Original Article

Perception of Women regarding Respectful Maternity Care during Childbirth in Maternity Hospital, Kathmandu

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ABSTRACT

Background: Disrespectful and abusive care has been recognized as one of the barriers to seek timely maternity health services. One of the crucial ways to increase institutional deliveries is providing respectful maternity care. Women will be motivated to facility-based delivery only when they get respectful care during childbirth. Thus, the study aimed to identify perception of women regarding Respectful Maternity Care (RMC) during childbirth.

Method: A descriptive cross-sectional design was applied among 196 women in Postnatal ward of Paropakar Maternity and Women's hospital, Kathmandu. Non probability purposive sampling technique was adopted to select the study area. Study participants were selected by using simple random sampling technique. Face to face interview was done by using standard RMC tool. Descriptive and inferential statistics were used to analyze the data.

Results: In total, 92.9% women reported that they have experienced overall RMC services. Though majority of women experienced RMC services on different domain, they also experienced disrespectful care in various forms such as not cared with kind approach (15.3%); being shouted (4.1%); keep waiting for long time (23.5%); delay provision of services (17.9%) and being insulted (13.8%). There was association between overall perception on RMC and education (p=0.049).

Conclusion: Most of the women reported they have experienced RMC services on different domains. Some women experience disrespectful care in various forms. Therefore, woman-centered care should be provided in a respectful and non-abusive manner through capacitating institutional structure and updating professional by ongoing in-service and academic training.

Keywords: perception, women, respectful maternity care, childbirth

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INTRODUCTION

The availability of RMC is essential for promoting timely care-seeking behavior, and ensuring the health and well-being of mothers and their babies. Disrespectful and abusive care has been recognized as one of the barriers to seek timely maternity health services [1]. Globally, disrespectful and undignified care is prevalent in many facility settings and this not only violates the human rights but is also a significant barrier to access intrapartum care services [2]. In every country, pregnancy and childbirth are momentous events in the lives of women and families which represent a time of intense vulnerability [3]. The World Health Organization has emphasized the problem of disrespect and abuse of women during facility-based childbirth as global phenomenon requiring urgent attention [1].

Respectful maternity care has been included in national legislation at the first time after adoption of the Safe Motherhood and Reproductive Health Rights Act of Nepal in October 2018. It also accelerates in the provision of high-quality respectful care for mothers and babies in the country [4]. A study from Nepal shows only 17% women perceived respectful maternity cares while most women reported at least one category of disrespect and abuse during labor and delivery. Saddest part is the most common being non-consented care (100%), non-dignified care (72.2%) and non-confidential care (66.6%) [5,6].

Every day about 830 deaths of women are recorded around the globe associated with pregnancy and childbirth. Ninety-nine percentage of the total deaths are recorded to be occurring in developing countries [7]. Maternal mortality rate is 151/100,000 live births [8] and delivery by skill provider is 80% in Nepal [9]. Nepal government has focused on institutional delivery to reduce maternal mortality rate (MMR) to 70 per 100,000 live births and neonatal mortality (NMR) to 12 deaths per 1,000 live births by the year 2030 to meet sustainable development goal (SDG) 3. Nepal government also has the target of achieving institutional birth to 90% by 2030 to reach the SDG goal [10]. One of the crucial ways of increasing institutional deliveries is providing RMC and there is also rising interest in RMC in Nepal so the study was conducted to find out current perception of respectful maternity care of women during childbirth.

METHODS

A descriptive cross-sectional design was applied among 196 women in Paropakar Maternity and Women's Hospital (PMWH), Kathmandu. Non probability purposive sampling technique was adopted to select the study area. Study participants were women who delivered the baby vaginally within 24 hours period and admitted in postnatal ward. Women who had delivered the baby with Caesarean section or major obstetric complication or women's baby who was admitted in NICU were excluded from the study. Study participants were selected by using simple random sampling technique. The participants were screened for the eligibility by reviewing the medical record of postnatal ward. Sampling frame was developed and desired number of samples was selected through lottery method each day. The data was collected from 7th to 26th Dec, 2022. Data collection was done by face to face interview technique. Data collection was done after ethical clearance and formal approval from Institutional Review Boards of National Academy of Medical Sciences and Paropakar Maternity and Women's Hospital. The written informed consent was obtained from each woman before data collection. Privacy was maintained by conducting interview in separate corner of postnatal ward. Confidentiality was maintained by giving a code number and not disclosing the information.

A standard RMC tool developed by Ephrem D. Sheferaw, Teka Z. Mengesha and Solomom B. Wase was used to collect data. The tool contains 15 item RMC scale which has four dimension i.e.

friendly care (7 items), abuse free care (3 items), timely care (3 items) and discrimination free care (2 items). The perception for each question was scored as strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5) [11]. The RMC level is categorized into "experienced RMC" and "not experienced RMC". Women who reported agree and strongly agree are considered as "experienced RMC" and women who reported disagree, strongly disagree and neutral are considered as "not experienced RMC". All collected data were entered on Statistical Package for Social Sciences (SPSS) version 21. Data were analyzed by using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (chi-square test). A p-value of <0.05 and 95% confidence interval was regarded as the appropriate level of statistical significance.

RESULTS

The mean age of women was 25 years and majority of women (84.7%) were 20-34 years. Similarly, 43.4% women were Janajati and 45.9% women had received secondary level education. Majority of women (69.4%) were homemakers and 70.4% women had sufficient economic status. More than half women (54.1%) were primpara and 36.2% women delivered baby by spontaneous vaginal delivery with episiotomy (Table 1).

Regarding friendly care, majority of women were agreed in cared with kind approach (80.1%), treated in a friendly manner (79.6%) and talked positively about pain and relief measures (80.1%). Few women (13.8%) were disagree on the statement that the health workers showed concern and empathy. Similarly, 10.3% women disagreed that the health workers treated them with respect as an individual. Majority of women were agreed that the health workers spoke in understandable language (85.2%) and health workers called by their name (69.9%). Regarding abuse-free care, 21.9% women were disagree that health workers responded to their needs whether or not they asked. Most of the women (98.5%) were disagree that health workers slapped. Very few women (4.1%) were agreed that health workers shouted. Regarding timely care, majority of women were agreed that they kept waiting for a long time before receiving service (23.5%) and allowed to practice cultural rituals in the facility (32.7%). Few women (17.9%) were agreed that the service provision was delayed. Regarding discrimination-free care, 10.3% women were agreed that the health workers did not treat them well due to their personal attributes. Few women (13.8%) were agreed that health workers insulted them and their companions due to personal attributes (Table 2).

Majority of women experienced RMC services on friendly care (86.7%), abuse-free care (94.9%) and discrimination-free care (86.7%). But 23.0% women reported that they did not experienced timely care. In total, 92.9% women reported that they have experienced overall RMC services (Figure 1). The analysis of overall perception on RMC and selected variables revealed that there was association between overall perception on RMC and education (p=0.044) (Table 3).

Table 1: Background Information of the Women (n=196)

Variables	Frequency	Percent
Age		
Less than 20	19	9.7
20-34	166	84.7
35 and above	11	5.6
Mean±SD: 24.85±4.33		

Ethnicity		
Janjati	85	43.4
Brahman /chhetri	74	37.8
Dalits	17	8.7
Terai/Madeshi	16	8.2
Muslim	4	2.0
Education		
Illiterate	11	5.6
Informal education	17	8.7
Primary education	46	23.5
Secondary education	90	45.9
Occupation		
Homemaker	136	69.4
Business	22	11.2
Service	19	9.7
Agriculture	19	9.7
Economic status of family		
Hardly sufficient	35	17.9
Sufficient	138	70.4
Surplus	23	11.7
Parity		
Primipara	106	54.1
Multipara	90	45.9
Type of current delivery		
Spontaneous Vaginal Delivery (SVD)	42	21.4
SVD with tear	83	42.3
SVD with episiotomy	71	36.2

Table 2: Perception regarding Respectful Maternity Care among Women (n=196)

Variables	SD No (%)	D No (%)	N No (%)	A No (%)	SA No (%)	Mean
Friendly Care						
Cared with a kind approach	7(3.6)	23(11.7)	9(4.6)	73(37.2)	84(42.9)	4.04
Treated in a friendly manner	5(2.6)	18(9.2)	17(8.7)	75(38.3)	81(41.3)	4.07
Talked positively about pain and relief	7(3.6)	15(7.7)	17(8.7)	80(40.8)	77(39.3)	4.05
Showed concern and empathy	6(3.1)	21(10.7)	6(3.1)	101(51.5)	62(31.6)	3.98
Treated me with respect as an individual	5(2.6)	15(7.7)	12(6.1)	90(45.9)	74(37.8)	4.09
Spoke to me in a language that I could understand	3(1.5)	15(7.7)	11(5.6)	58(29.6)	109(55.6)	4.3
Called me by my name	5(2.6)	25(12.8)	29(14.8)	58(29.6)	79(40.3)	3.92
Abuse-free care						
Responded to my needs whether or not I asked	9(4.6)	34(17.3)	15(7.7)	79(40.3)	59(30.1)	3.74
Slapped me (R)	135(68.9)	58(29.6)	3(1.5)	0(0.0)	0(0.0)	4.67
Shouted at me (R)	102(52)	68(34.7)	18(9.2)	7(3.6)	1(0.5)	4.34
Timely care						

Kept waiting for a long time before receiving service (R)	73(37.2)	72(36.7)	5(2.6)	35(17.9)	11(5.6)	3.82
Allowed to practice cultural rituals in the facility	10(5.1)	14(7.1)	108(55.1)	57(29.1)	7(3.6)	3.19
Service provision was delayed (R)	73(37.2)	85(43.4)	3(1.5)	25(12.8)	10(5.1)	3.95
Discrimination-free care						
Did not treated me well because of my personal attributes (R)	95(48.5)	77(39.3)	4(2)	15(7.7)	5(2.6)	4.23
Insulted me and my companions because of my personal attributes (R)	94(48)	67(34.2)	8(4.1)	18(9.2)	9(4.6)	4.12

SD =strongly disagree, D=disagree, N=neutral, A=agree, SA=strongly agree, (R)=reverse coded

Figure 1: Level of Perception regarding RMC among Women (n=196)

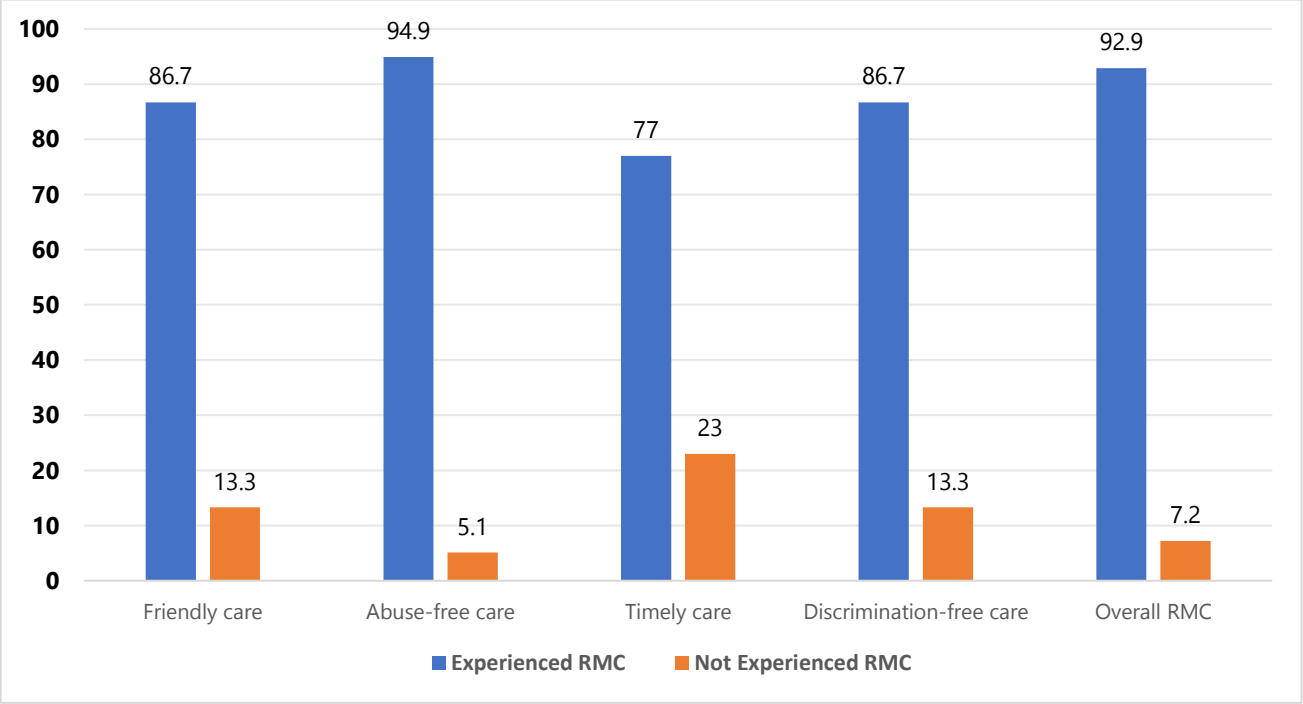

Table 3: Association between Overall Perception on RMC and Selected Variables (n=196)

Variables	Overall Perception on RMC f (%)		Chi-square	p-value
	Experienced RMC	Not Experienced RMC		
Age				

≤25	103(90.35)	11(9.65)		
>25	79(96.34)	3(3.66)	2.581[a]	0.095
Ethnicity				
Brahman/Chetri	70(94.59)	4(5.41)		
Tarai/Madesh	13(81.25)	3(18.75)	3.767[a]	0.409
Muslim and Dalits	20(95.24)	1(4.7)		
Janajati	79(92.94)	6(7.06)		
Education				
Uneducated	28(100)	0(0.0)		
Educated	126(92.65)	10(7.35)	2.193_a	0.044*
Occupation				
Homemaker and agriculture	145(93.55)	10(6.45)		
Service and business	37(90.24)	4(9.75)	0.534_a	0.481
Economic status				
Hardly sufficient	30(85.71)	5(14.29)		
Sufficient	130(94.20)	8(5.80)	3.340_a	0.241
Surplus	22(95.65)	1(4.35)		
Parity				
Primipara	97(91.51)	9(8.49)		
Multipara	85(94.44)	5(5.56)	0.32_a	0.423
Type of current delivery				
Spontaneous SVD	39(92.86)	3(7.14)		
SVD with tear	64(91.14)	7(9.86)	1.465_a	0.480
SVD with episiotomy	79(95.18)	4(4.82)		

a=likelihood ratio ∗p value is significant at <0.05 level

DISCUSSION

In present study, most of women (80.1%) were perceived that the health workers cared for them with kind approach which in similar to another study conducted in Nepal where most of respondents (98.9%) were agreed with the statement [12]. In present study, 79.6% women perceived that they were treated in a friendly manner which is consistent with another observation study in health facilities of five countries in East and Southern Africa (86%) [13]. In this study 80.1% women were perceived that the health workers talked positively about the pain and relief measures which is similar to another study conducted in Nepal where most of respondents (91.3%) were agreed with the statement [12]. Few women (13.8%) perceived that the health workers did not show concern and empathy. Similarly, 10.3% women perceived that the health workers did not treat them with respect as an individual. The study findings are contradicted to another study where more than quarter women (26.7%) were agreed with the statement one and two [14].

In this study, more than two third women (85.2%) perceived that the health workers spoke in understandable language which is similar to another study where 84% women agreed with the statement [11]. Nearly three forth women (69.9%) perceived that the health workers called them by their name which is contradict from the study in Nepal (47.2%) [12]. Nearly quarter of women (21.9%) were perceived that health workers did not responded to their needs whether or not they asked which is similar to the study in Nepal where more than a quarter of women (32.6%) were agreed with the statement [12].

None of the women were agree that health workers slapped them and very few respondents (4.1%) were agreed that health workers shouted. The study findings contradicted to another study conducted in Nepal which reported being slapped and being shouted upon 18.7% and 30% respectively [14]. Nearly quarter of women (23.5%) were perceived that the health workers kept waiting for a long time before receiving service. The study finding is contrast to study conducted in Nepal where 48.3% women reported waiting for long periods before being attended by health workers [11]. Nearly one fifth respondents (17.9%) were agreed that the health care workers service provision was delayed. The study finding is similar to another study which showed 22.7% delayed service provision [14].

Regarding discrimination free care, 10.3% women were agreed that some of health workers did not treat them well because of personal attributes which is similar to a study conducted in Nigeria where 8.1% discrimination faced by women in similar statement [15]. Similarly, 13.8% women perceived that health workers insulted them and their companions due to personal attributes which is in contrast to a study conducted in Nepal where very few women and their companions (1.835%) were insulted due to personal attributes [12].

In present study, most of women experienced RMC services on friendly care (86.7%), abuse-free care (94.9%) and discrimination-free care (86.7%) but 23.0% women reported that they did not experienced timely care. The study finding similar to another study where most of the women perceived very high friendly care, abuse-free care and discrimination-free care but moderate timely care [11]. In present study, 92.9% women reported that they have experienced overall RMC services which was similar to study done in Nepal where 84.7% women experienced overall RMC services [12]. In present study, there was association between between overall perception on RMC and education (p=0.044). In contrast to the study, that there was no statistical associations between different dimensions of RMC and education [14].

The study would help the concerned authority to conduct the awareness program regarding respectful maternity care. The study would serve as baseline information for future researchers related to perception of women regarding respectful maternity care during childbirth.

This study has several limitations. This study was conducted in a single setting so the findings of the study cannot be generalized. All occurrences of respectful maternity care are self-reported, which could have led to either over or under-reporting. This study has used a standardized tool to gather quantitative information of women regarding respectful maternity care. Thus in-depth insight of women regarding respectful maternity care during childbirth could not be obtained.

It is recommended that similar study can be done in multiple settings with large sample so that findings can be generalized. Qualitative study can be conducted on perception of women regarding respectful maternity care during childbirth to obtain in-depth insight of the women.

CONCLUSION

Majority of the women reported that they have experienced RMC services on different domain. Some women experience disrespectful care in various forms such as not cared with kind approach, being shouted, keep waiting for long time, delay service provision and being insulted. Therefore, woman-centered care should be provided in a respectful and non-abusive manner through updating professional by ongoing in-service and academic training. Birthing facilities need to be better designed to protect women's privacy and dignity and to support RMC.

Author Contributions: DK conceptualized and designed the research; DK, MSM and SA performed data collection; DK did analysis and data interpretation; DK drafted the manuscript;

and all authors reviewed the manuscript and approved the final version of the manuscript. All authors agreed to be accountable for all aspects of the research work.

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Consent: Informed written consent was obtained from all the participants before data collection.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author upon request.

Study Limitation: The study was conducted in one setting so the findings of this study cannot be generalized.

Source of Funding/Support: The research was funded by researchers themselves.

Layman summary: Every childbearing woman receiving healthcare services in any setting deserves respectful care by maternity care providers. Disrespect and abuse during childbirth remain hidden and are rarely disclosed especially in developing country like Nepal. Government of Nepal has given priority to safe and respectful maternity care. The study was done to identify the perception of women regarding respectful maternity care during childbirth in Maternity Hospital, Kathmandu. Most of the women reported that they have experienced overall RMC services.

REFERENCES

1. World Health Organization. Prevention and elimination of disrespect and abuse during facility based childbirth.WHO/RHR/14.23;2015.https://www.who.int/publications/i/item/WHO-RHR-14.23
2. Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gülmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. Reprod Health. 2014 Sep 19;11(1):71. https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-71
3. Hastings MB.White Ribbon Alliance. Pulling Back the Curtain on Disrespect and Abuse: The Movement to Ensure Respectful Maternity Care. Health Policy Project;2015. https://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubId=5877
4. Health Policy Plus. Nepal passes breakthrough legislation enshrining respectful maternity care into national law; Oct 2018. http://www.healthpolicyplus.com/NepalMaternity.cfm
5. Poudel S, KC D, Shrestha S. Perceived experience of respectful maternity care among mothers attending a selected teaching hospital of Kaski district. J Gandaki Med Coll Nepal. 2022;15(1):74-9. doi: https://doi.org/10.3126/jgmcn.v15i1.43719
6. Ghimire NP, Joshi SK, Dahal P, Swahnberg K. Women's experience of disrespect and abuse during institutional delivery in Biratnagar, Nepal. Int J Environ Res Public Health. 2021;18(18):9612. doi: https://doi.org/10.3390/ijerph18189612
7. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014 Jun;2(6):e323-33. doi: https://doi.org/10.1016/s2214-109x(14)70227-x
8. MoHP, NSO. National Population and Housing census 2021: Nepal Maternal Mortality study 2021. Ministry of health and Population and National Statistics Office;2022. https://censusnepal.cbs.gov.np/results/files/result-
9. MoHP, New ERA, ICF. Nepal Demographic and Health Survey 2022: Key Indicator Report. Ministry of health and Population, Nepal; 2022. https://www.dhsprogram.com/pubs/pdf/PR142/PR142.pdf
10. Family Welfare Division, Ministry of Health and Population, Government of Nepal. Nepal Safe Motherhood and

Newborn Health Road Map 2030; Sept. 2019. https://api.fwd.gov.np/document/1695020235.pdf

11. Birie B, Niguse W. Experience of respectful maternity care during childbirth and associated factors in public hospitals of the South West Region of Ethiopia: an institution-based, cross sectional study. BMJ. 2023 Jul 11;13(7):e066849. doi: https://doi.org/10.1136/bmjopen-2022-066849
12. Munikar S, Chalise M, Dhungana R, Shrestha DL, Kc NP, Dhungana A, Clark RB, Visik MK, Thapa K. Perceived disrespect and abuse among women delivering at a tertiary care center in Nepal. MedRxiv 2021 Jan; 01(23):21250363.doi:10.1101/2021.01.23.21250363
13. Rosen H.E, Lynam P.F, Carr C., et al. Direct observation of respectful maternity care in five countries: A cross-sectional study of health facilities in East and Southern Africa. BMC Pregnancy Childbirth 2015; 15:1–11. doi:10.1186/s12884-015-0728-4
14. Pathak P, Ghimire B. Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth. Obstetrics and gynecology international. 2020 Jul 4; 2020:5142398. doi:https://doi.org/10.1155/2020/5142398
15. Ijadunola, M.Y., Olotu, E.A., Oyedun, O.O. et al. Lifting the veil on disrespect and abuse in facility-based child birth care: findings from South West Nigeria. BMC Pregnancy Childbirth 2019;19:1-8. doi: https://doi.org/10.1186/s12884-019-2188-8