

## Management of Toko-Phobia (Fear of Childbirth) with Brief Behaviour Technology

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### ABSTRACT

Tokophobia is the fear of pregnancy and childbirth. Women, who have this phobia have a pathological fear of giving birth, and will often avoid becoming pregnant or giving birth altogether. They may even avoid marriage and when married avoid sex. The sample for this study consisted of 97 pregnant women aged from 25 to 30 years, attending the Gynecology Department of a Private Hospital, who had Primary Tokophobia over a period of three months prior to the expected date of delivery. The therapeutic module consisted of: 1. Brief Behaviour Technology for Pain-Free-Delivery (Ganesan, 1980) 2. Self-Defense-Training (Ganesan, 1976). The results revealed total relief from Tokophobia and Pain-Free delivery for all the cases.

**Keywords:** Tokophobia – Fear of Child Birth

Tokophobia is the fear of pregnancy and childbirth. Women, who have this phobia have a pathological fear of giving birth, and will often avoid becoming pregnant or giving birth altogether (Bhatia and Jhanjee, 2012). This fear may lead women to avoid becoming pregnant, even though they want to have children or to opt for a Caesarean section in order to avoid vaginal birth. Tokophobia may occur in women, who have never given birth to a child, but it may also affect women, who have had prior traumatic birth experiences.

Pregnancy and childbirth are major events in many women's lives. While it can be a time of great joy, it can also be a source of stress and anxiety. Women often worry about the normal pain of childbirth and about the possibility of something going wrong. These are all normal concerns that almost all pregnant women experience to some degree.

The normal anxieties that accompany bringing a child into the world are often dealt with using medical help, education, social support, and self-help strategies. Sometimes, however, this fear can become pathological and so severe that women will avoid becoming pregnant or giving birth altogether (Poggi, et.al., 2018)

It's very common for women to feel anxious about labour and birth. Worries about the pain of contractions, interventions and the uncertainty of the process are not unusual. But for some women, the fear of labour and birth can be so overwhelming that it overshadows their

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pregnancy and affects daily functioning. And for some women, this also includes a dislike or disgust with pregnancy.

Tokophobia can be split into two types – primary and secondary (Rondung, E, et al., 2018).

### ***Primary Tokophobia***

This occurs in women, who have not given birth before. For these women, a fear of birth tends to come from traumatic experiences in their past – including sexual abuse. It can also be linked to witnessing a difficult birth or listening to stories or watching programmes, which portray birth as embarrassing or dangerous.

### ***Secondary Tokophobia***

Women, who suffer from this, tend to have had a previous traumatic birth experience, which has left them with a fear of giving birth again.

It is difficult to say how common tokophobia is. Research suggests that between 2.5% and 14% of women are affected by tokophobia. But some researchers believe this figure could be as high as 22%.

These figures vary so much, because women with different levels of tokophobia were included in the research. So, while some women may have relatively mild tokophobia, for others, the condition is much more severe. The figures may also include women, who have anxiety and depression rather than tokophobia.

Women with tokophobia come from a wide variety of backgrounds. It is difficult to predict, who might be affected, although it is clear that women with tokophobia are also more likely to experience difficulties with anxiety and depression and other mental health problems.

Research suggests some women with the condition choose to avoid pregnancy altogether – or may consider a termination if they find themselves in that position. When pregnant, women with tokophobia may request a caesarean section to avoid the process of actually having to give birth.

Some women find pregnancy itself very difficult, particularly dealing with the growing bump and feeling the baby's movements. Anxiety, insomnia, sleeplessness, eating disorders and antenatal depression or increased risk of postnatal depression, have all been identified as consequences of tokophobia.

Mothers with tokophobia can struggle to bond with their babies. Some of the consequences for women with tokophobia – which emerge during labour – are longer labours. These are usually with an epidural and increased need for forceps or ventouse – this a cup-shaped suction device, which is applied to the baby's head to assist the birth. All of which can have implications for both the woman and her baby.

Afterwards some women with tokophobia may have a less satisfying bond with their babies. And a difficult experience of birth can make women more afraid of birth if they become pregnant again.

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### ***Causes:***

Some factors that may contribute to its development of tokophobia can include:

- Fear of the unknown, loss of control and privacy.
- Having a history of anxiety, depression, or childhood sexual abuse (Bhatia, M. S., and Jhanjee, A., 2012).
- Fear of pain.
- Fear for the life of the infant and/or a lack of trust in medical practitioners.
- Hormonal changes that make it harder to manage anxiety.
- Psychosocial factors like getting pregnant at a young age, being impoverished, or lack of social support.
- Hearing traumatic birth stories from friends or on social media.
- Fear of birth-related complications, such as preeclampsia and death (Bhatia, M. S., and Jhanjee, A., 2012).
- Uncertainty over the labor and birth process.

### ***Symptoms:***

Tokophobia is a type of specific phobia, which is an anxiety disorder in, which people feel an irrational and unreasonable amount of fear about a specific object or situation. Symptoms of tokophobia can include sleep disturbances, panic attacks, nightmares, and avoidance behaviors.

*Other symptoms might include (Bhatia and Jhanjee, 2012):*

1. Feelings of dread at the thought of pregnancy and birth
2. Anxiety and depression
3. Extreme fear of birth defects, stillbirth, or maternal death
4. Insistence on a Caesarean section for their birth

Women may sometimes avoid any sexual activity out of fear of becoming pregnant. Those, who do become pregnant may be more likely to request an elective c-section, feel greater trauma surrounding the birth, and may even have difficulty bonding with her baby.

### ***Tokophobia in Men:***

Some men can also experience tokophobia. Researchers have found that men with tokophobia often have a severe fear regarding the health and safety of their partner and child. This fear tends to center on concerns over labor and delivery, medical treatments, decision-making, finances, and parental capabilities.

### ***Prevalence of Tokophobia***

It is completely normal to have fears and concerns about pregnancy and childbirth. Having a certain degree of fear can actually be beneficial in some ways since it prompts women to seek maternal care and advice in order to cope with these concerns.

Such fear is actually quite common, with as much as 80% of pregnant women feeling some degree of anxiety and worry over things such as pain, health, and safety during birth (Hantsoo and Epperson, 2017)

While such worries are the norm, the majority of women are able to cope with these concerns by learning more about the labor and delivery process, talking to other women, and consulting with their pregnancy care providers.

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In some instances, however, this fear can become so severe and debilitating that it may be diagnosed as tokophobia. It is unclear just how common tokophobia may be. Some research suggests that rates range somewhere between two and 15%, (O'connell, et.al.) although there is evidence suggesting that as many as 20% to 25% of women may experience severe and debilitating symptoms of childbirth-related fears (Hildingsson, et. al. 2017).

### ***Further Research***

In another study looking at prevalence rates, researchers estimated that only about 0.032% of women experience tokophobia (Mayor, 2018). They note that there are important distinctions between fear of childbirth and tokophobia, although the two are often conflated. Fear of childbirth involves a continuum of fearful feelings and thoughts related to giving birth.

Normal levels of this fear tend to be relatively low, while severe levels can affect a woman's day-to-day functioning.

Differences in the estimates of prevalence rates for tokophobia may differ based upon how the condition was defined by researchers. Women with relatively moderate levels of fear might be lumped in with women experiencing severe anxiety, and some women may have been misdiagnosed.

### ***Tokophobia vs. PTSD***

An estimated 3% of women develop posttraumatic stress disorder (PTSD) following childbirth (Furuta, 2018). This rate goes up among women in high-risk groups. Symptoms of PTSD following birth can include flashbacks, hyper-vigilance, and nightmares about the event.

Women are sometimes diagnosed with secondary tokophobia following traumatic childbirth, when they actually have symptoms of PTSD. It is also not uncommon for postnatal PTSD or tokophobia to be misdiagnosed as postpartum depression.

Distinguishing between these diagnoses is important in order to ensure appropriate and effective treatment.

### ***Support:***

Finding sources of social support is important. For many, simply knowing that there are people, who are there to help them can be comforting.

Studies have found that offering support to pregnant women with a severe fear of pregnancy and birth can be an effective strategy for minimizing symptoms.

Such support can strengthen women's sense of self-efficacy and even reduce the number of elective c-sections.

Effective support can occur one-on-one or through support groups. Such support is often provided by people that women already know, such as family member or friends, but it can also come from obstetricians, midwives, psychologists, or counselors.

Having a positive birth experience has also been shown to reduce the fear of childbirth. One study found that women who felt that they were in control of their bodies and were well-informed about the progress of labor were more likely to show a decrease or elimination of fear symptoms (Hildingsson, 2011).

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Many women seek out the guidance and support of other women who have already had experience with bearing children, often including mothers, sisters, family members, and friends. Research has shown that providing support to women with a severe fear of birth resulted in a 50% reduction in cesarean rates.

### ***Tokophobia Treatments:***

Anecdotal evidence indicates that clinical care for women with tokophobia is patchy. But the good news is that there is help out there for women with this condition. Some women find it helpful to talk through a previous experience of a traumatic birth, others might be reassured by information about labour and birth. Other women, however, may need more targeted treatment – a number of counselling approaches can be helpful.

Giving birth to a child is one of the most intense experiences the body can go through. Many women also find it helpful to visit the maternity ward and talk to midwives and obstetricians during pregnancy. Some women find the condition can be very isolating, feeling that nobody else shares this intense fear. For these women, simply knowing that they are not alone, can be very comforting and helpful.

In India, there is a lack of an established perinatal mental health service for women and their families, there has been a recognized need for a consistent approach to caring for and supporting women with tokophobia.

This indicates at a dire need for a group of medical practitioners, psychologists and patients to work together to explore the care and support available to these women – and to help address the gaps in service provision.

Tokophobia can have debilitating effects on women and their families. Some women will avoid pregnancy, even though they might want to have children. For those, who do become pregnant, the condition can overshadow pregnancy and affect the choices they make for labour and birth. This is, why we psychologists, need to work towards preventing tokophobia if possible – as well as providing effective treatment for women, who suffer from this difficult condition.

It is important that women with tokophobia receive treatment in order to ensure that both the mother and child are healthy. This can include receiving support from the woman's obstetrician in coordination with a psychologist or psychiatrist. A mental health professional can help address some of the underlying reasons, why the disorder may have developed in the first place, including pre-existing depression or anxiety conditions.

Maternal health care providers can offer reassurance, education, and appropriate health care so that women feel that their fears surrounding the birth process and adequately addressed.

Finding sources of social support is important. For many, simply knowing that there are people, who are there to help them, can be comforting. Studies have found that offering support to pregnant women with a severe fear of pregnancy and birth can be an effective strategy for minimizing symptoms. Such support can strengthen women's sense of self-efficacy and even reduce the number of elective c-sections. Effective support can occur one-on-one or through support groups. Such support is often provided by people that women already know, such as family member or friends, but it can also come from obstetricians, midwives, psychologists, or counselors.

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### **Cognitive Behavior Therapy:**

CBT can be effective in the treatment of tokophobia, it can be a good choice due to its short-term duration and focus on specific symptoms (Bhatia and Jhanjee, 2012).

## **METHODOLOGY**

### *Sample*

The sample for this study consisted of 97 pregnant women aged from 25 to 30 years, attending the Gynecology Department of a Private Hospital, who had Primary Tomophobia over a period of three months prior to the expected date of delivery.

### *Therapeutic Module*

#### **1. Brief Behaviour Technology for Pain-Free-Delivery (Ganesan, 1980):**

The subjects were asked to make a 'Hissing-Noise' through their mouth, from the longest to the shortest gradually. This was done for a period of 10 minutes twice a day for one month before the expected date of delivery of the child. They were asked to do the same exercise, prior to and also during the time of delivery.

*This technique helps in:*

- 1) The expulsion of the wasted gases derived from her stress-hormones contained in her blood.
- 2) The intake of more quantum of air, which contained 20% oxygen, that empowered the red blood corpuscles, and increased her stamina.
- 3) The attention of the subject, shifted from her pelvic region to her head, by the production of noises from longest to the shortest. Also, she had to pay attention to hearing the varying length of the noises, she produced.
- 4) Her pelvic muscles were relieved of tension, (as her attention shifted to her head region) and they functioned with the natural muscle spasm that had helped in delivering the child.

#### **1. Self-Defense-Training (Ganesan, 1976):**

In cases of aversion to men in general, and sex in particular, the Self-Defense-Training was thought of as a Counter-Measure to remove them.

This training included the following:

The Mental Health of the women mainly gets affected by their anxiety towards men. This Anxiety may be caused by various reasons. However, when women acquire the necessary skills for defending themselves from a probable confrontation by ill motivated man or men, they are able to liberate themselves from their anxiety.

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A Behavioural Skill Program has been developed to empower women in general to be prepared to protect themselves, when a threatening situation arises. This Program has the following three divisions:

### *Types of Self-Defense Techniques:*

#### **1. Holds-Locks and Release Techniques:**

- 1.1 Wrist - Lock Release
- 1.2 Shoulder - Lock and Release
- 1.3 Hip - Lock and Release
- 1.4 Hair - Lock and Release
- 1.5 Back - Lock and Release
- 1.6 Front - Lock and Release
- 1.7 Strangle – Release

#### **2. Defense Techniques:**

- a) Slap - Block (Right, Left and Both Sides)
- b) Slap - Block - Slap - Return (Right, Left and Both Sides)
- c) Stab - Block (From Above, From Front)

#### **3. Offense Techniques:**

- 3.1. Nose (With bottom of the Palms)
- 3.2. Lips (With Fists)
- 3.3. Ears (With bottom of the Palms)
- 3.4. Eyes (With Index and Middle Fingers)
- 3.5. Top of the Head (With Fists)
- 3.6. In between Eye - Brows (With Fists)
- 3.7. Adams Apple (With Fists)
- 3.8. Solar Plexus (With Fists)
- 3.9. Naval (With Fists)
- 3.10. Genital (With Back of the Feet, Knees, Fingers)
- 3.11. Dislocation of Fingers
- 3.12. Dislocation of Fingers
- 3.13. Dislocation of Fingers
- 3.14. Dislocation of Toes
- 3.15. Dislocation of Wrists
- 3.16. Dislocation of Elbows
- 3.17. Dislocation of Shoulders
- 3.18. Dislocation of Neck

#### **4. Improvization of Handy Materials into Weapons:**

- 4.1. Rolled-up-Magazine-Puncher
- 4.2. Key-As-Poker
- 4.3. Pens-As-Poker
- 4.4. Pencil-Poker
- 4.5. Scissors-As-Poker
- 4.6. Hair Pin-As-Pincher
- 4.7. Glass Bottle-As-Poker
- 4.8. Umbrella-As-Poker
- 4.9. Chair-As-Poker
- 4.10. Book-As-Hitter

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- 4.11. Tumbler-As-Cutter
- 4.12. Plate-As-Cutter
- 4.13. Belt-As-Lasher

### RESULTS AND DISCUSSION

- As a result of the Brief Behaviour Technole all the pregnant women were nenefitted and had delivered their children in the natural way.
- Apart from that the quality of their sexual behavior and its frequency had improved considerably.

### CONCLUSION

The Brief Behaviour Technology Module used in this study had proved to be effective in:

1. The cure of Tomophobia.
2. Safe delivery.
3. Pain-Free-Delivery.

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### ***Acknowledgment***

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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