Grief, anxiety, remorse, guilt, distrust all tend to break down the life focus and invite decay and death. As an adage say, “health is wealth”. The importance of receiving health education has also received attention from researcher. Studies by Dawson (1997), Frank (1998) and Gould (1999) reveal the significance of health instruction and they concluded that health instruction is effective in reducing many high-risk behaviors like teenage pregnancies, smoking, especially among young people. But the overall effectiveness depend on individual life styles, openness and been ready to read instructional materials. The role of activities has also been brought into focus as it has been established that actions is law of our healthy being. Every organ has its appointed work upon the performance of which its development and strength depend. The moral activities of the organs given strength and vigor, while the tendency of disuse is toward decay and death. As an adage say, “health is wealth”. The importance of receiving health education has also received attention from researcher. Studies by Dawson (1997), Frank (1998) and Gould (1999) reveal the significance of health instruction and they concluded that health instruction is effective in reducing many high-risk behaviors like teenage pregnancies, smoking, especially among young people. But the overall effectiveness depend on individual life styles, openness and been ready to read instructional materials. The role of activities has also been brought into focus as it has been established that actions is law of our healthy being. Every organ has its appointed work upon the performance of which its development and strength depend. The moral activities of the organs given strength and vigor, while the tendency of disuse is toward decay and death. (White, 2004).

The role of a family in creating health living has been stressed. Family is the unit through which individual comes from, it can then be concluded that a healthy families produces individual that are healthy. Firstly, living alone or simply feeling alone can have a negative effect on the state of mind and physical health. Married people on average live longer than unmarried people, whether single, divorced or separated. Those who married have lower prevalence of headaches, low back pain and psychological distress. On relationship, people with strong social ties are less likely to become ill and tend to recover more quickly; they do recover from heart attacks and live longer with heart disease. Woman in satisfying marriages are less likely to develop risk factors associated with cardiovascular disease than unmarried woman or women in unhappy marriages. (Bookwala, 2005; Gallo, 2003).

A growing body of research confirms the existence of a power connection between socio-economic status and health. Poverty is a significant threat to the individual health and population which implies lack of resource deemed necessarily for survival is self evidently associated with poor health, particularly in less developed countries (Haires, Oliverfein, Whitney, Lawrence, Christire & Robert, 1998). It is estimated that if developing countries enjoy the same health and social condition as the most developed nation, the current annual toil of more than 12 million deaths in children younger than 5 years of age could be reduced to less than 400,000. An average person in undeveloped countries has a life expectancy of 43 years while the life expectancy of most of the developed countries is 78 years (World Health Organization, 1995).

Lastly the objectives of this study are: To know the contributing impact of the three variables mentioned on the healthy living; also to know the most contributory variables to healthy living and healthy living of individual raised from Monogamous / Separated homes and Higher /Lower income earners.

Hence the hypotheses to be tested are;
1. There is no significance contribution of the family size, income and marriage types on healthy living.
2. There is no significant contribution of each of the independent variable on healthy living.
3. There is no significant difference between the healthy living of an individual from an intact home (Monogamous) and separated home.
4. There is no significant difference between the healthy living of a low-income earners and higher income earners.

METHOD

Design

The research adapted the ex-post-facto research survey for this study because the researcher is interested in finding the relationship between the independent variable and the dependent variable without necessarily manipulating the independent variables.
Sample

The sample of this study consists of two hundred families within Ikenne Local Government Area of Ogun State. The sample was selected through random sampling technique comprises of different kind of families like the low and high income earners, educational status, no of children and home types.

Instrumentation

The instrument consists of structured questions developed by the Researcher. Section A consists of demographic data on the family, while section B consists of structure questions which measure healthy living. The questions were made in such a way that it measure different aspect of healthy living namely physical, emotional, social, intellectual, environmental and spiritual health. Some questions were taken while some were deleted. A total number of 30 questions were taken in which five questions were in each section. Participant responded to the questions statement in a 4 – point likert scale ranging from Never = 1, rarely – 2, Sometimes -3 and usually- 4.

Validity And Reliability

The questionnaire was subjected to face validity and content validity by the assistance of experts in research method. Some questions were reconstructed, while some were deleted. A reliability coefficient of 0.76 was obtained via a test-retest method after on internal at 2 weeks.

Procedure

The researcher personally administered the questionnaire with an instruction to the respondent that the exercise is purely for research.

Data Analysis

Data were analyzed using multiple regressions for hypothesis 1&2 and Independent t-test statistics for hypothesis 3&4.

RESULTS

\( H_0 \): There is no significant combine contribution of the independent variables on healthy living.

<table>
<thead>
<tr>
<th>Table 1: Showing the combine contribution of the independent variables on healthy living</th>
</tr>
</thead>
<tbody>
<tr>
<td>R = .542</td>
</tr>
<tr>
<td>Adjusted ( R^2 = 0.281 )</td>
</tr>
<tr>
<td>( R^2 = 0.293 )</td>
</tr>
<tr>
<td>Standard error of estimate = 6.77273</td>
</tr>
<tr>
<td>ANOVA</td>
</tr>
<tr>
<td>Sum of square</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Predictors: family size, income and home type
Dependent variable: healthy type
Result indicated that family size, income and home types taken together accounted for 28.1% of the total variance in the family healthy living as \( R = .542 \); \( R^2 = 0.293 \) and adjusted \( R^2 = 0.281 \). Also, the f – value of
the combined contribution = 4.526; P < .05) which is significant. Hence, the hypothesis which state there is no significant combined contribution is discarded and the alternate is upheld. This implies that the three independent variables are good predictors of healthy living.

H2: There is no significant contribution of each independent variable on healthy living.

### Table 2: Showing the contribution of each variable to the healthy living.

<table>
<thead>
<tr>
<th>Model</th>
<th>Un-standardize co-efficient</th>
<th>Standardize co-efficient</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family size</td>
<td>.536</td>
<td>.341</td>
<td>.361</td>
<td>.977</td>
</tr>
<tr>
<td>Home type</td>
<td>1.846</td>
<td>.421</td>
<td>2.560</td>
<td>.577</td>
</tr>
<tr>
<td>Income</td>
<td>5.381</td>
<td>.286</td>
<td>6.381</td>
<td>.009</td>
</tr>
</tbody>
</table>

A. Dependent variable = Healthy living

Results show the predictor variables in the models, the Beta value and the corresponding significant t-values. Result reveals that the Beta values of family income (β) = 5.381; t = 6.381; P < .05; follows by Home type (β) = 1.846; t = 2.560; P < .05 and lastly by family size (β) = 0.536; t = 0.361; P > 0.05. The first two, family income and home types are significant while the family size is not significant at an alpha level 0.05.

H2: There is no significant difference between the low-income earners and high-income earners and healthy living

### Table 3: Independent t-test analysis of low-income earners and higher income earners.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std deviation</th>
<th>Mean difference</th>
<th>df</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income earners &lt;N20,000</td>
<td>124</td>
<td>89.222</td>
<td>13.49941</td>
<td>16.9438</td>
<td>172</td>
<td>8.034</td>
<td>0.001</td>
</tr>
<tr>
<td>High income earner &gt;N50,000</td>
<td>59</td>
<td>106.166</td>
<td>13.7731</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

df = 179; t-critical = 1.960

The result in the table 3 shows that a significant difference existed between the health living of a low-income earners and high-income earners. The high-income healthy living differ significantly than the low-income earners (t-calculated = 8.034 > t-table = 1.960; df = 179 P < .05). Also, the high-income earner has a higher mean than the low income. Thus the finding indicated that the family of higher income will enjoy a better health than the low-income earners.

H4: There is no significant difference between the healthy living of family that is intact (monogamy) and separated home.
Table 4: Independent t-test analysis of healthy life of an intact and separated home.

<table>
<thead>
<tr>
<th>Home type</th>
<th>N</th>
<th>Mean</th>
<th>Std deviation</th>
<th>Mean difference</th>
<th>df</th>
<th>t</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monogamy</td>
<td>146</td>
<td>99.965</td>
<td>11.12602</td>
<td>18.637</td>
<td>172</td>
<td>4.941</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Separated</td>
<td>28</td>
<td>81.328</td>
<td>8.4321</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The result in table 3 shows that a significant difference exists between the healthy living of an intact home (monogamous) and separated home. The intact home show a higher mean than that of a separated home. Also, the t-calculated = 4.941 > t-table = 1.960; df = 172; P<.05.
Hence the hypothesis which states no significant difference is discarded and the alternate is upheld. Thus, the healthy living of a family is affected by home setting.

DISCUSSION

The first hypothesis which states that there is no significant contribution of the independent variables is discarded, it is revealed in table 1, and the three variables strongly predict the healthy living of families and individuals. The combine contribution of the three was 28.1% and also the f - value = 4.526 are significant at a level of 0.05. Although both the combined contribution and the f - value is not so high as expected but the result could not have happened by chance. 71.9% of the variance could not be accounted for that notwithstanding, the family size, income and home types are good predictors of healthy living.
In table 2, where the contribution of each variable is stated. It revealed that the family income is best predictor of the healthy living as the corresponding beta value of 5.381 and t-value of 6.381 is significant at a level of 0.05 and follow by home type setting of Beta value of 1.846 and t- value of 2.560 is significant at a level of 0.05 and lastly by family size. Researches have indicated that family income is a strong determinant of healthy living (Carlson, McLanahan. & England, 2004). Family size is also a contributor but the other two variables seem to have overpowered its contribution in the research aspect.
In table 3, which state there is no significant difference between the healthy living of low -income earners and high- income earners is discarded and the alternate hypothesis is upheld. The table revealed that the t-value of 8.034 is higher than the t-table = 1.960. Thus, the finding reveals that, families of higher income of more than N50000 and above can enjoy better health than the low- income earners. That states the higher the income the greats the chances of living better. This is in the sense that, there would be more money to enjoy good medical facilities, good food and others.
The last hypothesis that says no significant difference between the healthy living of family that is intact (monogamy) and separated home is also discarded. Result from the table revealed that a significant difference exist between the healthy living of a separated home and intact home as t-calculated = 4.941 > table = 1.960 at an alpha level of 0.05. The family of a separated home is likely to have a serious healthy problem as members in the house like the children might be subjected to emotional and psychological disturbance. This might be as a result of the absence of one of the parent. Also, the family income might not be able to secure the family size and little money will be available for medical care.

CONCLUSION

With the result of this finding, a few variables have been identified to be closely associated with healthy living. These include the level of education, the income level, the family structure, whether large or small, and marriage
types. Knowledge has been attributed to wealth, the more educated one is the better the person will be reformed
to take informed decisions which will be for reaching a healthy lifestyle

RECOMMENDATION

It is clear and certain that the three variables jointly predict the healthy living of families that is, the family size,
income and home setting. It is therefore recommended that:
1. Families should strive to increase their income level so as to enjoy a better healthy living. Also, the
government should look into wages and salaries as the present salaries cannot sustain an average Nigeria healthy living. The private investor can be encouraged to do so.
2. The counseling psychologist, health workers, social workers and all those who are interested in wellbeing are
encourage promoting healthful living especially those in rural areas laying emphasis on the three used
variables.

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