EXPLORING THE ROLE OF PERCEIVED SOCIAL SUPPORT IN THE RELATIONSHIP BETWEEN TOKOPHOBIA AND PARENTING STRESS: A COMPARATIVE STUDY

Rahma Sohail[1], Memoona Bibi[2], Saba Zahid Hayat[3], Dr. Wardah Ishfaq[4], Rubab Shahid[5], Arooj Bibi[6], Laraib Arshad[7]

1 Lecturer/Clinical Psychologist, Department of Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan

2 Student, Department of Psychology, University of Wah, Wah Cantt, Pakistan

3 Lecturer, Department of Psychology, Bahria University, Pakistan

4 Assistant Professor, Department of Psychology, Shifa Tameer-e-Milat University, Islamabad

5 Student, ' Department of Psychology, University of Wah, Wah Cantt, Pakistan

6 Student, , Department of Psychology, University of Wah, Wah Cantt, Pakistan

7 Student, , Department of Psychology, University of Wah, Wah Cantt, Pakistan

Abstract

The objective of this study is to examine the mediating role of perceived social support in the relationship between tokophobia and parental stress in women who prefer vaginal delivery and C-section delivery, as well as to conduct a comparative analysis between these two groups. The study encompasses 200 pregnant women from various institutions in Wah Cantt and Taxila in Pakistan. Data was collected using the purposive sampling technique. The levels of research variables were evaluated in this cross-sectional study using validated psychometric instruments. A substantial positive correlation was observed between parenting stress and tokophobia, while both variables exhibit a substantial negative correlation with perceived social support. Women who favored vaginal deliveries were less likely to experience parental stress and tokophobia than those who preferred cesarean sections and had unplanned pregnancies. In women who prefer vaginal delivery, perceived social support mediates the relationship between tokophobia and parenting stress. Research indicates that there is no significant difference between tokophobia and parenting stress in terms of the number of deliveries, type of social support, and type of dread. The research emphasizes that parenting stress is correlated with an increased fear of childbirth. Social support has a buffering effect. It can mitigate the detrimental effects of tokophobia on parenting stress. In comparison to their counterparts who favor vaginal delivery, women who elect C-section delivery reported more severe levels of tokophobia and parenting stress. These results support the implementation of targeted interventions that are designed to improve the perception of social support to mitigate the psychological stressors associated with childbirth, particularly for women who are experiencing tokophobia.

Keywords: *Tokophobia, Parenting Stress, Perceived Social Support.*

Introduction

Tokophobia is a recognized unique phobia defined by a strong and unreasonable fear of delivery. Even when a woman is strongly motivated to have children, her anxiety can be so acute that it interferes with her desire to become pregnant or influences her birthing decisions. Tokophobia can develop in early adulthood or even adolescence. In 2000, an article in the British Journal of Psychiatry highlighted childbirth dread as a psychological disease that has received little attention and may have been neglected (Hofberg & Brockington, 2000). Tokophobia, also known as maieusiophobia, parturiphobia, or lockiophobia, refers to the fear of childbirth. Maieusiophobia and parturiphobia have Greek and Latin roots, respectively, with'maieusis' alluding to midwifery and 'parturire' meaning pregnant (Bainbridge & David, 2001). According to psychologists, parenting stress occurs when you are intensely overwhelmed by the responsibilities of parenting and feel unable to handle being a parent because the demands placed on you exceed the parent's ability to cope, particularly when an adequate support system is lacking (Holly et al., 2019; Deater-Deckard, 1998).

Perceived social support is how much support you believe you have from friends and family; it might help deal with tokophobia. For example, feeling well-supported can help alleviate tokophobia, whereas feeling unsupported can exacerbate it (Cutrona & Russell, 1987). Perceived Social support can have a significant impact on how someone experiences tokophobia and the amount of stress they feel as a result (Razurel et al., 2017).

There are two kinds of tokophobia. *Primary tokophobia* is defined as fear and intense dread of childbirth in women who have never given birth. This worry may emerge before pregnancy, in adolescence, or during pregnancy. It could be related to their own mother's experience or caused by being exposed to childbirth without proper explanation at an early age. Furthermore, women who have been sexually assaulted or raped may develop primary tokophobia, as childbirth can cause horrific flashbacks. *Secondary tokophobia* develops in women who have had a past unpleasant delivery experience. This form of tokophobia is commonly caused by a previous traumatic birthing experience. Frequently, a terrible delivery experience is closely associated with having faced urgent threat to the child's health, such as

having an emergency cesarean (Skinner & Marino, 2019). Skinner and Marino argue that pregnancy and childbirth are crucial life events for women, involving complicated psychological and physiological processes. During pregnancy, many women experience anxiety or concern about their baby's health and the birth process itself. For some, however, this apprehension about childbirth might lead to significant fear or anxiety. This extreme feeling in pregnant women may rise to birth avoidance actions that are consistent with the DSM-V's phobia diagnostic criteria.

Tokophobia is substantially associated with low relationship support and well-being, whereas positive partner support is associated with higher well-being. Women who have miscarried are more afraid of childbirth than those who have not, but they also have stronger partner support and a lower sense of well-being. Women in cities had more fear of childbirth, higher well-being, and better partner support than women in rural regions (Ambreen et al., 2022). It is very clear that depression, worry, and stress all make life less enjoyable. This means that pregnant women who experience high levels of psychological discomfort, such as depression, anxiety, and stress, have a lower quality of life. They frequently exhibit reduced degrees of independence, worse mental and physical health, and challenges in their social and family interactions (Butt et al., 2022). Tokophobia and maternal stress indicate that social support helps alleviate pregnancy-related anxiety and stress in pregnant moms. There is a link between more apparent social support and less anxiety, which can lead to less stress (Li et al., 2022). There are also a lot of complicated factors at play in the link between tokophobia, social support, and parental stress (Hofberg & Brockington, 2000).

Theoretical Framework

Cohen and Wills' Social Support Model is a comprehensive framework emphasizing the importance of social ties in helping people manage with stress and maintain their well-being. The model emphasizes the multifaceted character of social support and its ability to mitigate the effects of stressors on health outcomes. It shows that social support acts as a buffer against the harmful effects of stress on health and well-being. Social support helps people manage stressors more effectively by giving resources, emotional comfort, and coping skills, lessening the negative impacts on their mental and physical health. In this approach, fear and stress are identified as stressors, which are emotional states or experiences that might cause the body's stress response. Social support serves as a protective factor, reducing the influence of fear and

stress on people's health outcomes. Cohen and Wills' approach highlights the importance of social ties in developing resilience, dealing with stress, and maintaining overall well-being.

By considering the structural, functional, perceived, and received components of social support, the model provides a complete framework for understanding how social connections influence people's stress responses and contribute to their overall health and function (Cohen & Wills, 1985).

The Biopsychosocial paradigm of health and sickness considers biological, psychological, and social aspects. Tokophobia is caused by physiologic reasons such as hormone changes during pregnancy, psychological issues such as previous trauma or anxiety disorders, and social variables such as cultural views toward birthing and social support networks. All these elements work together to shape the sensation and expression of this dread (Engel, G. L., 1977; Engel, G. L., 1980).

Conceptual Framework

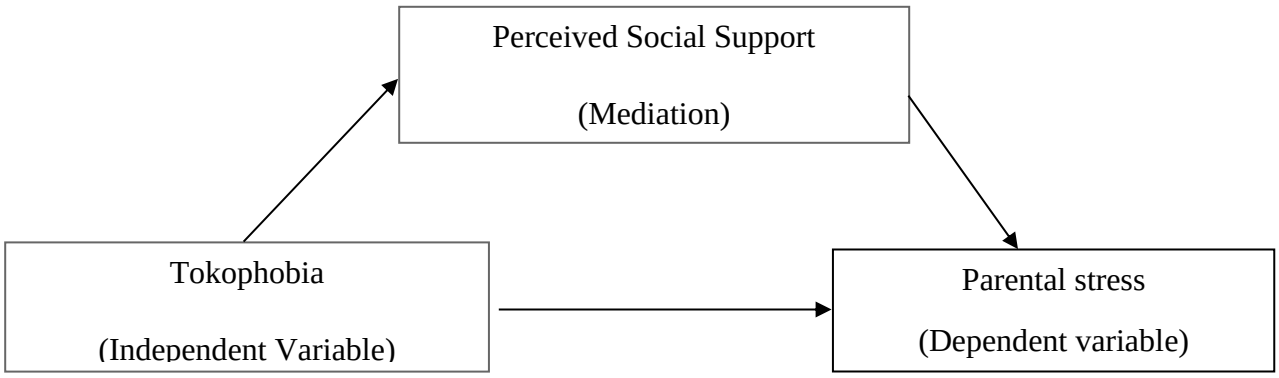

Figure 1

Mediation model showing Perceived social support as mediation between Tokophobia and parenting stress.

Methodology

This study was based on a cross-sectional survey research design.

Sample

The study population included 200 pregnant women, which were divided into groups equal groups of 100 women who prefer vaginal delivery and 100 of those who prefer Cesarean Section. The age range of participants was 21-40 years. Data was collected from government and private hospitals of Wah Cantt and Taxila, and Purposive sampling was used to get accurate results. All participants were provided informed consent and confidentiality of information was assured.

Instruments

Demographic information was obtained through demographic sheet, concerning the information about participant's age, years of formal education, family system, planned/unplanned pregnancy, Number of deliveries you have, Social class, Any type of fear you have, number of children you have, type of delivery you want, Do you have social support, Any prior traumatic event, information get about childbirth.

Tokophobia was measured by using the Wijma Delivery Expectancy/Experience Questionnaire (WDE-Q) Version A (Wijma et al., 1998). Parenting stress was measured by using The Parental Stress Scale (Berry et al., 1995). Whereas perceived Social support was measured by using the multidimensional scale of perceived social support (Zimet et al., 1988).

Ethical considerations

APA ethical considerations were followed. Ethical permission was obtained from the ethical review board, Department of Psychology, along with the head of the hospitals from where the data was collected. Written informed consent was taken at the beginning of the data collection from the participants and they were ensured regarding confidentiality and privacy of the data obtained.

Procedure

Participants were informed about the nature, purpose and the importance of the study, and written informed consent was obtained before the administering the scales. Participants were told to answer every question in scales and not to leave any question blank. Queries of participants were responded throughout the study. Comparative study was done in order to investigate the comparison between women who prefer vaginal Delivery and C-section. In the end participants were appreciated for their valuable participation in the study. Respondents were assured about the confidentiality of the their information.

Statistical analysis: SPSS was used for statistical analysis.

Results

Table 1

Descriptive characteristics of descriptive variable, vaginal delivery (N=100)

Variable	Frequency	Percentage
Planned pregnancy		
Yes	72	72.0
No	28	28.0
No of deliveries		
Nulliparous	19	19.0
Primiparous	20	20.0
Multiparous	61	61.0
Type of fear		
Fear of unknown	23	23.0
Fear of pain	42	42.0
Fear of procedure during childbirth	27	27.0
Fear of slipping out of control	08	08
Types of deliveries you want		
Vaginal delivery	100	100
C section	0	0

Social support		
Family support	52	52.0
Friend support	4	4.0
Partner support	40	40.0
Online support	3	3.0
Others	1	1.0

Note: f= frequency, %= percentage

Table 1 explains the frequency and percentage of demographic variables of the participant included in the study.

Table 1.1

Descriptive characteristics of descriptive variable. C-section delivery (N=100)

Variable	Frequency	Percentage
Planned pregnancy		
Yes	62	62.0
No	38	38.0
No of deliveries		
Nulliparous	10	10.0
Primiparous	29	29.0
Multiparous	61	61.0
Type of fear		
Fear of unknown	18	18.0

Fear of pain	38	38.0
Fear of procedure during childbirth	28	28.0
Fear of slipping out of control	16	16.0
Types of deliveries you want		
Vaginal delivery	0	0
C section	100	100
Social support		
Family support	36	36.0
Friend support	13	13.0
Partner support	50	50.0
Online support	1	1.0
Others	0	0

Note: f= frequency, %= percentage

Table 1.1 explains the frequency and percentage of demographic variables of the participant included in the study.

Table 2

Descriptive statistics for the study variables, Vaginal delivery (N=100)

Scales	K	a	Mean	S.D	Range		Skewness	Kurtosis
					Actual	Potential		
WDEQ	33	.60	125.95	36.77	34-182	33-198	-1.03	-.160
PSS	18	.56	79.39	11.12	34-90	18-90	-2.10	3.86
MSPSS	12	.80	48.78	11.55	22-84	12-84	.92	1.25

Note: K= number of items, a= Cronbach's alpha reliability, SD= standard deviation, WDEQ=Wijma Delivery Expectancy/Experience Questionnaire, PSS= Parental Stress Scale, MSPSS=Multidimensional Scale of Perceived Social Support.

Table 2 indicate that range of WDEQ and PSS and MSPSS lies in acceptable range. The values of skewness and kurtosis fulfilling the assumption of normal distribution.

Table 2.1

Descriptive statistics for the study variable, C-section (N=100)

Scales	K	a	Mean	S.D	Range		Skewness	Kurtosis
					Actual	Potential		
WDEQ	33	.63	120.75	38.63	39-177	33-198	-.90	-.68
PSS	18	.56	77.15	12.27	39-88	18-90	-1.56	1.33
MSPSS	12	.82	48.49	12.12	28-84	12-84	.92	.47

Note: K= number of items, a= Cronbach's alpha reliability, SD= standard deviation, WDEQ=Wijma Delivery Expectancy/Experience Questionnaire, PSS= Parental Stress Scale, MSPSS=Multidimensional Scale of Perceived Social Support.

Table 2.1 indicates that WDEQ, PSS and MSPSS lies in acceptable range. The values of skewness and kurtosis fulfilling the assumption of normal distribution.

Table 3

Bivariate Correlation between Study Variables (N=200)

Variables	WDEQ	PSS	MPSS
	WithVaginaldelivery(n=100)		
WDEQ	-	.843**	-.665**

PSS		-	-.421**
MSPSS			-
	With C-Section (n=100)		
WDEQ	-	.90**	-.74**
PSS		-	-.66**
MSPSS			-

Note. WDEQ=Wijma Delivery Expectancy/Experience Questionnaire, PSS= Parental Stress Scale, MSPSS=Multidimensional Scale of Perceived Social Support.

**p<.05, **p<.01, ***p<.001*

Tokophobia (WDEQ) is moderately significant positively correlated with parental stress (PSS) in both groups. Tokophobia is moderately significantly negatively correlated with perceived social support (MSPSS) for both groups. Parental stress negatively correlated with perceived social support for both groups.

Table 4

Simple linear regression(N=200)

	β	S.E	B	t	p
		Women who want Vaginal delivery(n=100)			
Constant		2.15	47.27	21.93	.00
Tokophobia	.84	.01	.25	15.51	.00
R^2= .71					
ΔR^2= .84					
		Women who want c-section(n=100)			
Constant		1.77	42.63	24.05	.00
Tokophobia	.90	.01	.28	20.43	.00
R^2= .81					
ΔR^2= .90					

Note: B= Coefficient, S.E= standard error, β= beta, t= t value, p= significance level (p<0.05), constant= dependent variable (parental stress).

Table 4 shows that tokophobia significantly leads to parental stress in women who want vaginal delivery, 71% variability in parental stress can be explained by Tokophobia in women who prefer vaginal delivery and 81% variability can be explained in parental stress by tokophobia in women who prefer C-Section.

Table 5

Mediation analysis of scales of Tokophobia on parenting stress and social support as a mediating factor, Vaginal delivery(N =100)

Relationship	Coefficient	CI		t	p
		LL	UL		
WDEQ-MSPSS	-.20	-.25	-.16	-8.8	.00
MSPSS-PSS	.24	.10	.37	3.64	.00
Direct effect					
WDEQ-PSS (C')	.30	.26	.34	14.72	.00
Indirect effect					
WDEQ-MSPSS-PSS	.25	.22	.28	15.51	.00
Total Effect (C)	.25	.22	.28	15.51	.00

Note: WDEQ=Wijma Delivery Expectancy/Experience Questionnaire, PSS= Parental Stress Scale, MSPSS=Multidimensional Scale of Perceived Social Support, p=significance, CI= confidence interval, LL = lower limit, UL= upper limit.

Table 5 indicates the significant indirect effect of WDEQ on PSS through MSPSS. Furthermore the direct effect of WDEQ on PSS in presence of mediation is significant.

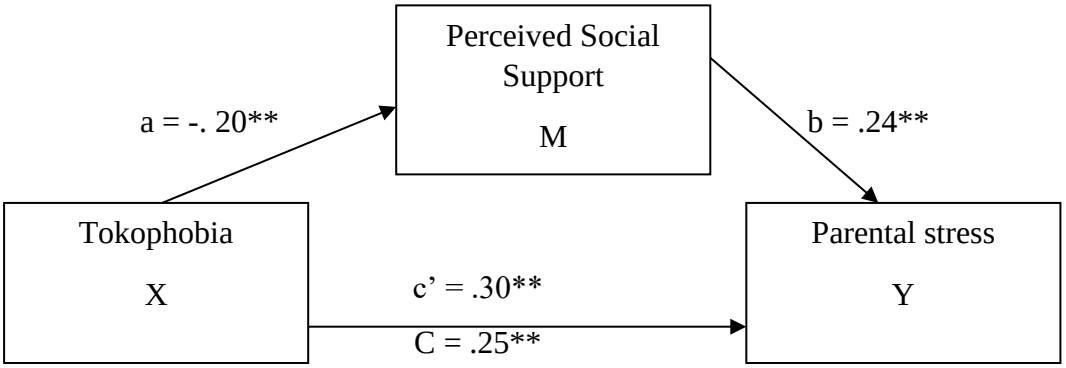

Figure 2

Mediation Model

Table 5.1

Mediation analysis of scales of Tokophobia on parenting stress and social support as a mediating factor, C-section delivery (N =100)

Relationship	Coefficient	CI		t	p
		LL	UL		
WDEQ-MSPSS	-.23	-.27	-.19	-11.20	.00
MSPSS-PSS	.03	-.10	.16	.49	
Direct effect					
WDEQ-PSS (C')	.29	.25	.33	13.84	.00
Indirect effect					
WDEQ-MSPSS-PSS	.29	-.04	.03	13.84	
Total Effect (C)	.28	.25	.31	20.43	.00

Note: WDEQ=Wijma Delivery Expectancy/Experience Questionnaire, PSS= Parental Stress Scale, MSPSS=Multidimensional Scale of Perceived Social Support, p=significance, CI= confidence interval, LL = lower limit, UL= upper limit.

Table 5.1 indicates the non-significant indirect effect of WDEQ on PSS through MSPSS. Furthermore the direct effect of WDEQ on PSS in presence of mediation is significant. There is no evidence of mediation by perceived social support.

Discussion

This study conducts a comparative analysis between women who prefer C-sections and those who opt for vaginal deliveries, with a focus on understanding the relationship between tokophobia and parenting stress. The study also investigates the mediating role of perceived social support in the relationship between tokophobia and parenting stress among women. The interplay between tokophobia, social support, and parental stress is complex and multifaceted (Hofberg & Brockington, 2000). While strong social support networks can alleviate parenting stress and mitigate the effects of tokophobia, insufficient support or a perceived lack of understanding from significant others may heighten anxiety and distress in expectant mothers (Razurel et al., 2017). Understanding these dynamics is essential for developing effective interventions to support women with tokophobia and reduce parenting stress during pregnancy and childbirth. Social support, in particular, plays a critical role in

influencing the experience of tokophobia and its associated stress levels (Razurel et al., 2017).

Analysis revealed a positive relationship between two variables Tokophobia and parenting stress. There is a negative relationship between tokophobia, parenting stress, and perceived social support. Perceived Social support has a positive effect on physical and psychological well-being and provides individuals access to necessary resources during stressful periods of life especially during pregnancy and childbirth. Social support influences women's childbirth experience and it reduces difficult, painful, and long childbirth experiences (Tani & Castagna, 2017).

Perceived social support will mediate the relationship between tokophobia and parental stress in women who prefer vaginal delivery. The stress Buffer model suggests that social support can act as a protective factor that helps individuals cope with stress and buffers the negative impact of stressors on their well-being. Tokophobia and parenting stress will be more among women with unplanned pregnancies and women who prefer Cesarean Section as compared to those women who had planned pregnancies and who prefer vaginal delivery. There are non-significant differences between tokophobia and parenting stress about number of deliveries, type of social support, and type of fear.

Conclusion

Tokophobia and Parenting stress exhibit a positive correlation, however, both measures demonstrate a negative correlation with perceived social support. Increased anxiety over birthing is linked to heightened levels of stress throughout parenting. Perceived Social Support can mitigate the adverse effects of tokophobia on parenting stress. This study examines the correlation between Tokophobia and Parenting stress among women who prefer vaginal delivery. Women who choose to have a C-section delivery have reported experiencing higher levels of tokophobia (fear of childbirth) and parenting stress compared to those who choose to have a vaginal delivery.

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