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THE INFLUENCE OF DEATH ANXIETY AND BIG FIVE PERSONALITY TRAITS ON QUALITY OF LIFE OF PREGNANT WOMEN IN MAKURDI METROPOLIS, BENUE STATE, NIGERIA

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Abstract

The study examined the influence of death anxiety and Big Five personality traits on the quality of life of pregnant women in Makurdi metropolis, Benue State. The study adopted a cross-sectional research design, drawing one hundred and ninety five (195) pregnant women from selected antenatal clinics within Makurdi metropolis. . They are between the ages of 18 and 47, with a mean age of 31.43 (SD = 6.94). Standardized psychological instruments were used to assess death anxiety, Big Five personality traits, and quality of life. Data were analysed using inter-correction and Hierarchical Multiple Regression. Findings revealed that death anxiety had a significant positive influence on quality of life among pregnant women in Makurdi, suggesting that heightened awareness of mortality during pregnancy may motivate adaptive health-seeking behaviours, emotional regulation, and greater valuation of life. The results also indicated that Big Five personality traits significantly influenced quality of life, with traits such as extraversion and conscientiousness, contributing positively to maternal quality of life. Furthermore, death anxiety and Big Five personality traits jointly predicted quality of life, underscoring the interactive role of cognitive-emotional factors and enduring personality dispositions in shaping pregnant women's lived experiences. The study concludes that psychological factors play a crucial role in determining quality of life during pregnancy. It therefore recommends the integration of psychological assessment and intervention into routine antenatal care to promote holistic maternal health. These findings have implications for clinical practice, maternal mental health policy, and future research in perinatal psychology within the context of Nigeria.

Keywords: Death anxiety, Big Five personality traits, quality of life, pregnancy, maternal mental health.

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INTRODUCTION

Quality of life among pregnant women is an important issue considering the various physical, emotional, and social changes associated with pregnancy. Generally, quality of life relates to how an individual evaluates the state of his or her well-being across different areas of life. Broadly, quality of life can be viewed from both objective and subjective perspectives and is often influenced by several life circumstances, including pregnancy. Pregnancy is one of the most significant events in a woman's life and is commonly associated with excitement, expectations, and life transitions. However, it can also present several challenges that may affect a woman's overall well-being. During pregnancy, women experience numerous changes in their bodies, including biochemical, hormonal, and anatomical changes that are often beyond their direct control. These changes can make pregnant women physically, psychologically, socially, and even spiritually vulnerable. Even in cases of normal pregnancy, such changes may affect a woman's ability to perform her daily activities and social roles, which can ultimately influence her quality of life. Most pregnant women also experience varying degrees of concern about their own health and the well-being of their unborn child. Although pregnancy is not considered a disease, it is also not entirely a normal state of health, as it introduces several physiological and psychological adjustments that women must cope with. Hormonal changes during pregnancy can also influence emotional states, sometimes resulting in psychological challenges such as anxiety and depression. These experiences may vary across different stages of pregnancy (Boutib et al., 2022).

In Makurdi, which is the focus of the present study, the quality of life of pregnant women has not been sufficiently examined from a scientific perspective. Consequently, there is limited empirical understanding of how various psychological factors influence the well-being of pregnant women in this environment. It is against this background that the present study seeks to investigate the quality of life among pregnant women in Makurdi metropolis, Benue State. Quality of life was defined by the World Health Organization (WHO, 1993) as the perception individuals have of their position in life within the context of their culture and value systems, and in relation to their goals, expectations, standards, and concerns. This concept is broad and multidimensional, as it may be influenced by factors such as physical health, psychological state, level of independence, social relationships, and environmental conditions. This definition highlights that quality of life is largely subjective, meaning that individuals interpret their level of satisfaction differently depending on their personal expectations, experiences, and aspirations. In this study, quality of life will be examined across four major dimensions: physical, psychological, social, and environmental domains. In addition, the study seeks to examine the influence of death anxiety on the quality of life among pregnant women. Death anxiety refers to the fear, apprehension, or distress associated with thoughts of death or the dying process. It involves feelings of dread or worry that arise when individuals contemplate mortality or the possibility of ceasing to exist (Mainali et al., 2023). Evidence suggests that pregnant women may experience heightened emotional vulnerability due to physical discomfort, uncertainty about childbirth, and concerns about their health and that of their unborn child. These concerns may lead to feelings of anxiety, fear of complications, and thoughts related to mortality (Ishfaq &

Mushtaq, 2019). Such psychological experiences may have implications for their overall quality of life. Therefore, this study investigates the influence of death anxiety on the quality of life of pregnant women in Makurdi metropolis.

Furthermore, the study also examines the influence of personality traits on the quality of life among pregnant women in Makurdi metropolis. Personality traits refer to the relatively stable patterns of thoughts, emotions, and behaviours that characterize individuals (Weik et al., 2024). These traits represent enduring tendencies that influence how individuals perceive, interpret, and respond to life situations. Personality traits are generally considered stable across time and situations. For instance, individuals who score high on extraversion are typically sociable and outgoing in different contexts. Trait psychology therefore assumes that individuals differ in their positions on certain basic personality dimensions that remain relatively consistent over time (Bleidorn et al., 2020).The present study adopts the Big Five Personality Traits model, which is one of the most widely accepted frameworks for classifying personality. The model consists of five broad personality dimensions often remembered using the acronym OCEAN, which represents Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Each of these traits can further be divided into smaller components or facets that provide a more detailed understanding of individual personality differences (Bleidorn et al., 2018). Previous studies have shown that personality traits are associated with various life outcomes, including psychological well-being and life satisfaction (Bleidorn et al., 2022). However, the role of personality traits in shaping the quality of life of pregnant women in Makurdi metropolis remains relatively understudied. Therefore, this study seeks to examine how personality traits influence the quality of life among pregnant women in Makurdi metropolis.

Statement of the Problem

Pregnancy is a critical period in a woman's life that involves significant physiological, psychological, and social adjustments. While medical attention during pregnancy often focuses on physical health and obstetric outcomes, the psychological experiences of pregnant women are equally important, particularly as they relate to emotional well-being and quality of life. One psychological phenomenon that may become pronounced during pregnancy is death anxiety, arising from fears related to childbirth complications, maternal mortality, and the survival of the unborn child. In contexts where maternal health risks remain high, such anxiety may be intensified and may negatively affect the psychological functioning of pregnant women. Psychological responses to pregnancy-related stressors vary across individuals, and these variations are partly influenced by stable personality dispositions. The Big Five personality traits neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness have been shown to influence emotional regulation, vulnerability to anxiety, coping strategies, and overall psychological adjustment. For instance, high neuroticism has been associated with increased susceptibility to anxiety and reduced quality of life, whereas traits such as conscientiousness and extraversion are linked with adaptive coping and psychological resilience. However, empirical evidence examining how these personality traits interact with death anxiety to influence the quality of life of pregnant women remains limited. In Nigeria, and particularly in Makurdi metropolis, pregnant women are often exposed to multiple

psychosocial stressors, including inadequate access to comprehensive antenatal care, economic challenges, and sociocultural beliefs surrounding pregnancy and death. These factors may compound death-related fears and contribute to psychological distress, thereby impairing quality of life during pregnancy. Despite the clinical significance of these issues, most studies conducted within the Nigerian context have largely emphasized medical and obstetric variables, with insufficient attention given to psychological factors such as death anxiety and personality traits.The scarcity of empirical studies investigating the combined influence of death anxiety and Big Five personality traits on the quality of life of pregnant women in Makurdi metropolis constitutes a significant gap in the literature. This gap limits the integration of psychological assessment and intervention into maternal healthcare services. Consequently, there is a need for a systematic investigation of the influence of death anxiety and Big Five personality traits on the quality of life of pregnant women in Makurdi metropolis, in order to provide empirical evidence that can inform clinical psychological interventions and improve maternal mental health outcomes.

Aim and Objectives of the Study

The aim of the study is to examine death anxiety, big five personality traits and quality of life among pregnant women in Makurdi metropolis. The specific objectives are to:

(i) examine the influence of death anxiety on quality of life among pregnant women in Makurdi metropolis;
(ii) determine the influence of personality traits on quality of life among pregnant women in Makurdi metropolis;
(iii) find out the joint influence of death anxiety and personality traits on quality of life among pregnant women in Makurdi metropolis;

Research Questions

The following research questions are raised to guide the study:

(i) what is the influence of death anxiety on quality of life among pregnant women in Makurdi metropolis?
(ii) to what extent will personality traits influence quality of life among pregnant women in Makurdi metropolis?
(iii) to what extent will death anxiety and personality traits jointly influence quality of life among pregnant women in Makurdi metropolis?

LITERATURE REVIEW

Quality of Life

The definition of quality of life has pose challenges due to is multi-dimensional nature, hence researchers prefer to define the concept based on their research interest or context (Faronbi, et al., 2020). In this light, there is no agreement among researchers on the definition of quality of life, hence researchers approach the concept based on their various perspectives, interests and discipline. For instance, quality of life indicators has been developed based on social considerations, while social and psychological indicators have been developed to assess quality of life of individuals, as well as groups of individuals. According to Schalock (2000), there is a very wide range of definitions and interpretations of quality-of-life models - over 100 definitions. It is also very common for articles about quality-of-life models not

to define the concept, particularly within the medical literature. In a systematic review, 16 out of 68 quality of life models evaluated did not provide a definition of quality of life (Hassan, et al., 2014).

Death Anxiety

Death anxiety is a term used to conceptualize the apprehension generated by death awareness (Menzies, et al. 2018). Humans are unique in that they must learn to live and adapt to the consciousness of their own finiteness. Thus, a major task for cultural systems is to provide a symbolic structure that addresses death and provides meaning for its occurrence and a context for its transcendence (Mani, et al. 2022). Confronting death and the anxiety generated by knowledge of its inevitability is a universal psychological quandary for humans. For health care providers, death is an ever-present reality despite increasing technological advanced health systems, longer patient survival, and cure from life-threatening conditions. Although helping individuals and their families manage death is a central responsibility of medical practice worldwide, an increasing literature suggests that death anxiety contributes to important emotional and behavioural outcomes (Gold, 2014).

Big Five Personality Traits

The role of personality traits in influencing or determining different individual behaviours, dispositions, health outcomes and the like among various populations has been well documented in the literature (Singh, 2012; Klimstra, et al. 2012). Personality is the relatively enduring pattern of thoughts, feelings, and behaviours that distinguish individuals from one another(De Feyter, et al. 2012). The Big Five personality traits is a suggested taxonomy, or grouping, for personality traits, developed from the 1980s onward in psychological trait theory. When factor analysis (a statistical technique) is applied to personality survey data, it reveals semantic associations, which are words used to describe aspects of personality (De Bolle, et al. 2012).Researchers have suggested that individual differences in levels of the "Big Five" personality traits (openness to experience, conscientiousness, extraversion, agreeableness, neuroticism) are present from young ages (Trofimova, 2016).

Openness to Experience: People possessing this particular trait tends to be highly spatial, imaginative and creative in their intellect (Soto & Tackett, 2015). These people are sensitive to their inner thoughts, have capability to analyze matters differently. They are curious to know hidden things and to be deductive from different angles. People who lack the openness to experience tend to be more conventional in their problem-solving approach and do not try to be explorative in finding new ways to solve a particular problem. They tend to dislike variety and change and rather love to stick to their old rigid routines (Cobb-Clark & Schurer, 2012).

Conscientiousness: Conscientiousness trait holders tend to be very careful about their future planning, they are cautious about their surroundings, compact and fully scheduled. They tend to be managed, prefer to be predictable and try to be risk free (Robins & Byrne, 2011). They have propensity to work in such a way that have no flaw, where everything gets done rightly and chaos can give them mental stress. They try to be neat, clean and would like everything to be placed on right place (Mehta, 2012).

Extraversion: Extraversion is the personality traits which cover these kinds of people in our society just like agreeableness trait, this quality of personality also makes

people more social and are more going out to interact with people in the society (Damian & Roberts, 2015). A person who is more reserved, less likely to be social and tends to be uncomfortable with interacting with strangers is the trait opposite to the extraversion and is termed as introversion. These people are more likely to be opened with others easily and would prefer to be with others.

Agreeableness: Agreeableness is a personality trait that holds people to be accommodating and helping them to resolve issues by creating win-win situation by their flexible altitude. These people are usually highly social and friendly and generous in negotiations and friendly in environment to keep balance in opponents' concerns (Morton, et al. 2021). These people have a propensity to attain cooperation and social harmony, helping others is their inbuilt feature and for that reason they believe others are also honest and trustworthy (Soto, et al. 2011).

Neuroticism: Frustrations, anger, depression, stress and self-blame are the personality symbol of the persons who rank high on the neuroticism trait of personality (Barcelo, 2017). This is a fundamental personality trait which is associated with individuals who are pessimistic in approach, who always over react over mistakes and faults made by them. These people are easily trapped by stress and tend to be emotional and anxious (Trofimova & Robbins, 2016). These personality trait holders lack on emotional intelligence, are easily caught by mental disorder and which may have a serious impact on their physical and psychological health (Trofimova & Christiansen, 2016).

Theoretical Review

Health-related Quality of Life Theory

The study is guided by the revised Wilson and Cleary model of health-related quality of life (Ferrans et al., 2005), which explains quality of life through four major determinants: biological function, symptoms, functional status, and general health perceptions. Biological function refers to the physiological processes of the body and forms the foundation of health status. Changes in biological functioning can influence symptoms, functional ability, and overall perceptions of health. Symptoms represent individuals' perceptions of physical, emotional, or cognitive abnormalities and may affect daily functioning and overall well-being. Functional status refers to an individual's ability to perform daily activities such as physical, social, and psychological tasks, which are important indicators of health and quality of life. General health perception is a subjective evaluation that summarizes all aspects of health and reflects an individual's overall satisfaction with their health condition. The model also highlights the influence of individual characteristics (such as age, demographic, psychological, and biological factors) and environmental characteristics (including social relationships and physical surroundings) on quality of life. These factors interact to shape a person's perception of well-being. In the context of pregnancy, biological changes, pregnancy-related symptoms, and environmental conditions can significantly influence women's functional capacity and overall quality of life. Guided by this framework, the present study examines death anxiety, Big Five personality traits, age, and quality of life among pregnant women in Makurdi metropolis.

Empirical Review

Death Anxiety and Quality of Life

Ottu, et al., (2019) investigated the traumatic impact of the Dana 2012 plane crash in Lagos, Nigeria. Using a cross-sectional survey, the roles of quality of life (QoL) and impact of event were examined against death anxiety of the proximate inhabitants of the crash site. Result showed significant influence of QoL on death anxiety, with higher QoL participants manifesting higher levels of death anxiety. However, impact of the crash event and demographic indicators such as age, sex, pilot preference, and belief-in-life after death did not influence death anxiety of participants. It was concluded from these results that the perception of higher QoL has a profound influence on death anxiety of people reminiscing mortality reminders no matter their age, sex, beliefs, and life preferences. The study recommended that anxious death-related experiences be prevented in all spheres of life in pursuit of safety and sound mental health of the people.

Siraj, et al., (2021) examined the impact of death anxiety on quality of life among cancer patients. The study focused to find out the difference of death anxiety in the context of gender and socio-demographic factors; and to seek out the impact of death anxiety on the quality of life of cancer patients. Purposive sampling technique was opted to collect the N= 110 cancer patients from Victoria hospital Bahawalpur and the Minar hospital Multan through the cross-sectional survey research design. The instrument was adopted from Lemming fear of death anxiety scale and WHOQOL. The study correlation t-test was computed which put forth that women cancer patients have a positive correlation between death anxiety and the quality of life. The study concluded that, there is an impact of death anxiety on quality of life among patients who were hospitalized. Death anxiety had a negative impact on quality of life among cancer patients. Both male and female patients experienced death anxiety at a certain level that may impact their quality of life, cancer patients who were hospitalized experienced more death anxiety than other cancer patients. The study recommended that, separate Psychological counseling sessions can assist to decline the death anxiety among cancer patients.

Jaberi, et al., (2022) examined the relationship of death anxiety with quality of life and social support in hemodialysis patients. This cross-sectional research was conducted on 226 patients with chronic renal failure. The results indicated that the means and standard deviations of social support, QoL, and death anxiety of patients were 57.4 ± 10.1, 28.8 ± 5.9, and 42.5 ± 4.1, respectively. A significant negative correlation was found between QoL scores and death anxiety in hemodialysis patients ($p = 0.007$, $r = -0.179$). However, there was no statistically significant relationship between social support scores and patients' death anxiety. The total score of patients' death anxiety decreased with increasing the total QoL score ($p< 0.001$, $b = -0.18$). The study recommended that, different variables that can affect death anxiety and QoL should be identified in the patient examination process. Also, the health care system should consider necessary planning to increase the QoL and reduce death anxiety.

Ifeagwazi, et al., (2018) investigated the influence of death anxiety (DA) on multi-dimensional health-related quality of life (HRQoL) in a Nigerian sample of people living with HIV/AIDS (PLWHA). Using cross-sectional design and availability sampling method, the researchers selected 201 out patients (men = 63, 31.3%, women = 138, 68.7%, mean age = 40.1, SD = 10.5) managed for HIV/AIDS in a Nigerian

tertiary healthcare institution. Death Anxiety Inventory – Revised and Patient Reported Outcome Quality of life-HIV were used to access DA and HRQoL respectively. The dimensions of HRQoL were treatment impact, physical health, relationship and cognitive domains. Result of simple regression analysis indicated that death anxiety predicted treatment impact domain of HRQoL. However, DA did not predict physical health, relationship and cognitive domains of HRQoL. Anxiety about death may influence PLWHA into more adherence with the treatment regimens and more satisfaction with the use of highly active anti-retroviral therapy.

Personality and Quality of Life

Bal and Sahin (2011) investigated the impact of women's personality traits and some sociodemographic variables on quality of life (QoL). This cross-sectional and correlational study was conducted among 320 Turkish women aged between 45 and 64 years who attended the Menopausal Polyclinic. Data were collected from the Turkish version of the Cervantes Personality Scale and the Turkish version of the Menopause-Specific Quality of Life Questionnaire. The mean (SD) age of the participants was 51.8 (5.3) years. The average (SD) age since menopause was found to be 46 (3.3) years. The menopausal QoL was correlated with education status, income level, working status, exercise routine, chronic health problems, family's/friends' support, and negative life events. Logistic regression analyses showed that the QoL in vasomotor, psychological, and sexual domains were 6.1, 9.2, and 11.4 times, respectively, lower in neurotic women than in emotionally stable women. In addition, the QoL in sexual domains were 3.3 times lower in introverted women than in extraverted women. These findings indicate that higher levels of introversion and higher levels of neuroticism lead to lower QoL among postmenopausal women. The results of this study support the hypothesis that personality would play an important role in women's QoL during the transition period of menopause. Abdel-Khalek, et al., (2022) observed that, several studies have indicated significant relations between the Big Five personality traits and life satisfaction. However, most of these studies have been carried out on Western samples. The present study aimed to explore the Big Five predictors of life satisfaction in an under-studied sample of Egyptian college students ($N = 1{,}418$). They responded to a self-rating scale of life satisfaction and the Arabic Big Five Personality Inventory. Both scales have acceptable to good reliabilities and validities. Men obtained significantly higher mean total scores than did women for extraversion, openness, and conscientiousness, whereas women obtained higher mean total scores than did their male counterparts on neuroticism and agreeableness. In both sexes, all the Pearson correlations between the Big Five and life satisfaction were significant and positive except for neuroticism (negative). The strongest correlation with life satisfaction scores was for neuroticism (negative). Principal components analysis extracted two components in both genders which were labelled: “Positive traits”, and “Well-Being versus neuroticism”. Big Five traits accounted for approximately 22% of the variance in life satisfaction scores among men, and 17% in women. Predictors of life satisfaction were low neuroticism, conscientiousness, extraversion, openness (men), low neuroticism and conscientiousness (women). It was concluded that personality traits are important for life satisfaction in the present sample of Egyptian college students. By and large, the relationships observed in Egyptian

college students reflect the general pattern observed in other samples.

Maalouf, et al., (2022) observed that, medicine is an incredibly demanding career that appears to leave many medical students at risk of fatigue, anxiety, depression and burnout. Since adaptation and lifestyle changes are important, quality of life (QOL) of students during medical school could be impaired. Personality traits and emotional intelligence (EI) facets may be both linked to medical student's QOL. The researchers noted that, to their knowledge, no studies have been done on the concurrent and prospective relationship between QOL-related personality traits and EI in Lebanese medical students. This study aimed to investigate the role of EI as a mediator between personality traits and QOL among a sample of Lebanese medical students. The study was a descriptive cross-sectional survey study involving 293 Lebanese medical students recruited from all 7 Faculties of Medicine in Lebanon (June–December 2019). Structural equation modeling (SEM) was performed using SPSS AMOS v.24 to examine the structural relationship between each personality trait taken as independent variables, QOL as the dependent variable, and emotional intelligence as the mediator, among university students. The relative Chi-square (χ^2/df), root mean square error of approximation (RMSEA) statistic, Tucker Lewis Index (TFI) and the comparative fit index (CFI) were used to evaluate the goodness-of-fit of the model. Findings showed that, higher conscientiousness was significantly associated with more EI (Beta = 0.38; $p < 0.001$) and lower QOL (Beta = − 0.14; $p = 0.025$). The indirect relationships between conscientiousness, EI and QOL showed that EI mediated the association between conscientiousness and QOL (Beta = 0.17; 95% CI − 0.73 to − 0.004; $p = 0.037$). The fit indices of this model were adequate for χ^2/df, RMSEA and CFI but not TLI. Higher openness to experience was significantly associated with more EI (Beta = 0.48; $p < 0.001$) and lower QOL (Beta = − 0.38; $p < 0.001$). The indirect relationships between openness to experience, EI and QOL showed that EI mediated the association between openness to experience and QOL (Beta = 0.30; 95% CI − 1.11 to − 0.03; $p = 0.04$). The fit indices were adequate for χ^2/df and CFI but not RMSEA and TLI. EI did not mediate the association between the other three personality traits (extroversion, agreeableness and neuroticism) and QOL. The study concluded that, the study has shed considerable light on the nexus of associations between EI, personality traits and well-being, nonetheless, led to the creation of more puzzling questions. On the whole, it seems that EI and its components can be used as an evaluation instrument in relation with Lebanese medical students' personality profile as a means of future training to improve quality of life during medical education.

METHOD

Design

This study adopted a cross- sectional survey design to investigate the influence of personality traits and religiosity on prosocial behaviour among pregnant women in Makurdi metropolis. A cross-sectional survey collects data to make inferences about a population of interest (universe) at one point in time. Cross- sectional survey design is described as snapshots of the population the researcher intends to gather data from. This design involves using a population or group of people who differ in the variables of interest, but share similarities in other characteristics (Lee, 1994). This method eliminates the requirement for longitudinal data collection

and enables the identification of patterns and correlations between personality traits, religiosity and prosocial behaviour.

Sampling Techniques

Purposive sampling technique was used in selecting the public hospitals from which participants will be drawn to take part in the study. In similar vein, purposive sampling was also adopted in selecting the participants from the hospitals. By this procedure, only those that are available and willing to take part in the study were given copies of the questionnaire to respond to.

Participants

The study comprised of 195 pregnant women age range from 18 to 47 with the mean age of 31.43 drawn from the population of 392 in three hospitals in Makurdi metropolis. The number is derived from the population of pregnant women currently attending ante-natal care in General Hospital, Family Support Centre, and Federal Medical Centre, all in Makurdi metropolis. Furthermore, on the demographic characteristics of the respondents analysis showed that most of the respondents are married145 (73.3%), 8(4.1%) were single, 14(7.2%) were divorced respondents, 17(8.7%) were separated and 13(6.7%) of the participants were widowed. The results of the analysis also indicated employment status of the participants with 100(51.3%) of them were public servants, 63(32.3%) were self-employed and 32(16.4) were unemployed pregnant women. Similarly, in terms of the hospitals for antenatal, results showed that most of the pregnant women135 (69.7%) were attending General hospital, 24(12.3%) were attending FMC and 35(17.9) of the respondents were attending antenatal at Family Support Hospital all in Makurdi

Instruments for Data Collection

Death Anxiety Questionnaire: Death Anxiety Questionnaire designed by Conte, et al. (1982). The instrument is a 15-item measure of death anxiety using a three-point scale which includes: 0 = Not at all, 1 = somewhat, and 2 = Very much. The questionnaire is a summation-based questionnaire that assesses death anxiety using a score range of 0 – 30 points. A score of 0 – 10 means low death anxiety, 11 – 20 means moderate death anxiety, while 21 – 30 means high death anxiety. The scale has internal consistency of .83, and test–retest reliability of .87.

Big Five Personality Inventory: Big five personality inventory is a 44-item inventory that measures an individual on the Big Five Factors (dimensions) of personality (Goldberg, 1993). The five dimensions of the Big five are: Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism. It has Cronbach alpha reliability for the five sub-scales as follows: neuroticism 0.81, extroversion 0.87, openness 0.74, agreeableness 0.75, and conscientiousness 0.67 respectively. In all, a test-retest reliability of .75 was obtained in both adult participant subsamples. The scales also showed adequate convergent validity coefficient of .77. This shows that the BFI is a succinct measure of Big Five personality traits and it provides satisfactory reliability and validity. Items of the scale are combined to measure each of the five dimensions of the Big Five personality traits, with items containing "R" denoting reverse-scored items. The items are scored thus: Extraversion: 1, 6R, 11, 16, 21R, 26, 31R, 36 Agreeableness: 2R, 7, 12R, 17, 22, 27R, 32, 37R, 42 Conscientiousness: 3, 8R, 13, 18R, 23R, 28, 33, 38, 43R Neuroticism: 4, 9R, 14, 19, 24R, 29, 34R, 39 Openness: 5, 10, 15, 20, 25, 30, 35R, 40, 41R, 44. High

scores on a dimension of the scale indicates that, the individual is more oriented towards that personality dimension, while low scores mean that the individual is less oriented towards the particular dimension.

World Health Organization Quality of Life – Brief (WHOQOL – BRIEF): World Health Organization Quality of Life – Bref (WHOQOL-BREF) was developed by WHOQOL-group (1996). It contains a total of 26 items. The items comprise the following: physical health (seven items), social relationships (three items), psychological health (six items), and environmental health (eight items). The World Health Organization Quality of Life – Bref (WHOQOL-BREF) is an abbreviated 26-item version of the WHOQOL-100, which was developed using data from the field-trial version of the WHOQOL100. Responses to the questions use a 5-point Likert scale, inquiring 'how much', 'how satisfied' or 'how completely' the respondent felt in relation to the domain being investigated. The World Health Organization Quality of Life – Bref (WHOQOL-BREF) has excellent intra-rater reliability for the total scale and its subscales which range from 0.84 – 0.93. (Skevington, Lotfy, & O'Connell, 2004). Inter-rater reliability is adequate to excellent for the total WHOQOL-Brief and it subscales ranging from: 0.56-0.95.Validity of the WHOQOL-Bref subscales with the satisfaction with well-being index is adequate to excellent. Skevington, Lotfy, & O'Connell, (2004) reports the following validity: psychological – Pearson's r = 0.75, physical – Pearson's r = 0.63, family/social – Pearson's r = 0.45, and environment – Pearson's r = 0.59.

Procedure for Data Collection

The researcher applied for a letter of introduction from the Head of Department of Psychology, Benue State University, Makurdi that was used for self-introduction. The letter was be taken to the management of the participating hospitals, seeking permission to carry out study using pregnant women receiving ante-natal care in their hospitals. Thereafter, the researcher proceeded to administer the questionnaire on participants who were available and willing to take part in the study in their respective hospitals. To achieve a seamless procedure, the researcher established rapport with the management of the participating hospitals. The researcher also employed the services of research assistants who helped in the administration of questionnaire. The completed instruments were afterwards retrieved and taken for analysis. The process of administering and retrieval of research instruments lasted for two weeks

Data Analysis

Data collected in the study were analyzed using computer software called Statistical Package for Social Science (SPSS), version 26. SPSS is a computer package used for rigorous statistical analyses mostly in the social sciences. First of all, a preliminary analysis using frequencies, mean and standard deviations were performed to summarize the demographic characteristics of the respondents. Also, inter- correlations among the study variables were examined. Hierarchical multiple regression was used in testingthe independent and joint influence of death anxiety and personality traits on quality of life.

RESULTS

This chapter deals with presentation of the results obtained from the analysis of data. The first part presents the inter-correlation of the variables while the second part presents the results the hypotheses tested

Table 4.1 Inter-correlation matrix among the study variables

S/N	Variable	1	2	3	4	5	6	7	8	9	10	11	12
1	Age	-											
2	Marital status	.107	-										
3	Educational level	.079	.122	-									
4	Employment	.019	.040	.100	-								
5	Hospital type	.043	.335**	.305**	,099	-							
6	Death anxiety	.137	.117	.083	.106	.058	-						
7	Extraversion	.012	.239**	151**	..094	.051	.232**	-					
8	Agreeableness	.120	.224**	.175**	.064	.075	.210**	.849**	-				
9	Conscientiousness	.048	.232**	.121	.062	.089	.249**	.941**	.836**	-			
10	Neuroticism	.000	.242**	.142*	.104	.170*	.203**	.829**	.899**	.811**	-		
11	Openness	.059	.210**	.157*	.061	.118	.184**	.904**	.865**	.832**	.855**	-	
12	Quality of life	.041	191**	.213**	.210**	.009	.244**	.655**	.774**	.807**	.752**	.805**	-

Source: Outcome of field work; Note: **P<.01, *P<.05

The results in Table 4.1 revealed marital status significant relate with extraversion [r (190)=.239, P<.01], agreeableness [r(195)=224, P<.01], conscientiousness [r(190)= .232, P<.01], neuroticism [R(195)= .242, P< .01], openness [r(190)=210,P< .01] and [r(195)=191, p< .01]. Furthermore, analysis showed that educational level of the pregnant women significantly relate with extraversion[r(190)= .151,P< .01], agreeableness [r(195)= .175, P<.01], neuroticism [r(195)=.142,P<.01], openness [r(195)=.157,P<.01] and quality of life [r(195)=.213,P< .01]. Similarly, the results indicate that hospital type significantly relate with neuroticism among pregnant women [r(195)=.170, P< .01}. The results also indicated that there is a significant relationship between death anxiety and extraversion [r(195)= .232, P< .01]. This implies that increase in extraversion will leads to an increase in death anxiety among the pregnant women in Makurdi. The results in Table 4.1 also revealed that death anxiety significantly relate with agreeableness [r(195)= .210, P<.01], conscientiousness [r(195)= .249, P< .01], neuroticism [r(195)= .203, P<.01] and openness [(195) = .184, P<.01]. Results also indicated a significant relationship between death anxiety and quality of life among pregnant women in Makurdi [r(195)=.244,P< .01]. This implies that the higher the anxiety the higher the quality of life among the pregnant women. Furthermore, results of the inter correlation showed that extraversion significantly relate with agreeableness [r(195)=.849, P<.01], conscientiousness [r(190)=.941, p<.01], neuroticism [r(195)=.829, P<.01] and openness [r(195)= .904, P<.01]. The results

also indicated that extraversion significantly and positively correlates with quality of life among pregnant women in Makurdi [r(195)= .655,P< .01]. This implies that increase in extraversion leads to an increase in quality of life among the pregnant women. The results presented in Table 4.1 revealed that agreeableness significantly relate to conscientiousness[r(195)= .836,P< .01], neuroticism [r(195)= .899, P< .01] and openness [r(195)= .863< .01]. The results also indicated that agreeableness positively correlates with quality of life [r(195)= .774, P< .01], indicating that increase in agreeableness will enhance the quality life of the pregnant women. Similarly, results of the inter-correlation revealed that conscientiousness significantly correlates with neuroticism [r(195)= .811, P< .01] and openness [r(195) = .832, P< .01]. The results also showed that conscientiousness significantly correlates with quality of life among pregnant women in Makurdi [r(195)= .807, P< .01]. This implies that increase in personality trait of conscientiousness will result in the increase in quality of life of the pregnant women. The results of the analysis indicated that neuroticism significantly relate with openness [r(195) = .855, P< .01] and quality of life [r(195)=.752,P< .01] among pregnant women in Makurdi. Lastly, the results presented in Table 4.1 showed that openness to experience significantly and positively correlates with quality of life among pregnant women in Makurdi [r(195)= .805, P< .01]. This implies that the higher the openness to experience the higher the quality of life among pregnant women.

Hypothesis Testing

Table 4.2: Summary of Hierarchical Regression showing the independent and joint influence of death anxiety and personality traits on quality of life among pregnant women in Makurdi when demographic variables are controlled.

Model	Predictors	Step 1 B	Step 2 β	Step 3 β
	Age	**-.108**	**-.050**	**-.041**
Model 1`	**Marital status**	**-.230****	**.190****	**.004**
Demographic factors	**Education**	**.250****	**.241****	**.081***
	Employment	**.190****	**.171****	**.132****
	Hospital	**.032**	**.041***	**.011**
Model 2	**Death anxiety**		**.192****	**.017**
	Extraversion			**.502****
Model 3	**Agreeableness**			**.008**
Personality factors	**Conscientiousness**			**.286****
	Neuroticism			**.003**
	Openness			**.084**
	R	**.377**	**.420**	**.886**
	R^2	**.142**	**.176**	**.784**
	ΔR^2	**.142**	**.034**	**.608**
	F	**6.120**	**6.563**	**59.181**
	ΔF	**6.120****	**7.676****	**100.933****

Source: Outcome of field work; Note: **P<.01, *P<.05

The first step in the Hierarchical regression model 1 showed the influence of the demographic variables (age, marital status, education, employment, and hospital type) on quality of life. This result shows that, the demographic variables produced a significant joint influence on quality of life R^2=.142, F(5,185)=6.12, p<0.001, meaning that, the demographic variables were able to explain just 14.2% of the variation in quality of life. Albeit, only three of the demographic variables had significant independent contributions to quality of life; marital status (β=.230, p<0.001), educational level (β=.250, p<0.001) and employment status(β= .189, P<.001). This implies that, marital status, employment status and educational level of the pregnant women are capable of enhancing their quality of life. When death anxiety variable was introduced in step two alongside the demographic factors, results showed a significant positive influence of death anxiety on quality of life among pregnant women in Makurdi ΔR^2=.034, F(5,185)=6.563, p<.001. This implied that, 3.4% of the variation in quality of life was explained by death anxiety. Thus, hypothesis one was confirmed. The result further indicated a joint influence of the big-five personality traits on quality of life; ΔR^2=.608, ΔF(6,184)=7.676, p<.001. This means that, 60.8% of the variation in quality of life was explained by the big-five personality traits. As for the independent contribution, two of the five-factors of personality were shown to be significant independent predictors of quality of life; extraversion (β=.502, p<0.001) and conscientiousness (β=.286, p<0.001). This result implies that, personality traits have much influence on quality of among pregnant women. Perhaps, inferences can therefore be drawn that, if pregnant women uphold social, outgoing, enthusiastic, hardworking, goal oriented, committed and disciplined personality attributes, there is likelihood that their quality of life will improved. Thus, hypothesis two was also supported. Lastly, after controlling for demographic variables, results indicated that there was a significant joint influence of death anxiety and personality traits on quality of life among pregnant women R^2=.784, F(11,179)=59.181 At this stage, the overall contribution (models 1, 2 & 3) to quality of life increased to 78.4%. Based on this result therefore, the hypothesis was equally upheld.

DISCUSSION

Hypothesis One

Hypothesis one stated that death anxiety will significantly influence quality of life among pregnant women in Makurdi metropolis. The findings of this study revealed that death anxiety significantly influenced the quality of life among pregnant women in Makurdi metropolis. This implies that pregnant women who experience death-related thoughts and fears may adjust their health behaviours, emotional responses, and attitudes toward life, which can influence how they perceive their quality of life. Situating this finding within the empirical literature, the result is consistent with the study of Siraj et al. (2021) who examined the impact of death anxiety on quality of life among cancer patients and found that death anxiety significantly influenced quality of life. Their study revealed that increased death anxiety was associated with changes in the overall well-being of patients. Similarly, Jaberi et al. (2022) reported a significant relationship between death anxiety and quality of life among

hemodialysis patients, showing that higher levels of death anxiety were associated with lower quality of life. The result of the present study also aligns with Ifeagwazi et al. (2018) who found that death anxiety predicted aspects of health-related quality of life among people living with HIV/AIDS. Furthermore, Ottu et al. (2019) reported a significant relationship between quality of life and death anxiety among individuals exposed to the Dana plane crash in Lagos, suggesting that perceptions of life circumstances can influence individuals' experiences of death anxiety. These studies collectively support the notion that death anxiety plays a significant role in shaping individuals' perceptions of their well-being and quality of life.

Hypothesis Two

Hypothesis two stated that there will be a significant influence of personality traits on quality of life among pregnant women in Makurdi metropolis. The findings of this study indicated that personality traits significantly influenced the quality of life of pregnant women. This suggests that stable personality characteristics may shape how pregnant women cope with the challenges of pregnancy, manage stress, and perceive their overall well-being.

This finding is consistent with previous empirical studies. For instance, Bal and Sahin (2011) found that personality traits significantly influenced quality of life among women, particularly noting that women with higher levels of neuroticism and introversion reported lower levels of quality of life compared to emotionally stable and extraverted women. Similarly, Abdel-Khalek et al. (2022) found significant relationships between the Big Five personality traits and life satisfaction among Egyptian college students. Their findings revealed that traits such as conscientiousness, extraversion, and openness were positively associated with life satisfaction, while neuroticism had a negative relationship. In addition, Maalouf et al. (2022) reported that personality traits were significantly associated with quality of life among Lebanese medical students, highlighting that personality dispositions influence individuals' well-being and adaptation to demanding life situations. These findings support the conclusion that personality traits play an important role in determining individuals' quality of life.

Hypothesis Three

Hypothesis three stated that there will be a significant joint influence of death anxiety and personality traits on quality of life among pregnant women in Makurdi metropolis. The findings of this study revealed that death anxiety and personality traits jointly predicted quality of life among pregnant women. This suggests that both emotional factors (such as fear of death) and stable personality characteristics interact to influence how pregnant women perceive their well-being and overall life satisfaction. The joint role of psychological variables in shaping quality of life has been supported in previous studies. For example, Maalouf et al. (2022) found that personality traits and emotional factors such as emotional intelligence were jointly associated with quality of life among medical students, indicating that psychological characteristics interact to influence well-being. Similarly, Abdel-Khalek et al. (2022) demonstrated that personality traits significantly predicted life satisfaction, explaining a substantial proportion of variance in well-being outcomes. In addition, the findings of Siraj et al. (2021) and Jaberi et al. (2022) further suggest that emotional factors like death anxiety play a significant role in determining quality of life. Taken together, these studies support the present finding that both

personality traits and death anxiety can interact to influence individuals' quality of life.

Recommendations

Based on the findings of this study, it has been recommended that;

1. Antenatal clinics in Makurdi metropolis should incorporate routine psychological screening for death anxiety and personality-related risk factors. Early identification will enable healthcare providers to offer timely psychosocial support, thereby enhancing pregnant women's quality of life.
2. Health psychologists, clinical psychologists, and midwives should provide structured psychoeducation programmes to help pregnant women understand death anxiety as a normal psychological experience during pregnancy. Such programmes should focus on adaptive coping strategies, emotional resilience, and positive meaning-making.
3. Antenatal counselling and maternal mental health interventions should be tailored to individual personality profiles. Recognising personality differences can help clinicians design more effective, personalized support strategies that enhance emotional well-being and life satisfaction during pregnancy.
4. There should be stronger collaboration between obstetricians, midwives, psychologists, and social workers in antenatal settings. A multidisciplinary approach will ensure that both physical and psychological needs of pregnant women are adequately addressed.
5. Healthcare providers involved in maternal care should receive basic training in perinatal mental health, particularly in recognizing psychological factors such as death anxiety and personality-related distress that may influence quality of life.

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