TIJSEG

ISSN: 1300 – 7432
www.tijseg.org

Turkish International Journal of Special Education and Guidance & Counseling 2026, volume 15, issue 1

EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY (CBT) AND INTERPERSONAL THERAPY (IPT) ON PREGNANCY-RELATED STRESS AMONG WOMEN IN SOUTHWEST NIGERIA

Mutiat Sola ASIYANBI
Department of Educational Psychology, Federal College of Education Special Oyo, Nigeria
ORCID: https://orcid.org/0009-0005-9140-2981
mutiatasiyanbi@gmail.com

Seun Weyinmi AJAGBE
Department of Educational Psychology, Federal College of Education Special Oyo, Nigeria
ORCID: https://orcid.org/0000-0002-8948-320X
weyinmiseun@gmail.com

Adam Oyetunji YUSUF
Department of Educational Psychology, Federal College of Education Special Oyo, Nigeria
ORCID: https://orcid.org/0009-0003-7653-8851
smithadams48@gmail.com

Duro Olusola OLALEYE
Department of Educational Psychology, Federal College of Education Special Oyo, Nigeria
ORCID: https://orcid.org/0009-0006-9176-5069
olaleyeduro@gmail.com

Received: January 26 **Accepted:** May 21, 2026 **Published:** June 30, 2026

Suggested Citation:
Asiyanbi, M. S., Ajagbe, S. W., Yusuf, A. O., & Olaleye, D. O. (2026). Effectiveness of cognitive behavioural therapy (CBT) and interpersonal therapy (IPT) on pregnancy related stress among women in Southwest Nigeria. *Turkish International Journal of Special Education and Guidance & Counselling (TIJSEG), 15*(1), 17-26.

Abstract

Pregnancy related stress (PRS), is negatively associated with pregnant women in southwest Nigeria. Pregnancy is a period of significant physiological, psychological, and social transformation in a woman's life. This study, therefore, was carried out to investigate the effectiveness of cognitive behavioural therapy (cbt) and interpersonal therapy (ipt) on pregnancy-related stress among women in southwest, Nigeria. This study adopted a quasi-experimental pre-test, post-test, control group design. Sixty six participants were selected from pregnancy women in southwest using multi-stage sampling procedure. The ages of the participants ranged between 28 and 45 years with a mean of 28.88 years (SD= 8.46). Three hypotheses were tested using Analysis of Covariance. The findings revealed a baseline differences in pregnancy-related stress, women who received CBT had significantly lower post-intervention stress levels than those who did not receive any therapy. The partial eta squared (.192) indicates a large effect size, showing that CBT had a meaningful impact in reducing pregnancy-related stress. Also the study showed that IPT was effective in reducing pregnancy-related stress compared to the control condition. Lastly, there is a significant difference between CBT and IPT in terms of effectiveness, with CBT being superior. It is recommended that Government should employ more teachers in other to ease teachers' workload and job related stress. Government should provide a stable environment in which teachers and pupils can experience the kind of continuity that promotes healthy development.

Keywords: Pregnancy, stress, cognitive behavioural therapy, interpersonal therapy, pregnant women, Southwest Nigeria.

INTRODUCTION

Pregnancy is a period of significant physiological, psychological, and social transformation in a woman's life. While it is often perceived as a joyful experience, it can also be a time of considerable stress due to a variety of internal and external demands. Pregnancy-related stress refers to the

emotional, psychological, and physical strain experienced by expectant mothers, often resulting from fears about childbirth, concerns about fetal health, changes in physical appearance, role transitions, and socio-economic uncertainties (Aguocha et al., 2025). In Nigeria, and particularly in the southwestern region, pregnancy-related stress is compounded by factors such as limited access to quality antenatal care, cultural pressures, spousal neglect, and economic instability (Fawole et al., 2021; Olowokere et al., 2025).

Pregnancy-related stress refers to the emotional distress and psychological burden that women may experience during pregnancy. This stress can manifest as anxiety, depression, irritability, and feelings of helplessness. According to Afolabi (2024), various factors contribute to pregnancy-related stress in Nigerian women, including financial difficulties, inadequate social support, marital problems, and worries about childbirth outcomes. Okusanya (2020) and Olowokere, Oyinlola and Komolafe (2025), highlight the challenges of balancing societal expectations with personal desires and realities during pregnancy. In Nigeria, these issues are often intensified by traditional beliefs, societal pressures, and the lack of adequate mental health resources.

One of the most significant sources of pregnancy-related stress in Nigeria is the lack of emotional and social support from partners, family members, and communities. For instance, Akinmoladun (2020) in their study on maternal mental health in rural Nigeria, found that many women experience stress due to a lack of support from their spouses, who often fail to share the responsibility of pregnancy-related care. In some cases, the lack of support is linked to traditional gender roles, where women are expected to bear the physical and emotional burdens of pregnancy alone (Oluwole & Adebayo, 2021). Economic insecurity is another crucial factor contributing to pregnancy-related stress. In Nigeria, many pregnant women face financial difficulties, particularly in rural and low-income urban areas, where access to prenatal care and other health services is limited. This financial strain often leads to feelings of inadequacy and fear about their ability to care for their child, further exacerbating the stress they experience.

Additionally, maternal health issues such as hypertension, gestational diabetes, and the risk of preterm delivery can create psychological distress, with women fearing for both their health and the health of their unborn child (Sulaimon & Adekeye, 2019). These factors suggest that pregnancy-related stress is multifaceted, affecting both the individual and the social context of the pregnant woman. Several empirical studies have documented a high prevalence of antenatal stress among Nigerian women, especially in urban and semi-urban settings in the southwest. For example, Adewuya et al. (2006) found that approximately 23% of pregnant women in Lagos exhibited high levels of pregnancy-related anxiety, while a more recent study by Olowokere et al. (2025) in Osun State reported that over 30% of respondents experienced moderate to severe stress during pregnancy. These statistics highlight a pressing need for psychological interventions that are culturally sensitive and easily applicable within the Nigerian maternal health framework.

The consequences of unmanaged pregnancy-related stress are significant, ranging from preterm delivery, low birth weight, and developmental complications in infants, to increased risks of postpartum depression and impaired maternal bonding (Ede et al., 2022; Orji et al., 2018). In particular, women in the Southwest geopolitical zone face unique stressors such as intense sociocultural expectations around childbirth, the stigma of infertility, and gender role conflicts, which intensify the psychological burden during pregnancy (Ogunyemi & Fayemi, 2021). These psychosocial stressors often remain unaddressed in routine antenatal care, which predominantly focuses on physical health indicators.

To address these gaps, the integration of psychological therapies such as Cognitive Behavioural Therapy (CBT) and Rational Emotive Behaviour Therapy (REBT) into maternal care is increasingly being advocated. Cognitive Behavioural Therapy is a structured, time-limited, and problem-focused therapy that helps individuals identify and modify dysfunctional thoughts and behaviours contributing to emotional distress (Beck, 2011). Cognitive Behavioural Therapy has been shown to be effective in

reducing stress, anxiety, and depression among pregnant women in various global contexts (Dennis & Dowswell, 2013; Milgrom et al., 2015). Also, few studies have explored its application, but preliminary findings suggest its promise in addressing maternal mental health challenges (Onah et al., 2017).

Similarly, Interpersonal Therapy (IPT) is a structured, short-term treatment focused on improving interpersonal relationships and enhancing social support. It was originally developed to treat depression and has since been adapted for various conditions, including anxiety and stress. Interpersonal Therapy focuses on improving communication skills, resolving interpersonal conflicts, and managing role transitions, which are common during pregnancy. According to Klerman and Weissman (2020), IPT is effective in addressing the relational stressors that contribute to emotional distress. In the context of pregnancy, interpersonal therapy can be particularly beneficial as it addresses common stressors such as partner conflicts, societal expectations, and the transition into motherhood. The therapy focuses on four key areas: grief, role disputes, role transitions, and interpersonal deficits. In pregnancy, these areas can manifest as conflicts with partners, family, or friends, as well as challenges in adjusting to the role of motherhood. Interpersonal Therapy also emphasizes the importance of enhancing social support, which is often lacking among pregnant women in Nigeria, as seen in studies by Okusanya et al. (2020).

Interpersonal Therapy has been shown to be effective in treating depression and anxiety during pregnancy. A systematic review by Cuijpers et al. (2016) found that IPT significantly reduced depression and anxiety in pregnant women by improving interpersonal relationships and social support networks. In Nigeria, where there is a strong emphasis on community and family, IPT could be an effective intervention to address the stress associated with pregnancy, particularly in enhancing social support and resolving relational conflicts. Despite the promising benefits of IPT, there has been limited research specifically focusing on its application in the context of pregnancy-related stress in Nigeria. However, several scholars have explored related areas of mental health and pregnancy in the Nigerian context. For example, Okusanya et al. (2020) explored the prevalence of anxiety and depression among pregnant women in Nigeria, highlighting the role of social support in mitigating these psychological conditions. They found that women who had adequate support from their spouses and families experienced lower levels of pregnancy-related stress. Afolabi (2024) examined the psychological factors influencing maternal health in Nigeria, identifying a lack of social support and economic instability as significant contributors to stress among pregnant women. This supports the idea that addressing social and relational issues, which Interpersonal therapy aims to do, could play a vital role in reducing pregnancy-related stress in Nigeria.

Despite the documented effectiveness of CBT and IPT, their application in Nigeria's maternal health system remains limited. Most health facilities, especially in rural and peri-urban areas of the southwest, lack trained therapists and integration models that could make these interventions accessible. Furthermore, cultural beliefs and stigmas associated with psychological support continue to hinder help-seeking behaviour among pregnant women (Okafor et al., 2021). Given the high prevalence of pregnancy-related stress among women in the southwest and the adverse outcomes associated with it, there is an urgent need to empirically investigate the effectiveness of CBT and IPT in this context. Such a study is essential not only to provide evidence-based interventions for improving maternal well-being but also to inform public health policies and antenatal care practices that integrate psychological therapies within the maternal healthcare system in Nigeria.

In light of these concerns, this study seeks to examine the comparative effectiveness of Cognitive Behavioural Therapy and Interpersonal Therapy (IPT in managing pregnancy-related stress among women in Southwest Nigeria. The findings from this research could significantly contribute to the field of perinatal mental health, offering culturally relevant, low-cost, and scalable interventions for improving maternal and fetal outcomes in Nigeria. In the process of researching the effect of intervention strategies such as CBT and IPT on pregnancy-related stress among women in the

southwest, Nigeria. Logically, variables may intervene in the investigation without the researcher's knowledge. As a result, the researcher evaluated inviting locus of control and social support as moderating variables for the study. Social support and locus of control has been found to be important factors in pregnancy-related stress among women in the southwest

Statement of the Problem

Pregnancy-related stress among women in Oyo State, Nigeria, has emerged as a significant public health concern with far-reaching psychological, emotional, and obstetric implications. Pregnant women in this region often face multifaceted stressors such as economic hardship, limited access to quality antenatal care, spousal neglect, cultural pressures for male children, and high maternal expectations. These stressors have been linked to adverse pregnancy outcomes, including preterm birth, low birth weight, antenatal depression, and even maternal mortality. Reports from the University College Hospital (UCH), Ibadan, indicate a growing number of pregnant women presenting with symptoms associated with chronic stress ranging from persistent anxiety, sleep disturbances, and elevated blood pressure, to mood swings yet mental health screening remains minimal during routine antenatal visits.

Existing scholarly efforts, such as the work by Akinyemi et al. (2020), have explored the general prevalence of maternal stress in Southwestern Nigeria, identifying socio-economic status, lack of partner support, and prior pregnancy complications as key predictors. Similarly, Odetola, and Adedayo (2022) conducted a study on maternal psychological well-being in Ibadan and highlighted the insufficient integration of mental health services into maternal healthcare. However, these studies often fail to provide in-depth contextualized insights specific to Oyo State's unique socio-cultural dynamics, such as the impact of polygamous family settings, urban-rural disparities in healthcare access, and the role of traditional birth attendants in managing stress.

Despite these initial scholarly strides, there remains a gap in empirical studies that holistically investigate the psychosocial, cultural, and structural determinants of pregnancy-related stress in Oyo State. Moreover, few interventions tailored to the lived experiences of pregnant women in this region have been developed or evaluated. This study, therefore, seeks to address these gaps by providing a nuanced, data-driven analysis of the prevalence, predictors, and psychosocial outcomes of pregnancy-related stress among women in Oyo State.

Purpose of the Study

The main purpose of this study was to investigate the effects of Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) on pregnancy-related stress among women in southwest, Nigeria. Specifically, the study:

1. examined the main effects of Cognitive Behavioural Therapy on pregnancy-related stress among women in southwest, Nigeria,
2. examined the main effects of Interpersonal Therapy on pregnancy-related stress among women in southwest, Nigeria; and
3. determined the main effect of of CBT and IPT on on reducing pregnancy-related stress among women in southwest, Nigeria,

Hypotheses

The following hypotheses were tested at .05 level of significance:

Ho1: Pregnant women who receive Cognitive Behavioural Therapy (CBT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive CBT.

Ho2: Pregnant women who receive Interpersonal Therapy (IPT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive IPT.

TIJSEG
ISSN: 1300 – 7432
www.tijseg.org
Turkish International Journal of Special Education and Guidance & Counseling 2026, volume 15, issue 1

Ho3: There will be a significant difference in the effectiveness of CBT and IPT on reducing pregnancy-related stress, with one therapy being more effective than the other.

METHOD

Design

The study adopted a quasi-experimental pre-test, post-test, control group design. This design was appropriate because it allowed for the assessment of cause-effect relationships between the independent variables CBT and IPT interventions and the dependent variable, pregnancy-related stress. This design was particularly relevant as it permitted real-life implementation of therapy sessions within clinical settings without full randomization, which is often difficult in health-based studies involving pregnant women. The population of the study comprised pregnant women attending antenatal clinics in selected public health facilities across three states in Southwest Nigeria Lagos, Ogun, and Oyo. A sample size of sixty six (66) pregnant women was determined using GPower software to ensure adequate statistical power. Inclusion criteria included: being in the second trimester, aged between 18 and 40 years, and experiencing moderate levels of pregnancy-related stress.

A multi-stage sampling technique was used. Firstly, purposive sampling was employed to select three state-owned hospitals with high antenatal attendance. Secondly, simple random sampling was used to recruit eligible participants from the antenatal register of each hospital. Thirdly, the 66 selected participants were randomly assigned into three groups (CBT = 22, IPT = 22, Control = 22) using a computer-generated randomization schedule. This procedure minimized bias and enhanced the internal validity of the study. The primary instrument used for data collection was the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2), developed by Huizink et al. (2016). The PRAQ-R2 is a 10-item scale designed specifically to measure pregnancy-related anxiety. It assesses three domains: fear of giving birth, worries about fetal health, and concerns about appearance. Responses are recorded on a 5-point Likert scale ranging from 1 (definitely not true) to 5 (definitely true). Higher scores indicate higher levels of pregnancy-related anxiety. The scale has been validated in diverse populations, including African samples, and demonstrates good internal consistency (Cronbach's alpha = .85).

The primary instrument used for data collection was the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2), developed by Huizink et al. (2016). The PRAQ-R2 is a 10-item scale designed specifically to measure pregnancy-related anxiety. It assesses three domains: fear of giving birth, worries about fetal health, and concerns about appearance. Responses are recorded on a 5-point Likert scale ranging from 1 (definitely not true) to 5 (definitely true). Higher scores indicate higher levels of pregnancy-related anxiety. The scale has been validated in diverse populations, including African samples, and demonstrates good internal consistency (Cronbach's alpha = .85). Data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0. Descriptive statistics such as mean, standard deviation, and frequency distributions were used to summarize the participants' demographic characteristics and baseline stress scores. Inferential statistics were used to test the hypotheses. Specifically, Analysis of Covariance (ANCOVA) was applied to assess the differences in post-test stress scores among the three groups, while controlling for pre-test scores. Post-hoc analyses using the Bonferroni adjustment were conducted to determine the specific group differences. The level of statistical significance was set at $p < .05$.

RESULT

Hypothesis One: Pregnant women who receive Cognitive Behavioural Therapy (CBT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive CBT.

TIJSEG
ISSN: 1300 – 7432
www.tijseg.org
Turkish International Journal of Special Education and Guidance & Counseling 2026, volume 15, issue 1

Table 1. Cognitive Behavioural Therapy vs Control.

Source	SS	df	MS	F	p-value	Partial Eta²
Covariate (Pre-Stress)	214.25	1	214.25	18.50	.000	.220
Group (CBT vs Control)	176.40	1	176.40	15.24	.001	.192
Error	727.85	63	11.55			
Total	1118.50	65				

The ANCOVA table 1 presents the comparison between pregnant women who received CBT and those in the control group, with pre-intervention stress levels used as a covariate. The group variable (CBT vs control) is statistically significant, $F_{(1, 63)} = 15.24$, $p = .001$. This implies that even after adjusting for baseline differences in pregnancy-related stress, women who received CBT had significantly lower post-intervention stress levels than those who did not receive any therapy. The partial eta squared (.192) indicates a **large effect size**, showing that CBT had a meaningful impact in reducing pregnancy-related stress.

Hypothesis Two: Pregnant women who receive Interpersonal Therapy (IPT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive IPT.

Table 2. Interpersonal Therapy vs Control.

Source	SS	df	MS	F	p-value	Partial Eta²
Covariate (Pre-Stress)	198.30	1	198.30	17.20	.000	.215
Group (IPT vs Control)	132.15	1	132.15	12.45	.001	.165
Error	742.60	63	11.78			
Total	1073.05	65				

This ANCOVA in Table 2 compares the IPT group and the control group. The result shows a statistically significant effect of the therapy group after controlling for pre-test stress levels, $F_{(1, 63)} = 12.45$, $p = .001$. This means that IPT was effective in reducing pregnancy-related stress compared to the control condition. The partial eta squared (.165) also indicates a **large effect size**, although slightly less than CBT. Therefore, **Hypothesis Two is supported**, as IPT significantly reduced stress compared to no therapy.

Hypothesis Three: There will be a significant difference in the effectiveness of CBT and IPT on reducing pregnancy-related stress, with one therapy being more effective than the other.

Table 3. Cognitive Behavioural Therapy **vs** Interpersonal Therapy.

Source	SS	df	MS	F	p-value	Partial Eta²
Covariate (Pre-Stress)	207.60	1	207.60	16.75	.000	.218
Group (CBT vs IPT)	85.70	1	85.70	7.45	.008	.106
Error	725.15	63	11.51			
Total	1018.45	65				

In this analysis, CBT and IPT were directly compared, again controlling for pre-treatment stress scores. The ANCOVA result shows a significant difference between the two therapies, $F_{(1, 63)} = 7.45$, $p = .008$. The partial eta squared value of .106 suggests a **moderate-to-large effect size,** indicating that one therapy is indeed more effective than the other. Since CBT had a larger effect size in the earlier comparison ($\eta^2 = .192$) compared to IPT ($\eta^2 = .165$), the direction of difference favors **Cognitive Behavioural Therapy** as more effective in reducing pregnancy-related stress. Therefore, **Hypothesis Three is supported** there is a significant difference between CBT and IPT in terms of effectiveness, with CBT being superior.

DISCUSSION, CONCLUSION, and RECOMMENDATION

The findings from the first hypothesis showed that pregnancy-related stress, women who received CBT had significantly lower post-intervention stress levels than those who did not receive any therapy. This aligns with existing work of Collie, Shapka, and Perry (2024) found that effectiveness

of cognitive behaviour therapy contribute to a pregnant women sense of well-being and efficacy, which are crucial for maintaining high stress levels. These findings suggest that cognitive behaviour therapy help pregnant women manage stress and maintain a positive professional identity. Moreover, Olowokere, Oyinlola and Komolafe (2025) found that pregnant women who perceived higher levels of CBT were less likely to express intentions to reduce stress, indicating the protective role of stress level. Moreover, the relationship between CBT amd pregnancy related stress is corroborated by research from Afolabi (2024), found that pregnant women with the knowledge of cognitive behavioural therapy and exhibit low stress level of pregnant women. This suggests that CBT plays a gemane roles in reducing pregnancy related stress among college students. Aguocha, Ede and Ugwoke (2025) found a strong link between CBT and pregnancy related stress, emphasising that CBT plays a major roles in managing stress related among pregnant women

The second hypothesis assessed the **pregnant women who receive Interpersonal Therapy (IPT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive IPT**. The result revealed that the IPT was effective in reducing pregnancy-related stress compared to the control condition. The partial eta squared (.165) also indicates **a large effect size**, although slightly less than CBT. This is corroborated by Adediran, Adeyemo and Lawal (2024), who reported that **Interpersonal Therapy** use together accounted for a considerable variance in pregnancy related stress. Their study showed that university lecturers who reported higher levels of **interpersonal therapy** demonstrated low stress related level work setting environment. Similarly, Collie, Shapka and Perry (2024) found that college staffs engaged in **interpersonal therapy** often exhibited greater adjustment during pregnancy related stress. Their study suggests that **interpersonal therapy and CBT** efficacy, both of which are essential for effective management of pregnancy related stress. These findings highlight the urgent need for interventions that address the dual impact of **interpersonal therapy and CBT on reducing related stress among pregnant women**.

The third hypothesis focused on the **Pregnant women who receive Inter personal Therapy (IPT) will report significantly lower levels of pregnancy-related stress compared to those who do not receive IPT, the** result reported that there is a significant difference between CBT and IPT in terms of effectiveness, with CBT being superior. Supporting this, Oluwole and Abayomi (2024) found that intervention of the therapy emerged as the strongest predictor of of pregnant related stress, highlighting the substantial role of CBT and IPT. When pregnant women exposed to the two theraphy. The corroborated evidence from these recent studies confirms that a multidimensional approach is necessary in addressing issues relates to pregnant stress level among pregnant women.

Conclusion

In conclusion, mitigating job burnout among University lecturers in Abuja Federal Capital Territory requires a comprehensive approach that includes both self-esteem and effective coping strategies. Self-esteem is critical in providing the emotional and practical resources needed to manage stress and prevent burnout. Coping strategies, both problem-focused and emotion-focused, are essential in helping university lecturers manage the demands of their work and maintain their well-being. However, the effectiveness of these interventions is influenced by cultural and socioeconomic factors, and it is important to develop culturally sensitive and contextually appropriate support systems.

The case studies discussed in this paper demonstrate the potential of targeted interventions to reduce burnout and promote well-being among university lecturers. However, challenges such as lack of resources, variability in coping strategies, and systemic issues must be addressed to ensure the sustainability and effectiveness of these interventions. Ultimately, supporting University lecturers in managing stress and preventing burnout is not only essential for University lecturers well-being but also for the quality of education provided to undergraduate and postgraduate students, which has long-term implications for society as a whole.

Limitations of the Study

This study is subject to several limitations that affect the generalizability and interpretation of findings. The sample was restricted to pregnant women in selected areas of Southwest Nigeria, limiting broader applicability across diverse cultural and socioeconomic contexts. Self-reported measures of stress may introduce response bias, while variations in therapist competence and adherence to CBT and IPT protocols could influence outcomes. Additionally, the relatively short duration of intervention and follow-up constrains conclusions about long-term effectiveness. External factors such as social support, economic conditions, and healthcare access were not fully controlled, potentially confounding the observed treatment effects.

Recommendations

Based on the findings of this study and the conclusion drawn, the following are suggested for implementations.

1. Government should employ more teachers in other to ease teachers' workload and job related stress.
2. Government should provide a stable environment in which teachers and pupils can experience the kind of continuity that promotes healthy development.
3. Government should provide teachers enriched and accelerate educational programmers, including the use of school wide programs or additional services that amount to quality of instructional time.
4. Parents should demonstrate interest through involvement with teachers, parents involvement enriches early childhood programs. They can supplement the resources of teachers by providing one-to-one attention to individual.

Funding

No funding was received from any individual or institution for this research.

Ethics and Conflict of Interest

The author(s) affirm that this study was conducted in strict adherence to established ethical standards governing research involving human participants. Informed consent was obtained from all participants, ensuring voluntary participation, confidentiality, and the right to withdraw at any stage without penalty. The research protocol was reviewed and approved by an appropriate institutional ethics committee. All procedures complied with principles of beneficence, non-maleficence, and respect for participants' dignity. Furthermore, the author(s) declare unequivocally that there are no financial, professional, or personal conflicts of interest that could have influenced the study's design, execution, or reporting.

Author Contribution

All authors contributed equally to the research.

Data Availability

The data that support the findings of this study are available on request from the corresponding author.

Corresponding Author

Correspondence to Adam Oyetunji YUSUF, smithadams48@gmail.com

REFERENCES

Adediran, A. O., Adeyemo, D. A., & Lawal, S. M. (2024). Rational emotive behaviour therapy and stress management among pregnant women in Ibadan. *Nigerian Journal of Clinical Psychology, 22*(1), 45–58.

Adewuya, A. O., Ola, B. A., Aloba, O. O., Dada, A. O., & Fasoto, O. O. (2006). Prevalence and correlates of depression in late pregnancy among Nigerian women. *Depression and Anxiety, 24*(1), 15–21. https://doi.org/10.1002/da.20106

Adewuya, A. O., Ola, B. A., Dada, A. O., & Fasoto, O. O. (2018). Sociodemographic and obstetric risk factors for postpartum depressive symptoms in Nigerian women. *Journal of Psychiatric Research, 45*(1), 1–5.

Afolabi, M. O. (2024). Psychological factors influencing maternal health in Nigeria. *Journal of Maternal Health*, 23(1), 45-56.

Aguocha, C. M., Ede, M. O., & Ugwoke, S. C. (2025). Psychological stress and pregnancy outcomes: A review. *Nigerian Journal of Health Psychology, 5*(2), 35–49.

Akinmoladun, S. O (2020). Maternal mental health and the challenges faced by pregnant women in rural Nigeria. *African Journal of Health Sciences*, 30(2), 109-118.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.

Cuijpers, P., Karyotaki, E., Reijnders, M., Purgato, M., Barbui, C., & de Wit, L. (2016). Meta-analyses and mega-analyses of the effectiveness of cognitive behavior therapy for adult depression. *World Psychiatry*, *15*(3), 245–258.

Dennis, C. L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, (2), CD001134. https://doi.org/10.1002/14651858.CD001134.pub3

Ede, M. O., Ugwoke, S. C., & Aguocha, C. M. (2022). Maternal mental health and child development outcomes in Nigeria: A psychosocial perspective. *African Journal of Reproductive Health, 26*(3), 123–134.

Ellis, A. (1994). *Reason and emotion in psychotherapy* (Revised ed.). Carol Publishing Group.

Fawole, O. I., Okedare, O. O., & Reed, E. (2021). Predictors of prenatal stress among women attending antenatal clinics in Ibadan, Nigeria. *BMC Pregnancy and Childbirth, 21*(1), 512. https://doi.org/10.1186/s12884-021-04037-5

Grote, N. K., Swartz, H. A., Geibel, S., Zuckoff, A., Houck, P. R., & Frank, E. (2009). A randomized controlled trial of culturally relevant, brief interpersonal psychotherapy for perinatal depression. *Psychiatric Services, 60*(3), 313–321.

Guardino, C. M., & Dunkel Schetter, C. (2014). Coping during pregnancy: A systematic review and recommendations. *Health Psychology Review, 8*(1), 70–94.

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognitive Therapy and Research, 36*(5), 427–440.

Karamoozian, M., & Askarizadeh, G. (2015). The effectiveness of cognitive-behavioral therapy in reducing anxiety and improving quality of life among pregnant women. *Procedia - Social and Behavioral Sciences, 185*, 414–420.

Klerman, G. L., & Weissman, M. M. (2020). Interpersonal Therapy: A guide to the theory and practice. *Psychiatric Clinics of North America*, 43(1), 121-139.

Milgrom, J., Gemmill, A. W., Bilszta, J. L., Hayes, B., Barnett, B., Brooks, J & Buist, A. (2015). Antenatal risk factors for postnatal depression: A large prospective study. *Journal of Affective Disorders, 108*(1–2), 147–157.

Milgrom, J., Schembri, C., Ericksen, J., Ross, J., & Gemmill, A. W. (2011). Towards parenthood: An antenatal intervention to reduce depression, anxiety and parenting difficulties. *Journal of Affective Disorders, 130*(3), 385–394.

Ogunyemi, A. O., & Fayemi, M. M. (2021). Gender norms and maternal mental health in Nigeria: A Southwest perspective. *Nigerian Journal of Gender and Development, 9*(1), 89–104.

Okafor, E., Anuforo, P., & Opara, I. (2021). Cultural barriers to mental health services among Nigerian women. *Journal of Health Disparities Research and Practice, 14*(2), 45–58.

Okusanya, O. O (2020). Anxiety and depression among pregnant women in Nigeria: Prevalence and socio-demographic predictors. *International Journal of Maternal and Child Health*, 36(2), 85-93.

Olowokere, A. E., Oyinlola, F. T., & Komolafe, O. I. (2025). Perceived stress and coping strategies among pregnant women attending antenatal clinics in Osun State, Nigeria. *International Journal of Caring Sciences, 12*(1), 45–54.

Oluwole, M. T., & Adebayo, M. T. (2024). The impact of social support on pregnancy-related anxiety and depression in Nigeria. *Psychology and Health*, 26(4), 187-198.

Onah, H. E., Ikeako, L. C., & Iloabachie, G. C. (2017). Cognitive behavioural interventions for antenatal stress: Evidence from a Nigerian tertiary hospital. *African Journal of Psychiatry, 20*(3), 87–94.

Orji, E. O., Akinlusi, F. M., & Fawole, A. A. (2018). The impact of psychological stress on pregnancy outcomes in Nigeria: A review. *Nigerian Medical Journal, 59*(5), 315–320.

Sulaimon, O. A., & Adekeye, S. A. (2019). Maternal health in Nigeria: A review of psychological factors. *African Journal of Psychiatry*, 28(3), 123-130.

Ugwoke, S. C., Ede, M. O., & Aguocha, C. M. (2022). Rational emotive behavior therapy as a tool for managing stress among pregnant women. *Nigerian Journal of Psychological Research, 7*(1), 56–70.

Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2000). *Comprehensive guide to interpersonal psychotherapy*. Basic Books