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Women's Perception Regarding Respectful Maternity Care during Child Birth at a Facility-Based Hospital in Koshi Province

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Abstract

Introduction: Respectful Maternity Care (RMC) is the universal right of childbearing women. It encompasses kind and dignified treatment and preferences to preserve their right to have a companion or perform cultural rituals. RMC has been promoted due to the importance of ethical, psychological, social, and cultural aspects of childbirth among different populations.

Objective: The study aimed was to assess the women's perceptions of respectful maternity care during childbirth at a selected facility-based hospital in Koshi Province.

Method: A descriptive cross-sectional study was conducted among 220 postnatal mothers who had a normal vaginal delivery and were admitted to the Postnatal ward of Koshi Hospital. The convenience sampling method was used to select the sample. Data were collected by face-to-face interview technique with a standard Respectful Maternity Care (RMC) Scale, which consists of four dimensions of RMC, such as friendly, abuse-free, timely, and discrimination-free care. Descriptive and inferential statistics (the chi-square test) were used to analyze the data.

Result: A total of 127 (57.7%) respondents stated that they had experienced overall dimensions of RMC, with a mean score and ± SD (58.86 ± 4.909). Among the four dimensions of RMC, more than half (59.5%) of respondents received timely care likewise 54.5% of respondents experienced friendly care, 51.8% of respondents received abuse-free care and 50.9% of respondents experienced discrimination-free care. The perception of overall dimensions of RMC was found to be significantly associated with education, type of family, family income per month and number of antenatal visits.

Conclusion: The study concluded that more than half of the respondents experienced overall dimensions of Respectful Maternity Care and among the four dimensions, the perception score was highest in timely care and lowest in discrimination-free care.

Keywords: Childbirth; Perception; Respectful Maternity Care

Introduction

Respectful Maternity Care is an approach centered on the individual, based on principles of ethics and respect for human rights, and promotes practices that recognize women's preferences and women's and newborns' needs.[1] Intrapartum respectful maternity care is defined as a fundamental human right that includes respecting women's beliefs, independence, emotions, dignity, and preferences to preserve their right to have a companion or perform their cultural rituals.[2] The WHO recommendations on intrapartum care include guidance on the provision of respectful maternity care emphasizing the fundamental rights of women, newborns, and families to equitable access to evidence-based care.[3]

Globally 830 deaths of women are recorded every day, which is the result of hurdles associated with pregnancy and childbirth and 99% of the total deaths are recorded in developing countries.[4-5] The women with low socioeconomic positions are at a greater risk.[6] Studies have shown that many women giving birth in healthcare facilities worldwide are subjected to mistreatment such as disrespect, physical and verbal abuse, discrimination, and poor attitudes; which may negatively impact health outcomes. So, there is significance in improving maternal care experiences, emphasizing the importance of promoting respectful practices and addressing disparities.[7-11] A meta-synthesis showed that respectful and helpful interactions between women and healthcare providers led to positive perceptions among women.[12]

Respectful Midwifery Care (RMC) is a transformative approach that emphasizes dignity, compassion, and individualized care during childbirth. This holistic approach not only helps in managing labor pain but also reduces stress and anxiety, which can significantly enhance the overall birthing experience of mother. In Nepal, there have yet to be evidence-based guidelines to implement RMC and the status of experienced respectful maternity care among women during childbirth has not yet been well established. Therefore, the study aimed to assess the perception of RMC during childbirth among women who gave birth at a tertiary hospital in Morang.

Method

A quantitative cross-sectional study was conducted in the postnatal ward of Koshi Hospital. which is the main referral hospital where maternity service is provided through a safe motherhood program. The study lasted 18 months, from March 2022 and data was collected from April 2023 to July 2023. The sample size was calculated using a single population proportion formula, and the magnitude of perception of the overall dimension of RMC among women during childbirth was 84.7% in a study conducted in Kathmandu, Nepal.[13] Thus, at a 95% confidence level, 5% margin of error and 10% non-response, the final sample size was 220. The convenience sampling technique was used to select the sample. The study population consisted of postnatal mothers who had a normal vaginal delivery and were admitted to the Postnatal ward of Koshi Hospital during the study period. Those who had serious illnesses and complications and who refused to consent to participation were excluded from this study.

Data were collected by a structured interview schedule which comprised of two parts. Part I included the socio-demographic and obstetric characteristics of the respondents, which were self-developed after the literature review and expert consultation. Part II consisted of a structured questionnaire on perception regarding Respectful Maternity Care, the RMC Scale which is a valid and open-access tool with a high average factor loading ranging from 0.76 to 0.82 and reliability with $\alpha = 0.845$. It contains four dimensions of RMC with 15 items where each consisting of a total of 7 friendly care, 3 abuse-free care, 3 timely care and 2 discrimination-free care and is rated on a 5-point Likert scale.[14] Before data collection pretesting was done among 10% of the total sample in the same setting and pretested samples were excluded during the final analysis. The level of perception was categorized as experienced (equal to or more than the mean score) and not experienced (below the mean score), after evaluating the normality.[15] Before the data collection, approval was obtained from the IRC of Purbanchal University School of Health Sciences (Ref No: 023-079/80) and Koshi

Hospital. Informed written consent was obtained from each participant. Collected data were analyzed by SPSS version 16.0. Descriptive statistics were used to describe the socio-demographic and obstetric characteristics and the chi-square test was used to determine the association between variables.

Result

Table 1 reveals that 52.7% of respondents belonged to the age group of 21-25 years and the mean age and ±SD (23.62±3.827). Almost all (94.1%) of respondents were literate and less than half of respondents (45.4%) completed the basic level of education. The majority (81.0%) were homemakers as their occupation; 83.2% of respondents belonged to the Hindu religion; 66.4% of respondents were from nuclear families and 55.5% of the respondents had monthly income <Rs. 20,000.

Table 1: Socio-Demographic Characteristics of the Respondents (n=220)

Characteristics	n(%)
Age (in years)	
≤20	50 (22.7)
21-25	115 (52.7)
26-30	44 (20.0)
≥31	11 (5.0)
Mean age ± SD=23.62 ±3.827 (Range =16-36)	
Marital status	
Married	220 (100)
Education Status	
Literate	207 (94.1)
Illiterate	13(5.9)
Level of education (n=207)	
Basic (2-8 class)	94 (45.4)
Secondary(9-12 class)	93 (44.9)
Higher (University)	20 (9.7)
Religion	
Hinduism	183 (83.2)
Muslim	35 (16.8)
Buddhism	1 (0.5)
Christian	1 (0.5)
Type of family	
Nuclear	146 (66.4)
Joint	74 (33.6)
Occupation	
Homemaker	178 (81.0)
Self-employed	22 (10.0)
Service	10 (4.5)
Labour	10 (4.5)
Monthly Family income	
≤ Rs.20000	122 (55.5)
Rs.21000-30000	64 (29.1)
≥ Rs.31000	34 (15.4)

Table 2 reveals that most (92.3%) of respondents had planned pregnancy, 48.6% of respondents were primipara and 69.5% of respondents had done an ANC up to 4 times. Likewise, 61.8% of respondents stayed in the ward for <12 hours; 31.0% of respondents delivered the baby during the morning time and 94.5% of respondents had no complications after delivery.

Table 2: Obstetric Characteristics of the Respondents (n=220)

Characteristics	n(%)
Pregnancy Status	
Planned	203 (92.3)
Unplanned	17 (7.7)
Parity	
Primipara	111 (50.5)
Multipara	107 (48.6)
Grand-multipara	2 (0.9)
Number of antenatal Visit	2 (0.9)
Not done	153 (69.5)
1-4 Visits	65 (29.5)
5-8 Visits	
Duration of ward stay	
≤12 hours	136 (61.8)
13-24 hours	70 (31.8)
≥ 25 hours	15 (6.4)
Time of delivery	
Morning	68 (31.0)
Afternoon	63 (28.6)
Evening	30 (13.6)
Night	59 (26.8)
If any complications after delivery	208 (94.5)
No	12 (5.5)
Yes	

A total of 127 (57.7%) respondents stated that they had experienced overall all dimensions of RMC and the mean score with SD was 58.86±4.909. Among the four dimensions of RMC, more than half (59.5%) of respondents received Timely Care, as summarized in Table 3.

Table 3: Level of perceptions of RMC (n=220)

Characteristics	Experienced RMC n(%)	Not experienced RMC n(%)	Mean ± SD
Friendly Care	120 (54.5)	100 (45.5)	28.19±2.929
Abuse-free care	114 (51.8)	106 (48.2)	12.32±1.561
Timely Care	131 (59.5)	89 (40.5)	9.75±1.644
Discrimination-free care	112 (50.9)	108 (49.1)	8.51±1.070
Overall Perception level of RMC	127 (57.7)	93 (42.3)	58.86±4.909

The level perception on overall dimensions of RMC was found to be significantly associated with education, type of family, and monthly family income ($p<0.05$) as shown in Table 4.

Table 4: Association between the overall perception level of RMC with selected Socio-Demographic factors (n=220)

Factors	Experienced RMC n(%)	Not-experienced RMC n(%)	P value
Age (in years)			
≤25	84 (58.7)	59 (41.3)	0.392
>25	43 (55.8)	34 (44.2)	
Education			
Literate	123 (59.4)	84 (40.6)	0.042*
Illiterate	4 (30.8)	9 (69.2)	
Religion			
Hinduism	108 (59.0)	75 (41.0)	0.246
Others	19 (51.4)	18 (48.6)	
Occupation			
Employed	13 (65.0)	7 (35.0)	0.329
Unemployed	114 (57.0)	86 (43.0)	
Type of family			
Nuclear	95 (65.1)	51 (34.9)	0.002*
Joint	32 (43.2)	42 (56.8)	
Family income per month	58 (47.5)	64 (52.5)	0.001*
≤Rs.20,000	69 (70.4)	29 (29.6)	
>Rs.20,000			

Chi-square Test; *P value significant at < 0.05

The overall perception level of RMC was found to be significantly associated with the number of antenatal visits (p<0.05) as shown in Table 5.

Table 5: Association between the overall perception level of RMC with Obstetric factors (n=220)

Factors	Experienced RMC n(%)	Not-experienced RMC n(%)	P-value
Parity			
Primipara	64 (57.7)	47 (42.3)	0.546
Multipara	63 (57.8)	46 (42.2)	
Pregnancy Status	119 (58.6)	84 (41.4)	0.250
Planned	8 (47.1)	9 (52.9)	
Unplanned			
Number of antenatal Visits	83 (53.5)	72 (46.5)	0.036*
≤4 Visits	44 (67.7)	21 (32.3)	
>4 visits			
Duration of labor ward stay	77 (56.6)	50 (59.5)	0.389
≤12 hours	50 (59.5)	34 (40.5)	
>12 hours			
Time of delivery			
Day	74 (56.5)	57 (43.5)	0.378
Night	53 (59.6)	36 (40.4)	
If any complications after delivery	121 (58.2)	87 (41.8)	0.394
No	6 (50.0)	6 (50.0)	
Yes			

Chi-square Test; *P value significant at < 0.05

Discussion

The study aimed to assess the women's perceptions of respectful maternity care during childbirth. In this study, a total of 115 (52.7) respondents belonged to the age group of 21-25, where the mean age with S.D was 23.62±3.827, similarly 44.9% of respondents had completed secondary level education, 81.0% were homemakers, 83.2% belonged to the Hindu religion, 55.5% had <Rs. 20000 income per month, 69.5% had done antenatal checkups up to four times and 61.8% stayed in the ward for <12 hours. These findings are similar to the studies done in Nepal which revealed that the average age with S.D of participants was 25.44±4.91, similarly, 54.0% of participants had education up to the secondary level, and 63.3% stated homemaker as their occupation[13] and half of the mothers had done at least four ANC visits.[15] The findings contradict that nearly half (46.4%) of respondents had a monthly income of Rs. 5001 – 10000.[16] More than half (66.2%) had planned pregnancy and 43.7% of the mothers stayed <5 hours in the hospital.[1]

This study reveals that 57.7% of respondents had perceived overall dimensions of RMC whereas, among the four dimensions of RMC, 54.5%, 51.8%, 59.5% and 50.9% of respondents experienced friendly, abuse-free, timely and discrimination-free care respectively. The finding is similar to the study done in Pokhara, which reported 53% of the mothers received abuse-free care,[15] The findings are also supported by the study done in Puducherry,[20] Tanzania,[21] Pokhara.[15] And the findings contradict the study done in India, where all respondents had a poor perception,[16] similarly, disrespectful and abusive care was practiced in many countries.[17-19]

This study reveals that education, type of family, number of ANC visits, and family income per month were found statistically significant with the overall perception of RMC. The finding is supported by a study done in Ethiopia where ANC visit was identified as the significant predicate of RMC.[20] The findings contradict the studies, where the level of perception of RMC was not statistically significant with education and monthly family income.[13-15]

This study was conducted in a single facility-based hospital and focused only on four dimensions of Respectful Maternity Care.

Conclusion

Overall, more than half of respondents experienced all dimensions of RMC during childbirth. The perception level of Respectful Maternity was influenced by education, type of family, monthly family income, and frequency of ANC visits. Among the four dimensions, the perception level was highest on timely care while it was lowest on discrimination-free care. Therefore, to eliminate all forms of suffering and discrimination against mothers there is a need to advocate at all levels of health care provision to enhance the supportive and respectful maternity care approaches.

Recommendation

A similar study with different approaches can be carried out with large samples including all dimensions of RMC in different settings.

Conflict of Interest

The author declares no conflict of interest.

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