



**A study to assess the knowledge on Respectful maternity care among the
staff nurses in selected Hospital, Mangaluru**

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Abstract:

Background: The Primary aim was to evaluate the level of knowledge regarding Respectful Maternity Care (RMC) among staff nurses in order to determine their understanding and proficiency in providing dignified and respectful care to child bearing mothers.

Methods: Non-experimental, descriptive research was used to assess the knowledge of respectful maternity care of female staff nurses working in maternity units. Non-probability convenient technique was used to select 87 staff nurses from Fr. L. M. Pinto Health Centre and Charitable Trust, Badyar, Belthangady and Concetta Hospital Kinnigoli. A structured questionnaire was used to assess information about respectful maternity care. **Results:** The study revealed that midwives generally had a good understanding of respectful maternity care (mean: 72.26%, SD: 1.09). Although the majority of midwives (about 64.4%) showed adequate knowledge, confidentiality and privacy need to be improved. **Conclusions:** Overall, the study highlights the importance of continuing education to ensure that all midwives can provide respectful care that prioritizes maternal autonomy, privacy and dignity, with a particular focus on enhancing knowledge of confidentiality and privacy practices.

Keywords: Maternity care, Health care system, Midwifery



Introduction:

“Giving birth and being born brings us into the essence of creation, where the human spirit is courageous and bold and the body, a miracle of wisdom”

– HarrietteHartigan

Maternity care is a fundamental aspect of health care systems worldwide, with the quality of care profoundly influencing maternal and neonatal outcomes. In recent years, there has been growing recognition of the importance of not only the clinical aspects of care but also the interpersonal dynamics and human rights considerations inherent in the provision of maternity services. Respectful Maternity Care (RMC) has emerged as a central frame of reference for understanding and promoting the human dignity, rights and well-being of women giving birth. It refers to the right of every woman to the highest possible standard of health care, which includes the right to dignified, respectful health care at all health systems around the world for a childbearing woman throughout her pregnancy, during labour, and delivery, and the postnatal period.¹ Many women around the world experience disrespect, violence or indifferent treatment during childbirth in a health facility.² The atmosphere and environment of the hospital, the delivery rooms and the attitude of the health care provider are much more important for a positive birth experience.³ Research evidence shows that the presence of a supportive partner during childbirth reduces anxiety and creates a strong sense of security. During childbirth, a partner can help the woman walk and provide support during the birth. The presence of a partner during childbirth provides a woman with psychological support and improves coping mechanisms.⁴ WHO has recognized RMC as a basic right of every pregnant woman and encourages the delivery of health services to all women in a way that helps to preserve their own lives human dignity, privacy and confidentiality.⁵ The WHO Recommendation on Respectful Maternal Care prevents harm and abuse and enables informed choice and ongoing support during labour and delivery. In addition, RMC Charter, developed by the White Ribbon Alliance, defines the universal rights of pregnant women and addresses the rights of pregnant women against disrespect and abuse in seven categories that have been adopted by many developing countries.⁶ Recently, the Government of India adapted the RMC under LaQshya to provide dignified care to pregnant women while they are in the health center.⁷ A midwife must



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provide the necessary support, care and advice during pregnancy, delivery and up to six weeks after delivery. Midwives must recognize abnormalities and complications and prescribe appropriate treatment and care. She must act as an advocate for respectful care during pregnancy, labour and delivery, and after birth. The midwife should also train women individually or in groups for a healthier pregnancy and better delivery. Midwives must work professionally; with physicians and other health care providers.⁸This study is an important step in understanding and promoting RMC among nurses, ultimately working toward the goal of ensuring that every woman receives respectful and dignified care throughout the birthing journey.

Material and Methods:

The study collected data from 87 female staff nurses working in selected hospitals in Mangaluru. It employed a non-experimental descriptive research design, with the setting being these hospitals. The population studied consisted of female staff nurses from these hospitals.

For sampling, a non-probability convenient sampling technique was used. The data collection tool comprised two parts. Section A focused on the socio-demographic profile of the nurses, including age, education, designation, marital status, years of experience, and total experience in the maternity ward. Section B consisted of a 25-item structured knowledge questionnaire on respectful maternity care.

Permission to conduct the study was obtained from the Fr. L. M. Pinto Health Center and Charitable Trust in Badyar, Belthangady, and Concetta Hospital in Kinnigoli, Mangaluru. Nurses from the maternity ward were selected for the study. After a detailed introduction by the researcher regarding the study's purpose, consent was obtained from the participants. Data collection involved completing the structured questionnaire, which typically took 20-30 minutes.

Confidentiality of the collected data was ensured, and the data were coded for analysis. A master data sheet was prepared for the analysis process. The study's focus was on understanding the knowledge levels of female staff nurses regarding respectful maternity care.

**Result:****Table: 1 Frequency and percentage distribution of Socio – Demographic Data:****n = 87**

Socio – Demographic Data		Frequency (n=87)	Percentage
Age	≤ 30	44	50.6
	>30	43	49.4
Education status	GNM Nursing	47	53.0
	B.Sc. Nursing	40	46.0
Designation	Staff Nursing	68	78.2
	Ward in charge	19	21.8
Marital status	Single	29	33.3
	Married	58	66.7
Total years of experience	≤ 10	38	43.7
	>10	49	56.3
Experience in maternity ward	≤ 10	54	62.1
	>10	33	37.9

The mean age of the midwives was 31.989 ± 7.310 years with minimum age being 20 years and maximum age being 55 years.

Table 1 presents the frequency and percentage distribution of demographic data among staff nurses (n = 87). The table outlines various demographic variables including age, education status, designation, marital status, total years of experience and experience in maternity ward. Under age, the majority of staff nurses (50.6%) fell within below 30 age range, followed by above 30(49.4%). Regarding educational status most staff nurses are GNM (53.0%) and others B.Sc nursing (46.0%). Out of the total 87 staff nurses, 78.2% were staff nurses and 21.8% ward in charge. In term of marital status, majority were married (66.7%), while 33.3% were single. Half of the staff nurses 56.3% had their total years of the experience >10years. Majority of the staff nurses 62.1% had their total years of experience in maternity ward ≤ 10years. (Table 1)



Table 2: Knowledge Score of Respectful Maternity Care

Knowledge	Score	Frequency	Percentage
Inadequate knowledge	0-12	5	5.7%
Moderate knowledge	13-18	26	29.9%
Adequate knowledge	19-24	56	64.4%
Total		87	100%

Table 2 presents that a small number of participants (5.7%) showed insufficient knowledge and scored below 12. A significant number of participants (29.9%) showed moderate knowledge, with scores ranging from 13 to 18. Most of the participants (64.4%) showed adequate knowledge and scored 19 to 24. Overall, participants' respectful handling data points show a range of competencies from inadequate to moderate to adequate levels of understanding. These findings highlight the importance of continuing education and training initiatives aimed at improving the knowledge and skills of healthcare providers in providing respectful maternal care, which ultimately improves maternal health and patient experience. (Table 2)

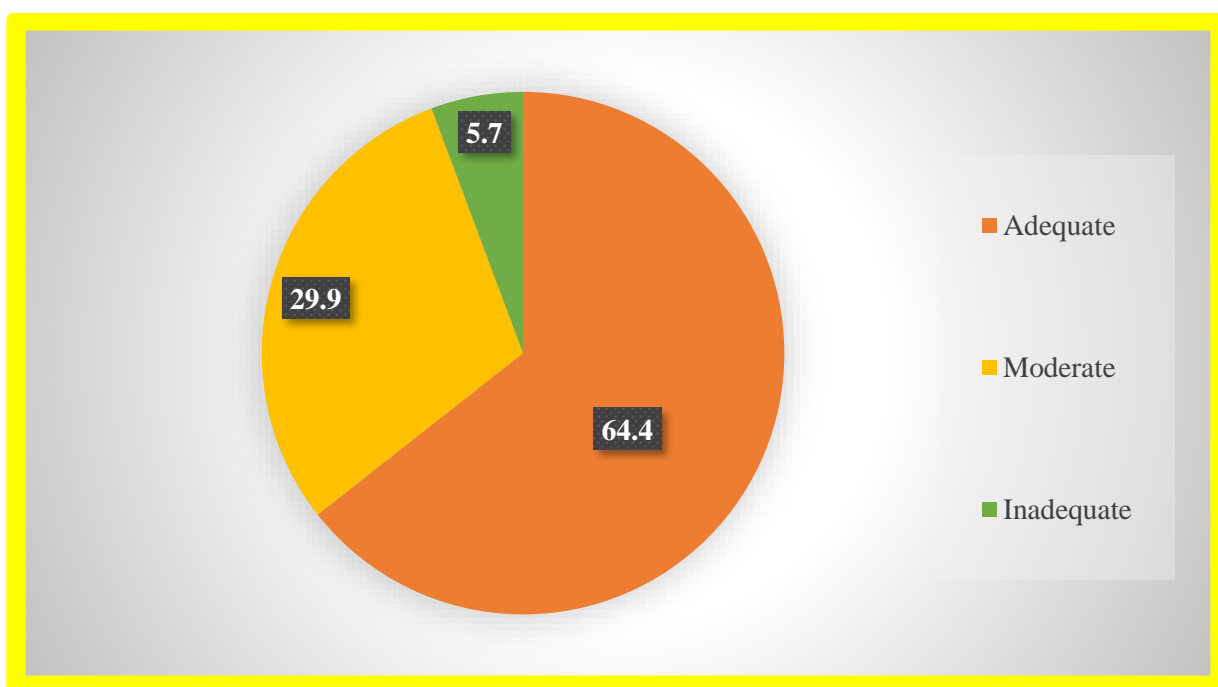


Figure 1: knowledge score of Respectful Maternity Care



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The data in Table 3 provide an overview of the mean scores of the study participants (n=87), mean percentages and standard deviations of the data scores on various aspects of respectful maternal care. For the various domains of respectful maternal care, mean scores range from 2.2 to 3.7 of their respective maximum scores, and corresponding mean percentages range from 70.00 to 74.00. In particular, the highest average score and average percentage is in the area of patient care, indicating that participants understand this aspect relatively well. In contrast, the area of confidentiality and privacy has the lowest mean score, indicating a possible improvement in participants' understanding of confidentiality and privacy practices in maternal health facilities. Standard deviations give an idea of the variation of data points within each region. Values range from 0.80 to 1.17, indicating a relatively consistent level of understanding across most domains. Together, the findings highlight both strengths and areas where participants' knowledge of respectful obstetric care needs to be increased, and highlight the importance of targeted educational interventions to improve healthcare providers' competence in providing respectful and patient maternal care. (Table 3)

Table 3: Mean, mean percentage and standard deviation of knowledge score of subjects on respectful maternity care (n=87)

Knowledge on respectful maternity care	Maximum scores	Mean	Mean Percentage (%)	Standard deviation
Respect & Autonomy	4	2.8	70.00	1.03
Confidentiality & Privacy	3	2.2	73.33	0.80
Giving emotional support	4	2.8	70.00	0.92
Communication	4	2.9	72.50	0.91
Staff behaviour & Practice	4	2.8	70.00	0.99
Patient centered care	5	3.7	74.00	1.17



Table 4: Association of Knowledge on respectful maternity care with Socio Demographic Variables (n = 87)

Socio Demographic Variables	df	Chi Square Value	P value p>0.05
Age	1 (NS)	0.139	0.708
Education status	1 (NS)	1.522	0.217
Designation	1 (NS)	0.015	0.900
Marital status	1 (NS)	0.024	0.875
Total years of experience	1 (NS)	0.092	0.761
Experience in maternity	1 (NS)	0.351	0.553

(df- Degree of freedom, NS – Not significant)

The results presented in Table 4 illustrate the relationship between the level of respectful maternal knowledge and various socio demographic variables in the study group of 87 participants. Chi-square tests were performed to assess the significance of these associations. There were no statistically significant associations with the level of knowledge about respectful maternal care across age groups, education, designation, marital status, years of total experience and maternal experience ($p>0.05$ for all variables). In particular, age, educational status, designation, marital status, years of total experience and maternal experience did not show significant associations with knowledge level. These results suggest that socio demographic factors such as age, education, work experience and marital status may not be important factors in determining the knowledge level of respectful maternal care among healthcare providers in the study population. Hence the research hypothesis (H1) is rejected and Null hypothesis (H0) is accepted. Further research may be warranted to explore additional factors that may influence knowledge levels and inform targeted interventions aimed at improving health professionals' awareness and understanding of respectful maternal care practices. (Table 4)



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The study revealed that midwives generally had a good understanding of respectful maternity care (mean: 72.26%, SD: 1.09). Although most midwives (about 64.4%) showed adequate knowledge, confidentiality and privacy need improvement. Socio demographic factors such as age, educational status, designation, marital status, years of total experience and maternal experience did not significantly affect knowledge.

Discussion:

This study investigated midwives' knowledge of respectful birth care. The majority (64.4%) showed adequate knowledge, with average scores in different domains ranging from 70.00% (respect and autonomy) to 74.00% (patient-centered care). Standard deviations were low (0.80-1.17), indicating consistent knowledge in each domain. Interestingly, no statistically significant relationship was found between socio-demographic factors (age, education, experience) and level of knowledge ($p > 0.05$). However, the average in the area of confidentiality and privacy was the lowest compared to others (73.33%), indicating a need for improvement. Similar findings were found in a descriptive study conducted to measure the knowledge of RMC classroom nurses. Between April 2022 and May 2022, 69 nurses were selected from hospitals in Bengaluru using a non-probability convenience technique. The total number of data points indicates that 65.5% had moderately adequate information about respectful birth care. The mean of the total score was 16.72, the mean percentage was 64.30, and $SD \pm 3.438$. No statistically significant relationship was found between respectful birth care and socio-demographic variables such as age ($p = 0.696$), educational level ($p = 0.185$), name ($p = 0.947$), marital status ($p = 0.952$), total experience ($p = 0.952$), $p = 0.276$ and labour ward experience ($p = 0.549$). Therefore, the research hypothesis (H1) is rejected.⁹ These findings highlight the strengths of midwives' understanding of patient-centered care and the need for targeted training programs to address knowledge gaps, especially in practices related to confidentiality and privacy protection. Although this study did not identify socio demographic factors as key determinants of knowledge, future research could investigate other factors and evaluate the impact of educational interventions on improving respectful birth practices.

Conclusion:

In summary, this study found that although the majority of midwives (64.4%) demonstrated adequate knowledge of respectful maternity care, there is room for improvement. Although



confidentiality and privacy showed the lowest mean score compared to other domains (73.33%), midwives understood patient-centered care fairly well (mean 74.00%). Interestingly, socio demographic factors such as age or experience did not significantly affect the level of knowledge. These findings highlight the need for further education to strengthen knowledge in all areas, particularly in relation to confidentiality and privacy, ensuring that all midwives can provide care that protects maternal autonomy, privacy and dignity. Future studies could examine other factors influencing knowledge and examine how educational interventions improve care practices.

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