

## Tokophobia experience and willingness to seek professional care among antenatal women in an urban metropolis of Nigeria: a cross-sectional study

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### ABSTRACT

**BACKGROUND:** Tokophobia affects many women before and during pregnancy and after childbirth, and it is accompanied by drastic birth outcomes. This study assessed the experience of tokophobia in expectant mothers and their propensity to seek medical attention from a professional.

**METHODS:** The study utilized a descriptive cross-sectional design. Antenatal mothers were selected using a simple random sampling technique through the antenatal clinic register. An adapted pretested semi-structured questionnaire was used to obtain data from participants. Data were analyzed using SPSS version 25, and results were presented using descriptive statistics.

**RESULTS:** The age range of the respondents was 15–36 years old, with a mean age of 27.4±1.8 years. Most respondents were multiparous women, with a greater proportion in their third trimester (48.6%) and second trimester (48.2%). From the overall analysis of pregnant women's experiences with tokophobia, 11.5% of them have an intense fear of childbirth, 48.5% have a moderate fear, 30.4% have a significant amount of fear, and just 9.6% have none. Regarding seeking professional care, above a quarter (38.2%) would also like to seek professional care for their tokophobia, while 30.5% were unsure of whether to seek professional care/assistance. Moreover, no statistically significant association was found between gestational age, parity status, previous mode of delivery, and tokophobia prevalence among the respondents.

**CONCLUSION:** Tokophobia was prevalent among antenatal women in this study, and over a quarter of them would like to seek professional care for their tokophobia. Prenatal education should include childbirth-related fears and strategies to overcome them.

**Keywords:** Tokophobia experience, Antenatal Women, Professional Assistance, Nigeria

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## INTRODUCTION

Pregnancy and childbirth are described as an evolution phase or an existential threshold that childbearing women must cross [1]. Childbirth is a unique experience with many dimensions, and it is still strongly influenced by social context [2]. The expectations and experiences from childbirth can be negative or/and positive naturally, with feelings of joy, happiness, anxiety, worry, and fear [3]. Expectations surrounding childbirth before or during pregnancy are determining factors for women's experience and behaviour before and during childbirth [4]. Some women experience high levels of fear specific to giving birth, and at its most severe, fear of childbirth has been likened to a phobic response known as Tokophobia [3,5]. Tokophobia affects many women before and during pregnancy and after childbirth, and it is accompanied by drastic birth outcomes. It is hardly measured in the clinical setting and practice, even though adequate measures are taken to ensure high delivery and quality maternal health care [6]. The prevalence of fear of childbirth (Tokophobia) varies based on maternal factors like parity, maternal age, delivery method, history of complicated pregnancy, and other associated factors [7,8]. The persistence of these factors among women has caused the prevalence of tokophobia to vary between 5% and 20% [9,10]. Since 1997, tokophobia has been included in the International Classification of Diseases (ICD-10) 10th Revision Revisicode 099.80 and other specified diseases in pregnancy. Presently, it is included under the 2015 ICD-10-CM diagnosis code F40.9 phobic anxiety disorder, unspecified [11]. During the last thirty years, research interest in tokophobia (a severe fear of childbirth) has been on the increase, both in the clinical setting and in empirical research [12–16]. The first review of the prevalence of tokophobia estimated a global pooled prevalence of 14% but because of its heightened heterogeneity, its interpretation is presented cautiously and affects significantly a minority of women [13]. There is; however, no one agreed definition of tokophobia, and much of the published literature dated to this day refers to tokophobia as a severe “Fear of Childbirth (FOC)” rather than “an unreasoning dread of childbirth” [1,17,18]. Factors linked to all forms of tokophobia include anxiety, personality types, previous sexual abuse, past traumatic birth or any traumatic

experience in health care, previous miscarriages, long duration of infertility, smoking, low social support and poor partner relationships have been associated with primary and secondary tokophobia [18,19,20].

Analysis of the International Classification of Diseases 10th Revision codes also reported the prevalence of tokophobia, assigned to women who attended tokophobia clinics in countries where care pathways are well established [19,20]. It is reported that 6–10% of pregnant women suffer and have their everyday lives affected because of fear of childbirth [9,21]. However, reports on prevalence vary because there is no consistency in defining tokophobia [5,8,22]. In this study, tokophobia is defined as the fear of childbirth experienced by pregnant women who either had given birth to children or did not. Therefore, this study seeks to assess the prevalence of tokophobia and willingness to seek professional care among parturient women in the urban metropolis of Ekiti State.

## METHODS

**Study Design:** This study adopted a descriptive cross-sectional survey to assess the prevalence of tokophobia and the causative factors triggering this phenomenon among parturient women visiting selected health facilities in Ekiti State, Nigeria.

**Study Setting:** The study was conducted at the following health facilities: Federal Teaching Hospital Ido-Ekiti (FETHI), Comprehensive Health Centre, Oke-Iyimi (CHCOI), and Basic Health Center Odo-Ado (BHCOA), Ado-Ekiti respectively, Ekiti State, Nigeria. The selection of the above three (3) health facilities is due to their high patronage, quality healthcare services, and accessibility to most parturient women in the urban metropolis of Ekiti State.

**Study Population:** The study population consisted of antenatal women who were in their first, second or 3rd trimester and who were attending the chosen health facilities within the study time frame.

**Sample Size:** The sample size for the study was computed using Fisher's formula as depicted below:  
$$n = (Z^2 pq)/d^2$$

Where  $n$  is the desired sample size required,  $z$  is the standard normal deviation, usually 1.96,  $p$  is the prevalence 0.221(15),  $q$  is  $1-p$ , and  $d$  is the degree of freedom, usually 0.05. The estimated sample size required ( $n$ ) was 265 participants. Thus, two hundred and sixty-five (265) parturient women were recruited for the study.

**Sampling Technique:** A proportionate sampling technique was adopted in the determination of the number of respondents to be selected from each of the three (3) selected health facilities (FETHI, CHCOI, and BHCOA), while a simple random technique was employed in the selection of participants from the sample frame (antenatal clinic register) of each subgroup as elucidated (Table 1).

21 and 40 indicates 'experienced tokophobia'. The original questionnaire was 20 items, and 10 items related to the purpose of the study were used to assess the level of tokophobia among the respondents

Section C: assess the willingness to seek professional help among the respondents. It is a three-item questionnaire with a three-point Likert scale ranging from Not Sure, Yes or No.

**Data Collection and Analysis:** The data was collected over a period of eight weeks between January 10 and March 7, 2022. Data were collected by the researchers during antenatal care sessions. The data collected were first checked for errors, cleaned, and analyzed using IBM Statistical Product and Service Solutions (SPSS) version 25.

**Table 1: Distribution of Respondents using a proportionate sampling technique**

Subpopulation	Sample frame	A selected number of respondents per facilities
FETHI	302	$302 \times 265 = 180.7 \sim 181$ 443
CHCOI	54	$54 \times 265 = 32.3 \sim 32$ 443
BHCOA	87	$87 \times 265 = 52.0 \sim 52$ 443
<b>Total</b>	<b>443</b>	<b>265</b>

FETHI: Federal Teaching Hospital Ido-Ekiti; CHCOI: Comprehensive Health Centre, Oke-Iyimi; BHCOA: Basic Health Center Odo-Ado

**The Instrument for Data Collection:** Data collection was done through a pre-tested, self-administered questionnaire. The questionnaire was adapted from previous studies [23]. The components of the questionnaire were categorized into three segments, namely: Section A: socio-demographic information of respondents (parturient women) vis age at last birthday, tribe, religion, gestation age, and parity status.

Section B: elicit information on the tokophobia experience among the respondents. It is a ten-item questionnaire with a four-point Likert scale ranging from Strongly agree to strongly disagree. The highest score was 40, while the lowest score was four. A score between 4 and 20 indicates no experience of tokophobia, while a score between

Results were summarized and presented in descriptive statistics using tables, frequency, charts, and percentages. Bivariate analysis was done using the chi-squared test. The level of significance was set at a  $p$ -value  $< 0.05$ .

Ethical clearance was obtained from the Research and Ethics Committee of the tertiary health facility (Protocol number: ERC/202/11/08/674B), and approval to conduct the study was also obtained from the coordinator of the primary health centers. Informed consent was obtained from each participant before administering the questionnaire. The respondents were assured of the confidentiality of the information provided. Confidentiality was upheld by not using the names of the respondents to ensure anonymity.

All methods were performed according to the relevant guidelines and regulations.

## RESULTS

All 265 questionnaires were administered, filled

in, retrieved, and thereafter analyzed, giving a response rate of 100%.

**Socio-demographic characteristics and Obstetric History of Respondents:** The baseline socio-demographic characteristics and obstetric history

**Table 2: Socio-Demographic Characteristics and Obstetric History of Respondents**

Variables	Frequency (N=265)	Percentage (%)
Age		
15 – 25 years	86	32.4
26 – 35 years	167	63.1
36 and above	12	4.5
Tribe		
Yoruba	127	47.9
Igbo	72	27.2
Hausa	43	16.2
Others	23	8.7
Religion		
Christianity	201	75.8
Islam	63	23.8
Others	1	0.4
Pregnancy Age		
1st Trimester	8	3.0
2nd Trimester	121	45.7
3rd Trimester	136	51.3
Parity Status		
None	59	22.3
1- 3	172	64.9
4 and above	34	12.8
Mode of Recent Delivery		
Vaginal Delivery (VG)	174	65.7
VG with Episiotomy	53	20.0
or vacuum extraction		
Elective Caesarean Section (CS)	30	11.3
Emergency CS	8	3.0

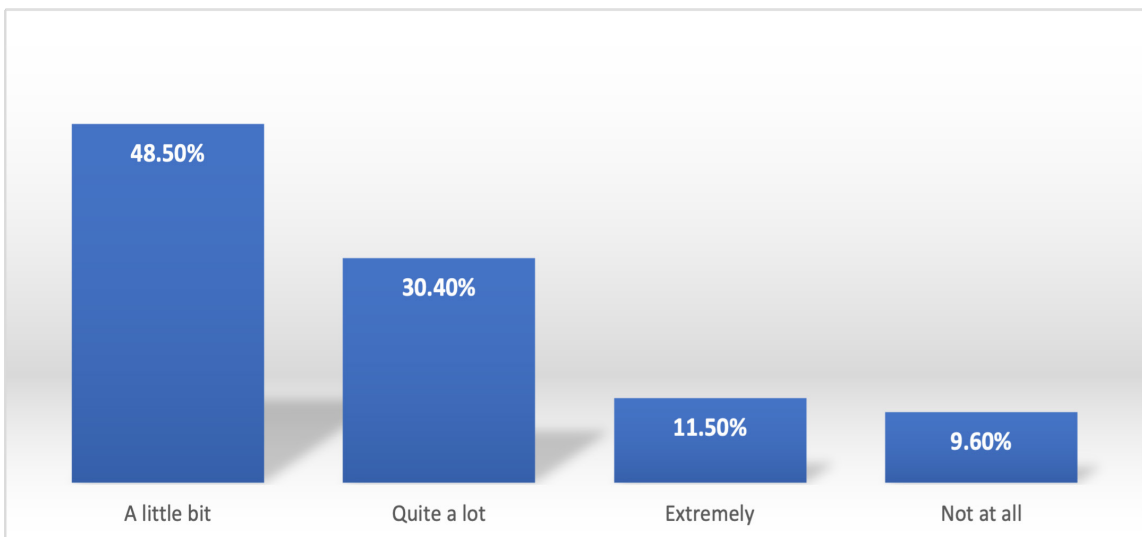
of respondents are depicted in Table 2. The mean respondents' age was 27.4±1.8years with the majority, 167 (63.1%), falling into the age category of 26-35 years. Nearly half, 127 (47.9%) of the respondents are Yoruba ethnicity, and the majority, 201 (75.8%) of the respondents, were Christians. The gestational age distributions of the respondents are as follows: 1st trimester; 8 (3.0%),

2nd trimester; 121 (45.7%), and 3rd trimester; 136 (51.3%). Barely more than one-fifth, 59 (22.3%) of the respondents are nulliparous, while the remaining 206 (77.7%) constitute primiparous, multiparous, and grand multiparous, respectively. The following was reported as the recent mode of delivery: vaginal delivery (VG); 174 (65.7%), VG with episiotomy and or vacuum extraction; 53

**Table 3: Tokophobia Experience among Respondents**

Variables	SA (%)	A (%)	SD (%)	D (%)	Total
Fear of not knowing and not being able to plan for the unpredictable	86(32.5%)	102(38.5%)	41(15.4%)	36(13.6%)	265(100.0%)
Fear of harm or stress to the baby	64(24.2%)	123(46.4%)	39(14.7%)	39(14.7%)	265(100.0%)
Fear of my inability to cope with pain	80(30.2%)	93(35.1%)	53(20.0%)	39(14.7%)	265(100.0%)
Fear of my body's inability to give birth	65(24.5%)	81(30.6%)	69(26.0%)	50(18.9%)	265(100.0%)
Fear of harm to self in labour and postnatal	68(25.6%)	99(37.4%)	75(28.3%)	23(8.7%)	265(100.0%)
Fear of being 'done' to	74(27.9%)	123(46.4%)	38(14.4%)	30(11.3%)	265(100.0%)
Fear of not being heard	70(26.4%)	100(37.7%)	50(18.9%)	45(17.0%)	265(100.0%)
Fear of being abandoned or alone	66(24.9%)	94(35.5%)	60(22.6%)	45(17.0%)	265(100.0%)
Fear of internal loss of control	64(24.2%)	99(37.4%)	62(23.4%)	40(15.1%)	265(100.0%)
Terrified of labour/birth and not knowing why	82(30.9%)	112(42.3%)	43(16.2%)	28(10.6%)	265(100.0%)

Key: SA – strongly agree; A – agree; D – disagree; SD – strongly disagree



**Figure 1: Level of Childbirth Fear**

**Table 4: Willingness to seek professional help among Respondents**

Items	Yes (%)	No (%)	Not Sure (%)	Total
Seek professional help regarding your fears	105(39.6%)	81(30.6%)	79(29.8%)	265(100.0%)
It is normal for every pregnant woman to feel anxious and scared about childbirth	223(84.2%)	13(4.9%)	29(10.9%)	265(100.0%)
Consider vaginal delivery regardless of the feeling	218(82.3%)	47(17.7%)	0(0.0%)	265(100.0%)

(20.0), elective Caesarean Section (CS); 30 (11.3%), and Emergency CS; 8 (3.0%).

**Experience of tokophobia among respondents:**

The results on tokophobia experience among pregnant women are presented in Table 3, where about 188 (71.0%) of the respondents agreed that they experience fear of not knowing and not being able to plan for the unpredictable, 187 (70.6%) agreed that they experience fear of harm or stress to the baby, 173 (65.3%) concurred that they experience fear of inability to cope with pain, 146 (55.1%) agreed that they experience fear of their body’s inability to give birth, 167(60.0%) agreed that they experience fear of harm to self in labour and postnatal. The majority 197 (74.3%) of the respondents, agreed that they experience fear of being ‘done’ too, and 170 (64.1%) of the respondents agreed that they experience the fear of not being heard. Also, 160 (60.4%) of the respondents agreed that they experience fear of being abandoned or alone. About 163(61.6%) agreed that they experience fear of internal loss

of control, and 194 (73.2%) of the respondents agreed that they are terrified of labour/birth and not knowing why.

From the overall analysis of Tokophobia experience among pregnant women, 11.5% have an extreme fear of childbirth, 48.5% had moderate fear, 30.4% had quite a lot of fear and 9.6% do not have it at all (Figure 1). The frequency of Tokophobia experienced among participants. Barely above half (54.1%) of the participants have the tokophobia fear once or twice daily, followed by 18.9% of participants having the fear every day, while 16.2% have the fear most times.

**Willingness to seek professional assistance among respondents:**

Regarding willingness to seek professional help/assistance, a higher proportion of 105 (39.6%) of the respondents would like to seek help from professionals regarding their fears, while 79 (29.8%) are not sure whether to seek professional assistance or not. Although the majority, 223 (84.2%) of the women, think it

**Table 5: Bi-variate analysis testing association between parity status and tokophobia experience among respondents**

Number of Children	TOKOPHOBIA		Total, n(%)	P Value
	Low tokophobia experience, n (%)	High tokophobia Experience, n(%)		
None	35(59.3%)	24 (40.7%)	59 (100%)	0.327
1 – 3	84 (48.8%)	88 (51.2%)	172 (100%)	
4 and above	15 (44.1%)	19 (55.9%)	34 (100%)	
Total	134 (50.6%)	131 (49.4%)	259 (100%)	

**Table 6: Relationship between mode of recent delivery and Tokophobia experience**

Mode of Recent Birth	TOKOPHOBIA		Total	P Value
	Low Tokophobia Experience, n(%)	High Tokophobia Experience, n(%)		
	71 (40.8%)	103 (59.2%)	174 (100%)	0.122
	22 (41.5%)	31 (58.5%)	53 (100%)	
	21 (70.0%)	9 (30.0%)	30 (100%)	
	6 (75%)	2 (25.0%)	8 (100%)	
Total	120 (45.3%)	145 (54.7%)	265 (100%)	

is normal for gravid women to feel anxious and scared of childbirth. The majority, 218 (82.3%), will consider vaginal delivery regardless of the feelings (Table 4).

**Association between variables:** Bivariate analysis testing the association between parity and tokophobia experience is presented in Table 5. Although primiparous, multiparous, and grand multiparous women had higher tokophobia experience compared to the nulliparous women, the relationship was, however, not statistically significant ( $p = 0.327$ ). Table 6 further reveals no significant association between the previous modes of delivery and childbirth fears ( $p = 0.122$ ).

## DISCUSSION

Tokophobia is experienced by most of the participants in this study, and only 9.6% stated that they did not experience childbirth fears at all. However, This is in contrast to a study conducted [24] where most participants did not experience childbirth fear. This disparity could be because the previous study was conducted on only primigravids while this study investigated both primigravid and multigravida women. There were also conflicting opinions of the participants as to whether tokophobia was a common phenomenon among primigravids or multigravida. This is congruent

with previous studies conducted by [25], which revealed that the prevalence of tokophobia thrived more with nulliparous women. Also, another study conducted in Iran [26], also revealed that there was a higher percentage of nulliparous women who expressed fear of childbirth. However, another study [27], revealed the opposite, where tokophobia was prevalent among multiparous women. This varying prevalence may be because nulliparous women are yet to have children and, therefore, lack the experience of childbirth and support; hence, they tend to be more afraid of childbirth. Also, due to the paucity of research on the fear of childbirth in Nigeria, it would be difficult to compare the findings to those of other regions in the country. However, research conducted in Malawi showed childbirth fear to be a common condition experienced by pregnant and postpartum women [28].

The parity of women had no significant relationship with childbirth fears in this study, as there was no significant relationship between the number of births and tokophobia experiences among pregnant women. In contrast, a meta-analysis on the prevalence of tokophobia showed the condition to be more common in primigravid women [13]. Secondary tokophobia occurs in women who have previously had a traumatic vaginal delivery, miscarriages, or abortions [11]. In this study, despite the high prevalence (90.4%) of

childbirth fears, the majority (76%) of the women had not experienced miscarriages or abortions, which confirms that the respondents majorly had primary tokophobia.

This study revealed that fear of childbirth is common among participants, with the unknown reason for anxiety taking the lead determinant and closely followed by fear of harm to the baby and fear of inability to cope with pain. These findings may be closely linked to the low sensitization of pregnant women to labour pain analgesia, making a lot of women believe that they have no other option than to experience the dreadful pain of labour. Some other findings have also reported the fear of experiencing intolerable pain as a significant predictor of the fear of childbirth [29–31]. The causes of tokophobia, according to a study conducted [15], include Fear of pain concerned 85% of the respondents. 76.7% of the tested women were anxious about the condition of their children, and 57.5% about possible complications during childbirth. Other factors that birthed fear included no preparation for childbirth (50%), the lack of knowledge about the course of labour (36.7%), and no support from the medical personnel (33.3%). Another study conducted [32] revealed some elements responsible for the prevalence of tokophobia among these women. The elements highlighted worries about being unable to cope with the pain, fear of harm to self during childbirth, fear of internal loss of control, and fear of being left alone or abandoned by the staff. Another study conducted in Nigeria [33] also agrees with these causes. The above findings are congruent with the findings from our study. Furthermore, participants in this study noted that they frequently engaged in conversations regarding childbirth; however, it was not investigated who participants had such conversations with. It could be hypothesized that these conversations were often with women who had previously experienced labour. Although conversations with vivid birth stories could be enlightening, they can equally spur anxiety in an expectant mother.

A striking finding was made on the health-seeking behaviour of participants in this study, despite severe fear of childbirth, the majority (68.7%) still didn't want to seek professional assistance to allay fears. This could be attributed to the lack of willingness of patients to discuss mental health issues with medical providers for fear of stigma. Tokophobia is classified as an anxiety disorder

that requires therapy by a medical professional, however, a study conducted [34], noted that a lot of patients with fears and anxiety fail to seek mental health services due to fear of stigmatization.

The study was limited by the size of the antenatal mothers studied and the self-report nature of the study. This could limit the generalizability of our findings.

## CONCLUSION

Tokophobia is prevalent among antenatal women in our study and over a quarter of the women would like to seek professional care for their tokophobia. Therefore, women with tokophobia must have access to professionals who are qualified to support them through antenatal classes and prenatal education based on standard obstetric care, thus reducing and eliminating the fear of childbirth.

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