



The Relationship Between Marital Satisfaction and Tokophobia Among Pregnant Women

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Abstract : The study focused on finding the relationship between Marital Satisfaction and Tokophobia among Pregnant Women. Two hundred and five pregnant women of ages ranging from 18 to 50 years were selected as samples using the purposive sampling method. The Wijma Delivery Expectancy/Experience Questionnaire (1998) and Couple Satisfaction Index (2007) were the tools used for examining. The questionnaire was administered to the subjects, and the scoring was done using the scoring key and the results were analysed with SPSS. The results of the Pearson correlation indicated a significant relationship between marital satisfaction and tokophobia. The t-test results stated that area of locality did not have a significant effect on marital satisfaction or tokophobia.

IndexTerms - Marital Satisfaction, Tokophobia, Pregnant Women

INTRODUCTION

Marital satisfaction is an important and crucial for the psychological well-being of individuals, especially during early adulthood and middle age. Insufficient satisfaction in a marital relationship can complicate day-to-day life, create obstacles to achieving future aspirations, and impede the ability to experience a joyous and fulfilling life. The increase in divorce rates worldwide highlights the repercussions of marital dissatisfaction and how it affects individuals' willingness to enter into long-term commitments. Although marital issues are prevalent, the amount of effort and energy dedicated to the relationship influences the level of satisfaction or dissatisfaction felt. Marital dissatisfaction has been linked to various psychological challenges, one of which is the anxiety surrounding childbirth, referred to as tokophobia (Hofberg & Brockington, 2000).

Pregnancy represents a major life change that brings about significant physiological, biochemical, and psychological transformations. For many women, the expectation of childbirth elicits not just happiness but also anxiety and uncertainty, especially regarding possible complications and worries about their capability to care for a newborn (O'Connell et al., 2017). Women who have low marital satisfaction or inadequate partner support may experience heightened tokophobia, as insufficient emotional and social support can exacerbate their existing fears. In contrast, a fulfilling and supportive marital relationship may act as a protective factor, promoting resilience and positive adaptation during pregnancy (Rouhe et al., 2008).

Research on maternal mental health has consistently shown that marital dissatisfaction and poor partner support are closely linked to depression, anxiety, and emotional distress during pregnancy (Shorey et al., 2018). A meta-review found that the prevalence of depression during pregnancy is 7.4% in the first trimester, 12.8% in the second trimester, and 12.0% in the third trimester, highlighting its significance as a public health concern (Biaggi et al., 2016). Depression and anxiety are further associated with adverse pregnancy outcomes such as preterm delivery, low birth weight, and small-for-gestational-age infants (Biaggi et al., 2016).

A Swedish study of 3,011 pregnant women identified absence of partner support, multiple stressful life events, and language barriers as the strongest predictors of depression in early pregnancy (Rubertsson, Waldenström, & Wickberg, 2003). A large Norwegian cohort study (Røsland, Slinning, Eberhard-Gran, Røysamb, & Tambs, 2011) found that dissatisfaction in the partner relationship was the strongest first-trimester predictor of maternal emotional distress, and that high relationship satisfaction buffered the effects of numerous stressors. These findings underscore the central role of marital satisfaction and partner support in shaping women's psychological well-being during pregnancy. Fear of childbirth is not an isolated concern but is often associated with broader

psychological and relational factors, including general anxiety, low self-esteem, depression, dissatisfaction with the partnership, and lack of support (Räsänen et al., 2014). Studies have shown that nulliparous women (those pregnant for the first time) report higher levels of fear of childbirth compared to parous women, possibly due to lack of prior experience (Rouhe et al., 2008).

While research on tokophobia has largely been concentrated in Western countries, the evidences for the India population were not much explored. Although studies in India have begun documenting childbirth-related fear, little is known about the psychosocial and relational determinants of tokophobia, particularly the role of marital satisfaction. Since partner support is central to maternal mental health, understanding how marital satisfaction influences childbirth fear is crucial in the Indian setting.

NEED OF THE STUDY

Marital satisfaction plays a significant role in early adulthood and middle age. Less marital satisfaction makes day to day life difficult and creates a barrier for the future. It will be hard to lead a happy and positive life with the lack of satisfaction between both the individuals. The main reason behind the selection of this topic is, currently all over the world there are more number of divorce rates which states that it is due to marital dis-satisfaction and how that impacts a person's desire to move forward and to start a life with their significant other. Marital problems are inevitable but the effort and energy that gets put in will show satisfaction or the dis-satisfaction in one's marital satisfaction levels. While marital dis-satisfaction can lead to many problems, one of them directly or indirectly is the fear of childbirth known as Tokophobia. Pregnancy is a big change for many people and the thought of bringing a new life into the world can be very frightening and on top of that the fear of all the complications that can occur during the birth process has a big effect on the mother especially in younger generation of mothers they have a fear of their child being born with disabilities or having the necessary help and skill to properly take care of the child. The fear tends to increase when they have a partner who is not interested or satisfied in their marriage. If one's marital satisfaction is balanced, Tokophobia will be at a much higher level in an individual who has a low level of marital satisfaction. When considering pregnant women social support and emotional support is very important. It helps aid in a positive birth experience and a more pleasant postpartum experience. This study therefore explored the level of Marital Satisfaction and its influence on Tokophobia experiences among pregnant women. It is helpful to study about the relationship between marital satisfaction and tokophobia to reduce fears and need to increase marital satisfaction in one's life.

RESEARCH METHODOLOGY

Hypotheses

1. There is no significant relationship between Marital Satisfaction and Tokophobia among Pregnant Women.
2. There is no significant difference in the area of locality in Marital Satisfaction and Tokophobia among Pregnant Women.

Objectives

1. To assess the level of Marital Satisfaction among Pregnant Women.
2. To measure the level of Tokophobia among Pregnant Women.
3. To find out the relationship between Marital Satisfaction and Tokophobia in Pregnant Women.
4. To find the effect of the area of locality on Marital Satisfaction and Tokophobia.

Sample

A total of two hundred and five pregnant women were selected as samples using the purposive sampling method. The samples ranged from the age group of 18 to 50 years. Individuals from both rural and urban geographical areas were selected as samples from the states of Kerala and Tamil Nadu.

Research Design

The study was a quantitative research and the correlational research design was used to conduct the study.

Statistical Analysis

The data was analysed using SPSS (Statistical Package for Social Science) software. The Statistical methods used in the study include the Pearson Correlation Coefficient and the t-test.

Instruments

Two measures were used in the study,

1. Couple Satisfaction Index: The Couple Satisfaction Index (CSI-16) was constructed and standardized by Funk, J.L., and Rogge, R.D. in the year 2007. It is designed to assess the relationship satisfaction of couples, which measures the presence of problems between individuals and the intensity of the problems. The questionnaire consists of varying response scales. For item 1, a 7 point Likert scale was used (0- "Extremely" to 6- "perfect"), for item 2, a 6 point ordinal scale was used (0- "never" to 5 "All the time"), for item 3 to 6, a 6 point ordinal scale was used (0-Not all true to 5- "completely true"), for item 7 to 10, a 6 point ordinal scale was used (0- "not at all" to 5- "completely") and for item 11 to 16, a different 6 point ordinal scales used. This questionnaire had a mean Cronbach's alpha coefficient of 0.98, and the validity has a correlation coefficient between 0.85 and 0.98.

2. Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ A): Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ A) was constructed and standardized by Klaas and Barbro Wijma in the year 1998. The questionnaire was used to measure the fear of childbirth in pregnant women. This questionnaire consists of 33 items with a 6-point rating scale [0 indicating "extremely" and 5 indicating "not at all." The scale consists of 6 dimensions, such as "fear", "negative appraisal", "loneliness", "lack of self-efficacy", "lack of positive anticipation", and "concerns for the child". The reliability value of the questionnaire is about 0.93, and the validity with Cronbach's alpha value was 0.89 in nulliparous and 0.99 in multiparous women.

Procedure

A total of 205 participants who were pregnant women were selected using the purposive sampling method. The samples were from 18 to 50 years of age. A consent form was added to the questionnaire for all participants. The responses were collected through the Google Forms in which the instructions were conveyed at the initial page of the questionnaire. Demographic details such as name, age, locality, educational qualification, occupation, and years of marriage were collected. The tools used were the Couple Satisfaction Index (CSI-16) and the Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ A).

After collecting the data, the data was scored, and the results were analysed using SPSS software. The results were discussed, and the data were tabulated in the table discussion. The hypotheses of the study were analysed. The data was analysed using SPSS (Statistical Package for Social Science) software. The Statistical methods used in the study include the Pearson Correlation Coefficient and the t-test.

Data Collection

The data were collected through Google Forms which includes consent form followed by demographic details and the tools such as Couple Satisfaction Index (CSI-16) and the Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ A).

RESULTS

Table No. 1 Demographic data of the individuals (N = 205)

Demographic Variables	Category	No. of. Individuals	Percentage
Age	18-28	148	72%
	29-39	53	26%
	40-50	4	2%
Occupation	Home maker	117	57%
	Working	88	43%
Area	Urban	111	54%
	Rural	94	46%
Years of Marriage	1 month-5 years	175	85%
	5-10 years	30	15%

Table 1 shows the demographic data of the individuals who participated in the study. According to age, the percentage ranges from 72%, 26% and 2% for 18-28, 29-39 and 40-50 years respectively. The percentage for occupation home maker and working are 57% and 43% respectively. In area, participants from urban and rural are 54% and 46% respectively. The years of marriage are identified as 85% and 15% which is categorized as 1 month -5 years and 5 years to 10 years with respectively.

Table No. 2 Relationship between Marital Satisfaction and Tokophobia among Pregnant Women

Variables		Marital Satisfaction	Tokophobia
Marital Satisfaction	Pearson Correlation	1	-0.382**
		Sig.(2-tailed)	0.000
Tokophobia	Pearson Correlation	-0.382**	1
		Sig.(2-tailed)	0.000

**Correlation is significant at the 0.01 level (2-tailed).

Table 2 shows that there is negative relationship between Marital Satisfaction and Tokophobia among Pregnant Women. The correlation value is found to be -0.382 which is significant at 0.01 level. Thus, the hypothesis “There is no significant relationship between Marital Satisfaction and Tokophobia among Pregnant Women” was not accepted.

Table No. 3 Area of locality in Marital Satisfaction and Tokophobia among Pregnant Women

Variable	Area	N	Mean	SD	df	t	Significance
Marital Satisfaction	Urban	111	67.90	18.59	203	-0.977	0.330
	Rural	94	70.29	15.94	-	(NS)	-
Tokophobia	Urban	111	65.06	13.65	203	1.341	0.182
	Rural	94	62.38	14.95	-	(NS)	-

NS – Not significant

The table 3 shows that there is no difference in area of locality in Marital Satisfaction and Tokophobia among Pregnant Women. In Marital Satisfaction, for urban and rural the mean values are 67.90 and 70.29 with the standard deviation 18.59 and 15.94 respectively. The t value is -0.977 which is not significant. In Tokophobia. The mean values are 65.06 and 62.38 with the standard deviation 13.65 and 14.95 for urban and rural respectively. The t value is found to be 0.182 with no significance. The hypothesis that, “There is no significant difference in the area of locality in Marital Satisfaction and Tokophobia among Pregnant Women” was accepted.

DISCUSSION

The findings of the study indicated a negative correlation between Marital Satisfaction and Tokophobia in Pregnant Women. The correlation coefficient was calculated to be -0.382, which is significant at the 0.01 level, affirming a connection between Marital Satisfaction and Tokophobia among expectant mothers. Marital Satisfaction reflects the degree of adaptability, acceptance, and affection between partners, while Tokophobia underscores the anxiety related to childbirth. As women encounter numerous new and challenging situations during pregnancy, the support and affection from their husbands hold considerable importance. A major factor in marital dissatisfaction is the absence of effective communication between partners. While women may have high expectations for sharing their feelings with their husbands, inadequate communication often leads to emotional suppression that can adversely affect both the expectant mother and the foetus. A lack of engagement and supportive care from the partner, along with reduced intimacy, can diminish the wife's satisfaction, consequently heightening the fear of childbirth. Insufficient understanding and self-disclosure contribute to feelings of dissatisfaction, frustration, isolation, and regret, wrapped in loneliness, which can negatively impact the psychological health of pregnant women.

The research also reveals that there is no significant difference in Marital Satisfaction and Tokophobia among Pregnant Women based on their locality. The t value recorded is 0.182, with no significance. In today's world, individuals in both urban and rural settings are similarly influenced by their environments to some extent. Technology and science have significantly enhanced the accessibility of resources regardless of location. When women experience varied levels of satisfaction, their place of origin does not exert a substantial impact. Satisfaction in a marital partnership hinges on individual expectations and reality rather than urban versus rural distinctions. While the nature of fear may differ between women from urban and rural backgrounds, it does not manifest as a noticeable overall difference. Currently, health services are increasingly available in various locales, which aids in alleviating fears surrounding childbirth. No matter where women come from, their educational background empowers them to navigate pregnancy and address marital challenges effectively.

CONCLUSION

The present study explored the relationship between Marital Satisfaction and Tokophobia among Pregnant Women. The findings revealed a negative relationship between Marital Satisfaction and Tokophobia, indicating that women with higher marital satisfaction tend to report lower levels of fear of childbirth, whereas those with lower marital satisfaction are more vulnerable to higher levels of tokophobia. The study also found that there is no significant difference in marital satisfaction and tokophobia with respect to the area of locality. These results highlight the importance of marital relationships in shaping maternal psychological well-being during pregnancy, irrespective of locality. These findings emphasize the need for couple-based interventions and enhanced partner support to reduce childbirth-related fears and promote maternal health.

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