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The Efficacy of Self Help Cognitive Behavior Therapy in Managing Psychological Distress in Pregnant Women

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ABSTRACT

During pregnancy, stress, anxiety, and depressive symptoms are common and may negatively affect both the woman's and the fetus's health. Self-help CBT has emerged as an effective and accessible intervention to alleviate these symptoms in pregnant women. **Objectives:** To evaluate the efficacy of self-help CBT in managing psychological distress (depression, anxiety, and stress) in pregnant women. **Methods:** An experimental study was conducted from July 2023 to November 2024 in Karachi, Pakistan. 40 pregnant women, aged 20 to 35 (28.03 ± 4.83), were recruited purposively from various maternity clinics and hospitals in Karachi. Demographic Form, followed by DASS-42, was administered. Two groups, the Intervention and the Control Group, had formed non-randomly. A brief explanation was provided regarding the use of the culturally adapted CBT-based self-help manual for the Intervention Group. Following that, participants practiced them alone for eight weeks. Meanwhile, no intervention was provided to the Control Group for a similar time period. Afterwards, the DASS was given to both groups to re-evaluate the difference. Statistical analysis was done using SPSS version 22.0. **Results:** Statistically significant improvement in stress and anxiety symptoms (p=0.003; p=0.035, respectively) was found in the Intervention Group. Within-group analyses revealed large reductions in stress and anxiety among the Intervention Group (p<0.001), while no significant differences were found in the Control Group (p=0.162). **Conclusions:** Self-help CBT appears to be an effective approach for promoting mental health during pregnancy without necessitating professional consultation.

INTRODUCTION

Pregnancy is a transformative period, marked by profound biopsychosocial changes from conception to birth. These changes can influence a woman's well-being, making it enjoyable or challenging, depending on various factors, including early marriage, first-time pregnancy, hormonal fluctuations, pregnancy symptoms (e.g., nausea, vomiting, fatigue, back pain), and prolonged worries. Prenatal stress significantly impacts the neurodevelopment of offspring [1]. Elevated cortisol levels, a hormone responsive to stress during pregnancy, may result in preterm delivery, lower birth weight, and developmental delays associated with intellectual and behavioral issues [2]. Physical health issues, past trauma, and internalizing problems (e.g., depression and anxiety) are leading risk factors for prenatal and postnatal stress [3]. Depression and anxiety are among the leading causes of disability, contributing to the global burden of disease [4]. Women are more vulnerable to experiencing depression during pregnancy [5]. In Pakistan, 37.1% of multigravida and 32.9% of primigravida reported mild depression during transition to motherhood [6]. Despite the high prevalence of perinatal mental health concerns, they remain unrecognized. Social stigma, poor mental health literacy, limited service availability, financial barriers, and cultural beliefs that emotional distress is a normal part of pregnancy all contribute to this neglect. As a result, many expectant mothers do not receive adequate

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psychological assistance, which raises concerns for the health of the mother and the unborn child. These challenges highlight the need for accessible, stigma-free, and culturally sensitive psychological support. Self-help CBT is an evidence-based intervention, effective in reducing depression, anxiety, and stress, particularly for those who are unable to seek professional help. In Pakistan, culturally adapted CBT has been effective in reducing secondary traumatic stress [7] and maternal depression among immigrant Pakistani women [8].

Despite the high prevalence of prenatal depression, anxiety, and stress in Pakistan, structured psychological interventions remain largely inaccessible due to stigma, limited mental health professionals, and financial constraints. While cognitive behavioral therapy (CBT) has demonstrated strong efficacy globally, there is limited empirical evidence evaluating culturally adapted self-help CBT for pregnant women within the Pakistani context. Most local studies have focused on guided or therapist-led interventions rather than fully self-administered formats. This gap underscores the need to examine whether culturally adapted self-help CBT can serve as a feasible, low-cost, and scalable intervention for managing psychological distress during pregnancy. This study aimed to evaluate the efficacy of self-help CBT in managing stress, anxiety, and depression during pregnancy in Pakistan by giving the critical need for low-cost, culturally appropriate, and scalable therapies.

METHODS

The quasi-experimental study was carried out from July 2023 to November 2024 at various maternity clinics and hospitals in Karachi City. Initially, the approval was taken from the Advanced Studies and Research Board, University of Karachi. Ethical approval was secured from the Ethical Review Board of the Institute of Clinical Psychology (Ref. No: ICP-1(101)/7356). Written informed consent was taken from all participants before their inclusion in the study. This study was retrospectively registered at https://doi.org/10.17605/OSF.IO/AG2YJ, included forty pregnant women in their first trimester, aged 20-35 years (28.03 ± 4.83). They were proficient in the Urdu language, had at least matriculation, belonged to one of four socio-economic classes (lower-middle, middle, upper-middle, and upper), and resided with their husband in a nuclear or joint family system. Participants reported no history of serious physical or psychological illness. The baseline assessment through a demographic form and the Depression, Anxiety, and Stress Scale, DASS-42 [9], a self-report instrument translated into Urdu, was employed. This scale comprises 42 items, was designed to assess three negative emotional states (anxiety, depression, and stress), and occurred within the past year. The adaptation involved a forward–backward translation procedure and expert panel review to ensure cultural equivalence was translated and validated for the Pakistani population. DASS (Urdu version), used in local studies, has demonstrated an excellent reliability (e.g., Anxiety Scale: α=0.91, Depression Scale: α=0.94, Stress α=0.93, and Total DASS: α=0.97). In the current study, internal consistency is also good (Stress α=0.76, Anxiety = 0.78, Depression α=0.89, and total DASS α=0.87). Participants exhibiting mild to moderate stress, anxiety, and depression were allocated non-randomly through alternate assignment into two groups: The Control and Intervention Group (i.e., the first participant to the Intervention Group, the second to the Control Group, and so on). The Intervention Group was presented with the culturally-adapted CBT-based self-help manual "Khushi aur Khatoon" [10], intended to address mild to moderate levels of stress, concomitant depression, and anxiety. The intervention consisted of an eight-week training program in which participants used a single manual independently. Meanwhile, the Control Group did not receive any psychological intervention. After eight weeks, participants from the Intervention and Control Groups were re-approached for post-intervention assessment by DASS to evaluate the discrepancy. According to ethical guidelines, the Control Group, displaying 'mild to moderate' levels of depression, anxiety, and stress based on post-assessment results, was provided with self-help CBT. Data analysis was done by applying descriptive statistics to appraise participants' demographic and independent and paired t-tests compared pre- and post-intervention effectiveness, using SPSS version 22.0.

RESULTS

Statistical Package for Social Sciences (SPSS version 22.0) was used to analyze the descriptive statistics of 40 participants, with a mean age of 28.03 years. T-tests for independent and paired samples were performed to evaluate treatment effectiveness between and within groups. The age of participants ranged from 21 to 35, with a mean age of 28.03 and a standard deviation of 4.83 (Table 1).

Table 1: Mean and Standard Deviation of Age of Participants (n=40)

Group	n	Min	Max	Mean ± SD
Age	40	21	35	28.03 ± 4.83

M: Mean; SD: Standard Deviation

Socio-demographic characteristics of the Intervention and Control Groups are presented (Table 2).

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Table 2: Socio-Demographic Characteristics of Intervention and Control Group n=40

Variables	Category	Frequency (%)		
		Total (n=40)	Intervention Group (n=20)	Control Group (n= 20)
Education	Matriculation	12 (30%)	07 (35%)	05 (25%)
	Intermediate	07 (17.5%)	06 (30%)	01 (05%)
	Graduation	10 (25%)	04 (20%)	06 (30%)
	Masters	11 (27.5%)	03 (15%)	08 (40%)
Profession	Working	08 (20%)	02 (10%)	06 (30%)
	House wife	32 (80%)	18 (90%)	14 (70%)
Socioeconomic Status	Lower-middle	10 (25%)	06 (30%)	04 (20%)
	Middle	21 (52.5%)	12 (60%)	09 (45%)
	Upper-middle	06 (7.5%)	02 (10%)	04 (20%)
	Upper	03 (15%)	–	03 (15%)
Family System	Nuclear	10 (25%)	03 (15%)	07 (35%)
	Joint	30 (75%)	17 (85%)	13 (65%)
Number of Pregnancies	One	20 (50%)	14 (70%)	06 (30%)
	Two	06 (15%)	02 (10%)	04 (20%)
	Three	06 (15%)	01 (05%)	05 (25%)
	Four	06 (15%)	03 (15%)	03 (15%)
	Five	01 (2.5%)	–	01 (05%)
	Nine	01 (2.5%)	–	01 (05%)
Miscarriages	Yes	09 (22.5%)	02 (10%)	07 (35%)
	No	31 (77.5%)	18 (90%)	13 (65%)

The reliability analysis of the DASS-42 Urdu version demonstrated high internal consistency across all subscales. The Cronbach's alpha values of the present study indicate 0.89 for Depression, 0.78 for Anxiety, and 0.76 for Stress, with the overall scale showing a strong reliability coefficient of 0.87 (Table 3).

Table 3: Internal Consistency of the DASS-42 Scales

Scale	No. of Items	Cronbach's Alpha
Depression	14	0.89
Anxiety	14	0.78
Stress	14	0.76
Total DASS	42	0.87

Results showed a statistically significant difference in post-test stress scores: Intervention Group (10.40 ± 6.28) versus Control Group (17.35 ± 7.56), t (38) = -3.15, p=0.003, with a large effect size (Cohen's d = 1.00). Results indicated a statistically significant difference in anxiety between the groups, t (38) = -2.18, p = 0.035. Participants in the Intervention Group (3.90 ± 3.17) showed little anxiety compared to the Control Group (6.35 ± 3.88), with a large effect size (d=0.69). Results indicated no significant difference in depression between the Intervention and Control Group, t (38) = -1.42, p=0.162, d = 0.45. However, the Intervention Group (3.75 ± 4.45) exhibited a low level of depression compared to the Control Group (5.75 ± 4.44), indicating a trivial difference between the groups (Table 4).

Table 4: Between-Group Comparison for Stress Scores, Anxiety Scores, and Depression Scores (Independent Samples T-Test, n=40)

Group	n	Mean ± SD	T	df	Sig.	d
Stress Scores						
Intervention Group	20	10.40 ± 6.28	-3.15	38	0.003	1.00
Control Group	20	17.35 ± 7.56				
Anxiety Scores						
Intervention Group	20	3.90 ± 3.17	-2.18	38	0.035	0.69
Control Group	20	6.35 ± 3.88				
Depression Scores						
Intervention Group	20	3.75 ± 4.45	-1.42	38	0.162	0.45
Control Group	20	5.75 ± 4.44				

p<0.050; result is statistically significant

Results highlighted a substantial decrease in stress of the Intervention Group from pre-test (20.10± 6.98) to post-test (10.40 ± 6.28), t (19) = 6.87, p<0.001, Cohen's d = 1.54. Conversely, the Control Group showed an insignificant difference in stress across pre-test (15.70 ± 4.99) and post-test (17.35± 7.56), t (19) = -1.25, p=0.225, d = 0.28. Findings showed an improvement in anxiety in the Intervention Group from pre-test (8.70 ± 4.98) to post-test (3.90 ± 3.17), t (19) = 4.73, p<0.001, Cohen's d =1.54. While the Control Group showed no significant difference in anxiety between pre-test (6.90 ± 5.58) and post-test (6.35 ± 3.88), t (19) = 0.54, p=0.59, d = 0.12. Results showed a substantial decline in depression of the Intervention Group from pre-test (9.60 ± 8.36) to post-test (3.75 ± 4.45), t (19) = 5.38, p=0.001, d=1.20, and Control Group pre-test (9.00 ± 8.10) and post-test (5.75 ± 4.41), t (19) = 2.59, p=0.018, d=0.58 (Table 5).

Table 5: Within-Group Comparison for Stress Scores, Anxiety Scores, and Depression Scores (Paired Sample T-Test, n=40)

Group	Condition	Mean ± SD	T	df	Sig.	d
Stress Scores						
Intervention Group	Pre-Test	20.10 ± 6.98	6.87	19	<0.001	1.54
	Post-Test	10.40 ± 6.28				
Control Group	Pre-Test	15.70 ± 4.99	-1.25	19	0.225	0.28
	Post-Test	17.35 ± 7.56				
Anxiety Scores						
Intervention Group	Pre-Test	8.70 ± 4.98	4.73	19	<0.001	1.54
	Post-Test	3.90 ± 3.17				
Control Group	Pre-Test	6.90 ± 5.58	0.54	19	0.590	0.12
	Post-Test	6.35 ± 3.88				
Depression Scores						
Intervention Group	Pre-Test	9.60 ± 8.36	5.38	19	0.001	1.20
	Post-Test	3.75 ± 4.45				
Control Group	Pre-Test	9.00 ± 8.10	2.59	19	0.018	0.58
	Post-Test	5.75 ± 4.41				

DISCUSSION

The current study focused on evaluating the efficacy of self-help CBT for managing psychological distress (stress,

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anxiety, and depression) in pregnant women. Specifically, it tested three hypotheses related to the reduction of (1) depression, (2) anxiety, and (3) stress. In Pakistan, culturally adapted self-help CBT is an effective treatment in improving self-esteem, social anxiety [11], social functioning in secondary school adolescents, as well as reducing depression, anxiety [12], and PTSD symptoms among female victims of domestic violence [13]. However, limited studies have been done in pregnant women in Pakistan, and still, people are unaware of the emotional and mental well-being of pregnant women. Thus, this study applied the self-help CBT to pregnant women experiencing psychological distress, aiming to prevent serious psychopathology in both the women and their offspring later in life. The first hypothesis proposed that self-help CBT would significantly reduce stress in pregnant women. The comparison of post-intervention stress scores between groups was statistically significant ($p<0.05$). Findings revealed a greater reduction in stress scores in the Intervention Group ($p<0.001$), signifying the impact of self-help CBT in reducing stress. These results are consistent with recent studies showing the efficacy of CBT in perinatal populations. In Pakistan, pregnant women who experienced stress related to their unborn child's health and development, family conflicts, and financial limitations reported reduced stress levels and improved interpersonal relationships following a CBT-based intervention [14]. The second hypothesis stated a significant reduction in anxiety in pregnant women who used self-help CBT compared to the Control Group. Post-test anxiety scores between the groups indicated a statistically significant difference ($p<0.050$), and within the Intervention Group, showed a considerable decline in anxiety ($p<0.001$). In contrast, the Control Group revealed no significant change ($p>0.500$), demonstrating the effectiveness of self-help CBT in decreasing anxiety symptoms. These findings align with previous studies conducted in Pakistan, indicating that both guided self-help CBT and CBT delivered by non-specialists significantly lowered anxiety symptoms [15, 16]. The third hypothesis proposed that self-help CBT would significantly reduce depression in pregnant women. In post-test depression scores between groups indicated a statistically insignificant difference ($p>0.050$). Within-group t-test revealed a substantial reduction in depression scores from pre-test to post-test in both the Intervention and Control Groups. Although both groups showed improvement over time, the Intervention Group ($p=0.001$) worked better at reducing depressive symptoms than the Control Group ($p=0.018$). This improvement may be attributed to placebo effects, natural remission, or uncontrolled factors such as increased social connectedness [17, 18], hope, improved physical health, or the mere passage of time. The large effect size in the Intervention Group showed the treatment efficacy and therapeutic potential. These results align with recent research demonstrating that CBT reduces depressive symptoms in pregnant women [19]. Another study proved that self-study and practice of CBT books lowered depressive symptoms more than antidepressant medication alone [20]. Present findings also support an expanding corpus of studies emphasizing the efficacy of CBT for pregnant women with depression, anxiety, and stress [21]. Nonetheless, not all formats yield identical results. Systematic review found that brief, unguided online CBT was less successful in mitigating prenatal depression, with a higher dropout rate, suggesting that the delivery method and degree of support may affect therapy outcomes [22]. This study supports the hypothesis that self-help CBT enhances individuals' ability to restructure maladaptive thoughts and reduce psychological distress. Self-administered programs enable users to progress at their own pace, fostering a sense of autonomy and increasing therapeutic engagement [23]. Moreover, in the contemporary era characterized by time constraints and a preference for home-based services following the COVID-19 pandemic, various forms of therapeutic interventions have emerged as alternatives to traditional services, as proven by recent research. For example, online CBT improved prenatal distress, stress reactivity, and psychological resilience [24]. These findings coincide with the current study's findings and emphasize the rising demands of self-directed, adaptable, and scalable therapies for targeting psychological challenges in real-world settings, especially in Pakistan, where professional services remain underused, stigma around mental health persists, and emotional and behavioral challenges in pregnant women are often overlooked. Thus, facilitating access to self-help CBT in this culture would be a better and more easily accessible option for those who are unable or unwilling to seek professional aid [10].

The findings of this study should be interpreted in light of certain limitations, including a small sample size, non-randomized group allocation, reliance on self-report measures, and absence of long-term follow-up assessment. The quasi-experimental design may limit causal inference, and the lack of structured adherence monitoring could influence treatment outcomes. Future research should employ randomized controlled designs with larger and more diverse samples across multiple centers. Longitudinal follow-up studies examining sustained effects, inclusion of clinician-rated assessments, and comparison with guided or digital CBT formats would further strengthen the evidence base for integrating self-help CBT into routine prenatal care in Pakistan.

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CONCLUSIONS

This study highlighted the efficacy of self-help CBT in alleviating stress and anxiety; however, it didn't yield a significant difference in depressive symptoms. These results underscore the need for further interventions that explicitly address prenatal depression while also serving as a foundation for creating accessible interventions that can be incorporated into prenatal care in Pakistan. These findings should be interpreted cautiously due to certain limitations, including reliance on self-reported data, small sample size, non-randomized group assignment and absence of blinding.

Authors' Contribution

Conceptualization: SN, UA
Methodology: SN, UA
Formal analysis: SN
Writing and Drafting: UA
Review and Editing: UA, SN

All authors approved the final manuscript and take responsibility for the integrity of the work

Conflicts of Interest

All the authors declare no conflict of interest.

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