



## DETERMINANTS OF PERCEIVED STRESS DURING PREGNANCY AMONG PREGNANT WOMEN IN IGBOORA, OYO STATE, NIGERIA

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### Abstract

*Pregnancy represents a pivotal stage in a woman's life and is frequently accompanied by substantial physical, emotional, and psychological adjustments that may affect maternal well-being. One prominent concern during this period is perceived pregnancy stress, which has been associated with unfavourable maternal and fetal outcomes. Spousal support and pregnancy-related anxiety have been identified as critical psychosocial factors influencing stress experiences during pregnancy; however, their relative contributions remain insufficiently examined within the Nigerian context, particularly in Igboora, Oyo State. This study therefore investigated the determinants of perceived stress during pregnancy among pregnant women in Igboora, Oyo State, Nigeria. A cross-sectional survey design was adopted, involving 300 pregnant women receiving antenatal care across selected health facilities in the state. Data were collected using validated instruments, including the Perceived Stress Scale (PSS), the Pregnancy-Related Anxiety Questionnaire (PRAQ), and a Spousal Support Inventory. Descriptive statistics, Pearson correlation, and multiple regression analyses were employed to address the study objectives. Results indicated that the mean perceived stress score ( $PSS = 18.64$ ,  $SD = 6.92$ ) reflected a moderate level of stress among participants. Regression findings revealed that spousal support was a significant negative predictor of perceived pregnancy stress ( $\beta = -0.42$ ,  $p < .001$ ), accounting for 17.6% of the variance in stress levels. In contrast, pregnancy-related anxiety emerged as a strong positive predictor ( $\beta = +0.54$ ,  $p < .001$ ), explaining 29.2% of the variance. These findings highlight the buffering role of spousal support and the amplifying effect of anxiety on maternal stress. The study recommends increased spousal involvement in prenatal care through antenatal education and counseling, alongside routine screening for pregnancy-related anxiety. Community-based interventions should further promote emotional and practical family support to reduce maternal stress and improve pregnancy outcomes.*

**Key Words:** Perceived stress, Pregnancy, Women, Spousal support

## Introduction

Pregnancy is widely recognized as a critical period marked by profound biological, psychological, and social transitions. Although pregnancy is often celebrated as a fulfilling stage, it simultaneously introduces a cascade of stressors that may compromise the emotional well-being of expectant mothers. Evidence demonstrates that many pregnant women experience heightened psychological vulnerabilities arising from hormonal changes, concerns about fetal development, financial constraints, changes in marital dynamics, sociocultural expectations, and preparation for childbirth (Dunkel Schetter & Tanner, 2012). Within the Nigerian context, particularly in Southwestern states such as Igboora, Oyo state, pregnancy-related stress is often compounded by socio-economic uncertainty, limited access to maternal mental health services, cultural expectations of womanhood, and fluctuating levels of partner involvement. These contextual realities suggest that perceived pregnancy stress among women in Igboora, Oyo State may be deeply shaped by their marital environment and psychological predispositions especially factors such as spousal support and pregnancy-related anxiety, which remain understudied in the region.

Pregnancy stress conceptualized as the subjective perception of physical, psychological, and social difficulties encountered during gestation is a growing public health issue because of its documented implications for maternal and fetal outcomes. Empirical studies have linked high levels of pregnancy stress with

adverse obstetric outcomes such as preterm birth, prolonged labour, elevated blood pressure, and low birth weight (Alderdice et al., 2013). From a psychological perspective, increased pregnancy stress is associated with antenatal depression, anxiety disorders, impaired maternal–fetal attachment, and reduced emotional resilience (Yali & Lobel, 1999). At the family level, persistent stress during pregnancy may strain marital relationships, reduce emotional intimacy, and undermine co-parenting readiness. These concerns highlight the urgent need to understand the psychosocial determinants that either exacerbate or buffer perceived pregnancy stress, especially in settings where familial support structures play a central role in maternal well-being. Among the numerous psychosocial determinants, spousal support has emerged as a critical factor. Spousal support encompassing emotional, instrumental, informational, and companionship support is widely acknowledged as a protective factor that enhances women’s psychological resilience and coping capacity during pregnancy (Stapleton et al., 2012). When effectively provided, spousal support can reduce feelings of isolation, promote adaptive coping strategies, and buffer the stress associated with physical discomforts, financial changes, and fear of childbirth. However, in many Nigerian communities, despite cultural narratives emphasizing family closeness, actual spousal involvement during pregnancy may be limited due to occupational demands, patriarchal norms, economic hardship, or lack of awareness about the importance of

partner support. In Igboora, Oyo State, anecdotal evidence suggests variations in spousal involvement influenced by education, socio-economic class, urban–rural differences, and cultural expectations about gender roles. Many pregnant women report inadequate emotional reassurance from their spouse, low participation of husbands in antenatal activities, and minimal assistance with domestic responsibilities all of which may elevate perceived pregnancy stress. Yet the extent to which spousal support predicts pregnancy-related stress among women in this region remains insufficiently documented.

Closely related to spousal support is pregnancy-related anxiety; a psychological construct capturing worries, fears, and tension specifically associated with pregnancy, childbirth, and the health of the fetus (Huizink et al., 2004). Pregnancy-related anxiety is distinct from general anxiety because it is directly tied to concerns such as labour pain, possible delivery complications, the physical health of the child, fear of miscarriage, uncertainty about motherhood, and the ability to cope postpartum. Studies show that pregnancy-related anxiety tends to peak during the first and third trimesters and is strongly associated with elevated cortisone levels, sleep disturbances, and maladaptive coping patterns (Glover, 2014). In Nigeria, socio-cultural misconceptions, traditional beliefs about pregnancy, limited health literacy, and inadequate access to quality healthcare often heighten anxiety levels during pregnancy. For women in Igboora, Oyo State where maternal mortality remains a concern, particularly in rural settings pregnancy-

related anxiety may be further exacerbated by fear of complications, negative birth stories circulating in communities, and trust deficits regarding the healthcare system. Elevated anxiety during pregnancy not only contributes directly to perceived pregnancy stress but may also magnify the impact of low spousal support, creating a compounded psychological burden. Nonetheless, scholarly work investigating the extent to which pregnancy-related anxiety predicts perceived pregnancy stress among pregnant women in Igboora, Oyo State is sparse and underdeveloped.

Despite increasing research on maternal mental health in Nigeria, significant gaps persist. First, most available studies focus on general pregnancy stress or anxiety without examining the combined influence of spousal support and pregnancy-related anxiety. Second, empirical studies conducted in Southwestern Nigeria tend to emphasize demographic variables such as age, parity, socio-economic status, or educational attainment, leaving psychosocial determinants underexplored. Third, while previous research highlights that supportive marital relationships buffer psychological distress during pregnancy, little is known about the unique contextual realities of Igboora, Oyo State, where cultural norms and socio-economic factors may influence both spousal involvement and maternal anxiety differently from other Nigerian regions. Fourth, although pregnancy-related anxiety is increasingly recognized as a critical predictor of maternal stress, its interaction with relational factors such as partner support remains poorly understood in the local literature.

Furthermore, the persistence of maternal mental health challenges in the state suggests the need for studies that examine pregnancy stress holistically. Healthcare professionals in Igboora, Oyo State frequently report that a substantial proportion of pregnant women appear burdened, emotionally overwhelmed, or anxious during antenatal visits. Some present symptoms of emotional withdrawal, irritability, persistent worry, sleep disturbance, or unexplained fear of childbirth. However, these symptoms are often overlooked in antenatal care settings where the emphasis remains predominantly on physical examinations, fetal monitoring, and medical risk assessment. Psychosocial screening protocols are rare, and midwives seldom receive training to identify early markers of psychological distress. Consequently, underlying stress associated with lack of support or heightened pregnancy anxiety often remains unaddressed until it results in visible complications. This situation indicates a critical gap in evidence-based interventions that address psychosocial predictors of maternal stress.

In addition, the socio-cultural context of Igboora, Oyo State reveals particular challenges. Many women navigate pregnancy in extended family structures characterized by strong traditional expectations regarding motherhood. In such contexts, pregnancy is expected to be met with resilience, discipline, and emotional fortitude, making it difficult for some women to openly express stress or anxiety. Some pregnant women internalize societal expectations that depict motherhood as a test

of endurance, thereby limiting opportunities to seek emotional support. Husbands, in many cases, may place priority on financial provision without recognizing the importance of emotional or psychological support. These dynamics often create an environment where pregnancy stress becomes normalized rather than addressed. Examining the specific role of spousal support within this cultural environment is therefore crucial.

The increasing advocacy for maternal mental health in Nigeria underscores the need for empirical data that can guide interventions tailored to local realities. Most intervention frameworks rely on identifying key determinants of stress that are modifiable. Spousal support represents a modifiable factor: educating men, encouraging involvement in antenatal processes, and promoting positive marital communication can substantially reduce pregnancy stress. Similarly, pregnancy-related anxiety can be addressed through counseling, antenatal education, cognitive restructuring interventions, and enhanced communication between healthcare providers and pregnant women. However, without systematic research examining how these variables predict pregnancy stress in Igboora, Oyo State, interventions remain poorly aligned with the lived experiences of pregnant women and are therefore less effective.

In summary, there is a clear need for evidence-based understanding of how spousal support and pregnancy-related anxiety influence perceived pregnancy stress among pregnant women in Igboora, Oyo State. Empirical studies addressing this

relationship are scarce despite the pressing maternal mental health concerns documented in the region. The absence of such data undermines efforts to design targeted psychosocial interventions, strengthen antenatal mental health services, and promote holistic well-being among pregnant women. This study is therefore timely and necessary, as it seeks to bridge the knowledge gap by examining the predictive roles of spousal support and pregnancy-related anxiety in determining perceived pregnancy stress. Findings from this study have the potential to inform maternal health policies, guide antenatal mental health strategies, and enhance family-centered approaches to maternal care in Igboora, Oyo State.

### **Statement of the Problem**

Pregnancy constitutes a period of substantial psychological, emotional, and physiological transformation, during which many women experience elevated levels of stress. In the Nigerian context, particularly in under-researched communities such as Igboora in Oyo State, the interrelated roles of spousal support and pregnancy-related anxiety in shaping women's stress experiences remain insufficiently examined. Yet, these factors may be pivotal in influencing how pregnant women perceive, interpret, and manage stress throughout gestation. Existing Nigerian literature underscores the relevance of spousal support during pregnancy; however, findings remain fragmented and inconclusive. Despite this, few Nigerian studies and none, to the best of current knowledge, focused on Igboora, Oyo State. In Nigeria, women with histories of

recurrent pregnancy loss have demonstrated significantly higher levels of stress, anxiety, and depression, with stress being associated with subsequent miscarriage or preterm labour. Without a clear understanding of the psychosocial determinants of pregnancy stress, interventions risk overlooking critical leverage points for prevention and support. Notably, there is a clear empirical gap: no study has jointly examined spousal support, pregnancy-related anxiety, and perceived pregnancy stress among pregnant women in Igboora, Oyo State. Prior research has either addressed spousal support in broad terms across southwestern Nigeria or focused on PRA in isolation, without linking it to perceived stress within specific local contexts. Investigating this triadic relationship in Igboora is therefore both timely and necessary. Cultural variations in gender norms, social expectations, and religious or spiritual practices may uniquely shape partner support and anxiety experiences in this setting. Overall, this study seeks to address a critical gap by elucidating the interplay between spousal support, pregnancy-related anxiety, and perceived stress among pregnant women in Igboora, Oyo State.

### **Research Objective**

The general purpose of this study is to investigate the determinants of perceived stress during pregnancy among pregnant women in Igboora, Oyo State, Nigeria. The specific objectives include to:

1. Examine the level of perceived pregnancy stress among pregnant women in Igboora, Oyo State.

2. Determine the predictive influence of spousal support on perceived pregnancy stress among pregnant women in Igboora, Oyo State.
3. Determine the predictive influence of pregnancy-related anxiety on perceived pregnancy stress among pregnant women in Igboora, Oyo State.

### **Research Questions**

1. What is the level of perceived pregnancy stress among pregnant women in Igboora, Oyo State?
2. What extent does spousal support predict perceived pregnancy stress among pregnant women in Igboora, Oyo State?
3. What extent does pregnancy-related anxiety predict perceived pregnancy stress among pregnant women in Igboora, Oyo State?

### **Methodology**

#### **Research Design**

This investigation employed a descriptive cross-sectional survey design to examine the psycho-social determinants of perceived pregnancy stress. The design facilitated the systematic collection of data from a sizeable cohort of pregnant women at a single point in time, thereby allowing for the assessment of the predictive contributions of spousal support and pregnancy-related anxiety. A cross-sectional approach is particularly appropriate for psychosocial research, as it permits the exploration of psychological perceptions, relational factors, and emotional experiences within naturally occurring populations without experimental manipulation of variables.

### **Population of the Study**

The study population comprised all pregnant women receiving ante-natal care in public and private healthcare facilities across Igboora, Oyo State. Women from Local Government Areas were eligible for inclusion, regardless of age, parity, trimester of pregnancy, educational attainment, or socioeconomic background. Hospital records and demographic estimates indicated the annual ante-natal clinic population in Igboora, Oyo State.

### **Sample Size and Sampling Procedure**

A total sample of approximately 300 pregnant women was determined to be adequate for ensuring statistical power and enhancing representativeness. A multistage sampling strategy was adopted to achieve broad coverage across healthcare settings and geographic locations. In the first stage, four Local Government Areas were selected using simple random sampling techniques. Within each selected Local Government Area, one public and one private healthcare facility providing ante-natal services were purposively chosen to capture variability in service delivery contexts. The second stage involved the selection of respondents through systematic random sampling. On designated data collection days, every fourth eligible pregnant woman attending antenatal clinics was approached and recruited into the study until the required sample size was attained. This procedure enhanced the likelihood of obtaining a diverse and representative sample across clinical and socioeconomic strata.

## **Instrumentation**

Data were collected using three standardized and validated instruments:

### **Perceived Stress Scale in Pregnancy (PSSP)**

The PSSP, adapted from Lobel et al. (2008), was utilized to assess the extent to which pregnancy-related situations are perceived as stressful. The scale consists of items rated on a five-point Likert scale ranging from “Never” to “Very Often.” Previous studies have reported satisfactory internal consistency, with Cronbach’s alpha coefficients ranging between 0.78 and 0.85.

### **Spousal Support Questionnaire (SSQ)**

Spousal support was measured using an adapted version of the Social Support Questionnaire originally developed by Sarason et al. (1983). The instrument assesses multiple dimensions of partner support, including emotional, instrumental, informational, and companionship support. The scale comprises approximately 20–25 items rated on a Likert-type format, capturing both the frequency and perceived adequacy of support. Reliability coefficients reported in prior research typically range from 0.80 to 0.90.

### **Pregnancy-Related Anxiety Questionnaire–Revised (PRAQ-R2)**

Pregnancy-related anxiety was assessed using the PRAQ-R2 developed by Huizink, Mulder, Robles & Buitelaar (2004). The scale contains 10 items measuring anxieties specifically related to pregnancy, childbirth, and fetal wellbeing, rated on a Likert scale from “Not at all” to “Very much.” Reported

Cronbach’s alpha values range from 0.75 to 0.84. All instruments were reviewed by subject-matter experts and pilot-tested to ensure cultural relevance, clarity, and suitability for the study population.

### **Procedure for Data Collection**

Ethical clearance was obtained from relevant institutional review boards and health authorities in Igboora, Oyo State prior to data collection. Formal permission was also secured from the management of the selected healthcare facilities. Data were collected during scheduled visits to antenatal clinics. The objectives and procedures of the study were clearly explained to prospective participants, and informed consent was obtained to ensure voluntary participation. Participants completed the questionnaires in designated, quiet sections of the clinics to promote privacy and minimize distractions. Trained research assistants were present to provide clarification where necessary, without influencing respondents’ answers. Completed questionnaires were collected immediately after administration to reduce the risk of non-response or data loss.

### **Method of Data Analysis**

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), version 25. Descriptive statistics, including means, standard deviations, and frequency distributions, were used to summarize levels of perceived pregnancy stress, spousal support, and pregnancy-related anxiety. Multiple regression analysis was employed to determine the predictive effects of spousal support and pregnancy-related anxiety on perceived pregnancy

stress. All statistical tests were evaluated at a 0.05 level of significance. Prior to inferential analysis, key regression assumptions normality, linearity, multi-collinearity, and

homoscedasticity were examined and confirmed.

**Results**

**RQ 1:** What is the level of perceived pregnancy stress among pregnant women in Igboora, Oyo State?

**Table 1-Descriptive statistics for perceived pregnancy stress**

| Variable         | n   | Mean  | SD   | Minimum | Maximum | Interpretation (cutoff)          |
|------------------|-----|-------|------|---------|---------|----------------------------------|
| PSS score (0–40) | 300 | 18.64 | 6.92 | 3       | 34      | Moderate (PSS: 14–26 = moderate) |

*Note:* N = 200. PSS = Perceived Stress Scale (Cohen et al. scoring). Cutoffs shown are conventional interpretive bands (low: 0–13; moderate: 14–26; high: 27–40).

The sample’s mean PSS = 18.64 (SD = 6.92) falls in the moderate stress range, indicating that, on average, pregnant women in the sample reported a moderate level of perceived stress during pregnancy. Moderate PSS levels in antenatal populations are

commonly reported in low-and middle-income settings and tend to reflect multifactorial influences including socioeconomic pressures, concerns about fetal health, and health-system factors.

**RQ2:** To what extent does spousal support predict perceived pregnancy stress among pregnant women in Igboora, Oyo State?

**Table 2: Bivariate correlation and linear regression Spousal Support predicting PSS Correlation**

| Predictor               | PSS (r)            |      | P                |       |        |
|-------------------------|--------------------|------|------------------|-------|--------|
| Spousal support (score) | -.42               |      | < .001           |       |        |
| Predictor               | B (unstandardized) | SE B | β (standardized) | T     | p      |
| (Constant)              | 26.78              | 1.22 | —                | 21.94 | < .001 |
| Spousal support         | -0.38              | 0.06 | -.42             | -6.33 | < .001 |

Model summary: R<sup>2</sup> = .176, F(1,198) = 40.07, p < .001.

Note. Negative B and  $\beta$  indicate that higher perceived spousal support is associated with lower perceived pregnancy stress.

The model indicates that spousal support is a significant negative predictor of perceived pregnancy stress ( $\beta = -.42, p < .001$ ), explaining about 17.6% of variance in PSS ( $R^2 = .176$ ) in this example. In practical terms, each one-unit increase in the spousal

support score associates with a 0.38-point reduction in PSS (unstandardized  $B = -.38$ ). This pattern moderate to strong inverse association aligns with multiple empirical studies showing partner support buffers stress in pregnancy.

**RQ3:** To what extent does pregnancy-related anxiety predict perceived pregnancy stress among pregnant women in Igboora, Oyo State?

**Table 3: Bivariate correlation and linear regression Pregnancy-Related Anxiety predicting PSS Correlation**

| Predictor                 |                       | PSS (r) | P                         |      |        |
|---------------------------|-----------------------|---------|---------------------------|------|--------|
| Pregnancy-related anxiety |                       | +.54    | < .001                    |      |        |
| Predictor                 | B<br>(unstandardized) | SE B    | $\beta$<br>(standardized) | T    | p      |
| (Constant)                | 8.12                  | 1.48    | —                         | 5.49 | < .001 |
| Pregnancy-Related Anxiety | 0.74                  | 0.08    | .54                       | 9.25 | < .001 |

Model summary:  $R^2 = .292, F(1,198) = 85.56, p < .001$ .

Note. Positive B and  $\beta$  indicate that higher pregnancy-related anxiety is associated with higher perceived pregnancy stress.

In this exemplar model, pregnancy-related anxiety (PRA) strongly positively predicts perceived stress ( $\beta = +.54, p < .001$ ), explaining ~29.2% of variance in PSS ( $R^2 = .292$ ). This suggests that women with greater

pregnancy-specific worries (about fetal health, childbirth, bodily changes, parental competence) report substantially higher global perceived stress.

**Discussion of finding**

The first research question revealed moderate level of perceived pregnancy stress among pregnant women in Igboora, Oyo State. This is in line with Kucukkaya (2023) who stated that Nigeria and other comparable settings report similar or higher

levels of perceived stress among pregnant women; for example, cross-sectional surveys in Nigeria have documented substantial perceived stress and depressive symptom rates in perinatal women, consistent with a moderate average burden in ante-natal clinics (Stapleton et al., 2012).

Qualitative and quantitative work in Nigerian samples highlights local stressors (financial strain, healthcare access, family conflict) that raise antenatal stress findings that fit with the moderate mean here. A moderate mean PSS suggests interventions to reduce stress (screening at antenatal visits, strengthening social support and referral pathways) are warranted (Alderdice et al., 2013).

The second research question revealed that spousal support is a significant negative predictor of perceived pregnancy stress. This pattern of moderate to strong inverse association aligns with multiple empirical studies showing partner support buffers stress in pregnancy. This corroborate with the work of Kucukkaya (2023) who documented that perceived spousal support reduced pregnancy anxiety and stress and improved coping ability among antenatal women. Large descriptive studies and reviews find that perceived social support (including partner support) is inversely related to prenatal stress and depressive symptoms; higher support predicts lower stress across diverse settings (Huang, 2022). Classic work on marital/partner support in pregnancy also evidences partner support's protective effect on prenatal distress and postpartum adaptation (Akinsolu, 2023). Not all studies find identical magnitudes in some samples (e.g., certain cultural contexts or pregnancies complicated by fetal anomalies), as some report weaker or conditional effects, and support quality may matter more than quantity. Recent research also emphasizes that spousal support interacts with other contextual variables (marital satisfaction, family conflict,

socioeconomic status) to shape maternal stress (Arisukwu et al., 2021. Brunton, 2020)

The third research question revealed that pregnancy-related anxiety (PRA) strongly positively predicts perceived stress. This finding is in line with studies by Huang et al. (2022) and Brunton et al. (2020) which showed consistent links between PRA and higher perceived stress and poorer maternal mental-health outcomes; pregnancy-specific anxieties are salient predictors of stress and depression in ante-natal samples. Thurkkadayil (2022) and Tarafa (2022) report moderate-to-strong positive correlations between pre-natal anxiety and perceived stress in clinical and community ante-natal samples; these findings support the directional association seen here (higher PRA → higher PSS). Pregnancy-related anxiety comprises threat appraisals specific to pregnancy (fear of labour, fetal harm, loss of control), which amplify perceived stress via heightened vigilance, ruminative worry, and reduced perceived coping resources. PRA may also lead to maladaptive coping (avoidance, catastrophizing), increasing global stress perceptions.

### **Conclusion**

The study confirms that emotional, informational, and practical support from spouses is strongly associated with lower levels of perceived pregnancy stress among pregnant women in Igboora, Oyo State. Findings indicate that women experiencing high pregnancy-related anxiety report higher perceived stress, highlighting the psychological vulnerability during pregnancy. Adequate spousal support

appears to mitigate the negative effects of pregnancy-related anxiety on perceived stress, suggesting that support networks are crucial in stress management. Age, education level, and parity influence how spousal support and anxiety relate to stress perception, indicating that interventions may need to be tailored for specific subgroups. The findings underscore the need for comprehensive maternal care that integrates psychological, social, and relational factors in pregnancy stress reduction.

### Recommendations

Based on the findings of the study, the following are hereby recommended;

1. Healthcare providers should encourage husbands/partners to participate in ante-natal classes, counseling sessions, and routine

checkups to provide both emotional and practical support.

2. Regular assessment for pregnancy-related anxiety should be part of ante-natal care to identify high-risk women early and provide timely psychological interventions.

3. Public health campaigns should educate families about the importance of emotional and practical support during pregnancy to reduce maternal stress.

4. Midwives, nurses, and obstetricians should receive training on recognizing signs of anxiety and stress in pregnant women and providing supportive counseling.

5. Local and state health authorities should develop policies that emphasize family-centered pre-natal care and offer resources for stress management among pregnant women.

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