

Original Article**Perception Regarding Respectful Maternity Care among Postnatal Mothers at Tertiary Centre Hospital, Koshi Province**Saraswata Neupane*¹, Indira Pokhrel¹, Rameshwari Singh¹, Ram Prasad Dhakal²¹Department of Nursing, Nobel Medical College and Teaching Hospital, Biratnagar, Nepal²Centre for Population and Development, Purbanchal University, BiratnagarArticle Received: 16th February, 2023; Accepted: 29th May, 2023; Published: 30th June, 2023DOI: <https://doi.org/10.3126/jonmc.v12i1.56283>**Abstract****Background**

Pregnancy and childbirth are momentous events, with deeply personal and social significance in the lives of women, families, and communities. Around the world, in every country and community, pregnancy and childbirth are immensely important events in the lives of women and families. So, the study aimed to assess the perception regarding respectful maternity care among postnatal mothers.

Materials and Methods

A cross-sectional study was conducted among postnatal mothers at Tertiary Centre Hospital in Koshi Province. The study was started after acquiring approval from the Institutional Review Committee of Nobel Medical College. Data was collected using a face-to-face interview technique with a standardized tool from May 2022 to November 2022. A total of 102 postnatal mothers were taken as a sample by using a non-probability purposive sampling technique. Data analysis was done by descriptive study.


Results

A total of 102 respondents participated in the study of which 62.7% had received overall dimensions of experienced Respectful Maternity Care (RMC) with a mean score \pm SD (51.91 \pm 5.56). Likewise, among the four dimensions of RMC, the highest average mean score of 81.96 is observed in the discrimination-free care with an SD of 11.08, where 100 % of the women claimed being received discrimination-free care.

Conclusion

There was a significant association of RMC with residence and the number of ANC visits. Even though RMC prioritizes removing disrespectful and abusive settings from healthcare facilities, one-half of participants felt that they had not utilized all of RMC's offerings.

Keywords: *Hospital, Perception, Postpartum*

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Introduction

Child bearing woman in any health care system is entitled to respectful maternity care (RMC), which is a fundamental human right [1]. The World Health Organization defines Respectful Maternity Care as Care arranged for and given to all women in a way that upholds their dignity, privacy, and confidentiality, ensures their freedom from abuse and mistreatment, and allows for informed decision-making and ongoing support throughout labor and childbirth [2]. One of the factors discouraging the adoption of maternity care services is the disrespect and mistreatment of women during institutional birthing services [3]. A cross-sectional study in Nepal concluded that 84.7 % of the women reported that they had experienced overall RMC services with a mean score \pm SD (61.70 ± 12.12). Even though the majority of the women claimed to have experienced RMC services, they also admitted to receiving disrespectful treatment in a variety of forms such as being shouted upon (30 %), being slapped (18.7%), delayed service provision (22.7%), and not talking positively about pain and relief during childbirth (28.0%) [4].

Despite the problem, only a few researches have been conducted about the status of disrespect and abuse during childbirth in Nepal. Therefore this study aimed to assess the perception regarding respectful maternity care postnatal mothers at tertiary center hospital, in Koshi Province.

Materials and Methods

A cross-sectional research design was adopted and the study was done at the postnatal ward of Nobel Medical College and Teaching Hospital, Biratnagar from May 2022 to November 2022. This study was started after acquiring approval from the Institutional Review Committee of Nobel Medical College, and the purpose of the study was explained to the mothers following this, informed consent was obtained from each participant.

Non-probability purposive sampling technique was used to select 102 postnatal mothers from the postnatal ward of the Nobel Medical College and Teaching Hospital, Biratnagar.

The study considers a 95% confidence interval and 80% power in the hospital setting to estimate sample size. For the calculation of sample size, the prevalence of perception is considered 80.7% (discrimination-free care) according to the literature review [4]. Sample estimation was done by using the Cochran formula $n = Z^2 pq/d^2$ with a 10

% of allowable error. Adding 10 % of the non-response rate, the total sample size was 102. First of all, respondents were identified by asking about the time of delivery along with observing the chart, those respondents were selected who agree to participate and meet inclusive criteria until the desired sample was not met. Mothers who had a vaginal delivery and were willing to participate in the study were included in the study. Mothers who was admitted to the postnatal ward after a home delivery, having intrauterine fetal death, stillbirth, fetal anomalies, cesarean section, and those whose baby was admitted to NICU or Ward was excluded from the study. Data were collected by a structured interview schedule comprising two parts. Part I of the questionnaire consisted of a socio-demographic of the mothers. Part II A validated tool with 15 items was used to measure, with the options being Strongly Agree, Agree, Don't Know/indifferent, Don't Agree, and Strongly Don't Disagree. The scale contains four components: friendly care, abuse-free care, timely care, and discrimination-free care. Each consists of a total of 7, 3, 3, and 2 items, respectively [5]. To obtain a score for each dimension and the overall perceptions of RMC, the raw score was transformed into a scale from 0 (lower) to 100 (higher) where 1 = 0, 2 =25, 3 =50, 4 =75, and 5 =100, The standard method of employing the transformation formula was used to determine how each component's perception of women and overall perceptions of RMC were perceived. Likewise, to find the level of perception of women regarding RMC, those women who scored 50 or more transformed scores were categorized as "experienced RMC" and those women who scored less than 50 were categorized as "not experienced RMC." The RMC measurement scale, which was only available in English, was translated into Nepali. For linguistic verification, Nepali language specialists and subject matter experts were consulted. The statistical package for social science (SPSS) version 22 was used to examine the data. Socio-demographic variables were evaluated using descriptive statistics such as frequency, percentage, and mean. The association between the variables was examined by a Chi-square test.

Results

Table 1A reveals that the Majority (77.5%) of respondents' age was 20-25 years. Most of the respondents were from urban areas (82.4%). Nearly half (48.0%) of the respondents were



Madheshi. Most (82.4%) of the respondents were Hindu. All of the respondents (100%) were married. Most (90%) of the respondents can read and write, One half (34.3%) of the respondents had educational qualifications basic level. The majority (74.5%) of the respondents were homemakers. Similarly, half (52.9%) of the Respondents' monthly family income was Rs 10,000-20,000.

Table 1: Socio-demographic Characteristics of Respondents n=102

| Characteristics | Frequency (N) | Percentage (%) |
|------------------------------------|---------------|----------------|
| Age in years | | |
| 20-25 | 79 | 77.5 |
| 26-30 | 23 | 22.5 |
| Residence | | |
| Rural | 18 | 17.6 |
| Urban | 84 | 82.4 |
| Ethnicity | | |
| Brahmin/ Chettri | 17 | 16.7 |
| Janjati | 12 | 11.8 |
| Muslim | 16 | 15.7 |
| Madheshi | 49 | 48.0 |
| Dalit | 8 | 7.8 |
| Religion | | |
| Hindu | 84 | 82.4 |
| Buddhist | 2 | 2.0 |
| Islam | 16 | 15.6 |
| Marital Status | | |
| Married | 102 | 100.0 |
| Educational Status | | |
| Can read and write | 90 | 88.2 |
| Cannot read and write | 12 | 11.8 |
| Educational level | | |
| Informal | 28 | 27.5 |
| Basic | 35 | 34.3 |
| Secondary | 26 | 25.4 |
| University and Above | 1 | 1.0 |
| Occupation | | |
| Homemaker | 76 | 74.5 |
| Farmer | 8 | 7.8 |
| Services (Government/private) | 16 | 15.7 |
| Others (Business) | 2 | 2.0 |
| Family Monthly Income in Rs | | |
| <10,000 | 15 | 14.7 |
| 10,000-20,000 | 54 | 52.9 |
| >20,000-30,000 | 21 | 20.6 |
| >30,000 | 12 | 11.8 |

Table 2 shows that the majority (62.7%) of the respondents were Primi gravida. The majority (64.7%) of the respondents belong to Nullipara. Half (50%) of the respondents had ≥ 4 ANC visits. Most (81.4%) of the respondents had Episiotomy. Similarly, the majority (61.8%) of the

respondents had stayed in the labor room for ≥ 12 hours. Likewise, the majority (66.7%) of the respondent stay in the hospital ≤ 24 hours.

Table 2: Obstetric Characteristics of the Respondents n=102

| Characteristics | Frequency (N) | Percentage (%) |
|---|---------------|----------------|
| Gravida | | |
| Primi Gravida | 64 | 62.7 |
| Multi Gravida | 38 | 37.3 |
| Parity | | |
| Nullipara | 66 | 64.7 |
| Multipara | 36 | 35.3 |
| Number of ANC visit(102) | | |
| <4 | 51 | 50 |
| >4 | 51 | 50 |
| Episiotomy | | |
| Yes | 83 | 81.4 |
| No | 19 | 18.6 |
| Length of stay in labour (hours) | | |
| <12 | 39 | 38.2 |
| >12 | 63 | 61.8 |
| Length of stay in hospital | | |
| <24hrs | 68 | 66.7 |
| >24hrs | 34 | 33.3 |

Table 3 shows the mean score and SD of each dimension, as well as the overall dimensions of RMC. A majority (62.7%) of the respondents had received overall dimensions of experienced Respectful Maternity Care (RMC) with the mean score being 51.91 with a standard deviation of 5.56. Likewise, among the four dimensions of RMC, the highest average score of 81.96 is observed in the discrimination-free care dimension with an SD of 11.08, where 100 percent of the women claimed being received discrimination-free care.

Table 3: Level of perception on overall and four dimensions of Respectful Maternity Care n=102

| Variables | Experienced RMC n (%) | Not experienced n (%) | Mean \pm SD |
|--------------------------|-----------------------|-----------------------|-------------------|
| Friendly care | 96 (94.1) | 6 (5.9) | 68.01 \pm 11.59 |
| Timely care | 74 (72.5) | 28 (27.5) | 57.90 \pm 11.17 |
| Abuse-free care | 99(97.1) | 3(2.9) | 74.83 \pm 11.3 |
| Discrimination-free care | 102(100) | - | 81.96 \pm 11.08 |
| Overall RMC | 64 (62.7) | 38 (37.3) | 51.91 \pm 5.56 |

Table 4 shows there was a statistically significant association between the level of perception with residence at 0.05 significant level.



Table 4: Association of the level of perception with selected Socio-demographic Characteristics (n=102)

| Characteristics | Respectful Maternity Care | | P value |
|------------------------------------|---------------------------|---------------------|---------|
| | Experienced (%) | Not-experienced (%) | |
| Age in Years | | | |
| 20-25 | 48 (60.85) | 31 (39.3) | 0.442 |
| 26-30 | 16 (69.66) | 7 (30.43) | |
| Residence | | | |
| Rural | 7 (38.88) | 11 (61.21) | 0.021* |
| Urban | 57(67.85) | 27 (32.24) | |
| Ethnicity | | | |
| Brahmin /Chettri | 12(70.6) | 5(29.41) | 0.764 |
| Janjati | 6(50) | 6(50) | |
| Madheshi | 30(61.22) | 19(38.87) | |
| Muslim | 10(62.5) | 6(37.5) | |
| Dalit | 6(75) | 2(25) | |
| Religion | | | |
| Hindu | 54 (64.38) | 30 (35.71) | 0.178 |
| Non-Hindu* | 10(55.55) | 8 (44.54) | |
| Educational Status | | | |
| Can read and write | 59(65.65) | 38(34.44) | 0.265 |
| Cannot read and write | 5 (41.66) | 7(58.4) | |
| Occupation | | | |
| Employed | 9(50) | 9(50) | 0.185 |
| Unemployed€ | 55(65.47) | 29(34.62) | |
| Family monthly Income in RS | | | |
| <10,000 | 9 (60) | 6 (40) | 0.917 |
| 10,000-20,000 | 35 (64.8) | 19 (35.18) | |
| >20,000-30,000 | 12 (57.14) | 9 (42.85) | |
| >30,000 | 8 (66.66) | 4 (33.33) | |

*=significant at $p < 0.05$ ¥= Islam, Buddhist, €=Farmer, Home-maker

Table 5 reveals that there was a statistically significant association between the level of perception of respectful maternity care with the number of ANC visits at a 0.05 significant level.

Table 5: Association of the level of perception with Obstetric characteristics of the respondents n=102

| Characteristics | Respectful Maternity Care | | P value |
|--|---------------------------|----------------------|---------|
| | Experienced N(%) | Not-experienced N(%) | |
| Gravida | | | |
| Primi Gravida | 39 (60.93) | 25 (39.06) | 0.624 |
| Multi Gravida | 25 (65.78) | 13 (34.21) | |
| Parity | | | |
| Nullipara | 40 (60.60) | 26 (39.39) | 0.545 |
| Multipara | 24 (66.66) | 12 (33.33) | |
| Number of ANC visits | | | |
| <4 | 27 (52.94) | 24 (47.05) | 0.041* |
| >4 | 37 (72.54) | 14 (27.45) | |
| Episiotomy | | | |
| Yes | 51(61.44) | 32 (38.55) | 0.571 |
| No | 13 (68.42) | 6 (31.57) | |
| Length of stay in labor (hours) | | | |
| <12 | 22 (59.41) | 17 (43.58) | 0.298 |
| >12 | 42 (66.66) | 21 (33.33) | |
| Length of stay in hospital | | | |
| <24hrs | 42 (61.76) | 26 (38.23) | 0.772 |
| >24hrs | 22 (64.70) | 12 (35.29) | |

*= significant at $p < 0.05$

Discussion

The present study reveals that the majority (77.5%) of respondents' age was 20-25 years. Most of the respondents were from Urban areas (82.4%). Nearly half (48.0%) of the respondents were Madheshi. Most (82.4%) of the respondents were Hindu. All of the respondents (100%) were married. Most (90%) of the respondents can read and write, One half (34.3%) of the respondents had educational qualifications basic level. The majority (74.5%) of the respondents were homemakers. More than half (52.9%) of the Respondents' monthly family income was Rs 10,000-20,000. Similarly, the Majority (62.7%) of the respondents were Primi gravida. The majority (64.7%) of the respondents belong to Nullipara. Half (50%) of the respondents had ≥ 4 ANC visits. Most (81.4%) of the respondents had Episiotomy. Similarly, the majority (61.8%) of the respondents had stayed in the labor room for ≥ 12 hours. Likewise, the majority (66.7%) of the respondent stay in the hospital ≤ 24 hours.

This study deliberates to measure perception regarding respectful maternity care among postnatal mothers. The four major RMC dimensions were used to assess the perception, i.e., friendly care, abuse-free care, timely care, and discrimination-free care. Every woman has the right to be treated with dignity and respect, according to Article IV of the UN's treaty on universal rights of childbearing women [6]. Still, 37% of the mothers in the study stated that they had not experienced the overall dimensions of RMC. RMC comprehends the universal human rights of every mother concerning the women's autonomy, dignity, feelings or perceptions, choices for birth, and treatment preferences of companionship and cultural beliefs during childbirth, especially in hospital settings. In this study majority of the 62.7 percent of respondents experienced RMC. Present study findings support that 87.4 percent of respondents experienced RMC and 15.3 percent of respondents did not receive RMC reported by Nepal Medical College and Teaching Hospital (NMCTH), Kathmandu, Nepal [4]. Another similar study finding revealed that 57(28.5%) women received poor Respectful Maternity Care and 85(42.5%) received average whereas 58(29%) women received good Respectful Maternity Care supported by a study in Punjab, India [7]. In contrast, 83 percent of women did not receive respectful maternity care whereas 17 percent of women received respectful maternity care supported by Teaching Hospital Kaski district, Pokhara [8]. Another same finding contradicts the finding of the study done in the



West Shewa zone, Oromia region, Central Ethiopia [9]. The methodological differences, study times, socioeconomic backgrounds of the study groups, health policies, facilities, cultural norms, and infrastructure could all have an impact on the outcomes.

Of four RMC domains, friendly care experienced RMC 94.1 percent, timely care experienced RMC 72.5 percent, abuse-free care experienced RMC 97.1 percent, and discrimination-free care 100 percent experienced RMC. Similar study findings friendly care experienced RMC 84 percent, timely care experienced RMC 64.7 percent, abuse-free care experienced RMC 69.3 percent, discrimination-free care 80.7 percent experienced RMC reported by Nepal Medical College and Teaching Hospital (NMCTH), Kathmandu, Nepal and Puducherry Hospital, India [4,10]. The same finding contradicts the finding of the study done in the Teaching hospital in Kaski district, Pokhara [8], and public health facilities of Ilu AbaBor zone, Southwest Ethiopia [11].

There were no statistical associations between the level of perception of RMC with age, ethnicity, religion, marital status, educational status, occupation, family monthly income, gravida, para, episiotomy, length of stay in labor (hours), and length of stay in hospital. However, in this study, residence, and number of ANC visits were found to be statistically significant.

This study takes into account not only the physical but also the psychological and emotional aspects of women's lives, preventing them from having a negative experience with the care given to them. Therefore, the care given by the health staff is important in reaching the target SDG Nepal for obtaining 90 percent of institutional deliveries. Therefore, the study can be utilized to determine the areas that require greater concentration to improve the health of women and children, which is the study's strongest component.

Conclusion

The majority of respondents had, as may be inferred from the study's findings, undergone Respectful Maternity Care. The study also demonstrates a substantial correlation between RMC and residency and the frequency of ANC visits.

Recommendation

Based on the findings of the study, the following recommendation was made: The study can be replicated on a larger sample. A similar type of study can be conducted in another hospital.

Acknowledgment

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Conflict of interest

The authors do not have any conflicts of interest regarding this publication.

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References

- [1] Reis V, Deller B, Carr C, Smith J, Respectful Maternity Care: Country Experiences: Survey Report. Washington DC: United States Agency for International Development. 2012 [Internet]. https://toolkits.knowledge.success.org/sites/default/files/rmc_survey_report_0_0.pdf (Accessed 18-12-2022)
- [2] WHO Reproductive Health Library, WHO recommendation on respectful maternity care. The WHO Reproductive Health Library; Geneva: World Health Organization. 2018 [Internet]. <https://apps.who.int/iris/bitstream/handle/10665/272447/WHO-RHR-18.12-eng.pdf> (Accessed 20-12-2022)
- [3] Balde MD, Bangoura A, Diallo BA, Sall O, Balde H, Niakate AS et al, A qualitative study of women's and health providers' attitudes and acceptability of mistreatment during childbirth in health facilities in Guinea, *Reproductive Health*. 14:4 (2017) 1-13. DOI: 10.1186/s12978-016-0262-5
- [4] Pathak P, Ghimire B, Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth, *Obstetrics and Gynecology International*. 2020:5142398 (2020) 1-8. DOI:10.1155/2020/5142398
- [5] Sheferaw ED, Mengesha TZ, Wase SB, Development of a tool to measure women's perception of respectful maternity care in public health facilities, *BMC pregnancy and childbirth*. 16: 1 (2016) 67–72. DOI: 10.1186/s12884-016-0848-5
- [6] White Ribbon Alliance, Respectful maternity care: the universal rights of childbearing women. White Ribbon Alliance, Washington DC, USA. 2011 [Internet]. <http://www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=46> (Accessed 24-12-2022)
- [7] Pathania S, Singh R, Kumari S, A study to assess the women's perception of respectful maternity care among postnatal mothers admitted in selected hospitals of Punjab, *International Journal Obstetrics Gynecological Nurses*. 3:2 (2021) 17-21. DOI:10.33545/26642298.2021.v3.i2a.68
- [8] Poudel S, KC D, Shrestha S, Perceived experience of respectful maternity care among mothers attending a selected teaching hospital of Kaski district, *Journal of Gandaki Medical College-Nepal*. 1:15 (2022) 74-9. DOI: 10.3126/jgmcn.v15i1.43719
- [9] Bulto GA, Demissie DB, Tulu AS, Respectful maternity care during labor and childbirth and associated factors



- among women who gave birth at health institutions in the West Shewa zone, Oromia region, Central Ethiopia. *BMC Pregnancy Childbirth*. 3: 20 (2020) 443-446 DOI: 10.1186/s12884-020-03135-z.
- [10] Alageswari A, Bala MB, Chitra, AF, Knowledge and Perception of Postnatal Mothers on Respectful Maternity Care - A Explorative Study, *Merit Research Journal of Medicine and Medical Sciences*.7:3 (2019) 106-111. DOI: 10.5281/zenodo.2604720.
- [11] Yismaw WS, Teklu TS, Panduragman H, Respectful maternity care during facility-based childbirth and associated factors in public health facilities of Ilu AbaBor zone, Southwest Ethiopia, *Reprod Health*. 22:19 (2022) 98-101. DOI: 10.1186/s12978-022-01368-z.

