

“Understanding Tokophobia and Social Care Expectations among First-Time Mothers in a Tertiary Care Setting”

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Abstract

Background: Fear of childbirth, known as tokophobia, has emerged as a significant psychological issue among pregnant women, particularly those experiencing pregnancy for the first time. This fear can affect emotional stability, confidence, and readiness for labour. In addition to fear, expectations related to social care and support play an important role in shaping maternal experiences during pregnancy. Examining both aspects together provides a broader understanding of primigravida mothers' needs within institutional maternity care.

Objectives: The study aimed to determine the level of tokophobia among primigravida mothers, explore their social care expectations, examine the association between fear of childbirth and selected demographic variables, and integrate quantitative and qualitative findings for a comprehensive interpretation.

Materials and Methods: An explanatory sequential mixed-methods design was employed. In the quantitative phase, 60 primigravida mothers were selected using non-probability convenience sampling. The qualitative phase included 6 participants chosen through purposive sampling. Data were collected using a socio-demographic proforma, the Fear of Childbirth Questionnaire, and a semi-structured interview guide. Quantitative data were analysed using descriptive and inferential statistics, while qualitative data were analysed through thematic analysis.

Results: Most participants were aged 26–30 years (53%), had graduate-level education (51.6%), and were homemakers (81.6%). Over half of the mothers resided in urban areas (55%), and the majority identified as Hindu (88%). Moderate tokophobia was observed in 68.33% of mothers, while 25% reported low fear

and 6.67% reported high fear. Concerns about being left alone during labour without a chosen birth companion received the highest score (67.33%), whereas confidence in staff availability during labour scored the lowest (15.33%). Increased fear levels were noted among younger mothers, those with lower educational status, and those living in rural areas. Qualitative findings revealed three central themes: emotional vulnerability related to childbirth, expectations and experiences of social support, and sources of information with coping strategies.

Conclusion: Tokophobia is commonly experienced by primigravida mothers and is closely linked to emotional insecurity and perceived inadequacy of support. Enhancing supportive maternity care, strengthening childbirth education, and addressing social care expectations may reduce fear and improve childbirth preparedness.

Keywords: Tokophobia, primigravida mothers, fear of childbirth, social care expectations, mixed-methods study, maternal support

1. Introduction

Pregnancy is a significant life event that involves profound physical, emotional, and psychological changes. For primigravida mothers, the anticipation of childbirth can generate heightened anxiety and fear due to unfamiliarity with labour, concerns about pain, safety, and maternal or fetal outcomes. Fear of childbirth, commonly referred to as tokophobia, may adversely affect emotional wellbeing, confidence, and preparedness for delivery. Mothers experiencing intense fear often require additional emotional reassurance and social support to cope effectively with pregnancy and childbirth. Understanding primigravida mothers' fear of childbirth and their expectations regarding social care is essential for planning supportive, woman-centred maternity services.

2. Background of the Study

Globally, fear of childbirth has been increasingly recognised as a significant psychological concern among pregnant women, particularly first-time mothers. Studies report that mild to moderate fear of childbirth is common, while severe tokophobia affects a smaller but clinically important proportion of women. Tokophobia has been associated with increased anxiety, reduced confidence in healthcare providers, preference for medical interventions, and negative childbirth experiences.

In developing countries like India, sociocultural beliefs, limited access to accurate childbirth information, and dependence on informal support systems may further intensify fear among primigravida mothers. Social care expectations, including emotional support from family members, reassurance from healthcare professionals, and availability of a birth companion, play a crucial role in reducing fear and promoting positive childbirth experiences. However, limited Indian studies have explored tokophobia alongside social care expectations, particularly using a mixed-methods approach in tertiary care hospital settings.

3. Need for the Study

Despite improvements in maternal healthcare services, fear of childbirth remains under-recognised and inadequately addressed during routine antenatal care. Primigravida mothers experiencing tokophobia may face emotional distress, reduced coping ability, and dissatisfaction with maternity services. Social care expectations, if unmet, can further aggravate fear and negatively influence childbirth experiences.

Understanding primigravida mothers' level of tokophobia and their expectations regarding social care is essential for designing comprehensive antenatal interventions. Mothers' perceptions of support influence their emotional wellbeing, trust in healthcare providers, and readiness for labour. However, there is limited research that simultaneously examines fear of childbirth and social care expectations using both quantitative and qualitative methods in tertiary care settings. Hence, this study was undertaken to generate evidence that can support the development of effective, nurse-led, supportive maternity care strategies.

4. Statement of the Problem

"A study to assess the level of tokophobia and social care expectations among primigravida mothers in a tertiary care hospital."

Objectives

Primary Objectives

- ✓ To assess the level of tokophobia among primigravida mothers.
- ✓ To explore the social care expectations of primigravida mothers.

Secondary Objectives

- ✓ To determine the association between tokophobia and selected demographic variables.
- ✓ To integrate quantitative and qualitative findings for comprehensive analysis.

Research Question

"Does your fear of childbirth influence the kind of social care and support you expect during pregnancy and childbirth?"

Hypotheses

H1: There is a statistically significant association between the level of tokophobia and selected demographic variables among primigravida mothers.

Delimitation

- ❖ Conducted only among antenatal primigravida mothers.
- ❖ Single-center study at the IOG only
- ❖ Duration of study: 1 week.

5. Methods & Materials

The study used a mixed-methods approach to assess tokophobia and social care expectations among primigravida mothers. An explanatory sequential design was followed, with a quantitative descriptive phase and a qualitative phenomenological phase to explore lived experiences. Conducted in the Obstetrics Department of the Institute of Obstetrics and Gynaecology, Chennai, over four weeks, the study included 60 first-time pregnant mothers for the quantitative phase (convenience sampling) and six mothers for qualitative interviews (purposive sampling). Inclusion criteria were primigravida mothers willing to participate and able to communicate in Tamil or English; mothers with severe cognitive impairments, critical illness, or participation in other studies were excluded. Data were collected using a structured socio-demographic and Fear of Childbirth Questionnaire and unstructured interviews for qualitative insights. Validity was confirmed through expert review, and reliability via Cronbach's alpha. Ethical principles, including informed consent, confidentiality, and voluntary participation, were maintained. Quantitative data were analyzed using descriptive and inferential statistics, and qualitative data underwent thematic analysis, with integration at the interpretation stage.

6. Ethical Considerations

Approval for the study was obtained from the Institutional Ethics Committee. Prior authorization was obtained from the Director of IOG Ethical principles of beneficence, respect, confidentiality, and justice were strictly followed. Written informed consent was obtained, privacy was ensured, and participants were informed of their right to withdraw without consequences.

7. Results

The table 1 shows demographic characteristics of primigravida mothers are presented in Table 4.1. Quantitative analysis revealed that the majority of participants (53%) were aged 26–30 years, with 51.6% holding graduate-level education. Most mothers (65%) reported a monthly family income below ₹54,650, and 88% identified as Hindu. Homemakers represented 81.6% of the sample, and mothers were the primary caregivers in 96% of cases. Relatives were the most common source of pregnancy-related information (46.6%), and over half of the participants (55%) resided in urban areas. These findings suggest a young, moderately educated population, primarily engaged in homemaking and supported by family networks.

Level of Tokophobia (Fear of Childbirth) in table 2.

Assessment of fear of childbirth showed that 68.33% of mothers experienced moderate fear, 25% had low fear, and 6.67% reported high fear (Table 4.2.4). Statement-wise analysis indicated that the highest concern was “being left alone without a birth partner” (67.33%), whereas confidence in staff support scored lowest (15.33%). The overall mean score of tokophobia was 41.37%, reflecting moderate fear among participants.

Association with Demographic Variables shown in table 3.

Chi-square analysis (Table 4.3) demonstrated statistically significant associations between levels of tokophobia and mother’s age ($p=0.01$), education ($p=0.05$), and place of residence ($p=0.05$). Younger mothers, those with lower educational levels, and mothers from remote areas reported higher fear scores. Other variables such as income, religion, and occupation were not significantly associated with tokophobia.

Qualitative Findings: Social Care Expectations

Thematic analysis of six participants revealed three major themes:

Fear and Emotional Vulnerability – Mothers expressed anxiety related to physical discomfort, complications, and lack of experience. Physical symptoms such as vomiting, dizziness, and low haemoglobin exacerbated emotional stress.

1. **Expectations of Social Support** – Support from spouses and family was crucial, with practical help and emotional presence highly valued. Peer support was less frequent but appreciated when available.
2. **Sources of Information and Coping** – Healthcare providers were the primary trusted source, whereas informal channels like relatives and social media sometimes increased confusion or fear.

8. Integration of Quantitative and Qualitative Findings

Combining both findings highlights that young, educated, and primarily homemaker mothers face moderate to high levels of tokophobia. Their fears are influenced by physical symptoms, lack of knowledge, and limited social support. Emotional and practical support from family and healthcare providers is essential to alleviate anxiety and enhance coping during pregnancy. These findings underscore the need for targeted, holistic support systems and interventions for primigravida mothers to address their emotional, informational, and social needs.

9. Discussion

The present mixed-methods study explored tokophobia and social care expectations among primigravida mothers. Quantitative findings revealed that 68.33% of mothers had moderate fear of childbirth, 25% had low fear, and 6.67% reported high fear. These results are consistent with **Deborah Tolulope Esan et al. (2024)**, who found a high prevalence of primary tokophobia among first-time mothers, and **Dal Moro et al. (2023)**, who reported that nulliparous women feared harm to the baby and inability to cope with labour pain. Qualitative findings identified three themes: emotional vulnerability during pregnancy, expectations of social support, and coping resources. Mothers primarily sought emotional support and guidance from family members. These findings align with **Al-Mutawtah et al. (2023)**, who highlighted the importance of emotional, instrumental, and informational support during pregnancy, and **Iyabo Yewande Ademuyiwa et al. (2020)**, who emphasized high satisfaction with support from husbands, relatives, and the community.

Association analysis revealed that younger mothers (21–25 years), those with primary education, and mothers living in rural or remote areas experienced higher levels of tokophobia. These findings partially correspond with **Houri Alijani et al. (2020)**, who noted the influence of maternal and paternal education on fear of childbirth. Overall, the study indicates that demographic factors significantly influence tokophobia, while mothers predominantly expect emotional support and coping guidance during pregnancy.

10. Recommendations:

- Include coping strategies in antenatal education for primigravida mothers.
- Provide continuous emotional and psychological support during pregnancy and labour.
- Encourage involvement of family members as birth companions.
- Conduct further research on social care expectations and factors influencing tokophobia.
- Train nurses in respectful, non-judgmental communication and labour support.

11. Limitations:

- Single-centre study conducted at one hospital.
- Small sample size (60 primigravida mothers).
- Focus limited to first-time mothers only.
- Data based on self-reported responses, subject to bias.

12. Conclusion

The study concludes that tokophobia is a prevalent concern among primigravida mothers, with the majority experiencing moderate levels of fear. Emotional support, antenatal education, and respectful,

non-judgmental communication from healthcare providers play a crucial role in alleviating this fear. Sociodemographic factors such as age, education level, and place of residence significantly influence mothers' fear levels and coping abilities. By addressing these fears through continuous psychological support, family involvement, and targeted nursing care, maternal confidence and overall childbirth experiences can be significantly improved.

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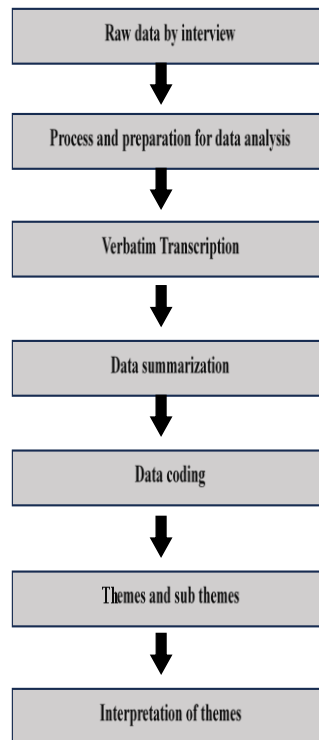


FIG.1.THEMATIC PRESENTATION

TABLE 1. Demographic variables OF THE PRIMI MOTHERS

Demographic variables		primigravida mothers	%
Age	21-25 years	24	40.00%
	26-30 years	32	53.33%
	31-35 years	4	6.67%
	above 35 years	0	0.00%
Education status	Informal education	0	0.00%
	Primary education	3	5.00%
	Higher secondary	26	43.33%
	Graduate	31	51.67%
Monthly family income	Less than Rs. 54650	39	65.00%
	Rs. 54651- 68,454	11	18.33%
	Rs. 68,455 - 146,103	2	3.33%
	Rs. ≥146,104 and more	8	13.33%
Religion	Hindu	53	88.33%
	Muslim	3	5.00%
	Christian	4	6.67%
Nature of Occupation	Home worker	49	81.67%
	Semi-Skilled worker	2	3.33%
	Skilled worker	6	10.00%

	Professional worker	3	5.00%
Who is the primary caregiver for children	Mother	58	96.67%
	Father	1	1.67%
	Grandparents	1	1.67%
	Relatives	0	0.00%
Source of information about pregnancy	Media	4	6.67%
	Friends	1	1.67%
	Relatives	28	46.66%
	Health care workers	27	45.00%
Where do you currently reside	Remote area	5	8.34%
	Rural	11	18.33%
	Sub urban	11	18.33%
	Urban	33	55.00%

Table 4.2.4: LEVEL OF FEAR OF CHILD BIRTH SCORE

Level of score	No. of primi gravida mother	%
Low	15	25.00%
Moderate	41	68.33%
High	4	6.67%
Total	60	100.00%

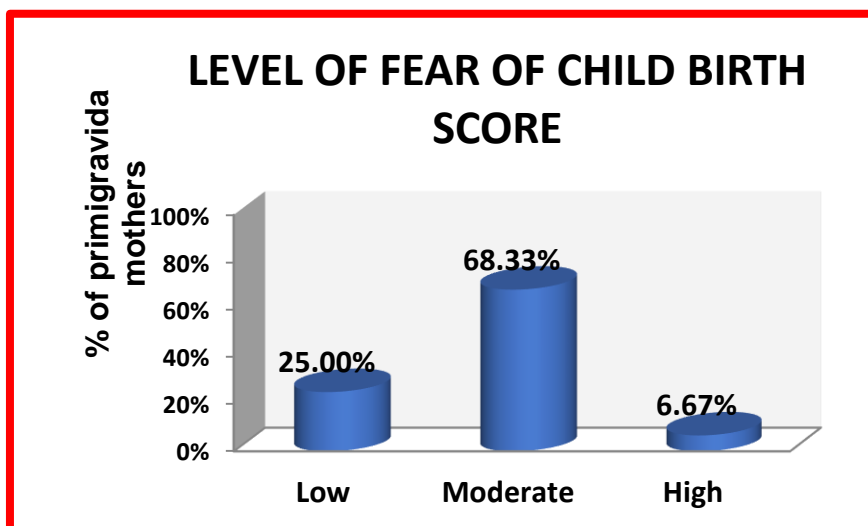


FIG.2. LEVEL OF TOKOPHOBIA SCORE AMONG PRIMIGRAVIDA MOTHERS

TABLE 3 ASSOCIATION OF LEVEL OF TOKOPHOBIA AMONG PRIMIGRAVIDA MOTHERS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Demographic variables		Level of Fear child birth score				n	Chi square test
		Low		Moderate/ high			
		n	%	n	%		
Age	21-25 years	2	8.33%	2	91.67%	2	$\chi^2=9.55$ $\pi=0.01$ **(Σ)
				2		4	
	26-30 years	1	31.25%	2	68.75%	3	
		0		2		2	
	31-35 years	3	75.00%	1	25.00%	4	
	above 35 years	0	0.00%	0	0.00%	0	
Education status	Informal education	0	0.00%	0	0.00%	0	$\chi^2=7.08$ $\pi=0.05$ *(Σ)
	Primary education	0	0.00%	3	100.00%	3	
	Higher secondary	1	3.85%	2	96.15%	2	
				5		6	
	Graduate	9	29.03%	2	70.97%	3	
				2		1	
Monthly family income	Less than Rs. 54650	1	25.64%	2	74.36%	3	$\chi^2=2.82$ $\pi=0.42$ (N Σ)
		0		9		9	
	Rs. 54651-68,454	1	9.09%	1	90.91%	1	
				0		1	
	Rs. 68,455 - 146,103	1	50.00%	1	50.00%	2	
	Rs. \geq 146,104 and more	3	37.50%	5	62.50%	8	
Religion	Hindu	1	24.53%	4	75.47%	5	$\chi^2=0.12$ $\pi=0.94$ (N Σ)
		3		0		3	
	Muslim	1	33.33%	2	66.67%	3	
	Christian	1	25.00%	3	75.00%	4	
Nature of Occupation	Home worker	1	22.45%	3	77.55%	4	$\chi^2=3.83$ $\pi=0.28$ (N Σ)
		1		8		9	
	Semi-Skilled worker	0	0.00%	2	100.00%	2	

	Skilled worker	2	33.33 %	4	66.67%	6	
	Professional worker	2	66.67 %	1	33.33%	3	
Who is the primary caregiver for children	Mother	1 3	22.41 %	4 5	77.59%	5 8	$\chi^2=3.83 \pi=0.16$ (NΣ)
	Father	1	100.00 %	0	0.00%	1	
	Grandparents	1	100.00 %	0	0.00%	1	
	Relatives	0	0.00%	0	0.00%	0	
Source of information about pregnancy	Media	3	75.00 %	1	25.00%	4	$\chi^2=6.44\pi=0.09$ (NΣ)
	Friends	0	0.00%	1	100.00 %	1	
	Relatives	5	17.86 %	2 3	82.14%	2 8	
	Health care workers	7	25.93 %	2 0	74.07%	2 7	
Where do you currently reside	Remote area	0	0.00%	5	100.00 %	5	$\chi^2=9.25 \pi=0.05$ *(Σ)
	Rural	0	0.00%	1 1	100.00 %	1 1	
	Sub urban	2	18.18 %	9	81.82%	1 1	
	Urban	1 3	39.39 %	2 0	60.61%	3 3	

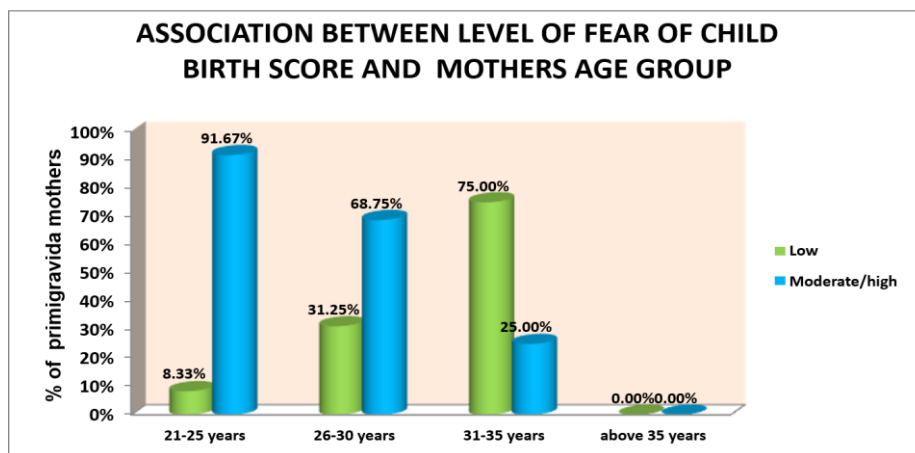


FIG.3.ASSOCIATION BETWEEN LEVEL OF TOKOPHOBIA SCORE WITH MOTHER’S AGE GROUP