PERSONALITY TRAITS AND RELIGIOSITY AS PREDICTORS OF GENERAL HEALTH AMONG BLOOD DONORS IN IBADAN.

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ABSTRACT

This study investigated personality traits and religiosity as predictors of general health among blood donors in Ibadan. It adopted expost facto design. The independent variables are Personality traits and religiosity while dependent variable is general health. The study was conducted in Ibadan city. Purposive sampling technique was used to sample 260 participants consisting of 112 males, 138 females and 10 participants who indicated not their sex responded to questionnaire of Big Five Personality Inventory of Gerlitz and Schupp (2005), The Daily Spiritual Experience and Religiosity Scale (DSER) developed by Underwood and Teresi (2002), and Goldberg and Hillier (1979)'s General Health Questionnaire (GHQ-28). Mean scores, frequencies, percentages, Pearson's correlation and regression were used for analysis. The results disclosed that personality as a whole does influence general health among individual blood donors($R = .454$; $R^2 = .206$; $F(5,252) = 1924.161$; $P<.01$). Also, religiosity predicts the level of general health among individual blood donors in Ibadan city $t(256) = 5.057$; $P<.01$). The implication of these findings is to inform Federal government of Nigeria and the global society about how to educate individuals on how to manage general health considering psychosocial factors and the family setting.

Keywords: Personality Traits, Religiosity, General Health, Blood Donors, Ibadan

INTRODUCTION

There has been increased national interest in general health research in recent time globally. The Center for Disease Control and Prevention (CDC) Health-Related Quality of Life Program focuses on how wellbeing can be integrated into health promotion and measured in public health surveillance (CDC, 2009). Because individual wellbeing is entwined with physical and mental health, there is a need to better understand health determinants and outcomes beyond simple measures of morbidity and mortality. General health depicts the total health condition of a person in all aspects. It is also a level of function and metabolic efficacy of an organism often implicitly human. Overall heath is achieved through a combination of physical, mental and social well-being which is commonly referred to as health triangle (Idoko, Evbuoma, Agoha and Oyeyemi, 2016). General health is a vital and important aspect of human life. It is an inevitable part of life from the early time; possessing good health is pre-requisite to every human being for all round growth and development. It is a concept that encompasses both psychological, social and personal resources as well as physical capabilities. The World Health Organization defined health as a "complete state of physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948).

In the last few decades, the importance of psychological processes in the experience of health and sickness is being increasingly popular. Although there are many factors which affect the various facets of general health of an individual, the role of personality traits, which determine the behaviour protocols of an individual, need to be studied for a better understanding of one's general health. As a result, health habits are one of the areas in which personality factors are likely to surface and: that is why the present study has delved into investigating the relevance personality to the general health of individual blood donor. Personality could be defined as an individual's characteristic

style of behaving, thinking, and feeling" (Schacter, Gilbert, & Wegner, 2009). Research on early personality processes in relation to general health is particularly relevant in light of epidemiologic studies that increasingly point to the importance of early life influences on adult health (Wadsworth & Kuh, 1997). There is also a demonstration of a link between early emerging personality traits with adult general health condition (Kuh & Ben-Shlomo, 1997; Repetti, Taylor & Seeman, 2002).

Religiosity is the "extent" to which an individual believes, follows, and practices a religion". Religiosity is characterized by excessive involvement in religious activities. It entails extreme zeal outside of and beyond the norms of one's faith. It is more than affection for one's religion but affection in religion. Religiosity usually reflects one's individual beliefs more than those of the religious organization itself (Ekenta, 2017). The concepts of religiosity are gaining more attention of social scientists globally. Studies have shown that religiosity could have an important influence on both physical and mental health of individual. Added to that, spiritual needs are common phenomenon among people for instance; religious beliefs influences medical decision making, drugs adherence and donation of some parts or organs of body to sustain the lives of others (Brink, 1993; Hill and Hood, 1999). However, few researchers in Nigeria have dealt with "religiosity and health". In recent times, religiosity have been associated with several positive outcomes: better quality of life in hematopoietic stem cell transplant patients, in patients with multiple myeloma and in patients with myelodysplastic syndromes; also, there was an association between religiosity and blood donation among 226 postgraduate students(Giancarlo, 2014). In the same study it was found that religiosity is associated with attitudes toward blood donation (even after adjusting for age and gender) and that regular blood donors had a higher intrinsic religiosity and were more likely to donate blood again, particularly in Brazil, where blood donation is not remunerated. Giancarlo (2014) concluded that there is association between religiosity, drug adherence and intention to donate blood in 281post-graduate students.

On the other hand, (Giancarlo, 2014) in his other research discovered that, religiosity can also be related to many clinical and ethical issues such as, delayed prenatal diagnosis of hemophilia, changes in hematologic parameters during religious obligation(that is; fasting or Ramadan), use of spiritual healing by patients with hematological diseases and refusal of blood transfusion by Jehovah's Witnesses. From the several researches it is now clearer that, personality traits and religiosity is worth studying as related to general health. Nigeria as one of the countries facing the menace of religion bigotry and general health, though government is yet to face the problem unlike Britain, USA and other developed or developing world. Health and social welfare services, religion centres and rehabilitation homes are face with thousands these phenomena. Funny enough, there is little or no NGOs or Organizations who are really into research on prevention and treatment of general health in our community. Even psychologists are yet to open their eyes fully to solving or exploring this challenge in our society. This study tends to investigate personality traits and religiosity as predictors of general health among blood donors.

Statement of the Problem

The world at large is concerned about the alarming rate of unhealthy living of people, outbreak of diseases and psychological related illnesses. Hardly would one listen to news or read newspapers without hearing matters relating to general health problems, this necessitate international organization like WHO, UNICEF and UNDP to delve into ways forward on how to ameliorate or curb totally the menace of general ill-health. For instance,

WHO spent at least, $404 million on infrastructural health care, development of human resources for health and education for healthy living annually (The New York Times, June 16, 2017). The recent global report on general health problem shows that psychosocial factors is one of the highest leading cause of unhealthy wellbeing and disability to adjust to a healthy life style (Ustun, Ayuso-Mateos, Chatterji, Mathers, and Murray, 2004). This calls for a result oriented research for a possible solution to the menace of ill-health condition.

General health is a big concern globally; the study investigated the psychosocial factors that could precipitate general health of individual blood donors; therefore, the following research questions will be answered to guide the research objectives:

1. Will personality dimensions predict general health of individual blood donors?
2. Will religiosity predict general health of individual blood donors?
3. Will personality traits and religiosity jointly influence general health of individual blood donors?
4. What are the demographic variables that influence general health of individual blood donors?

Objective of Study

The general objective of this study is to examine among Blood Donors in Ibadan, the role of personality traits and religiosity as predictors of general health**.**

Research Hypotheses

The following research hypotheses were postulated in the course of this research:

HO_1: Participants with high level of religiosity will significantly score higher on general health than participants with low level of religiosity among blood donors in Ibadan.

HO_2: Extraversion, agreeableness, conscientiousness, neuroticism and openness will predict significant joint and independent influence of general health among blood donors in Ibadan.

Literature Review

The Health Belief Theory of General Health

The health belief model was developed in the 1950s by a group of social psychologists with four core constructs in the model: the first two refer to a *particular disease* whereas the second two refer to a *possible course of action* that may reduce the risk or severity of that disease (Becker, 1974). Perceived susceptibility (or perceived vulnerability) is the individual's perceived risk of contracting the disease if he or she were to continue with the current course of action. Perceived severity refers to the seriousness of the disease and its consequences as perceived by the individual. Perceived benefits refer to the perceived advantages of the alternative course of action including the extent to which it reduces the risk of the disease or the severity of its consequences. Perceived barriers (or perceived costs) refers to the perceived disadvantages of adopting the recommended action as well as perceived obstacles that may prevent or hinder its successful performance. These factors are commonly assumed to combine additively to influence the likelihood of performing the behaviour. Thus, high susceptibility, high severity, high benefits and low barriers are assumed to lead to a high probability of adopting the recommended action. Another factor that is frequently mentioned in connection with the HBM is cues to action (events that trigger behaviour), but little empirical work has been conducted on this construct.

Protection Motivation Theory of General Health

Protection motivation theory (Rogers 1983) was originally developed to explain how people respond to fear-arousing health threat communications or `fear appeals.' It can be regarded as an adaptation of the **Health Belief theory**. Protection motivation refers to the motivation to protect oneself against a health threat; it is usually defined operationally as the intention to adopt the recommended action. Of the determinants of intention specified by the model, the four that have received the most empirical attention are vulnerability and severity (equivalent to perceived susceptibility and severity in the HBM), response efficacy (the belief that the recommended action is effective in reducing the threat), and perceived self-efficacy (the belief that one can successfully perform the recommended action; Bandura 1997). Thus, a person will be more motivated to protect himself or herself (i.e., have a stronger intention to adopt the recommended action) to the extent that he or she believes that the threat is likely if the current course of action is continued, that the consequences will be serious if the threat occurs, that the recommended action is effective in reducing the likelihood or the severity of the threat, and that he or she is able to carry out the recommended action.

Trait Theories of Personality

Unlike Freud's explanation of personality in terms of hidden and unconscious motives, trait theorists attempt to describe personality in terms of stable and enduring behaviour patterns, or dispositions to feel and act. The point of the trait approach to personality is that people have consistent personality characteristics that can be measured and studied. They use dominant traits and their associated characteristics to describe personality "types." One way has been to suggest traits, such as anxiety, that some theory regards as basic. A newer technique is *factor analysis,* a statistical procedure that identifies clusters of behaviors that tend to appear together. For example, through *factor analysis,* Hans and Sybil Eysenck(1985) reduced normal variations to two or three genetically influenced dimensions, including extraversion–introversion and emotional stability–instability. Brain activity scans suggest that extraverts and introverts differ in their level of arousal, with extraverts seeking stimulation because their normal brain arousal level is relatively low. Jerome Kagan (1998) maintains that heredity, by influencing autonomic nervous system arousal, also affects our temperament and behavioural style, which help define our personality. Lewis Colberg (1980), personality dimensions, dubbed the *Big Five:* neuroticism, extraversion, openness, agreeableness, and conscientiousness. These traits appear to be stable in adulthood, largely heritable, common to all cultures, and good predictors of other personal attributes. Locating an individual on these five dimensions provides a comprehensive picture of personality.

The Theory of Modes of Doctrinal Mode of Religiosity

According to the doctrinal mode of religiosity, ritual action tends to be highly routinized, facilitating the storage of elaborate and conceptually complex religious teachings in semantic memory, but also activating implicit memory in the performance of most ritual procedures. Doctrines and narratives that would be impossible to learn and remember if they were rarely transmitted can be effectively sustained through repetitive sermonizing. Repetition, however, can lead to reduced levels of motivation. But the motivation is strengthen through a variety of mechanisms, including supernatural sanctions (such as eternal damnation) and, more positively, incentives (such as eternal life and salvation). Of course, the power of these mechanisms depends on people

believing the religious teachings. In order for people to believe in a set of doctrines, the doctrines have to be cast in a highly persuasive fashion. This is commonly achieved, at least in part, by special techniques of oratory established over time through processes of selection. Routinized religions tend to be associated with highly developed forms of rhetoric and logically integrated theology, founded on absolute presuppositions that cannot be falsified. This is commonly illustrated by poignant narratives that can easily be related to personal experience.

The Imagistic Mode of Religiosity

McCauley (2001), propounded the imagistic theory, he opined that religiosity is motivated from the fact that, it features are causally interconnected or mutually reinforcing. Once again, this claim rests on a series of testable hypotheses that;

1. Infrequent repetition and high arousal activate episodic memory of religion practice. Rarely performed and highly arousing rituals invariably trigger vivid and enduring episodic memories among the people who participate in them. According to this theory, religious practices that are rarely performed, but which elicit low levels of arousal, are unlikely to be passed on: people will rapidly forget the procedures, and especially their meanings, during the long gaps between performances; even if they could remember some aspects of the rituals, their lack of thought about these practices for long periods would not be conducive to high motivation.
2. Activation of episodic memory triggers spontaneous exegetical reflection, leading to expert exegetical frameworks stored in semantic memory. The combination of infrequent repetition and high arousal may provide excellent conditions for remembering the details of religious procedures, such as ritual actions. But it does not seem to help people to remember verbally transmitted information, such as doctrines and narratives. It turns out that this needn't matter. In fact, the meaning and salience of rare, climactic rituals usually lies in their capacity to trigger spontaneous exegetical reflection (SER)—often experienced as personal inspiration or revelation. The key to understanding this lies in the fact that episodic memory is a type of explicit memory. This means that rare, climactic rituals are processed at a conscious level. This in turn encourages people to draw associations between different images evoked in religious ceremonies, which are rooted in the way perception is organized (McCauley 2001).

In addition, high arousal fosters intense cohesion. The high arousal involved in the imagistic mode tends to produce emotional bonds between participants. In other words, there is intense social cohesion. People who are bound together in this way tend to form rather small and localized communities.

Consequently, religious communities tend to be exclusive: you cannot be a member unless people remember you as part of a previous cycle of religious activities; and, by the same token, you cannot very easily be excluded once you are in (i.e., your participation cannot be easily forgotten).This tends to give rise to fixed and exclusive ritual groups in which there is no easy way of adding to, or subtracting from, the established membership. Religious hierarchies capable of policing an orthodoxy ritual and in part it is because each ritual community is likely to be fiercely exclusivist (and therefore will tend to emphasize local distinctiveness over regional unity).

Personality, Religiosity and General Health

According to research conducted by Friedman (1993), High conscientiousness and low neuroticism are established predictors of longevity. Risky health behaviours partially mediated the association between neuroticism and mortality in a longitudinal

study of male veterans followed for 30 years (Mroczek, Spiro, & Turiano, 2009) and also in a sample of male veterans followed for 15 years (Weiss, Gale, Batty, & Deary, 2009). In a longitudinal study spanning forty years, adult general health behaviours partially mediated the effects of childhood levels of conscientiousness on mortality (Hampson, 2007).

The psychology of religion itself evolved in the context of Christian (generally Protestant) culture. Notable and influential figures in the psychology of religion who were heavily influenced by their Christian background included William James (1902), Rudolf Otto (1917), Paul Tournier (Cox, 1998), Gordon Allport (1950) and C.G. Jung (1958). Mormons (Latter-day Saints) have taken a keen interest in the development of the psychology of religion. Barlow and Bergin (1998) have suggested that some psychopathologies may be fostered by the Mormon lifestyle and beliefs, such as being a member of a minority group, mistrusting orthodox medicine, authoritarianism, and superstitious spiritualism. Defection may also lead to adjustment problems. However, alternatively, they suggest that Mormon beliefs and lifestyle may promote psychological health. Many of these observations might apply to other Christian groups.

Some research conducted on exegesis of Islam concluded that, Islam has a long tradition of interest in general health. The earliest recorded psychiatric institutions – established over a thousand years ago– were in Muslim countries. The mentally ill are viewed as 'the afflicted of Allah'. In the last decade a number of publications on the psychological aspects of Islam have appeared (El Azayem and Hedayat-Diba, 1994; Geels, 1996; Kose, 1996a, 1966b; Hedayat-Diba, 1997). One feature of some of these writings has been the emphasis on the psychological benefits of Islamic practice: 'Islamic teachings have reference to care for the family, divorce and polygamy, concern for the welfare of parents and the aged, and concern for learning and work (Kose, 1996) also, the Proscriptions against suicide, sexual perversions, crime and racial discrimination. Muslims can enjoy healthy and balanced lives by following these teachings' (ElAzayem and Hedayat-Diba, 1997). Muslims report that regular prayer (*salat*) is experienced as beneficial psychologically (Cinnirella and Loewenthal, 1999), and may prefer to try prayer and other religious means to alleviate psychological distress (Husain, 1998).

Public life and published life are predominantly masculine. This applies to the religious domain as well as to other areas. Saints and prophetesses and nuns can be female, but in the public arenas of religion, and in leadership roles, women are a minority (Loewenthal, 1990). Social-scientifically, the consensus seems to be that women's experiences may differ from the (masculine) 'norm'. Women's experiences of religion are private-domain, and they are harder to access. In psychological studies, participants are often women, but the possibility of gender differences is often ignored. Where they have been attended to, gender differences are often described in ways that are pejorative to women. Notorious examples include Freud's suggestion that women's moral and religious development is weaker and more tenuous than that of men which affect their general health and self-efficacy. Kohlberg's (1969) claim that women's moral development is often less advanced than that of men and thereby weaken their psychological wellbeing and state of mind. Gilligan (1993) made the vigorous claim that women's moral values were founded differently to those of men – men live in a world of individualistic assertion, women live in a world of caring and concern for general wellbeing. With good reason, Reich (1997) has asked if we need a theory for the religious development of women. These are flickers of concern in an area of investigation in which the differences in quality between the social worlds and the experiences of women and men, girls and boys have often been overlooked.

To date, research on the general health has ignored characteristics of the person beyond socioeconomic status. Conversely, personality research on the links between personality and health has often focused on just one trait at a time. A comprehensive evaluation of the healthy lifestyle allows us to ask to what extent the shared variance among the indicators of the healthy lifestyle can be attributed to demographic variables. Social support could be defined for the purpose of this study as a multidimensional concept consisting of relational provisions including attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance, and obtaining guidance (Weiss, 1974). An international study by Poulin, Deng, Ingersoll, Witt, & Swain (2012) revealed that higher levels of family and friend support was associated with significantly lower levels of depression and higher health functioning in both elderly American and Chinese individuals. Researchers have suggested that well-being and health are affected by the magnitude of social networks in a sample of older adults from Delhi (Singh &Misra, 2009). Downs and Javidi (1990) found that a significant relationship exists between feelings of loneliness, self-control, inclusion, and affection in older adults. In a recent study conducted with HIV+ adults the results supported that those with higher levels of social support reported higher levels of vitality (Nguyen,Chng, Vosvick, & Perales, 2010). Empirical research regarding the presence of social support provides evidence for enhancement of elderly individual's subjective well-being.

Mirahmadizadeh (2003) argued that ill health was greater amongst those who were older and had higher level of concern for their family. It was greater among couples who are have lost mutual respect for each other and lose both communication skills and more understanding. In a nutshell, it is of no doubt that personality traits and religiosity as constructs that shows clues to the causes of general health among peoples is worthy of studying. Several studies had been sternly and critically explored to investigate biological factor that causes ill health but little has been done on psychosocial predictors of general health more. This study will add more variables to be considered in investigating general health, especially the in the realm of psychosocial factors which will add values to literature and a problem-solving scientific research results.

METHODOLOGY

Research Design

This study adopted an expost-facto design. This is because the variables in the research cannot be manipulated. The independent variables are personality traits and religiosity. The dependent variable is general health which was continuously measured with a scale on blood donors.

The study involved the blood donors who are both Christians and Muslims; and comprise of Yorubas, Hausas, Igbos and other minority ethnic groups in Nigeria. The target population was the individual who come to University College Hospital, and other hospitals in Ibadan, Oyo state, Nigeria.

This study involved only adults (18years and above). This setting is most suitable for this type of study because the city is endowed with many hospitals where blood donors could be found to participate in the study. The participants were randomly selected purposively during questionnaires administration. A total sample size of about 260 blood donors (which involved 112 males and 138 females while 10 participants did not indicate their gender). The study used the quantitative data collection techniques to achieve its objectives in the target region.

Instrumentation

A carefully designed questionnaire that is made up of four validated scales of measurement was used in this study as an instrument for collection of data. The questionnaire was divided into four sections: Section A, B, C, and D.

Section A consisted of socio-demographic information of the participants, such as age, gender, occupation, educational level, religion, economic status and marital status.

Section B**,** General Health Questionnaire (GHQ-28) developed by Goldberg and Hillier (1979), was versioned as a screening tool form for general health. The 28 items of the GHQ total scale can be divided into four subscales (7 items in each). In the original study the four factors explained 54% of the variance. The internal consistency recorded a cronbach's alpha coefficients of reliability of the subscales vary around 0.82 and the internal consistency of the total scales is 0.92.

Section C, "Big Five" Inventory: The Scale consists of 15 items only; this is adapted from the BFI-15 of Gerlitz & Schupp (2005). The BFI-15 on a subsample of the SHP was introduced to test the psychometric properties of this scale, before introducing this scale to the entire SHP sample. The 15 items short version personality inventory measures five (5) dimension of personality which is openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. The test retest correlations reported for the BFI-15 scales are thus: extraversion .83, agreeableness .68, conscientiousness .77, and neuroticism .74, openness to experience .72, the test reliability for the big five is .75 convergent validity with the NEO-PI-R domains average of .63 for the TiPI and .67 for the BFI-15. The test -retest correlation for the BFI-10 scales in the two retest samples mean retest stability coefficients were .72 in us-1.78 in G-1 and .75 overall, suggesting that the BFI-15 scales achieved respectable levels of stability over 6-8 weeks in both cultures. The reliability were reported thus; extraversion traits =.79, agreeableness=.69, conscientiousness=.70, neuroticism=.76, and openness to experience =.65.

Section D**,** The Daily Spiritual Experience & Religiosity Scale (DSERS) was developed by Underwood, L. G., and Teresi, J. A. (2002)**:**it is 16-item self-report measure designed to assess ordinary experiences of connection with the transcendent in daily life. It includes constructs such as awe, gratitude, mercy, and awareness of discernment/inspiration and a sense of deep inner peace as per religion and belief. It also contains four explicit items on giving and receiving compassionate love from deity/God. It works for those from various religions as well as for those not comfortable with religion. Translations have been made into over 40 languages and the scale has been used in over 200 published studies.

Procedure for Data Collection

Before handing the questionnaire to each participant, a simple introductory discussion was conducted stating partial intent of the research so as to gain the participant's cooperation and sincerity. In this study, a self-administered questionnaire was distributed to a sample of 260 respondents who came to donate blood in the University Teaching hospital, Ibadan. The method of questionnaire administration adopted was a purposive type which was done systematically by the researcher and with the assistance of four research assistants. A total of 271 questionnaires were administered, however, only 260 were retrieved. Also participants inform consent were sought and those who agreed to participate were asked to sign the inform consent form attached with the questionnaire; the questionnaires were then, administered. The use of non-probability purposive sampling procedure was adopted, using the purposive sampling procedure. The participants were approached in the hospitals where they have come to donate blood. It took the researcher several weeks to administer the questionnaire and collect it back.

Methods of Data Analysis

The sampling technique employed is purposive sampling technique which involves the selection of participants in such a way that it would follow the purpose of the study strictly by considering only the adults (including males and females)who have come to the hospital to donate blood.

Data was analyzed using (statistical packages for the social sciences) SPSS 21.0. Descriptive statistics such as frequency, mean, Standard Deviation and variance were performed to describe the subject's information. The reliability analysis of the study instruments were ascertained and reported as local reliability for future reference. Pearson product moment correlation was used to analyze hypothesis one and regression analysis was used to analyzed hypotheses two to five. It was used to determine which dimensions of personality traits and religiosity predicts general health among individual blood donors.

RESULTS

Hypothesis One, which stated that participants with high level of religiosity will score significantly higher on the measures of general health than participants with low level of religiosity among blood donors in Ibadan.

Table 1: Summary of t-test for the independent samples showing the influence level of religiosity on general health

	Religiosity	N	Mean	S.D	**df**	**t**	P
General health	Low	109	60.54	12.01	256	5.075	<.01
	High	149	52.31	13.44			

Results in table 1 above indicates that participants with high level of religiosity scored significantly higher on general health than participants with low level of religiosity among blood donors in Ibadan t(256) = 5.057; P<.01). Furthermore, participants with high level of religiosity recorded a mean of (60.54) and participants with low level of religiosity recorded a mean score of (52.31). This result implies that there is significant difference in level of religiosity among blood donors in Ibadan. Hence, the result confirmed the stated hypothesis and it is accepted in this study.

Hypothesis Two, which stated that Extraversion, agreeableness, conscientiousness, neuroticism and openness will jointly and independently predict significantly the general health of blood donors in Ibadan. This hypothesis was tested using multiple regressions and the results are presented in table 2:

Table 2: Summary of Multiple Regressions showing the Influence of extraversion, agreeableness, conscientiousness, neuroticism and openness **on general health**

Variable	**R**	**R^2**	**F**	**P**	**β**	**t**	**Sig**
Extraversion					-.364	-4.237	.01
Agreeableness					.471	4.423	.01
Conscientiousness	.454	.206	1924.161	.01	-.072	-.548	.05
Neuroticism					.046	.533	.05
Openness					.202	2.299	.01

Dependent variable: general health

Results in table 2 above showed that extraversion, agreeableness, conscientiousness, neuroticism and openness jointly predicted general health among blood donors in Ibadan($R = .454$; $R^2 = .206$; $F(5,252) = 1924.161$; $P<.01$). This implies that extraversion, agreeableness, conscientiousness, neuroticism and openness jointly accounted for about 21% variance in general health while the remaining 79% could be attributed to other variables not considered in this study. However, the analysis of the independent predictions indicated that extraversion, agreeableness, and openness predicted significant independent influence on general health ($\beta = -.364$; $t = -4.237$; $P<.01$); ($\beta = .471$; $t = 4.423$; $P<.01$); ($\beta = .202$; $t = 2.299$; $P<.01$) among blood donors in Ibadan. Therefore, the stated hypothesis is supported by the result obtained and it is accepted in this study.

DISCUSSION OF FINDINGS

Findings from the study tend to support what many other similar researchers have found. Results from the study showed that the personality of the blood donors significantly predicted the general health. These findings are similar to the result of Shobhana, Shilpa, and Madhu, (2012) which concluded that participants who are religious may establish a kind of pattern which eventually leads to a better mental or general health in society as a whole. In addition, Abdel-khalek (2010) found that religiosity among Muslim Kuwaiti adolescents was related to better health and well-being.

The second hypothesis that personality traits (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) will jointly predict general health among blood donors in Ibadan was confirmed; this is in line with the conclusion of Bakhshayesh, (2013) who concluded that personality traits can determine the decreased or increased in general health of individuals. Also, this study builds on previous investigations documenting that the level of personality traits predicts health outcomes (Bogg & Roberts, 2004; Hampson & Friedman, 2008; Smith, 2006; Wilson, Bienas, Mendes de Leon, Evans, & Bennett, 2003). Considering the results of these findings, religiosity and personality traits are great variables when considering the factors that influence human general health in the society.

Conclusion

This research provides an overview of current research on personality traits and religiosity as predictors of general health within family and society settings as a whole. Most evident is that these research literature bases have been growing, often in parallel ways with the results of this study. The research concludes that personality as a whole does influence general health among individual blood donors. Also, religiosity predicts the level of general health among individual blood donors in Ibadan city. Though the demographic variables like age, sex, education, tribe, religion and economic status does not predict general health in this study.

The result implies that, personality of individual blood donors may determine the level of his/her general health. It was also discovered that, donors who were not religious have tendencies for high general health risks. Therefore, government should bring up a programme that will aid awareness of general health practice or measures for healthy living and encourage counseling centres to educate people on how to manage their personality patterns that may foil unhealthy living in our society.

Recommendations

In order to achieve a balance and healthy lifestyles, there is need to pay attention to means of fostering mechanisms that will alleviate unhealthy living. On the basis of the findings reached in this study, the following measures are suggested in order to reduce the phenomenon of general health challenge globally and in Nigeria particularly:

1. Government, Non-governmental organisations, social and religious groups at all levels should take up the responsibility of involving psychologists in training/counseling people on how to live a healthy and sustainable lifestyle.
2. There should be public enlightenment through the mass media on the side effects of personality disorders and how it affects the wellbeing of the victims.
3. Medical professionals are in position to help the patients however; after physical treatment, they should refer them to counselors and psychotherapists to take care of other social and psychological factors that triggers or could precipitate unhealthy lifestyles.
4. Intervention centres should be more equipped with experts and quality human resources to foster a result-oriented problem-solving intervention programme; for instance, Nigeria government is yet to see the necessity to involve a counseling or clinical psychologists in both private and government hospitals where issues of general health dysfunction are mostly treated.
5. Religious centres should integrate psychological knowledge into the training of their clergy, for them to better understand human behaviour and learn how to manage psychosocial vices; rather than dwelling on spiritual approach alone for family rehabilitation.

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