Religious Commitment, Social Support and Life Satisfaction

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Most studies on life satisfaction have focused on the effects of psychological and socio-economic factors while disregarding the importance of religion and the social support available to individuals. The limited available studies on life satisfaction have however shown that it is generally low in Nigeria. This study, therefore, investigates the influence of religious commitment and perceived social support on life satisfaction among residents in Ibadan metropolis. Using a 2-way factorial design and a multistage sampling technique, five of the eleven Local Government Areas (LGAs) in the metropolis were purposively selected. Based on the list of enumeration areas for 2005 census, 10 enumeration areas each were selected from the LGAs with simple random technique. The number of participants on the selected enumeration areas were determined with enumeration area maps. Two hundred and twenty participants each were selected from the LGAs using systematic technique making a total of 1,100 participants. The selected houses were marked and the participants were sampled. A structured questionnaire focusing on socio-demographic profile, life satisfaction scale ($r=0.74$), religious commitment scale ($r=0.72$) and a multi-dimensional scale of perceived social support ($r=0.87$) was administered to the participants. Data were analyzed using descriptive statistics and analysis of variance at 0.05 level of significance. Two hypotheses were tested. The result reveals that social support did not have significant main effect on life satisfaction ($F(1,237) = 0.04; p>.05$) while religious commitment significantly influenced life satisfaction ($F(1,237) = 10.79; p<.05$). There was a significant interaction effect of religious commitment and social support on life satisfaction ($F(1,237)=4.15$). These findings have implications for religious and social assessment of participants on improvement of life satisfaction.

Keywords: Life satisfaction, religious commitment, perceived social support, happiness

Introduction

The concept of life satisfaction has become one of the global standards to rank nations (UNDP, 2010). Life satisfaction is an expression of how much an individual likes the life he or she lives. It is considered an individual's personal judgement of well-being and quality of life depending on individual's preferred method of assessment (Dienar, 1984). Although, the definitions of life satisfaction, happiness and subjective well-being have generated a lot of confusion, the three concepts are used interchangeably (Diener & Tov, 2006; Stevenson & Wolfers, 2008) in the study. To be satisfied with life is the ultimate goal that human beings seek to achieve in life and the major concern of any government is the well-being or satisfaction of its citizens, yet, life satisfaction appears to be beyond the reach of the majority of Nigerians. Research evidence has shown that the highest level of life satisfaction in the world are found in Europe, while the least satisfied countries are all poor countries in Africa (OECD, 2013; Pew, 2007). Evidently, life satisfaction is low in Nigeria and yet not much research efforts have been focused on how to improve it in Nigeria. Most of the studies conducted on life satisfaction have been done outside Africa culture. Snyder (2002) notes that happiness research from the Western cultures will be the same in Nigeria due to the fact that Western cultures tend to be more individualistic while African countries seem collective in...
nature. Uchida & Oghara (2012) argue that life satisfaction in Europe and America is viewed from the protestant perspective while it is connected to the availability of social relationships in African culture. Pflug (2009) also asserts that life satisfaction is linked with close social relationships in South Africa. The situation is similar in Nigeria due to the collectivist nature of Nigerians as against what obtains in individualistic cultures (Salami, 2008). Therefore, the examination of the factors influencing life satisfaction in Nigeria is deemed necessary.

The authentic happiness theory of subjective well-being suggests a link between religion and life satisfaction. According to the theory, life satisfaction comes from a life characterized by meaning, engagement and pleasure but not completely based on pleasure (Lyubomirsky, King and Diener, 2005). This theory maintains that life will only appear meaningful and satisfying to individuals, if people’s goals in life are selfless and possesses intrinsic value. In order to be able to pursue such goals adequately, it is necessary for individuals to possess characters such as gratitude, humility and forgiveness (Petersen and Seligman, 2004). Many authentic happiness theorists view religious beliefs and behaviours as the appropriate way of achieving long term life satisfaction (Myers, 2008). However, the question of whether religion increases or decreases life satisfaction has always been asked (Diener, Tay & Myers, 2011).

Religion exists in all known human cultures and plays a crucial role in societies globally. In Nigeria, religion permeates every aspect of life from politics to social activities and it also has effect on the minds of the citizens. It is so evident that religion is at the centre of most things in Nigeria (Usman, 1987; Akama, 2001). Religion is part of the fabric of people’s lives and it is strongly connected to people’s cultural identities (Imaekhai, 2010). Religion is probably the most popular issue in contemporary Nigeria. However, religion has both positive and negative effects on the Nigerian people. One of the positive impacts of religion as noted by Adogame (1999) is that organized religion has attempted to reduce some of Nigeria’s socio-economic problems. Religious organizations provide assistance and services such as, medical facilities, employment, education etc. They help the needy and play an important role of trying to make up for the lacking social security system by caring for the aged and disabled. Oruwari (2001) believes that religion may have effect on happiness by explaining and interpreting life circumstances in a different way, especially in developing nations. Religion might also help in dealing with everyday life challenges (Ellison & George, 1994). Evidently, religion is such an important part of societies world-wide and researchers have studied it both as a belief system and as a social institution.

Religion has also recorded some negative effects on the nation. Religion is said to be responsible for the lack of peaceful co-existence in Nigeria. Disunity and intolerance among the three major religions has increased in recent times and that has generated serious conflicts and instability in the country. For instance, an Islamic terrorist group known as Boko Haram has claimed so many lives in the Northern part of the nation and the government continues to battle with religious fanaticism and radicalism. In addition to that, religion also encourages discomfort such as fasting and sacrificing of resources and status. Exline (2003) contend that religion can also cause certain stress such as getting worried that God is angry. Studies have suggested that belonging to religions that have specific rules about religious practices can create stress regarding practicing such religions the exact way (Abramowitz et al., 2002).

Considering the above negative impacts of religion, one might assume that it might also lead to depression and dissatisfaction. Despite all these, however, religion continues to be seen as a powerful coping mechanism and a tool to provide meaning in life (Park, 2005). Rosabeth (1972) and Meredith (1992) view religious commitment as the connection between the members and the group and including the feeling of reciprocity between the two parties. They view commitment as the willingness of members to support the group because the group provides what they need. Rosabeth therefore maintains that people who are totally committed to a group have fully invested themselves in it.
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and have fully identified with it. Commitment can then be defined as a volitional linkage between the members and the group, which produces the willingness of the members to contribute to maintain the group with their doctrinal, communal, experiential or spiritual assent and participation in the group (Rosabeth, 1972).

Most studies in the psychology of religion suggest that religious commitment improves life satisfaction. Putnam (2010) and Inglehart (2010) for example, report a positive relationship between religious beliefs and well-being. Tilouine and Belgoumidi (2009) and Abdel-Khalek (2010) have established that religiosity predicts life satisfaction among Muslim participants. Religious service attendance is also reported to be associated with well-being (Myers, 1992). However, there is controversy about the question of how religion actually influences individuals' well-being. Some researchers have argued that the social contacts that people find in religious organisations are the major causes of well-being while others have attributed it to the private and subjective aspects of religion (Krause, 2008). While both positions are well documented in literature, it is however not clear which aspect of religion is more important and how religion actually improves the life satisfaction levels of religious people.

Therefore, there is no agreement among researchers as regards why people who are committed to their religions, especially those who regularly attend services, are more satisfied with life but one explanation provided by Durkheim (1951) is that religion provides personal support to religious adherents. Durkheim argues that the social aspect of religion is the most important part of religion (Durkheim, 1951; Krause, 2008). According to this position, religious commitment improves life satisfaction because religious organisations provide opportunities for social relationships among like-minded people through building of friendships and social connection. On the contrary, Ellison and Gay (1989) found no clear relationship between private religious devotion and life satisfaction. In conclusion, not all studies have found a connection between religious commitment and life satisfaction (Lewis et al., 1997; Lewis, 2002; Ciarcocchi & Deneke, 2004). Koenig, McCullough & Larson (2001) have also observed an indirect effect of social support on religious involvement to influence life satisfaction in various populations. This is suggestive of an interaction effect of religion and social support on life satisfaction. Therefore, the nature of the association between social support and life satisfaction is not yet clear.

Perceived social support has also been identified as an important source of life satisfaction. Perceived social support is the extent to which individuals feel that social relationships are available to them. It refers to the physical and psychological assistance provided by friends, family, and other significant people such as Pastors, Imams, Churches, Mosques, love partners, spouses etc. Perceived social support is the perception that one is loved, valued and cared for, as a form of a social network of mutual assistance (Wills, 1991). Generally, the perception of social support is associated with better outcomes in times of stress (Wethington and Kessler, 1986). Social support can come in different forms such as affective support, instrumental support, emotional support, appraisal support and informational support (Edwards, 2004). These types of support could help an individual cope with various life challenges. The Nigerian society being more of a collectivist culture is appropriate for individuals to seek social support on some personal, social and other vital issues (Salami, 2008).

Kraus (2004) believes that most people turn to social support in an attempt to deal with stressful events in life. Social support enables people to cope with various life challenges and to experience minimum stress and burnout (Onyishi et al., 2012). Social support is expected to take care of personal, social and other critical problems of people (Salami, 2008). This position is in line with the stress buffering model of social support. The two major models of social support are the direct effect model and the buffering model. The direct effect model holds that social support provides wellbeing on a regular basis regardless of whether an individual is undergoing stress or not. The stress buffering model on the other hand posits that social support has an effect upon the individual life
satisfaction only during stressful life events (Cohen and Wills, 1985). In other words, the influence of social support is more effective in stressful conditions (McCormick, 1999). Although many studies have supported the relationship between social support and wellbeing, the relationship can occur through two different ways. Therefore, social support is a multifaceted concept which is difficult to conceptualize. Although it has been extensively studied, there are still disagreements among researchers regarding the conceptualization and measurement as well as whether social support operates through a direct or buffering effect on life satisfaction (Leavy, 1983; Billing and Moos, 1983).

Most well-being researchers have consistently reported a positive relationship between social relationships and happiness (Diener and Seligman, 2002; Uchida, Kitayama, Mesquita, Reyes & Morling, 2008; Au, Lau, Koo, Cheung, Pan & Wong, 2009; Thomas, 2010; Sharma & Malhotra, 2010; Demir, Simsick & Procsal, 2012; Young, 2006 and Malinauskas, 2010). Although most recent studies have connected social support to subjective well-being, some researchers have reported negative or no relationship between social support and life satisfaction (Lee, Netzer & Coward, 1995; Lepore, Glazer & Roberts, 2008 & Lakey, Orehcke, Hain & Van, 2010).

Despite the numerous studies previously conducted on life satisfaction, it is evident that past findings were not conclusive and besides, little or none of the studies were conducted among Nigerian samples. Against this background, the present study investigates the influence of religious commitment and social support on life satisfaction. The following research questions are raised: Will religious commitment influence life satisfaction? Will social support influence life satisfaction? Will religious commitment interact with social support to influence life satisfaction? This study therefore investigates the main and interaction effect of religious commitment and social support on life satisfaction. One major contribution of this study would be the implication of its findings for religious and social assessment of individuals on life satisfaction.

Based on review of literature three hypotheses were generated:
1. Religious commitment will significantly independently influence life satisfaction.
2. Social support will significantly independently influence life satisfaction.
3. There will be an interaction effect of religious commitment and social support on life satisfaction.

Methods
Design
The study design is a 2-way factorial design. The independent variables in the study are religious commitment which comprises of (strong and weak) and social support which comprises of (high and low). The dependent variable is life satisfaction.

Sampling Procedure
A multistage sampling method was adopted for the study. The first stage involves obtaining the list of all Local Government Areas (LGAs) in Ibadan metropolis from the Ministry of Lands and Housing and selecting the five major ones from the eleven LGAs, using purposive sampling method. The second stage involves obtaining the list of enumeration areas (EAs) for the selected five major LGAs in Ibadan metropolis from the National Population Commission (NPC). The researcher randomly selected 50 EAs i.e. ten EAs from each Local Government Area (LGA) by assigning numbers to the enumeration area (EA) names, calculated the sample fraction, randomly selected the first EA and finally selected every nth on the list for the remaining EAs, based on the sample fraction. At stage three the researcher obtains the selected EA maps from the National Population Commission to determine the number of houses and their locations in the selected EAs in each of the LGAs. The fourth stage was the point at which households were randomly selected from the identified houses from each EA by picking and marking every other household or balloting to select a household where there are blocks of flats. The last stage was the sampling of all
heads of households residing in the marked houses.

**Participants**

A total of 1100 participants were randomly selected from the 5 major LGAs of Ibadan metropolis. The LGAs are Ibadan North LG 215 (19.7%), Ibadan North East LG 208 (18.9%), Ibadan North West LG 196 (17.8%), Ibadan South West LG 212 (19.3%) and Ibadan South East LG 181 (16.9%). Two hundred and twenty participants were sampled in each LGA, making a total of 1100 participants of which only 1012 number of questionnaire was returned. Participants were randomly selected from 50 EAs across the 5 major LGAs. Ten EAs were randomly selected from each of the 5 LGAs of the metropolis. Participants consisted of house-owners and renters drawn from the high, low and medium density areas of the five major Local Government Areas (LGAs). The participants' age range was 42.11±15.20 years, and 443 (43.8%) of the participants were males while 569 (56.2%) were females. Christian participants were 428 (42.5%), Muslims were 573 (56.6%) while 3 (0.9%) were traditional worshippers. Participants' ethnic groups was 906 (89.5%) Yoruba, 60 (5.9%) Igbo, 3 (3.4%) Hausa and 12 (1.2%) others. Educational qualifications of participants were - 9.9% no formal education, 23.7% primary education, 29.9% secondary education and 36.5% tertiary education. Married participants were 806 (79.6%), never married 114 (13.5%), separated 17 (1.7%), divorced 2 (0.27%) and widowed 50 (4.9%). Also, 242 (31.9%) participants were house-owners while 690 (68.1%) were renters.

**Research Instrument**

The main instrument for data collection for this research was a structured questionnaire which consists of four sections: A to D. 

**Section A** consists of the social demographic characteristics of participants such as, age, gender, religion, occupation, marital status, ethnic group, educational status and so on.

**Section B** measures the religious commitment levels of participants. Religious commitment is defined in terms of the depth of belief and the level of commitment of participants with their religions. It was measured by an adapted organizational commitment scale by Allen and Meyer (1990). It has two levels of strong and weak. The scale consists of 24 items with response formats ranging from strongly agree to strongly disagree. The scale measures affective commitment, continuance commitment and normative commitment. Each component has adequate internal consistency reliability: affective commitment scale .87, continuance commitment scale .75 and normative commitment scale .79. The original scale was re-worded and given to experts in the field of psychology to assess whether the scale measures what it was designed to measure. The concurrent validity was also confirmed by simultaneously administering the reworded version with the original scale and correlating both results which was 0.71. In this study, the coefficient alpha is 0.72. The mean of the scale for this study is 26.91. Those who scored above the mean were rated as having high religious commitment and those who scored low were rated as having low religious commitment. 

This scale has been used throughout the globe and tested for validity and reliability and arguably dominates organisational commitment studies (Meyer et al., 2002). This scale has been used by many researchers to predict important employee outcomes such as turnover, job performance, absenteeism and tardiness (Meyer et al., 2002). Many studies have supported the use of this scale as appropriate and useful (Karim & Noor, 2006; Meyer & Allen, 1997). According to Buckley (2001), Meyer and Allen’s questionnaire is adopted for a study amongst MBA graduates as it is widely employed and the validity and reliability is evident from the United Kingdom, United States and other international samples. Some results from South African studies support the reliability and validity of the questionnaire (Bagrain & Hayes, 1999). The scale has also been used to measure university commitment among students (Davis, 2014).

**Section C** measures perceived social support which is defined as the perception of any supportive assistance that participants received from family, friends and significant others. It was measured by a 12 item Multidimensional...
Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet and Farly (1988). The scale measures perceived support from friends, family and significant others. The scale has 3 subscales such as social support from family (4 items) from friends (4 items) from significant others (4 items). It has a 7-point Likert response type ranging from 1 very strongly disagree to 7 very strongly agree. The scale reports the three subscale scores and an overall total score. The Cronbach alpha reported ranges from 0.85 to 0.91. The Chronbach alpha reported for friends subscale was .85, family subscale was .87 and significant others subscale was .91. The overall Chronbach alpha was .88. Among Nigerian samples, a Cronbach alpha of 0.92 was obtained for the overall scale. A test-retest correlation value ranged from 0.72 to 0.85 (Zimet, Dahlem, Zimet & Farley, 1988). The Chronbach alpha recorded in this study was 0.87. The mean score of the scale is 33.16. Therefore, participants were classified into two groups; those who scored above the mean were classified as those who perceived high social support while those who scored below the mean were classified as having perceived low social support.

Section D measures life satisfaction which refers to the contentment or an acceptance of one’s life circumstances. It is used interchangeably with subjective wellbeing, subjective quality of life and happiness. It was measured by a 20-item scale developed by Neugarten et al. (1961). It has 3 response formats which are disagree, agree and don’t know. It measures 5 domains of life such as zest for life, resolution and fortitude, congruence between desired and achieved goals, high physical, psychological and social self-concept, happy and optimistic mood tone. The 20 item has become the most used survey instrument 7or older adults (Helmes, Goffin & Chrisjohn, 1998). The Cronbach alpha reported ranges from 0.79 to 0.90. It's a three-point scoring system which rates agree response as 2, I don't know response as 1 and a disagree response as 0. The total score on the scale was based on participant’s agreement with specific responses to individual items. Neugarten et al. (1961) obtained a mean score of 12.4 (SD, 4.4). The possible range with one point given for each agreement is 0-20. The Cronbach alpha recorded for this study is 0.55. The mean for this study is 19.61. Participants who scored above the mean were categorised as being satisfied with life while those who scored below the mean were classified as not being satisfied with life.

Research Setting
The study took place in 50 enumeration areas (EAs) or neighbourhoods across the five major Local Government Areas (LGAs) in Ibadan metropolis. Ten enumeration areas each were selected through systematic random sampling from the list of each of the five major Local Government Areas (LGAs). The choice of selection across the five major Local Government Areas (LGAs) was to enable the researcher have a representative sample of Ibadan while the choice of Ibadan metropolis as the research setting is due to the cosmopolitan nature of the city.

Procedure for data collection
At the onset, the researcher located the randomly selected enumeration areas or neighbourhoods within the five major Local Government Areas (LGAs) with the help of the seven experienced staff members of the National Population Commission who were the research assistants for this study. Enumeration area maps were used to identify the selected enumeration area boundaries. Having randomly selected all the houses in the selected enumeration areas, households were identified. Having identified the households, the researcher identified heads of households of each of those selected houses and presented the researcher’s letter of introduction to them. The research assistants also applied their vast experience in getting the cooperation of some, initially, uncooperative participants. Participants were made to understand that the purpose of the exercise was purely academic and therefore the confidentiality of their responses was guaranteed. The researcher sought their permission to mark their houses with chalk before the commencement of the administration of questionnaire. Having agreed to participate in the study, participants were made to sign the consent forms before the questionnaire was
given to them to test the stated hypotheses. Questionnaire was administered under the condition of anonymity. Some participants completed and returned their questionnaire immediately, some participants collected after some hours, some collected the next day, some collected days after while some participants never returned theirs. The delay in collection of questionnaire was partly due to the tight schedule of some respondents and the number of items involved in the scales. Some of the questionnaire that were either not well filled or completed were discarded. Out of the one thousand one hundred questionnaire administered, only one thousand one hundred and twelve were completed and returned. The completed copies were scored and analysed with Statistical Package for the Social Sciences (SPSS) software.

**Analysis**

The statistical tool employed in this study was a 2 x 2 analysis of variance (ANOVA). Analysis of variance was used to test for the main and interaction effect of religious commitment and social support on life satisfaction.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>.50</td>
<td>1</td>
<td>.50</td>
<td>.04</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Religious Commitment</td>
<td>121.33</td>
<td>1</td>
<td>121.33</td>
<td>10.79</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Social Support/Religious Commitment</td>
<td>46.60</td>
<td>1</td>
<td>46.60</td>
<td>4.15</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Error</td>
<td>2664.67</td>
<td>237</td>
<td>11.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2816.13</td>
<td>240</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result from Table 1 demonstrates that social support did not have a significant main influence on life satisfaction (F (1,237) = .04; p > .05) while religious commitment significantly influenced life satisfaction (F (1,237) = 10.79; p < .05). The interaction effect of social support and religious commitment on life satisfaction (F (1,237) = 4.15, p < .05) was significant. The result reveals that religious commitment moderated the influence of social support on life satisfaction.

**Table 2: Mean table showing the mean scores of participants on the effect of religious commitment and social support on life satisfaction**

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Religious Commitment</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>273</td>
<td>18.53</td>
<td>.46</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>229</td>
<td>20.85</td>
<td>.47</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
<td>308</td>
<td>19.32</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>185</td>
<td>19.87</td>
<td>.41</td>
</tr>
</tbody>
</table>

The result of the mean difference reveals that there was no significant difference between participants with low social support (19.69) and participants with high social support on life satisfaction (19.60), but there was a difference in the means of participants with low (18.02) and high (20.36) religious commitment.
The graph indicates an interaction effect of religious commitment and social support on life satisfaction. Participants who had low perceived social support and high religious commitment reported higher levels of life satisfaction than participants who had high perceived social support and low religious commitment.

**Discussion**

Findings reveal that religious commitment independently influenced life satisfaction while social support did not have a main effect on life satisfaction. Therefore hypothesis one was confirmed while hypothesis two was not confirmed. Participants who were committed to one religion or the other reported a higher level of life satisfaction than their non-religious counterparts. This position is a representation of Nigeria as a religious nation. Religion is said to determine life satisfaction and therefore religious people tend to be more satisfied with their lives than non-believers. This finding is consistent with Johnson, Li, Cohen, & Okun (2011) who contend that Christians may be more satisfied with life than some other groups because the feeling that religious adherents have a personal connection or relationship with God can reduce loneliness and social isolation (Epley, Akalis, Waytz & Cacioppo, 2008). Lim & Putnam (2010) found attendance of religious services on a regular basis to improve life satisfaction between participants with religious affiliations and those without religious affiliations.

McCullough & Willoughby (2009) report a significant positive influence of religion on life satisfaction. They attribute the influence of religion to the self-control and self-regulation that is usually associated with individuals who are committed to their religions. Other researchers in support of this position emphasize the dietary habits and other self-regulation usually observed by religious adherents (Klein, 1979; Johnson, White, Boyd & Cohen, 2011). Some scholars have also suggested that the lower rates of heart diseases, suicide etc. among Christian church goers, compared to non church goers, is responsible for their better level of satisfaction with life (McCullough, Hoyt, Larson, Koenig & Thoresen, 2000). The lower rates of diseases are attributed to prohibitions of smoking and drinking which may likely occur among the strictly religious (Argyle, 2001). However, most researchers have noted that religion is context dependent. They argue that religion is more important in countries with poor social welfare and that religion is more important in religious societies (Snoep, 2008).

Hypothesis three which states that there would be an interaction effect of religious commitment and social support on life satisfaction was also
confirmed. Participants who were low on social support and high on religious commitment reported significantly higher level of life satisfaction than participants who were high on social support and low on religious commitment. In other words, participants who were low on social support turned to their religions or their God in order to be satisfied with life while those participants who were low on religious commitment relied on support from family, friends and significant others, for satisfaction. This position is in agreement with Diener, Suh, Lucas & Smith (1999) who note that it is church related friendship rather than personal belief in God that predicts life satisfaction. Factors such as lower income, old age, less education, loneliness, poor health etc. make the relationship between religion and social support stronger.

Similarly, Lim & Putnam (2010) identify friendship in a religious congregation to be significantly associated with life satisfaction. They suggest that religious adherents who have more close friends in their congregations have a tendency to report higher level of life satisfaction than their non religious counterparts. They compared people who attend religious services with those who do not attend religious services and found that individuals who attend religious services regularly, report higher level of life satisfaction because they have more friends in their congregations and not because they have more friends overall. This position is suggestive of more of the influence of social support than religious or personal belief.

According to Krause and Wulff (2005), church based friendship may give a sense of belonging to church goers which in turn may result to better physical and mental health. Krause (2008) goes further to argue that church based friendship is important and beneficial in promoting and strengthening the sense of belonging of church goers and sense of belonging is one of the important human needs as suggested by Maslow’s hierarchy of needs theory. This implies that the influence of having friends in the congregation on life satisfaction would be stronger for people who consider religion and religious groups an important part of their lives (Krause, 2008). It is therefore assumed that life satisfaction is almost entirely about the social aspect of religion, rather than the spiritual aspect of religion. It appears that people are more satisfied with their lives when they go to church or mosque because they build a social network within their congregation.

Ellison and George (1994) have also shown that social support is more acceptable and meaningful to people when it is being provided by individuals with which they share a sense of social identity. According to this position, church goers may derive a higher level of comfort from people in similar religion based on the fact that they share similar beliefs about the practice and meaning of helping behaviour. Haslam et al. (2009) also indicate that social support is more likely to be received and understood in the same mindset with which it is provided when carried out by people with which the receiver shares a sense of social identity. Therefore, life satisfaction involves having important social relationships and meaning in life and religion is capable of helping people to achieve these goals. The teachings of many religious organizations regarding cooperation and fellowship can make some religious groups provide social support (Seligman, 2011).

Conclusion
This study found no main effect of social support on life satisfaction but there was a main effect of religious commitment on life satisfaction. The findings also revealed a significant interaction effect of religious commitment and social support on life satisfaction. Participants who lacked social support tend to be more committed to their religions to be satisfied with life while participants who lacked religious commitment relied on social support for satisfaction. By implication, it shows that when people do not have help from family and friends they tend to turn to Church, Mosque or any other religious worship centre they profess for help and when they perceive high social support, they do not turn to religion for life satisfaction.

Implication and Recommendation
The result of this study has shown the significant independent influence of religious commitment on life satisfaction. Religious commitment and social support were also found to have interaction effect on life satisfaction in this study. This suggests that participants’ religious commitment levels should be considered when considering their improvement of life satisfaction. This result also has implications for clinical practices especially as
it relates to counseling. There is need to encourage religious beliefs and social support during counseling for this has implications for life satisfaction.

It is therefore recommended that policy makers, government and non-governmental organisations as well as religious organisations should encourage citizens to be more active and be genuinely committed to their religions. Regardless of the type of religions people profess, they should be encouraged to be genuinely committed to it. More emphasis should be placed on the spiritual aspect of religion or attending religious services than the social benefits. Social support should also be provided to the people by the government at all levels and in all areas of life so as to reduce the tendencies of some leaning on religion for lack of social support. If indeed, the social policies of government are to enhance life satisfaction, then providing social support to the masses will go a long way in coping with the challenges and stressors of life and also help in improving people’s level of life satisfaction.

References


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Michalos, A.C. 1985. 'Multiple Discrepancy Theories (MDT)', *Social Indicators Research*, 16: 347-413.
