

**Abstract:** *With the advancement in the world, there are many phenomena that are increasing, but the Fear of childbirth is still an issue that goes unnoticed. Birth is a unique and also a painful experience for a woman. It is recognized that because of Fear, women tend to avoid becoming pregnant, which affects their marital life. The present study explains the relationship between Fear of childbirth, the desire to avoid pregnancy, and marital adjustment. The sample comprised of 154 married females. It was a correlational study accompanied by a convenient sampling technique. For data collection, the Fear of Childbirth Questionnaire (FCQ), Desire to Avoid Pregnancy (DAP) Scale, and Marital Adjustment Test (MAT) were used. Findings show that Fear of childbirth is positively correlated with the desire to avoid pregnancy, and Fear of childbirth is negatively correlated with marital adjustment. Results showed a significant relationship between all three variables. Findings show that the Fear of childbirth positively predicts the desire to avoid pregnancy. On the contrary, Fear of childbirth negatively predicts marital adjustment among married females. This study would be helpful for counselors, practitioners, researchers, therapists, psychologists, medical experts, and especially midwives to explore this domain while dealing with married females.*

**Key Words:** Fear of Childbirth, Desire to Avoid Pregnancy, Marital Adjustment, Married Females

## Introduction

About 80% of pregnant women experience Fear of childbirth (Ronding et al., 2016). According to Maryam et al. (2020), delivery is an experience that is unique in a woman's life because, at that time, women had to go through pain or other factors that play a role in provoking her Fear like how her delivery happens and also she fears that she gets the desired outcomes of her delivery or not. Stressors (psychological, physical, or emotional stress) affect her delivery, which leads to her inclination towards avoidance methods like cesarean section. According to WHO, the rate of C-sections ranges between 5-10%, not less than 5%, and not more than 10% because exceeding these limits impacts the health of both mother and newborn. According to Ali et al., (2022), the ratio of Fear of childbirth was estimated to be 49%. According to Humayun et al. (2013), Fear of childbirth was reported to be 18% in Pakistan, whereas a higher proportion of antenatal depression and anxiety was reported to be 48.4%.

Fear is not only the cause of avoidant behaviour, but it can also decrease the level of adjustment and satisfaction in marital relationships. The study shows that marital adjustment decreases when there is a decrease in psychological well-being. As a result, a high level of marital adjustment minimizes the fear level (Ulu et al., 2022). Fear of childbirth is an irrational Fear of childbirth, and that Fear leads to avoiding pregnancy or childbirth. It consists of two types: First in this, women are inexperienced about the situation. They had their first pregnancy (Primary Tokophobia). As a result, pregnancy is avoided by the use of

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contraceptive methods (for delay in pregnancy), the urge to have a C-section, abortion, or even adoption of a child to get rid of labor pain. Secondary Tokophobia arises when women already have a traumatic birth experience, such as the death of a child during delivery or miscarriage (Bhatia & Jhanjee, [2012](#)).

Whereas the desire to avoid pregnancy is a woman's preference for not getting pregnant or preventing themselves from getting pregnant. Pregnancy is characterized as planned, unintended, and inapt (mistimed). But in some cases, it is controlled, and in some cases, it is uncontrollable. Women go through different swings of mood. At one time, they want a baby to make them feel happy, but at the other time, they do not want to go through the procedure (Rocca et al., [2019](#)) that, as a result, impacts their marital life. Marriage is a relationship between two people that allows them to share their time, thoughts, secrets, good and bad times, make new memories, and be friends. When couples spend quality time with each other and cherish each other, their bond is unbreakable (Kendrick et al., [2016](#)).

According to 'Rachman's' definition, it consists of three components: 'the subjective experience of fear,' 'the objective psychophysiological changes caused by fears,' and 'attempts to escape certain situations' (Melender, [2002](#)). This study is somehow based on these three components of the definition. According to Güney et al., ([2022](#)), Fear consists of levels ranging from low to high or mild to severe. A low or mild level of Fear prepares a woman for pregnancy by helping her cope with her pregnancy, but a severe level of Fear leads to avoidant behavior resulting in the desire to avoid pregnancy, and resistant behavior toward vaginal birth that may lead to mental illnesses.

As most of the studies are about fear in pregnant women, this study was done by Rondung et al., ([2022](#)), stating fear in non-pregnant women. The point of the study was to give voice to the non-pregnant women. According to this, non-pregnant females show higher results than pregnant ones, i.e., 26-27%. They perceived birth as a risky and unmanageable process accompanied by Fear of birth injuries, pain, Fear of losing control at the time of birth, desire to have a cesarean section, bodily harm, and Fear of mortification. According to Kempe et al., ([2015](#)), women consider childbirth as a period of life and death because of the death of someone special who was very close to them. Some lost their mothers, brothers, and sisters, and that loss would stick with them throughout their lives, resulting in Fear of childbirth and pregnancy. As this study was done in Yemen, one reason for fear of childbirth was insufficient resources ('Too far to walk, no medical care and no roads'), especially for those living in rural areas.

Fear can also be provoked by observing other people's experiences. It can also be provoked by childhood trauma or sexual abuse that leads to avoidant behavior towards pregnancy, even if she wants a child. Fear could be the cause of many physical problems, for example, stomach pain, limited daily activities, and sleep disturbance, and also be the cause of complications during pregnancy, such as unsuccessful pregnancy. It can include negativity in psychological and social issues like emotional instability and relationships between partners. It not only affects the mother-child relationship but can also be the cause of postnatal depression. Fear can have prolonged impacts resulting in women's desire to be childless (Nguyen et al., [2021](#)). Other reasons for Fear of childbirth were infertility for a long time, a traumatic birth experience, sexual abuse, an anxious personality, and a lack of social support. FOC can be indicated in women by showing their own preference for C-sections (Sharma et al., [2022](#)).

There are also many studies that explain the above-mentioned relationship. For the study, a sample of 180 women, of which 85 were nulliparous, and 73 were parous within time periods (prenatal-postnatal), were approached within an inclusion criterion of nearly 32-week gestation period, spoke Italian, and was educated enough to read and understand. Out of 180 participants, 158 were selected, 10 women refused to participate, and 12 were excluded because of insufficient information. The Wijma Delivery Expectancy-Expectation Questionnaire (W-DEQ) and Dyadic Adjustment Scale (DAS) were used to measure the data. The results indicated that in the pre-test period, high anxiety level (i.e., .35), lower adjustment rate (i.e., -.26) between couples, and high level of insecurity in relationships (i.e., .39), predicted FOC in the first-time mothers only (Pazzagli et al., [2015](#)).

A study was done in Western Finland between October 2000 and January 2001; 481 women with 16 to 40 weeks of pregnancy were approached. Out of 481 women, 329 women were the final sample. The sample was taken from 6 maternity clinics within a three-month time period. The instrument used was based on literature and on views taken from women who recently gave birth and consisted of a 4 response rate.



According to the results of the statement "wish to have a cesarean section," the scores were 0.831 to 0.430, and on the statement "wish to avoid current pregnancy and childbirth," the scores were 0.724 to 0.422 (Melender, 2002).

A cross-sectional study was done in Pakistan with 335 pregnant women of 20–35 years of age. The study aimed to examine the relationship between Fear of childbirth in pregnant women who prefer C-sections. For analysis, W-DEQ-A was used to measure fear of childbirth. According to the results, no fear was reported in 233 women (69.55%), but on the contrary, intense Fear in 42 women (12.54%) and severe Fear in 60 women (17.91%) was reported. The average score was  $94.59 \pm 9.86$ . Women who requested cesarean section were 5 (11.90%), and with a very intense level of Fear were 19 (i.e., 31.67%) (Ansari & Irum., 2022).

Another study was done in Pakistan which consisted of four waves ranging between 1990 to 2018, to measure the rate of C-section deliveries in pregnant women between 15 to 49 years of age. The aim of the study is to examine the ratio of C-section deliveries in Pakistan as the trend of C-section births is increasing day by day. According to the results, women who delivered children in private centers and received antenatal care reported high levels of C-section deliveries (Amjad et al., 2020).

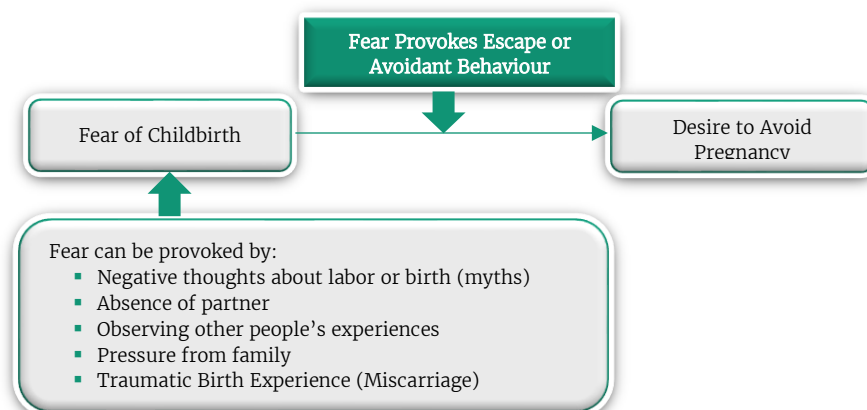
A cross-sectional study accompanied by a systematic sampling technique was used; 516 participants were in Pakistan, especially in two districts of Faisalabad and Mandi Bahauddin, in 2016–2017. PSS and PSQI were used to measure the data. Levels of stress were high in lower-class families, having birth complications, no voice in pregnancy and decision-making, marital adjustment, and desire to have a male child (Waqas et al., 2020). A study was done on 20 pregnant women who were giving birth for the first time in order to get the views of women about birth-related fears. The views were taken form of interviews in which women resulted in fears related to labor pain, gender of the child, C-section, death during delivery, and health (Kurji et al., 2017).

## Theoretical Background

The fear Avoidance Model is used as a theoretical framework to link these variables. The concept of the fear-avoidance model was first developed by (Lethem & colleagues in 1983). to treat chronic pain. According to that concept, fear avoidance refers to the Avoidance of movements or activities based on the Fear of increased pain or re-injury. At the same time, Avoidance is a type of learned behavior that postpones or averts the presentation of an adverse event (Lethem et al., 1983). This model is a theoretical model that discusses events as a matter of threatening situations. According to this model, Fear is an emotional response towards a threat, and in response to a threat, there is an adaptive learning technique that is followed by experience and observation. When an individual experiences stimuli of Fear, then in its reaction, a protective behavior emerges. That protective behavior is Avoidance (Vlaeyen et al., 2016). According to Gatchel et al. (2016), avoidant behavior depends on the duration of pain. If the pain is chronic, the individual's belief about pain is strong. In some cases, individuals are motivated enough to take precautionary measures to avoid the situation. This happens when the pain is acute in nature.

**Figure 1**

*Fear Avoidance Model*



## Objectives

- To explore the relationship between Fear of Childbirth, Desire to Avoid Pregnancy, and Marital Adjustment among Married Females.
- To see the impact of Fear of Childbirth on Desire to Avoid Pregnancy and Marital Adjustment among Married Females.
- To investigate the mean differences among various socio-demographic variables such as the age of the participant, marital status, participant's socio-economic status, occupation, maternity status, no. of children, preferable delivery method, etc., among Married Females.

## Hypotheses

1. Fear of Childbirth is positively correlated with Desire to Avoid Pregnancy among Married Females.
2. Fear of Childbirth is negatively correlated with Marital Adjustment among Married Females.
3. Fear of Childbirth will positively predict the Desire to Avoid Pregnancy among Married Females.
4. Fear of Childbirth will negatively predict Marital Adjustment among Married Females.

## Material and Method

This study was based on a cross-sectional research method. The correlational study method was used to explore the relationship between variables. The sample of 154 participants, particularly married females (i.e., school teachers, university students, university faculty, office employees, and housewives), was approached by using a survey method based on questionnaires (handwritten, Google forms) accompanied by a convenient sampling technique. The survey was conducted in Twin Cities (Rawalpindi and Islamabad) in the province of Punjab, Pakistan.

## Inclusion Criteria

1. Only married females are included.
2. Pregnant and not pregnant were included.
3. Females with miscarriage and abortion of a child were also included.
4. Females who were educated enough to read and understand.
5. Females within 45 years of age were included.

## Exclusion Criteria

1. Unmarried females were not included, even if they were pregnant.
2. Females older than 45 years of age were not included.
3. Females who could not understand English were not included.

## Measures

The following instruments were used to measure this study:

### Fear of Childbirth Questionnaire (FCQ)

The Fear of Childbirth questionnaire was developed by Pauline Slade and colleagues in 2021. Fear of childbirth is a 20-item questionnaire with a 4-point Likert-type scale ranging between "strongly disagree (0)–strongly agree (3)". The scoring of 8 items was reversed. For strongly disagree, the scoring would be (3), and for strongly agree, the scoring would be (0). Scoring of scale ranged between 0–60 (Slade et al., [2021](#)). The reliability of the Fear of Childbirth Questionnaire is reported to be 0.84 (Sanjari et al., [2022](#)).

### Desire to Avoid Pregnancy (DAP) Scale

The DAP scale was developed by Corrine Rocca & colleagues in [2019](#). Desire to Avoid Pregnancy scale is a 14-item questionnaire with a 5-point Likert type, ranging between 0–4 response format. This scale consists of three domains: Cognitive Desires and Preferences, Affective feelings and Attitudes, and Anticipated Practical Consequences. Items scores are reversed based on their directionality. Range with positive direction items is 0–4 'Strongly Agree' to 'Strongly Disagree'. 'Range with negative direction items



is (4-0) 'Strongly Agree' to 'Strongly Disagree,' and a number of reverse items is 7. The final range is 0-4, and the reliability of the scale is 0.90, where Cronbach's alpha is .95 (Rocca et al., 2019).

### Marital Adjustment Test (MAT)

The marital Adjustment Test was developed by J. Locke & Wallace in 1959. MAT is a 15-item Questionnaire with different types of response formats. For item no. 1, a 7-point Likert scale ranging between 'Very Unhappy-Perfectly Happy' is used. For items 2-9, a 6-point Likert scale is used ranging between 'Always Agree - Always Disagree.' For item 10, a 3-point Likert scale is used with question-type options. For item 11, four Point-Likert scales are used, ranging from 'All of them' to 'None of them.' For item 12, a 2-point Likert scale is used with question-type options. For item 13, a 4-point Likert scale ranging between 'Frequently' to 'Never' is used. For item 14, a 3-point Likert scale with question-type options is used. For item 15, a 4-point Likert scale ranging from 'Almost never' to 'In everything.' The scoring of 11 items is reversed. The scoring is different for all items. The final range of scoring ranges between 0-158 (Locke & Wallace, 1959). The reliability of this questionnaire has been reported to be 0.72-0.83 (Jiang et al., 2013).

### Procedure

The motive of the study was to know the relation of variables with each other. The participants were asked about their consent to fill out the booklet containing personal information and their preferences. They also debriefed participants about the research at the very beginning so that they could participate in the research of their own will. The mode of the survey was questionnaires (handwritten, Google forms) along with a demographic sheet and informed consent.

### Results

As the data collection was completed, the data from 154 participants were entered into SPSS 26 (Statistical Package for Social Sciences), a computer program for quantitative analysis. At first, the reliability of all study variables was estimated through Cronbach alpha. After that, descriptive statistics of all variables (mean, standard deviation, range, skewness, and kurtosis) were assessed. Furthermore, to access the relationship between Fear of childbirth, desire to avoid pregnancy, and marital adjustment, the bivariate correlation was used. A T-test and ANOVA were used to measure mean differences, and regression analysis was conducted for prediction.

**Table 1**

*Descriptive Characteristics of the Sample (N = 154)*

Descriptive Characteristics	F	%	M	SD
Age			30.17	6.26
Husband's Age			34.65	6.44
Education			14.88	2.16
Husband's Education			13.78	2.58
Years of Marriage			6.87	5.86
Family Members			4.18	4.81
Socio-Economic Status	<ul style="list-style-type: none"> <li>▪ Low Class</li> <li>▪ Middle Class</li> <li>▪ High Class</li> </ul>	<ul style="list-style-type: none"> <li>3</li> <li>138</li> <li>13</li> </ul>	<ul style="list-style-type: none"> <li>1.9</li> <li>89.6</li> <li>8.4</li> </ul>	
Occupation	<ul style="list-style-type: none"> <li>▪ House Wife</li> <li>▪ Working Women</li> </ul>	<ul style="list-style-type: none"> <li>85</li> <li>69</li> </ul>	<ul style="list-style-type: none"> <li>55.2</li> <li>44.8</li> </ul>	
Family Status	<ul style="list-style-type: none"> <li>▪ Joint System</li> <li>▪ Nuclear System</li> </ul>	<ul style="list-style-type: none"> <li>78</li> <li>76</li> </ul>	<ul style="list-style-type: none"> <li>50.6</li> <li>49.4</li> </ul>	
Maternity Status	<ul style="list-style-type: none"> <li>▪ Pregnant</li> <li>▪ Not Pregnant</li> </ul>	<ul style="list-style-type: none"> <li>22</li> <li>132</li> </ul>	<ul style="list-style-type: none"> <li>14.3</li> <li>85.7</li> </ul>	
Miscarriage	<ul style="list-style-type: none"> <li>▪ No Miscarriage</li> <li>▪ One Miscarriage</li> <li>▪ More than 1 Miscarriage</li> </ul>	<ul style="list-style-type: none"> <li>121</li> <li>26</li> <li>7</li> </ul>	<ul style="list-style-type: none"> <li>78.6</li> <li>16.9</li> <li>4.5</li> </ul>	



Descriptive Characteristics		F	%	M	SD
Birth Preference	Vaginal Birth	125	81.2		
	Emergency Cesarean	10	6.5		
	Elective Cesarean	19	12.3		
Children	Yes	117	76.0		
	No	37	24.0		
No. of Children	No Child	37	24.0		
	One Child	52	33.8		
	Two Children	35	22.7		
Traumatic Stress	Three Children	30	19.5		
	Yes	38	24.7		
	No	116	75.3		

Table 1 shows the demographic characteristics of the studied sample.

**Table 2**

*Psychometrics Properties of the Major Study Variables (N = 154)*

Variable	No. of Items	Cronbach $\alpha$	Mean	SD	Score Range		Skew	Kurt
					Potential	Actual		
FCQ	20	.83	29.47	9.12	0-60	5-56	-.04	.22
TDAP	14	.89	2.01	.79	0-4	.21-4	-.14	-.18
CDP	6	.78	1.94	.87	0-4	.00-4	-.14	-.47
AFA	4	.71	2.08	.91	0-4	.00-4	-.21	-.28
APC	4	.66	2.07	.85	0-4	.00-4	.19	-.41
MAT	15	.71	111.8	29.2	0-158	3-155	-1.26	1.38

Note: FCQ = Fear of childbirth questionnaire, TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, APC = Anticipated practical consequences, MAT = Marital adjustment test.

Table 2 shows the psychometric properties and descriptive statistics for the Fear of Childbirth Questionnaire, Desire to Avoid pregnancy and its subscales, and Marital Adjustment Test. The mean and standard deviation of participants were computed to show mean scores on studied scales. Considering the reliabilities of the Fear of Childbirth questionnaire and marital adjustment test, reliability came out to be .83 and .71, respectively, which is considered reliable. While the total scale reliability of the desire to avoid pregnancy came out to be .86, which is good reliability. Alpha reliability for cognitive desires and preferences, affective feelings and attitudes, and anticipated practical consequences, reliability came out to be .78, .71, and .66, respectively, which is considered as reliable, and for anticipated practical consequences, it was moderately reliable because of less number of items.

**Table 3**

*Descriptive Statistics and Correlation for Study Variables (N = 154)*

Variables	1	2	3	4	5	6
FC	-	.22**	.18*	.22**	.22**	-.25**
TDAP		-	.95**	.91**	.83**	-.18*
CDP			-	.83**	.68**	-.20*
AFA				-	.62**	-.16*
APC					-	-.11
MA						-

Note: FC = Fear of childbirth, TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, APC = Anticipated practical consequences, MA = Marital adjustment

\* $p < .05$ , \*\* $p < .01$



Table 3 illustrates the relationship between the study variables. According to this table, Fear of childbirth is positively correlated with the desire to avoid pregnancy and negatively correlated with marital adjustment.

**Table 4**

Mean Differences across Family Status for the Study Variables (N = 154)

Variables	Joint System (n = 78)		Nuclear System (n = 76)		T (152)	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
TDAP	1.89	.88	2.14	.67	2.01	.05	-.50	-.00	0.32
CDP	1.79	.93	2.09	.78	2.1	.04	-.57	-.02	0.34
AFA	1.91	1.02	2.24	.74	2.29	.02	-.61	-.04	0.37
FOC	29.04	9.36	29.91	8.91	.59	.56	-3.78	2.04	
APC	2.01	.91	2.13	.79	.89	.38	-.39	.15	
MA	110.8	27.88	112.8	30.6	.41	.68	-11.24	7.39	

Note: TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, FOC = Fear of childbirth, APC = Anticipated practical consequences, MA = Marital adjustment

Table 4 exemplifies the Independent sample t-test for family status on study variables. Females who live in a nuclear family system tend to have a high desire to avoid pregnancy, high cognitive desires and preferences, and high affective feelings and attitudes.

**Table 5**

Mean Differences across Children for the Study Variables (N = 154)

Variables	Yes (n = 117)		No (n = 37)		T (152)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
TDAP	2.13	.80	1.65	.66	3.33	.00	.20	.77	0.66
CDP	2.09	.87	1.46	.70	3.98	.00	.31	.93	0.79
AFA	2.23	.90	1.60	.75	3.81	.00	.30	.95	0.75
FOC	29.58	8.66	29.11	10.56	.27	.78	-2.94	3.88	
APC	2.1	.87	1.97	.79	.77	.45	-.19	.44	
MA	110.2	29.64	116.7	27.45	1.17	.24	-17.31	4.40	

Note: TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, FOC = Fear of childbirth, APC = Anticipated practical consequences, MA = Marital adjustment

Table 5 exemplifies the Independent sample t-test for children on study variables. Females who have children tend to have a higher desire to avoid pregnancy, high cognitive desires and preferences, and high affective feelings and attitudes.

**Table 6**

Mean Differences Across Traumatic Stress for the Study Variables (N = 154)

Variables	Yes (n = 38)		No (n = 116)		T (152)	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Fear of Childbirth	32.42	8.88	28.50	9.03	2.33	0.21	.60	7.24	0.44
TDAP	2.03	.87	2.01	.77	.11	.92	-.28	.31	
CDP	1.97	.96	1.93	.84	.29	.77	-.28	.37	
AFA	2.24	.99	2.03	.88	1.26	.21	-.12	.55	
APC	1.89	.85	2.12	.85	1.44	.15	-.54	.09	
MA	109.1	36.04	112.6	26.67	.64	.52	-14.30	7.29	

Note: TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, APC = Anticipated practical consequences, MA = Marital adjustment

Table 6 exemplifies the Independent sample t-test for traumatic stress on study variables. Females who have traumatic stress tend to have high Fear of childbirth.

**Table 7**

Mean Differences across No. of children between Study Variables (N = 154)

Variables	No child (n=37)		One child (n=52)		Two children (n=35)		Three Children (n=30)		F	p	Groups	MD (i-j)	95% CI		Eta sq.
	M	SD	M	SD	M	SD	M	SD					LL	UL	
	TDAP	1.65	.66	2.08	.92	2.10	.71	2.25					.66	4.01	
CDP	1.46	.70	2.04	1.01	2.06	.80	2.21	.68	5.49	.00	No Child > One Child No Child > Two Children No Child >Three Children	.58* .59* .74*	.10 .07 .19	1.06 1.12 1.29	0.33
AFA	1.60	.75	2.21	1.02	2.12	.84	2.38	.75	5.33	.00	No Child > One Child No Child >Three Children	.61* .78*	.10 .21	1.11 1.35	0.33
FC	29.11	10.56	30.08	7.73	28.40	10.04	30.10	8.64	.30	.83					
APC	1.97	.79	2.01	.94	2.14	.82	2.19	.82	.53	.66					
MA	116.7	27.45	103.5	32.37	115.9	30.13	115.4	21.45	2.19	0.92					

Note: TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, FC = Fear of childbirth, APC = Anticipated practical consequences, MA = Marital adjustment Between group *df* = 3, Within group *df* = 150, Group total *df* = 153, \**p* < .05

The results in Table 7 illustrate mean, standard deviation, and F-values on study variables among four no. of children groups (No child, One child, Two children, Three children). It shows that females who have three children have a higher desire to avoid pregnancy, and the same goes for cognitive desires and preferences and affective feelings and attitudes.

**Table 8**

Mean Differences across Birth Preference between Study Variables (N = 154)

Variables	Vaginal Birth (n=125)		Emergency Cesarean (n=10)		Elective Cesarean (n=19)		F	p	Groups	MD (i-j)	95% CI		Eta sq.
	M	SD	M	SD	M	SD					LL	UL	
	FC	28.71	8.41	28.40	7.06	35.00					12.57	4.16	
APC	1.99	.78	2.20	.96	2.50	1.10	3.18	.04	Vaginal birth>Elective Cesarean	.51*	.01	1.01	0.21
TDAP	1.97	.75	2.14	.80	2.27	1.00	1.39	.25	N/A				
CDP	1.90	.84	2.00	.86	2.17	1.09	.80	.45	N/A				
AFA	2.04	.89	2.28	.79	2.21	1.06	.54	.58	N/A				
MA	112.5	29.98	119.7	18.10	102.6	27.45	1.35	.26	N/A				





Note: FC = Fear of childbirth, TDAP = Total desire to avoid pregnancy, CDP = Cognitive desires and preferences, AFA = Affective feelings and attitudes, APC = Anticipated practical consequences, MA = Marital adjustment Between Group  $df = 2$ , Within Group  $df = 151$ , Total Group  $df = 154$ ,  $*p < .05$

The results in Table 8 illustrate mean, standard deviation, and F-values on study variables among three birth preference groups (Vaginal birth, emergency cesarean, and Elective cesarean). It shows that females who prefer elective cesarean tend to have a high Fear of childbirth and anticipated practical consequences, respectively.

**Table 9**

Linear Regression Analysis ( $N = 154$ )

Variables	Total DAP			Cognitive Desires and Preferences			Affective Feelings and Attitudes			Anticipated Practical Consequences			Marital Adjustment		
	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$	B	SE	$\beta$
Constant	1.44**	.21		1.43*	.24		1.44**	.24		1.47**	.23		135.7**	7.74	
FOC	0.19**	.01	.22	0.17*	.01	.18	.02**	.01	.22	.02**	.01	.22	-.81**	.25	-.25
$R^2$			0.50			.03			.05			.05			.64

Note: FOC = Fear of Childbirth, Total DAP = Total Desire to Avoid Pregnancy.  $*p < .05$ ,  $**p < .01$

Linear Regression Analysis was used to predict Fear of Childbirth on Total Desire to Avoid Pregnancy, Cognitive Desires and Preferences, Affective Feelings and Attitudes, Anticipated Practical Consequences, and Marital Adjustment. The result shows that Fear of childbirth positively predicts the desire to avoid pregnancy and negatively predicts marital adjustment among married females.

## Discussion

The aim of the conduction study was to explore the relationship between Fear of childbirth, desire to avoid pregnancy, and marital adjustment in married females. The purpose was to get knowledge about the Fear of childbirth and how it relates to a desire to avoid pregnancy and marital adjustment in Pakistan. Questionnaires were utilized in exploring relations, such as the Fear of Childbirth Questionnaire (FCQ), the desire to avoid pregnancy, the desire to Avoid Pregnancy Scale (DAP), and marital adjustment the marital adjustment test (MAT). Psychometric properties were calculated firsthand, whereas reliabilities ranged from moderate to high for both scales and subscales.

The study was originally conducted on a sample of 154 married females, and SPSS-26 was used for analysis. Reliability or Alpha Coefficient was computed for all scales and subscales, whereas fear of childbirth (FCQ) was used to get the level of Fear in women, and the reliability for Fear of childbirth is .83, which is considered as good reliability. For the desire to avoid pregnancy scale (DAP), reliability came out to be .89, which is considered good reliability, and for subscales, cognitive desires and preferences (CDP), reliability came out to be .78; for affective feelings and attitudes (AFA), reliability is .71, and for anticipated practical consequences (APC), reliability is .66. As reliability is decreasing with subscales this is because of less number of items but as for two subscales that were about cognitions and feelings, women tend to avoid pregnancy but they cannot anticipate those feelings in practical life because of many factors like family pressure, they want a child because they think it can make their relationship strong and many others. The reliability for the marital adjustment test (MAT) is .71, which is considered reliable.

For categorical variables, percentages and frequencies have been computed. The variables are socio-economic status, occupation, family status, maternity status, miscarriage, birth preference, children, no. of children, and traumatic stress. Mean and standard deviation for continuous demographic variables were computed.

Fear of childbirth is a kind of Fear that happens before, during or after childbirth and is ranges from mild to severe and in severe cases, results can be dangerous such as avoiding pregnancy because of factors that are continuously impacted on them (Alemu et al., 2024). Fear of childbirth is not only developed in pregnant women, but this Fear is also present in females who are unmarried, married but not pregnant,

and also in females with more children. That Fear is of mild range, as the level of Fear increases, there would be a consistent increase in avoidance methods.

There is a positive relationship between Fear of childbirth and desire to avoid pregnancy. Many researchers suggested the same results as already discussed above by Gunay and colleagues in [2022](#), showing statistically significant results of the relationship between Fear of childbirth and the desire to avoid pregnancy ( $p < .001$ ). Fear of childbirth and desire to avoid pregnancy are in direct relation; as Fear of childbirth increases, desire to avoid pregnancy also increases. This is because of pain, traumatic experiences, complications, an increase in responsibility, and loss of control during birth. There is a negative correlation between Fear of childbirth and marital adjustment. As the Fear of childbirth increases, there is a decrease in marital adjustment ( $r = -.415; p \leq .05$ ), as already discussed by Ulu & colleagues in [2022](#) because stress and anxiety negatively impacted daily life as a result of past experience and lack of communication. Because of Fear, there seems to be emotional distancing and a lack of intimacy between couples, a lack of support, and unrealistic expectations.

According to a study, women who are living in a nuclear family system tend to have lower fertility than in a joint family system. In the nuclear family system, there is a lack of social support, and women have to manage everything on their own, whether it is household chores or the upbringing of a child. There is no one who can help them in times of emergency, and financial instability is also a major concern. Watching negative things about pregnancy in media also provokes Fear of pain (Veleti, [2001](#)). There is no significant difference found between Fear of childbirth and marital adjustment because in a collectivistic culture, people prefer a joint system, and in the joint system, there are many conflicts arise that enhance Fear and also seem to be dangerous for marital life (Mortazavi & Mehrabadi, [2021](#)).

Women who have children tends to have a high desire to avoid pregnancy. According to a study done on 994 non-pregnant women, as a result of which women who had more children tends to have high desire to avoid pregnancy ( $p < .001$ ). Women who already had children knows the pain, the situation, some of them cope with it but for some it became an anxiety that would come out as avoiding pregnancy (Hall et al., [2023](#)). There is no significant difference was found with Fear of childbirth and marital adjustment because they overcome that Fear and also there married life is good because they already had children. One reason for avoiding pregnancy is that maybe they are not physically fit, or maybe they cannot manage more children because of many reasons, such as financial reasons, etc. (Hofberg & Ward, [2003](#)).

Women who have traumatic stress tend to have high Fear of childbirth. After a traumatic birth experience, women mostly develop Fear of childbirth because they feel hypervigilance that makes them more prone to potential danger, loss of control, Fear of pain, biological response such as hormonal shifting etc., as already discussed by R uger-Navarrete et al., ([2023](#)). As there is no significant difference was found between a desire to avoid pregnancy and marital adjustment because the desire to avoid pregnancy does not make a big deal for women because they already had children, and they have or do not have more children, which was just a minor thing. However, it became an issue for women who do not have children (Bali et al., [2010](#)). In Pakistan, people do not easily quit their marriage because of religion. In our religion, quitting marriage is not a good thing to do. So, no matter what, whether they have children or not, they still have to be in that relationship, but there are reasons why you can quit your marriage (Shahjehan & Sami ur Rehman, [2021](#)).

According to the results, Fear of childbirth positively predicts the desire to avoid pregnancy among married females. It means because of Fear of childbirth, women desire to avoid becoming pregnant. As the relation already discussed by Gunay, Fear of childbirth is due to factors that are constantly triggering a woman in her marriage and sometimes in her unmarried life. According to findings, Fear of childbirth negatively predicts marital adjustment among married females. The findings show that because of the Fear of childbirth, marital adjustment is affected, which was already discussed by Ulu. Fear of childbirth affects marital adjustment in a negative way because if a woman feels Fear of childbirth, she does not want to be pregnant because of that Fear, and as in Asian countries, your marital life is good if you have children; otherwise, there would be complications as discussed by Sharma & colleague's in [2022](#).

## Limitations

As for this study, sample size was small that might affect result because the sample was approached from



Rawalpindi and Islamabad based on convenience so, in future increase in sample size should be taken into account and also approach more diverse individuals through random selection that result in more authentic and generalized findings. As for this study, demographic variables were limited to a specific sample, so in the future, demographic variables, along with a large sample size, should be considered to get good findings. Fear of childbirth, desire to avoid pregnancy, and marital adjustment were assessed through questionnaires, which might cause hindrances in exploring extra variables leading to bias that contributed to the relationship, so this should be a good thing to consider in the future. This study was based on a cross-sectional design. So, in the future, longitudinal studies would be better in finding relation between these variables along with qualitative research. This study was based on three variables describing only relationship between them but while conducting research on these variables, more variables need to consider such as religiosity as a moderator to check the impact of relationship, social support. This study was limited to only married females, but in the future, unmarried females should be taken into consideration for more generalized findings. The age range was too high for the sample, so in the future, the age range should be considered. also, the sample for marriage duration was collected openly, so in the future, a comparative study would be a good choice to consider to get more elaborative findings.

### Implications and Recommendations

The results of the present study would be helpful for many professionals such as counsellors, medical doctors, midwives, practitioners, researchers, relationship therapists. As all the variables are complex enough to administer on a collectivistic culture and also on a culture that does not seem to give approval on these topics but as the study is based on convenience, the results are somehow relatable with the previous literature. The findings show that this study would be helpful for couples by increasing their marital adjustment that shows the decrease in fear level and this would also decrease desire to avoid pregnancy. This study would be helpful for theorists to develop new theories and also gives a new perspective to theorists who are currently applying theories to individuals by giving them a pathway to move effectively while dealing with married women. As there are less studies on these topics, so findings for this study would be helpful for future researchers to fill the gap and also help them to do a more elaborative research. Findings of this study imply in professions like medical and psychological and also give suggestion to develop good antennal services for women but first educate professionals who are dealing with these individuals for instance mid wives, therapists, counsellors etc., in order to overcome this upcoming issue.

### Conclusion

The study has been designed to explore the relation between Fear of childbirth, desire to avoid pregnancy and marital adjustment. Mostly the results are same with the previous researches but as not many researches were done on relation with these variables so this would set as a new beginning for other researchers. These topics are very common in Western countries but not gain too much approval in Asian country because this is supposed to be a matter of personal concerns. In Pakistani society, religiosity is the important factor that interferes with the result in a good way and also in a bad and also peoples' perception is different from those of Westerns'. The findings show that Fear of childbirth increase the risk of desire of avoid pregnancy and Fear of childbirth decreases marital adjustment among married females. In addition, no significant mean difference was found among any demographic variable.

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