



Knowledge on Respectful Maternity Care among Nurses in Selected Hospitals of Butwal Sub-Metropolitan City

Sushma Pandey

Staff Nurse

Bharatpur Hospital

psushma065@gmail.com

<https://orcid.org/0009-0001-5546-3630>

Rekha Thapaliya*

Lecturer

TU, IOM, Pokhara Nursing Campus, Pokhara, Nepal

Corresponding author:

rekha363845@gmail.com

<https://orcid.org/0000-0002-2886-1924>

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Correspondence Author*

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Abstract

Background: Respectful maternity care (RMC) ensures a positive birth experience. However, limited knowledge among nurses about RMC leads to higher rates of disrespect and abuse during childbirth. The study aimed to assess the level of knowledge on respectful maternity care among nurses.

Methods: A descriptive cross-sectional study was conducted with 104 nurses working in selected hospitals in Butwal sub-metropolitan city. Non-probability, purposive sampling technique was used to select the hospitals, wards, and nurses. Data was collected using a self-administered structured questionnaire. The data was coded, entered into SPSS version 16, and analyzed using both descriptive and inferential statistics (Chi-square test).

Results: The study showed that the mean age of the nurses was 31.19 ± 8.27 years. Among the 104 nurses, 60.5% had less than 10 years of work experience. Most of the nurses (73.1%) had completed PCL nursing, and 71.2% had previous experience in maternity wards. In terms of



knowledge, 18.3% had adequate knowledge, 42.3% had moderate knowledge, and 39.4% had inadequate knowledge of respectful maternity care. There was no significant association between the level of knowledge on RMC and selected variables.

Conclusion: The study concluded that nearly half of the nurses had a moderately adequate level of knowledge on respectful maternity care. Training and seminars on RMC should be held regularly to enhance nurses' knowledge of RMC.

Keywords: Disrespect and abuse, Knowledge, Nurses, Respectful Maternity Care

Introduction

Respectful maternity care is the basic right of every woman during childbirth, and any form of disrespect or abuse in maternity care is a violation of her human rights (White Ribbon Alliance, 2011). According to Bowser and Hill's analysis, disrespectful and abusive care can be classified into seven categories: physical abuse, non-consensual care, lack of privacy, undignified treatment, discrimination, abandonment, and detention in healthcare facilities (Bowser & Hill, 2010). The World Health Organization (WHO, 2018) emphasizes that respectful maternity care is vital for a positive birth experience and high-quality healthcare. Disrespectful care during childbirth lowers women's satisfaction with maternity services and discourages them from seeking care at health facilities for future births (Abuya et al., 2015).

Disrespectful care also increases the risk of illness and death due to delays in seeking help when complications arise (Azhar et al., 2018). A study in Sub-Saharan Africa found that few healthcare workers were aware of the right to be free from abuse, abandonment, and detention (Lusambili et al., 2023). In Nigeria, 12.9% of respondents had low knowledge, 38.7% had moderate knowledge, and 48.4% had high knowledge of respectful maternity care (Ojong et al., 2022). In India, 65.2% of nurses had moderate knowledge, 14.5% had inadequate knowledge, and 14.0% had adequate knowledge of respectful maternity care (Devassy & X, 2023). A study in Bhutan found that poor implementation of respectful maternity care is due to a lack of knowledge and skills among providers, not a lack of willingness (Deki & Choden, 2018).

Nepal passed the Safe Motherhood and Reproductive Health Rights Act in 2018, the first national legislation to include respectful maternity care. This law aims to ensure that mothers and babies receive high-quality, respectful care in both public and private health facilities (National Medical Standard for Maternal and Newborn Care, 2020). Since 2003, Skilled Birth Attendants (SBAs) have been providing maternity services in Nepal, with over 7,000 SBAs serving a population of nearly 30 million (Rajbhandari et al., 2019). A study in Pokhara, Nepal found that 29.9% of postnatal mothers received respectful and non-abusive care during facility-based childbirth (Thapaliya et al., 2021). Common forms of disrespectful care included non-consented care (100%), non-dignified care (72.2%), and non-confidential care (66.6%) (Ghimire et al., 2021).



To promote Respectful Maternity Care (RMC), it is essential to assess nurses' knowledge (Devi et al., 2021). Healthcare providers must also be aware of women's right to respectful care to enhance maternal health services (Deki & Choden, 2018). There are limited studies on nurses' knowledge of Respectful Maternity Care (RMC) in Nepal. Therefore, the researcher aims to assess the level of knowledge on RMC among nurses.

Methods and Materials

A descriptive cross-sectional research design was used to assess knowledge of respectful maternity care among nurses in selected hospitals in Butwal sub-metropolitan city. The study was conducted at Lumbini Provincial Hospital and Siddhartha Women and Child Hospital in Rupandehi, Province-5. The study population included all registered nurses working in the labor, labor emergency, postnatal, and OT wards of Lumbini Provincial Hospital, and the labor, post-operative, OT, pediatric, and NICU wards of Siddhartha Hospital. Non-probability purposive sampling was used to select the hospitals and wards, with complete enumeration for sample selection, resulting in a total sample size of 104.

A self-administered structured questionnaire was used for data collection, designed based on the study's objectives, an extensive literature review, and consultation with the research advisor. The questionnaire was structured in two sections: Part I collected background information, such as sociodemographic data, work experience, current department, and any relevant training or in-service education. Part II included 19 knowledge-based questions on Respectful Maternity Care (RMC), with 10 multiple-response questions, where respondents could select more than one answer, and 9 multiple-choice questions, with only one correct response. For multiple-choice questions, 1 point was awarded for each correct answer, and multiple-response questions were scored 1 point for each correct option. The total score ranged from 0 to 54, with scores of 80% or higher categorized as adequate knowledge, 60-79% as moderately adequate, and below 60% as inadequate, based on the reference of Devassy & X. (2023).

Pre-testing of the instrument was conducted at Matri Shishu Miteri Hospital in Pokhara, and necessary modifications were made. Cronbach's alpha was calculated to assess the reliability of the instrument, which was found to be 0.89. Once the proposal was approved by the Research Committee of Pokhara Nursing Campus, the data collection process began. Initially, formal permission was obtained from the relevant authority at Lumbini Provincial Hospital. Subsequently, consent was granted by the concerned authority at Siddhartha Child and Women's Hospital in Butwal. The purpose of the study was explained to the respondents, and informed written consent was obtained from each respondent. Ethical considerations were ensured by emphasizing that participation was voluntary and that respondents had the right to withdraw at any time or refuse to answer any question they felt uncomfortable with. Data was collected by the researcher at a time convenient for the respondents. The average time to complete the questionnaire was 20-25 minutes. Precautions were taken to protect the respondents' rights, and each questionnaire was



assigned a code number during data entry to maintain confidentiality. Data was collected from 8 to 10 respondents each day, over a two-week period, from December 17, 2023, to December 30, 2023.

The collected data was edited, organized, coded and analyzed using computer package with SPSS (Statistical Package for Social Science) software version 16. Data was analyzed by using descriptive and inferential statistics. Descriptive statistics i.e., frequency, percentage, mean, range, standard deviation was computed for the study variables. Inferential statistics i.e., Chi square test were used to find out the association. P value of <0.05 was considered significant.

Results

Of the 104 nurses surveyed, 59.6% were aged 30 years or younger, with a mean age of 31.19 ± 8.27 years. In terms of marital status, 64.4% of the nurses were married. The majority (73.1%) had completed PCL Nursing. Regarding professional experience, 60.5% had 10 years or less of work experience, and 25% were working in the labor room. Most nurses (71.2%) had experience working in the maternity ward, with 91.9% of them having less than 10 years of experience in this specific area. Additionally, 42.3% of the nurses had received training related to maternity care. Among them, 93.2% of those had completed training in Skilled Birth Attendant (SBA). Notably, all hospitals included in the study had established protocols for Respectful Maternity Care. The findings of the study indicate that 18.3% of the nurses demonstrated adequate knowledge, 42.3% had moderately adequate knowledge, and 39.4% had inadequate knowledge of Respectful Maternity Care. There was no statistically significant association between the level of knowledge and the selected background variables of the nurses.

Table 1

Nurses' Knowledge of Respectful Maternity Care: Meaning, Principles, Importance, and Components (n=104)

Correct Responses	Number	Percent
Meaning		
Human and dignified treatment of a childbearing women throughout pregnancy, childbirth and postpartum Period	92	88.5
Principles		
Freedom from harm and ill treatment	64	61.5
Equality	66	63.5
Informed consent	60	57.7
Confidentiality and privacy	74	71.2
Dignity and respect	79	76.0
Liberty and autonomy	30	28.8
Timely healthcare services	66	63.5
Importance of RMC		



To provide positive maternal outcomes and experiences	90	86.5
Components of RMC*		
Subtle disrespect and humiliation	58	55.8
Physical abuse and verbal abuse	85	81.7
Non-consented and non-confidential care	65	62.5
Abandonment or denial of care	58	55.8
Detention in facilities	33	31.7

*RMC: Respectful Maternity Care, *Multiple responses*

In this study, the majority of nurses (88.5%) correctly identified the meaning of Respectful Maternity Care (RMC). Similarly, 76.0% of the nurses recognized dignity and respect as the principle of RMC. Regarding its importance, 86.5% of the nurses stated that RMC promotes positive maternal outcomes and experiences. Additionally, 81.7% of nurses identified physical and verbal abuse as violations of RMC (Table 1).

Table 2

Knowledge of Physical Abuse, Non-consented Care, and Non-dignified Care among Nurses (n=104)

Correct Responses	Number	Percent
Free from harm		
Protecting women from emotional, physical and sexual injury	57	54.8
Physical abuse during childbirth*		
Slapping or rough handling	79	76.0
Hitting	75	72.1
Pinching	68	65.4
Pushing	60	57.7
Inappropriate touching during examination	78	75
Non-consented care		
Performing treatment without client's consent	87	83.7
Rights of non-consented care*		
Right to information	78	75.0
Informed consent	68	65.4
Right to refusal	64	61.5
Respect for choices and preferences	67	64.4
Companionship during maternity care	24	23.1
Non-dignified Care		



Demeaning, inhuman and degrading treatment	35	33.7
Dignified care during childbirth*		
Using polite and appropriate language	96	92.3
Covering women with linen or using curtains/screens during procedures	65	62.5
Implementing infection prevention measures	67	64.4
Assisting women in transferring their baby to the postnatal ward.	50	48.1

**Multiple responses*

The results indicate that 54.8% of nurses correctly defined the meaning of "free from harm." Additionally, 76.0% identified slapping or rough handling of pregnant women as forms of physical abuse. A majority of nurses (83.7%) accurately described non-consented care as providing treatment without the client's consent. Furthermore, 33.7% of nurses recognized non-dignified care as demeaning, inhuman, and degrading treatment. Almost all respondents (92.3%) agreed that using polite and appropriate language when communicating with clients is an essential aspect of dignified care during childbirth (Table 2).

Table 3

Knowledge of Discrimination and Abandonment among Nurses (n=104)

Correct Responses	Number	Percent
Discrimination in maternity setting*		
Differential treatment based on religion/nationality	93	89.4
Differential treatment based on physical attire	85	81.7
Failure to provide services to hepatitis/HIV positive clients	63	60.6
Denial of services due to lack of money	48	46.2
Prevention of discrimination		
Be aware of and address biases, stereotypes and inequalities	43	41.3
Abandonment		
Leaving women unattended during childbirth without adequate support.	64	61.5
Abandonment involves*		
Failure to examine clients despite of availability of resources	59	56.7
Delay in receiving care	65	62.5
Failure to perform timely episiotomy suturing	43	41.3
Neglect during or after delivery	72	69.2
Failure to provide services despite adequate staffing	58	55.8



**Multiple responses*

Most nurses (89.4%) identified differential treatment based on religion or nationality as discrimination in the maternity setting. Additionally, 41.3% of nurses acknowledged the importance of addressing biases, stereotypes, and inequalities to prevent discrimination. Furthermore, 61.5% correctly defined abandonment, and the majority of nurses (69.2%) recognized neglect during or after delivery as abandonment in the maternity setting (Table 3).

Table 4

Knowledge of Detention in Facilities and Confidentiality among Nurses (n=104)

Correct Responses	Number	Percent
Meaning of Detention in Facilities		
Holding a person in custody or confinement	26	25.0
Right to freedom from detention*		
Liberty	68	65.4
Autonomy	71	68.3
Self-determination	61	58.7
Freedom from coercion	60	57.7
Liberty		
Respecting a woman's right to choose and control her maternity care	67	64.4
Confidentiality		
Respecting a woman's right to privacy and protecting her information	81	77.9
Standard of care to maintain confidentiality*		
Women are examined or attended to in private behind screens	60	57.7
Women are not exposed unnecessarily	69	66.3
Taking history and conducting physical examinations in private	86	82.7
Actively ensuring women's privacy	72	69.2
Not discussing or disclosing women's information	62	59.6

**Multiple responses*

The findings show that 25.0% of nurses correctly defined detention in facilities. The majority (64.4%) identified respecting a woman's freedom to choose and control her maternity care as liberty. Most nurses (77.9%) correctly understood the meaning of confidentiality. Regarding the standard of care to maintain confidentiality, 82.7% of nurses recognized the importance of taking history and conducting physical examinations privately (Table 4).

Discussion

The study found that 18.3% of nurses had an adequate level of knowledge, 42.3% had a moderately adequate level, and 39.4% had an inadequate level of knowledge. The proportion of nurses with



moderately adequate knowledge in this study is consistent with a previous study by Mathew (2021), which reported 50.0%. A similar finding was observed in a study conducted in Bengaluru, India, where 65.2% of nurses had moderately adequate knowledge (Devassy & X., 2023). However, the results of the current study contrast with those of a study in Bhutan, where 80.0% of nurses demonstrated good awareness of Respectful Maternity Care (RMC) (Deki & Choden, 2018). This discrepancy may be attributed to differences in the study populations, particularly the inclusion of nurse midwives working in birthing and maternity units in the other studies, which could influence the level of knowledge about RMC.

The present study found that 57.8% and 62.5% of nurses correctly identified the corresponding rights related to non-consented care and detention in facilities, respectively. This finding contrasts with a study conducted in Kenya, where the majority of respondents (75.0%) correctly identified the rights related to non-consented care, but none of the respondents correctly identified the rights related to detention in facilities (Lusambili et al., 2023). The difference in knowledge may be attributed to the small sample size of only 24 participants in the Kenyan study, which could have limited the generalizability of the findings.

In this study, 46.2% of nurses demonstrated an adequate level of knowledge regarding client confidentiality, while 35.6% had inadequate knowledge. These findings contrast with a study conducted in India, where only 1.4% of nurses had adequate knowledge and 63.8% had inadequate knowledge on client confidentiality (Devassy & X., 2023). The difference in these results may reflect variations in training, healthcare systems, or cultural factors influencing nurses' understanding of confidentiality across different settings.

The current study found no statistically significant association between the level of knowledge on respectful maternity care and selected background variables, a finding consistent with a previous study conducted in Pune, India (Laishram et al., 2021).

Conclusion

The findings of the study concluded that nearly half of the nurses had a moderately adequate level of knowledge on RMC. No association was found between the level of knowledge on RMC and the selected background variables. Hospital authorities should regularly organize in-service education programs and update and implement RMC protocols to improve nurses' knowledge and understanding of RMC practices.

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