

Knowledge on Respectful Maternity Care among Nurses in Selected Hospitals

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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 Private Maternity hospitals in Dharpur Banaskantha district Gujurat. 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.

PROBLEM STATEMENT:

“Assessment of Knowledge Regarding Respectful Maternity Care (RMC) Among Nurses Working in Selected Private Maternity Hospitals of Dharpur, Gujarat.”

OBJECTIVES OF THE STUDY

General Objective

To assess the level of knowledge regarding Respectful Maternity Care (RMC) among nurses working in selected private maternity hospitals in Dharpur District Banaskantha, Gujarat.

SPECIFIC OBJECTIVES

1. To assess the demographic and professional characteristics of nurses working in selected private maternity hospitals.
2. To evaluate the level of knowledge regarding Respectful Maternity Care among nurses.
3. To categorize the knowledge level of nurses on RMC as adequate, moderately adequate, or inadequate.
4. To determine the association between knowledge level and selected demographic and professional variables (such as age, qualification, years of experience, and maternity ward experience).

5. To provide recommendations for improving the knowledge of nurses regarding Respectful Maternity Care through training or educational interventions.

METHODS AND MATERIALS

A descriptive cross-sectional research design was used to assess knowledge of respectful maternity care among nurses in selected Dharpur District Banaskantha Gujrat. The study was conducted at Private Maternity clinic. The study population included all registered nurses working in the labor, labor emergency, postnatal, and OT wards of Private Hospital, and the labor, post-operative, OT, pediatric, and NICU Private 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 selected Private maternity clinic and Hospital Dharpur Gujrat 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 Nursing Campus, the data collection process began. Initially, formal permission was obtained from the relevant authority at Private Hospital. Subsequently, consent was granted by the concerned authority of selected Private maternity hospital Dharpur Gujrat. 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 15, 2024, to January 15, 2025.

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 private maternity Hospital. 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.

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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