Multidisciplinary IJMAS www.ijmas.com

International Journal of Multidisciplinary Approach and Studies

ISSN NO:: 2348 – 537X

"Respectful Maternity Care"

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ABSTRACT:

"Respectful Maternity Care (RMC) is a universal right that is of every childbearing woman in every health system around the world. This includes respect for women's autonomy, dignity, empathy, privacy, confidentiality, feelings, choices, and preferences, including companionship during maternity care and continuous care during labour and childbirth. It ensures that there is no harm, and ill-treatment"(1,2). However, the quality of care provided to mothers remains deficient globally in developed as well as developing countries. Disrespectful care and ill ill-treatment such as physical and verbal abuse, non-confidential care, non-consented care, non-dignified care, abandonment or denial of care, discrimination and detention in facilities are seen globally in different settings, especially in the developing countries and the underprivileged population. Some of the barriers that pose a challenge to the implementation of RMC include insufficient supplies, lack of manpower, lack of infrastructure, lack of resources in the form of supplies, inadequate pay, all of these leading to health systems that are underequipped to meet the demands (3). Disrespect and abuse of women seeking maternity care are becoming an urgent problem and is closely linked with all the various domains including human right, public health, research, quality control and management (1). RMC plays a role in the antepartum, intrapartum and postpartum periods. Every woman in every setting deserves respect in the different stages and phases of pregnancy and has the right to seek treatment (1).

RMC became a topic of concern and focus with the Universal Declaration of Human Rights. Further, in1990ss, the United Nations declaration on the elimination of violence against women was issued. In the year 2010, the TR Action landscape analysis: "Exploring Evidence for Disrespect & Abuse in Facility Childbirth" discussed the problem systematically for the first time (2).

OBJECTIVES OF THE STUDY

1. To assess women's perceptions and experiences of Respectful Maternity Care (RMC) during childbirth and the immediate postpartum period.
2. To examine the understanding of stakeholders (doctors, nurses, administrative staff, and policymakers) regarding RMC.
3. To compare awareness of RMC among different stakeholders.
4. To identify stakeholders' needs and demands for achieving RMC.
5. To determine the prevalence of disrespect and abuse in health facilities.

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6. To compare RMC practices across different health facilities.
7. To identify determinants influencing RMC.
8. To explore ethical aspects associated with RMC.
9. To suggest strategies, policies, and interventions to improve RMC and achieve Sustainable Development Goals (SDGs).

Hypotheses

- There is a gap in awareness of RMC among different stakeholders.
- There is a difference between stakeholders' expectations and perceptions of RMC.
- Stakeholders have specific unmet needs for achieving RMC.
- Disrespect and abuse exist in maternity care within health facilities.
- RMC practices vary across different health facilities.
- Certain determinants significantly influence RMC.
- Ethical aspects are associated with RMC practices.

1.2. Scope

The research was conducted in the public and private health facilities of Bhilai city (CG) to study women's experiences and perceptions as well as the understanding of other stakeholders regarding RMC. The study examined the conceptual awareness amongst stakeholders. It generated data on the prevalence and examined if there are any significant differences in the different health facilities. The determinants of RMC were identified and the study also examined the principles of ethics that need to be addressed, based on which specific recommendations can be made for policy and programme development and appropriate evidence-based interventions can be designed. The study provided a questionnaire to measure stakeholders' perception of respectful maternity care. This can be used at all health facilities as a guideline of care for reproductive health. It is one of the few studies adding light to a very important aspect.

The findings of the study will help in identifying the specific demands and health services of the country and will also serve as a means of dissemination of knowledge of respectful maternity care in reproductive health through community-level sensitization. This study will also help in the implementation of the criteria of RMC at health facilities. This will help in designing interventions, quality improvement and provision of context-specific RMC services based on provider and user needs and perspectives.

According to the WHO framework, the achievement of RMC requires a health system approach. If there are problems or issues with any one system, the entire concept of RMC collapses because RMC is dependent on multiple factors (146).

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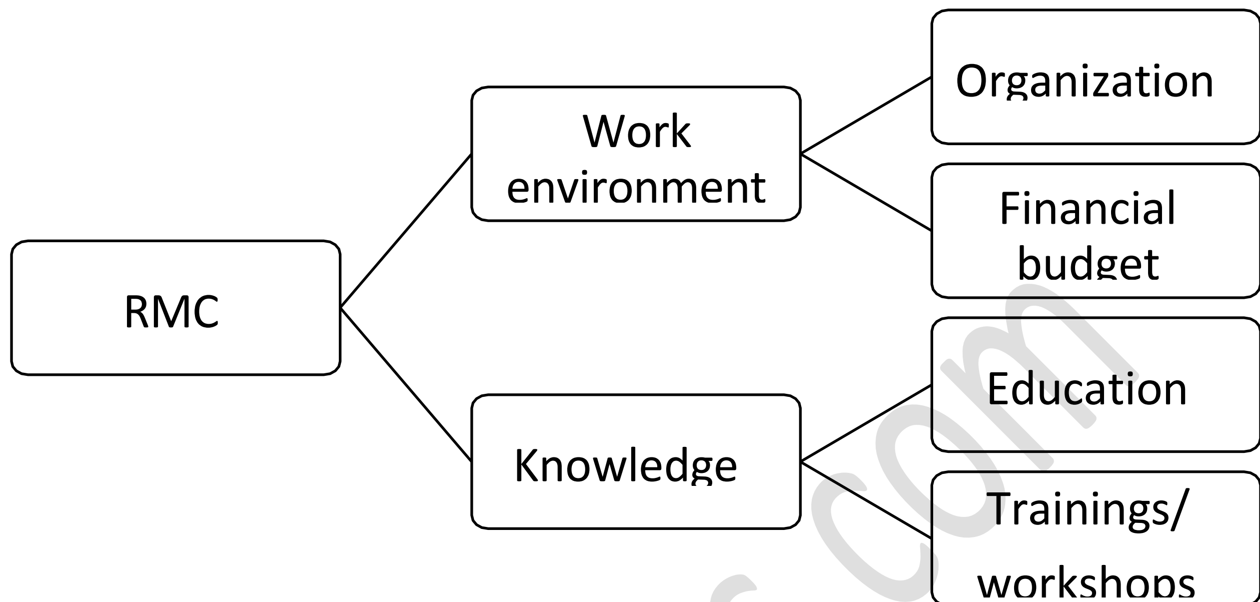

Figure 1 : RMC and other factors required for implementation

Figure 1 hows that to improve knowledge and create awareness people should be educated and trainings and workshops should be conducted. Implementation at workplaces requires support from the organization as well as budget allocation.

Another study conducted in India showed that trainings and workshops are essential but a sustainable change can be brought about only when RMC is a part of the curriculum and when there are feedback mechanisms in place, supervision, monitoring, use of applications for continuous feedback and system changes form the key measures for successful implementation of RMC (112).

1.3. Limitations

The study was conducted to understand the experiences and perceptions of stakeholders which itself is subjective. Women may not answer accurately due to recall bias. There are also possibilities of interview bias or response bias from other stakeholders. The study was conducted only in urban Bhilai (CG) and did not include the small health facilities or facilities from the rural areas. RMC includes antepartum, intrapartum and postpartum phases. However, our study involves only postpartum women.

1.4. Approach used to meet the objectives

To meet the objectives a cross-sectional study was conducted in the public and private health facilities of Bhilai city (CG). A total of ten hospitals were selected for the study purpose. A questionnaire consisting of questions on RMC was developed and administered via face-to-face interviews to the various stakeholders including postpartum women, relatives, doctors, nurses, administrative staff and policymakers. The experiences and perceptions of women were studied. Conceptual awareness among the other

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stakeholders was compared. Determinants of RMC and the ethical components involved were identified. Dependent and independent variables were checked for significance. Based on the study findings, suggestions for policy and programme implementation have been given.

Studies show varying levels of knowledge and practice of **Respectful Maternity Care (RMC)** among nurses. Sushma Pandey (2025) found that among 104 nurses, only 18.3% had adequate knowledge, while most had moderate (42.3%) or inadequate (39.4%) knowledge, with no significant association with demographic variables. Similarly, Sonam Deki and Jigme Choden (2024) reported that although many nurse midwives practiced communication rights, gaps existed in respecting women's choices due to limited training, heavy workload, and inadequate facilities.

Lusambili et al. (2023) highlighted moderate knowledge of patient rights among nurses, with variations across settings, possibly due to small sample sizes. Likewise, Devassy and Sangeetha (2021) found that 65.5% of nurses had moderately adequate knowledge of RMC, emphasizing the importance of improving awareness to enhance maternal care quality and patient satisfaction.

1.2. Major findings of the study

A total of 385 postpartum women were interviewed and 50 stakeholders including 20 doctors, 20 nurses, 7 administrative staff and 3 policymakers. None of the women were aware of the term RMC. Only seven percent knew that birth companions are allowed during labour. This shows the lack of awareness amongst women and the need for creating awareness among women. Amongst the other stakeholders, only 50% of doctors and 30% of nurses knew about RMC. None of the administrative staff were aware of RMC. The policymakers were aware of RMC. This highlights the issue of lack of awareness amongst the direct providers and recipients.

Various problems of ill-treatment were prevalent and reported by the stakeholders. Suggestions and challenges were identified and themes were established from the open-ended responses obtained from the participants.

CONCLUSIONS

The study explored the understanding of various stakeholders on RMC.

The study identified various experiences of postpartum women during childbirth and immediate postpartum and showed a need to focus on these issues. Without understanding the perspectives of women, the interventions implemented will not be effective in getting the desired results. Problems of physical abuse, verbal abuse, infrastructural issues and other problems are prevalent even in urban areas. Almost all women (96%), reported at least one or the other form of ill- treatment or denial of basic maternal rights.

Interviews with other stakeholders including relatives, doctors, nurses, administrative staff and policymakers revealed that there is a difference between the awareness and understanding amongst stakeholders about the concept of RMC.

Various determinants such as type of health facility, age of women, gravida and type of delivery were identified that play a role in the achievement of RMC. Significant associations were identified.

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RMC is identified to be a complex adaptive system, involving unpredictability concerning changes making it complex and behaviour is responsible for action thus making it adaptive.

RMC lies on ethical principles and violation of RMC is a violation of ethical principles.

Finally, the study gives various suggestions or recommendations for the achievement of RMC including the display of charters for increasing awareness amongst stakeholders, the development of applications, education, and training, and finally the development of policies and programmes that would target these issues. Supervisions and audits will ensure that RMC is practiced. And a mechanism should be in place for handling and registering complaints and for looking into the various matters related to RMC.

6.1. Limitations of the study

The limitation of this study is that it is a hospital-based study and perceptions and experiences may vary when women are interviewed in the community setup. This study was conducted only in the urban area of Bhilai city (CG) and only among postpartum women. The findings of the study are based on the experiences reported by the stakeholders. However, no observations were done to validate their responses. The cause-effect relationship between the outcomes (RMC) and the different variables could not be established.

7.1. Future Scope

Future studies could be directed to:

- Studying the long-term impact of RMC on mother and newborn health
- Identifying tools and techniques for the promotion of RMC
- Identifying techniques for integration into the health system
- Identifying interventions that will help in the achievement of RMC
- Developing training modules, conducting workshops and understanding their impact on delivering RMC
- Involving various organizations for an integrated approach
- Involvement of various stakeholders
- Facilitators and barriers involved and addressing these
- Formally introducing midwives to support women during antenatal, natal and postnatal periods and studying the long-term impact of midwifery on RMC
- Studies are needed to understand the impact of health facilities on perceptions, experiences and understanding.
- Implementation research on RMC
- RMC research should not only be restricted to work done internationally on RMC but also local research that helps in identifying the cultural issues and challenges specific to that setting

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- RMC among different age groups. A study protocol discusses about RMC for adolescents. Similarly, other studies can be conducted targeting different age groups and populations.

The study identifies the need to conduct studies in other regions to identify the prevalence, develop interventions and study the impact of these in all settings.

REFERENCES

i. Deki, S., & Choden, J. (2024). Assessment of knowledge, attitude, and practices of respectful maternity care among nurse midwives in referral hospitals of Bhutan.

ii. Devassy, & Sangeetha. (2021). Knowledge of respectful maternity care among staff nurses in selected hospitals of Bengaluru.

iii. Lusambili, A., et al. (2023). Knowledge of patient rights related to respectful maternity care among nurses.

iv. Pandey, S. (2025). Knowledge on respectful maternity care among nurses in selected hospitals of Butwal sub-metropolitan city.

v. UNICEF. Key data | UNICEF India [Internet]. [cited 2022 Nov 16]. Available from: https://www.unicef.org/india/key-data

vi. World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva, World Health Organization [Internet]. 2019. Available from: https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf

vii. World Health Orgnization. The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement. Geneva, World Health Orgnization [Internet]. 2018.Available from: https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf?sequ ence=1&isAllowed=y

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