

## Depression on the Quality of Life Style on Married Couples in Wukari LGA

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**Abstract:** *This study examined the dyadic approach to infertility stress, marital adjustment, and depression on quality of life in infertile couples, with a view to make useful suggestions and recommendations as way of alienating the infertility stress, marital adjustment, and depression on quality of life in infertile couples. The population for the study includes indigenes and non- indigenes of Wukari LGA, Taraba State and the sampling method adopted for the study is the stratified random sampling in order to ensure adequate representation of the population. In order to achieve the objective of making useful suggestions that would improve the child development, three hypotheses were made and tested. Samples of one hundred (100) responses were collected and analyzed using the Independent Samples Test statistic. It was discovered that: Psychological trauma due to infertility, crying for days due to infertility, Blaming one-self for being infertile, Quarrelling with people over the least provocation and Contemplation of suicide for being infertile and it was also observed Sexual Stress When Trying to Conceive among infertile couples in Wukari LGA and Disagreements on When to Seek Help among infertile couples in Wukari LGA. It is recommended that: Infertile persons should not be only physically examined and treated for infertility but should also be given counselling to lessen the psychological trauma attached to infertility and Nurses can play vital roles in counseling infertile couples.*

**Keywords:** *Depression, Quality of life, Married Couples, Wukari*

### INTRODUCTION

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home (Tufts, Clements & Karlowicz, 2012).

Tufts *et al*, (2012) Believed that Depression symptoms can vary from mild to severe and can include:

- i. Feeling sad or having a depressed mood
- ii. Loss of interest or pleasure in activities once enjoyed
- iii. Changes in appetite — weight loss or gain unrelated to dieting
- iv. Trouble sleeping or sleeping too much
- v. Loss of energy or increased fatigue

vi. Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)

vii. Feeling worthless or guilty

viii. Difficulty thinking, concentrating or making decisions

ix. Thoughts of death or suicide

Symptoms must last at least two weeks and must represent a change in your previous level of functioning for a diagnosis of depression.

Also, medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes (Tufts *et al*, 2012).

Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life.

Depression can occur at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. There is a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression (Tufts *et al*, 2012)..

#### Concept of Quality of Life (QoL)

Quality of life, the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The term quality of life is inherently ambiguous, as it can refer both to the experience an individual has of his or her own life and to the living conditions in which individuals find themselves. Hence, quality of life is highly subjective. Whereas one person may define quality of life according to wealth or satisfaction with life, another person may define it in terms of capabilities (e.g., having the ability to live a good life in terms of emotional and physical well-being). A disabled person may report a high quality of life, whereas a healthy person who recently lost a job may report a low quality of life. Within the arena of health care, quality of life is viewed as multidimensional, encompassing emotional, physical, material, and social well-being (Peterson, Newton & Rosen, 2012).

## Theoretical Framework

### The Theory of Stress and Coping

#### Stress

Biological stress was first described by Hans Selye, noted as the father of biological stress and adaptation, in his development of the General Adaptation Syndrome theory (Biggs et al., 2017). Stress from a psychological standpoint was first considered after World War II, and then further developed by Lazarus throughout the 1950s. In the 1960s and 1970s, Lazarus connected the link between stress and adaptation in response to stress (Lazarus & Folkman, 1984). 25 Collaboration with Folkman led to the early beginnings of the Transactional Theory of Stress and Coping in the late 1970s. Lazarus & Folkman (1984) define psychological stress resulting from an interaction between a person and environment that is appraised as taxing or exceeding resources that threatens well-being. According to the Transactional Theory of Stress and Coping, stressors are primarily appraised as threat, harm/loss, or challenge. Appraisals of threat result when a harm/loss has not yet occurred. Harm/loss appraisals occur when damage to well-being or commitments has transpired. Threat and harm/loss appraisals elicit negative emotions, such as anxiety, fear, and anger. Stress that has the potential for growth or gain is appraised as a challenge, and will have more positive emotions, such as eagerness (Biggs, Brough, &

Drummond, 2017). A secondary cognitive appraisal for coping options occurs after the primary appraisal concludes (Lazarus & Folkman, 1984). The concept of coping within the TTSC is described in the following section.

#### Coping

In the 1960s and 1970s, Menninger, Haans, and Valliant each developed hierarchical ego processing adaptation models, which included coping with stressful situations as a top priority and described various coping styles. This effort in ego processes led to the cognitive styles of coping developed by Lazarus and Folkman and served as a basis for the theoretical underpinnings of the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984). Adaptations to stress, or coping, is defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984). Coping strategies are emotion-focused coping (strategies employed to manage the emotions of a stressor) or problem-focused coping (strategies employed to problem-solve or alter the stressor). Emotion-focused coping includes strategies such as avoidance and distancing, and is widely considered to be maladaptive. Problem-focused coping 26 includes planning and problem-solving within the context of the stressor and is considered to be adaptive (Biggs et al., 2017). However, emotion-focused coping may be particularly useful in the short-term to regulate negative emotions of a stressor so that problem-focused coping strategies may be appraised later (Biggs et al., 2017; Folkman & Moskowitz, 2004).

#### Objective

To examine the effect of depression on quality of life of married couples in Wukari LGA

#### Scope of the Study

This study shall cover the whole of the Wukari Local Government Area of Taraba. This study shall consist of married couples who have and are still going through depression and its affecting their quality of life. The couples were selected at random in order to avoid bias. The study concentrated mainly on people's perceptions and their role in the context of depression and is affecting their quality of life of couple.

#### Significance of the Study

Depression on Quality of life among couples is a serious issue over the global hence, this study has both theoretical and practical significance. The research will also serve as a reference point for future research work

on the same theme, also stimulating further research on Depression on Quality of life among couples, especially in rural communities where little or no research has been conducted on divorce. The present effort will help to unravel the various factors responsible for Depression and putting in place empirical information about these factors. Above all the study will provide an opportunity for testing the validity and the explanatory powers existing theories on Depression and in Nigeria and Taraba State in Particular.

## Methodology

### Research Design

Survey research design is the basic design adopted for this study. It involves the use of questionnaire or interview to gather information or data necessary for analysis of a phenomenon Reproductive Health Knowledge. Considering the nature of the variables involved and what is practical, the study also employed the explorative research design. This is because little

knowledge about the phenomenon studied. The study adopted both the quantitative and qualitative research strategy but more attuned to the qualitative strategy due to it being explorative in nature.

### Study Area

This study is carried out in Wukari LGA of Taraba state, Nigeria. The town has a total land area of 4,308km<sup>2</sup> with a population of 241, 546 people (National Population Census 2006). The Donga river flows through the area and the Benue River forms a boundary with Nasarawa state to the North Western region of the town. The town is the base and also the home of the traditions of the Jukun people. The town, despite being the major base for the Jukum people also has the Hausa, Fulani and Tiv people in good proportion. The local government area holds the main and only campuses of both Federal University Wukari and the Kwararafa University. The predominant occupation of the Wukari residents are majorly farmers, civil servants and traders.

### Study Population

The population of this study includes various district in Wukari LGA. The detail of these populations is presented in the table below:

Gender	
Males	124,285
Females	113,998
Total	241,546

Source: NPC, 2006

### Sample Size

The sample size of this study is approximately 120. That is, a total of 120 questionnaires was distributed. Closed-ended questionnaires were distributed to the one hundred and twenty (120) selected respondents to answer the research questions. The questionnaires were administered to each category of the targeted population based on the sample size.

### Method of Data Analysis

The simple frequency distribution, simple percentage and chi-square method were adopted in the data analysis of this study. The frequency distribution and simple percentage method was used in analyzing the data obtained and chi-square formula was used in testing the hypotheses. In this study, the statistical software used to analyze the data is the statistical package for social sciences (SPSS). The rationale using this software is anchored on the fact that the primary data was used for

the research and it gives comprehensive and quantitative clarity to the study.

The formula for the chi-square is:

$$X^2 = \sum \frac{(o-e)^2}{e}$$

e

Where

X<sup>2</sup> = Chi-square

O = Observed frequency

E = Expected frequency

Data Presentation

## The Effect of Depression on Quality Of Life of Married Couples in Wukari LGA

**Table 1:** Showing the effect of depression on quality of life of Married couples in Wukari LGA

Sn	Item Statement	Strongly Agree		Agree		Strongly Disagree		Disagree		Total
		Freq	%	Freq	%	Freq	%	Freq	%	
1	Sadness that lasts for weeks or months among infertile couples in Wukari LGA	34	34	56	56	5	5	5	5	100 100%
2	Feelings of hopelessness and helplessness among infertile couples in Wukari LGA	21	21	50	50	14	14	15	15	100 100
3	Frequent crying or tearing up among infertile couples in Wukari LGA	25	25	51	51	16	16	8	8	100 100
4	Frequently irritated or intolerant of others around you, specifically people who that have children among infertile couples in Wukari LGA	34	34	56	56	5	5	5	5	100 100
5	Lack of motivation, struggling to get work done at the office or around the home among infertile couples in Wukari LGA	9	9	69	69	13	13	9	9	100 100
6	Difficulty sleeping, either sleeping too much or unable to sleep well (insomnia) among infertile couples in Wukari LGA	21	21	50	50	14	14	15	15	100 100
7	Struggling with experiencing pleasure in life, including a low interest in sex among infertile couples in Wukari LGA	25	25	51	51	16	16	8	8	100 100
8	Thoughts of dying, self-harm, or suicide among infertile couples in Wukari LGA	24	24	60	60	9	9	4	4	100 100
9	Difficulty with eating, either overeating or experiencing low appetite among infertile couples in Wukari LGA	25	25	51	51	13	13	11	11	100 100

**Source:** Field Work, 2022

The table above shows vividly the presentation of respondents with respect to the hypothesis stated as the

effect of depression on quality of life of couples in Wukari LGA

## Analysis and Result

## The effect of depression on quality of life of Married couples in Wukari LGA

Table 2: Group Statistics

GENDER	N	Mean	Std. Deviation	Std. Error Mean
Sadness that lasts for weeks or months among infertile couples in Wukari LGA	53	3.6038	1.52340	.20926
Feelings of hopelessness and helplessness among infertile couples in Wukari LGA	47	4.0000	.00000	.00000
Frequent crying or tearing up among infertile couples in Wukari LGA	53	4.0000	.00000	.00000
Frequently irritated or intolerant of others around you, specifically people who that have children among infertile couples in Wukari LGA	47	3.4681	1.36495	.19910
Lack of motivation, struggling to get work done at the office or around the home among infertile couples in Wukari LGA	53	4.0000	.00000	.00000
Difficulty sleeping, either sleeping too much or unable to sleep well (insomnia) among infertile couples in Wukari LGA	47	3.8511	1.41389	.20624
Struggling with experiencing pleasure in life, including a low interest in sex among infertile couples in Wukari LGA	53	4.2453	1.23888	.17017
Thoughts of dying, self-harm, or suicide among infertile couples in Wukari LGA	47	4.0000	.00000	.00000
Difficulty with eating, either overeating or experiencing low appetite among infertile couples in Wukari LGA	53	4.0000	.00000	.00000
Sadness that lasts for weeks or months among infertile couples in Wukari LGA	47	3.9574	.95456	.13924
Feelings of hopelessness and helplessness among infertile couples in Wukari LGA	53	3.3962	1.23007	.16896
Frequent crying or tearing up among infertile couples in Wukari LGA	47	4.0000	.00000	.00000
Frequently irritated or intolerant of others around you, specifically people who that have children among infertile couples in Wukari LGA	53	4.0566	.23330	.03205
Lack of motivation, struggling to get work done at the office or around the home among infertile couples in Wukari LGA	47	3.0638	1.63394	.23833
Difficulty sleeping, either sleeping too much or unable to sleep well (insomnia) among infertile couples in Wukari LGA	53	3.0377	.97984	.13459
	47	4.5106	.50529	.07370

Looking at the above table, the result depict also the relative outcomes from the values of mean and the standard deviation with total respondent to be 100 as male has 53 and 47 for female respondents

### Findings.

It was observed that: Sadness that lasts for weeks or months among infertile couples in Wukari LGA, Feelings of hopelessness, helplessness and depressed among married couples in Wukari LGA, Frequent crying or tearing up among infertile couples in Wukari LGA Frequently irritated or intolerant of others around you, specifically people who that have children among infertile couples in Wukari LGA, Lack of motivation, struggling to get work done at the office or around the home among infertile couples in Wukari LGA, Difficulty sleeping, either sleeping too much or unable to sleep well (insomnia) among married couples in Wukari LGA, Struggling with experiencing pleasure in life, including a low interest in sex among infertile couples in Wukari LGA, Thoughts of dying, self-harm, or suicide among married couples in Wukari LGA and Difficulty with eating, either overeating or experiencing low appetite among infertile couples in Wukari LGA.

### Conclusion

In the course of the study we discovered that depression, stress affect the quality of life of married couples in Wukari LGA. Depression affects married homes in Wukari LGA

### Recommendations

- i. Government, religious leaders should participate in a support group. Therapy/Counseling.
- ii. Planning/organizing schedule related to infertility or infertility treatments.
- iii. Look for information to help understand depression.
- iv. Keep yourself busy with other activities

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