

## DEMOGRAPHIC VARIABLES INFLUENCING THE WELL-BEING OF IKEJA DANFO DRIVERS

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### ABSTRACT

*Danfo is a name given to bus drivers who drive yellow commercial buses in Lagos metropolis and they play significant role in conveying commuters within the city of Lagos. The major mode of mobility in Lagos is road transportation. Thus commercial bus driving within Lagos city is a profitable business. However, these drivers encounter various threats to their well-being due to 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. Research studies are yet to identify the influence of demographic variables on the well-being of commercial bus drivers in Lagos metropolis. The study sample consisted of 150 bus drivers who were conveniently sampled from six (6) different terminuses where their journeys begin and terminate. Participants in this study were all males of various age groups and of different marital statuses. The results revealed no significant influence of age and marital status on the well-being of danfo commercial bus drivers. However, a relationship between age and marital status only were identified, but not with the well-being of commercial bus drivers. These findings 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 commercial bus driving.*

**Keywords**—*Demographic predictors, danfo bus drivers, well-being,*

### INTRODUCTION

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 (Morrie et al., 2008; Frey & Stutzer, 2002). 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. These elements and challenges continue to pose as threats to man. A state of well-being may therefore be achieved with conscious effort and personal determination. In literature, age (Assunção & Medeiros, 2015) and marital status (Watt, 2014) are perceived as significant demographic predictors of well-being. Commercial bus driving is an occupation that is vulnerable to various health hazards (Wang and Lin, 2001). That notwithstanding, bus transportation has remained the most patronized mode of mobility globally (Morris, Sinclair, & DePaulo, 2007). It has therefore become expedient to identify potential variables that will mitigate these health hazards among danfo commercial bus drivers.

In the African culture, safety practices and responsible behaviour are usually 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 such choices determines the reoccurrence of such behaviours. Additionally, the status of marriage confers responsibilities and obligation toward 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 danfo commercial bus drivers 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 demographic predictors of well-being of danfo commercial bus drivers in Ikeja, Lagos State Nigeria.

### **WELL-BEING OF BUS DRIVERS**

Considering that well-being refers to a general state of positive health, it is pertinent to investigate the well-being of commercial bus drivers in view of the occupational hazards associated to bus driving as a means of livelihood. Lagos commercial bus drivers practically have to start driving their vehicles early in the morning otherwise passengers who depend on this mode of transportation to get to their different locations on time will be stranded. For instance, in Ikeja, the danfo drivers interviewed admitted that they rise up from their beds as early as 4.00am in the morning. These bus drivers start driving 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. Bus drivers barely get enough sleep at night; neither do they nap during the afternoons except occasional naps while waiting for passengers. This has earned the danfo 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 (Nesbit, Conger, & Conger, 2007).

Due to phenomenal growth in population occasioned by urbanization and positive economic growth (World Bank, 2006), 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 (Atkins, 2010). 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 networks (World Bank, 2006). 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 commercial bus drivers and make it justifiable to investigate the well-being of commercial bus drivers.

Andrews, and Withey (1976) 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 Seligman (2011) 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) (Robinson, & Burnett, 2005; Knipling, Hichman, & Bergoffen, 2006) being employed and engaged (E) (Lucas et al., 2004), support from relationships (R) (Edwards, 2006) 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 Seligman (2011), create a sense of well-being.

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

The study of Ragland, Winkleby, and Schwaalbe (1987), adduce to the fact that there is a positive correlation between bus driving and negative health outcomes. In their study, 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 Greiner (2004) while 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 (Tuchsen, 2006), 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 (Tuchsen, 2006). Other types of illnesses and diseases have been documented as threats to bus drivers. Examples are lung and bladder cancer (Soll-Johanning, 1998); low back pain (Ragland, 1987); and mental illness (Michaels, & Zoloth, 1991).

In Nigeria, a series of studies have been conducted in relation to the health risks of professional drivers. For instance, Amoran, Salako, and Jeminusi (2014) 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 (Akinpelu, 2011) 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% of the drivers reported experiencing musculoskeletal pain 12 months before the study and the location of the pain was at the lower back (Akinpelu, 2011). 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.

### **AGE, MARITAL STATUS AND WELL-BEING,**

The authors of this present study conducted series of interviews with commuters. The purpose of the interview was to assess their opinion on age and marital status of the driver of the public buses 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 (Brossoie, 2009). Interestingly though, in the study of Malomo (2010), 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 Depaulo (2006) and Morris, Sinclair, and DePaulo (2007), is viewed as a major achievement in the life of an individual in America. Responsibility, maturity, and proper adjustment (Morris et al., 2007) 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 (Morris et al., 2007) hence, the tendency to work long hours is high since there are no marital and family obligations to fulfil. Extant literature on demographic, social, and personal variables associated with driver behaviour is consistent on the crucial role of individual differences (Ivancevich, Konopaske, & Matteson, 2013) 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 the variables of age and marital status on the well-being of danfo commercial bus drivers. This would highlight the contribution of these variables to the well-being of bus drivers, which is presently a concern to psychologists and stakeholders in the medical and transport industries. The hypotheses of this study are two. The first hypothesis is that differences in age and marital status will significantly influence the well-being of danfo commercial bus drivers. Secondly, danfo bus drivers will significantly report a low level of well-being.

## **METHOD**

This study utilised the survey research design for data collection. The setting was the mainland part of Lagos, situated in Lagos State, the former capital city of Nigeria. According to a daily newspaper, (Akoni, 2013), 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. These areas are referred to as mainland Lagos. A convenient sampling method was used to select one hundred and fifty (150) male commercial bus drivers who completed the well-being survey. Convenient sampling method was adopted because the bus drivers do not have a fixed schedule of movement. The bus drivers were approached in six different terminuses where their journey began and terminated. 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 commercial buses. The research instrument was the well-being scale developed by Bradley (2015). 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 Bradley (2015). 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 Bradley (2015) has a reliability statistics of 0.72.

## **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 is a union of road transport drivers who 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 commercial 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.

**RESULTS**

**TABLE 1**  
**Descriptive statistics for independent variables**

Variables	Categories	N	%
<b>Age</b>	30-39	79	52.7
	40-44	46	30.7
	45-49	18	12.0
	50 and above	7	4.6
<b>Marital Status</b>	Never Married	28	18.7
	Married	109	72.7
	Separated	13	8.6

**TABLE 2**  
**Descriptive statistics on well-being**

Level of well-being	N	%
Low	94	62.7
High	56	37.3

**TABLE 3**  
**Correlation matrix on age, marital status and well-being**

	1	2	3
1. Age	-	.505**	.034
2. Marital Status	.505**	-	-.012
3. Well-being	.034	-.012	-

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

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 differences in age and marital status will significantly influence the well-being of danfo commercial bus drivers; the results suggested that age and marital status did not significantly influence the level of well-being of commercial bus drivers. ANOVA ( $F(2, 147) = 0.487, p = 0.615$ ) across all age grades and marital statuses indicate that 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.

In table 2, a high percentage of bus drivers 94 (62.7%) reported a low well-being. This means that out of 150 bus drivers, 94 of them reported a low well-being and 56 (37.3) reported a high well-being.

A correlation analysis was conducted to test the hypothesis using version 21 of the Statistical Package for Social Software (SPSS). Firstly, the descriptive statistics for age and marital status is presented in Table I while the descriptive statistics for well-being is presented in table 2. In table 3, the correlations between the variables are presented.

In Table 3, 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. Further results reveal there was no correlation between age and well-being of commercial bus drivers ( $r = .034$ ). Additionally, the results indicated also that marital status had a negative correlation with well-being of the bus drivers ( $r = -.012$ ) nor between marital status and well-being ( $-.012$ ). thus, age and marital status are not related to the well-being of the bus drivers.

## DISCUSSION

The hypothesis of this present study stated that differences in age and marital status will significantly influence the well-being of danfo commercial bus drivers. This hypothesis was not confirmed. The only significant result was the correlation between age and marital status. The fact that the hypothesis was not confirmed 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 (Watt, 2014) would exhibit a positive, healthy and responsible behaviour towards their health. This is because healthy behaviours are predictors of well-being Gochman (1994); World Bank (2006). Moreover, unmarried individuals have been implicated in health practices that are not safe (Atkins, 2010). The descriptive statistics obtained in this present study is indicative of a prevailing challenge bus drivers experience due to the percentage of bus drivers reporting low level of well-being (62.7%). This is more like a true reflection of what happens in the real world of the commercial bus drivers. The low level of well-being in this present study is indicative of a profound health situation affecting the 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.

The traffic situation in Lagos is characteristic of city traffic anywhere in the world (Nesbit, 2007). The implication of this is that city bus drivers may likely experience anxiety, frustration, anger; all of which may lead to negative moods and emotions. As reiterated by World Bank (2006), 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 metropolitan Lagos will defy wisdom, maturity and responsible health behaviours associated with these demographic variables.

Innumerable literature on driver behaviour has confirmed irregular and poor diet of commercial bus drivers (Knipling, Hichman, & Bergoffen, 2003; Ehikhamenor, & Obianwuho, 2006). 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 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 make unhealthy eating habits characteristic of the behaviour of bus drivers. All of these inadequacies negatively influence the well-being of bus drivers on the roads from dawn to dusk while sitting behind the wheels. 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 (Ragland 1987; Greiner 2004). Additionally, traffic jam has been identified as a determinant of emotion laden reactions which may culminate in negative health consequences such as mental illness.

Environmental cues that are ubiquitous in the vicinity of the commercial 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 (Ehikhamenor, & Obianwuho, 2006). Therefore from the result of this present study, the inability of married participants and older 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.

### **Conclusion**

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 commercial 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 be significantly correlated with well-being of bus drivers may suffice in other parts of Nigeria. This may be explored as a future research.

**REFERENCES**

- Akinpelu, A. O., Oyewole, O. O., Odole, A. A. C., & Olukoya, R. O. (2011). "Musculoskeletal pain and health seeking behaviour among occupational drivers in Ibadan, Nigeria," *African Journal of Biomedical Research*, 14, 89-94.
- Amoran, O. E., Salako, A. A., & Jeminusi, O. (2014). "Screening for common occupational health diseases among long distance professional drivers in Sagamu, Ogun State, Nigeria". *International Journal of Preventive Medicine*, 5(4), 516-521.
- Andrews, F. M., & Withey, S. B. (1976). "*Social indicators of well-being*," New York: Plenum Press.
- Assunção, A. A., & Medeiros, A. M. (2015). "Violence against metropolitan drivers and fare collectors in Brazil," *Rev. Saúde Públicas*, 49(11), 1-10.
- Atkins, R. (2010). "Self-efficacy and the promotion of health for depressed single mothers. *Mental Health in Family Medicine*", 7(3), 155-168.
- Bradley, C. (1994). "*The well-being questionnaire in diabetes: A guide to psychological Measurement*," Switzerland: Hardwood Academic Publishers.
- Brossoie, N. (2009). "Social gerontology," In N. Robnett and W. Chop (Eds.). *Gerontology for the health care professionals* (2nd). Sudbury, MA: Jones and Bartlett. Retrieved from the internet [ampes.jpup.com/9780763756055/56055\\_ch02\\_chop.pdf](http://ampes.jpup.com/9780763756055/56055_ch02_chop.pdf).
- Depaulo, B. M. (2006). "*Singled out: how singles are stereotyped, stigmatised and ignored and still live happily ever after*," New York, NY: St. Martins.
- Depaulo, B. M. (2007). "*Singled out: How singles are stereotyped, stigmatised and ignored and still live happily ever after*," New York, NY: St. Martins.
- Ehikhamenor, E. F., & Obianwuho, H. O. (2006). "Digital screening for blood alcohol concentration (BAC) in a Southern Nigeria city," *Traffic Injury Prevention*, 7, 70-75.
- Edwards, J. R. Cable, D. M., Williamson, L. O., Lambert, E. S., & Shipp, A. J. (2006). "The phenomenology of fit linking the person and environment to the subjective experience of person-environment fit". *Journal of Applied Psychology*, 91(4), 802-827.
- Greiner, B. A., Krause, N., Ragland, D. R., & Fisher, J. M. (2004). "Occupational stressors and hypertension: A multi-method study using observer-based job analysis and self-reports in urban transit operator". *Social Science and Medicine*, 59(5), 1081-1094.
- Gochman, D. S. (1997). "*Handbook of health behaviour research 11: provider determinants*," Plenum Press, New York.
- Knipling, R. R., Hichman, J. S., & Bergoffen, G. (2003). "Effective commercial and bus safety management". Retrieved from <http://books.google.com/books?isbn=0309087546> on 09/09/2015.
- Lucas, R. E., Clark, A. E., Georgellis, Y., & Diener, E. (2004). "Unemployment alters the set point for life satisfaction. *Psychological Science*," 15, 8-13.
- Maciulyte, N. (2000). "Bus drivers' health and conditions of work," *Symposium conducted at the European Centre for Occupational Health, Safety and the Environment*, Kaunas, Lithuania.
- Malomo, B. I. (2010). "Development of psychological test for the selection of automobile drivers in commercial banks: a content-oriented approach," *African Journal for the Psychological Studies of Social Issues*, 13(1&2), 104-120.

- Michaels, D., & Zoloth, S. R. (1991). "Mortality among urban bus drivers," *International Journal of Epidemiology*, 20, 399-404.
- Morris, W. L., Sinclair, S., & DePaulo, B. M. (2007). "No shelter for singles: the perceived legitimacy of marital status discrimination". *Group Processes and Intergroup Relations*, 10, 457-470.
- Morris, W. L., Depaulo, B. M., Hertel, J., & Taylor, L. C. (2008). "Singlism,-Another problem that has no name: Prejudice, stereotypes and discrimination against singles," In T. G. Morrison and M. A. Morrison (Eds.), *The Psychology of Modern Prejudice* 165-194, Hauppauge, NY: Nova Science.
- Morris, W. L., Sinclair, S., & DePaulo, B. M. (2007). "No Shelter for singles: The perceived legitimacy of marital status discrimination," *Group Processes and Intergroup Relations*, 10, 457-470.
- Nesbit, S. M., Conger, J. C., & Conger, A. J. (2007). "A quantitative review of the relationship between anger and aggressive driving," *Aggression and Violent Behaviour*, 12(2), 156-176.
- Ragland, D. R., Winkleby, M. A., Schwaalbe, J. Holman, B. L.,Morse, L., Syme, S. L., & Fisher, J. M. (1987). "Prevalence of Hypertension in bus drivers. *International Journal of Epidemiology*", 16(2), 208-214.
- Robinson, C., & Burnett, C. (2005). "Truck drivers and heart disease in the United States, 1979–1990". *American Journal of Industrial Medicine*, 47(2), 113 –115.
- Seligman, M. (2011). *"Flourish"*. New York: Free Press.
- Soll-Johanning, H., Bach, E., Olsen, J. H., & Tuchsen, F. (1998). "Cancer incidence in urban bus drivers and tramway employees: A retrospective cohort study," *Occupational and Environmental Medicine*, 55, 594-598.
- Tuchsen, F., Hannerz, H., Roepstorff, C., & Krause, N. (2006). "Stroke among male professional drivers in Denmark". *Occupational Environmental Medicine*, 25, 456-460.
- Vedantham, K. Brunet, A. Boyer, R., Weiss., D. S., Metzler, T. J., & Marmar, C. R. (2001). "Posttraumatic stress disorder, trauma exposure and the current health of Canadian bus drivers," *Canadian Journal of Psychiatry*, 46, 149-155.
- Wang, P. D. & Lin, R. S. (2001). "Coronary heart disease risk factors in urban bus drivers," *Public Health*, 115, 261-264.
- Watt, R. G.,Heilmann, A., Sabbah, W., Newton, T., Chandola, T., Aida, J., A. Sheiham, A., Marmot, M., Kawachi, I. & Tsakos, G. (2014). "Social relationships and health related behaviours among older US adults," *BMC Public Health*, 14, 533-533.
- World Bank, (2006). "Cities Alliance for cities without slum. Action plan for moving slum upgrading to scale," *World Bank Report*.