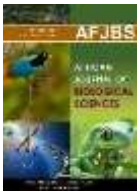
https://doi.org/ 10.48047/AFJBS.6.Si4.2024.2687-2694

African Journal of Biological Sciences



A Step Towards "Respectful Maternity Care": Descriptive Survey To Assess Knowledge Among Health Care Providers.

Mrs. Laxmi Kamat[1*], Dr. Sangeeta Kharde[2], Dr. Asha Bhat[3]

[1*,2,3]Department of Obstetrics & Gynaecology, KAHER Institute of Nursing Sciences, Belagavi, India.

***Corresponding Author:** Mrs. Laxmi Kamat
*KAHER Institute of Nursing Sciences, Belagavi. 9741134992, laxmiskamat99@gmail.com

ABSTRACT

Maternal health care is not merely about medical interventions; it encompasses the entirety of a woman's experience during childbirth, including her rights to dignity, respect, and autonomy. Respectful Maternity Care (RMC) has emerged as a critical framework aimed at ensuring that every woman receives care that is not only medically appropriate but also respectful of her basic human rights.

Objective: To assess the existing knowledge on RMC among Care providers working in the maternity units.

Methods and materials: A non-experimental descriptive survey design was used to assess the knowledge on Respectful Maternity Care among Care providers working in the maternity units. The sample size of 370 were selected by using Non-Probability; purposive sampling technique. Basic demographic profile and structured knowledge questionnaire were administered to collect the data.

Result: The survey found that 34.59% of participants had an average knowledge of Respectful Maternity Care. The mean knowledge score was 47.10, with a mean percentage of 12.72 and a standard deviation of 12.92.

Conclusion: The researcher concluded that care providers awareness of respectful maternity care was average. Knowledge levels and demographic characteristics are associated with gender, education, and work experience.

Key words: Knowledge, Maternity units, RMC, care provider.

INTRODUCTION

Pregnancy is a unique, exciting, and often happy time in a woman's life, emphasising the incredible creative and caring process. Pregnancy begins on the first day of the last menstrual period and normally ends in birthing at 38-40 weeks gestation. During pregnancy, a woman's physiological changes occur; yet, her systems may fail to accommodate these changes. Complications can occur at any stage of pregnancy. So, timely obstetric care services are vital for addressing difficulties during pregnancy, labour, and the immediate postpartum period.(Dhanya Devassy, Sangeetha X-2023)

The National Health Mission (NHM) has implemented numerous measures to reduce maternal and new-born mortality in India. One of the key initiatives is LaQshya, Labour Room Quality Improvement Initiative Guideline, is an essential initiative that offers recommendations for enhancing the intrapartum and immediate postpartum care provided in the labour room and

maternity operation theatre (Ministry of Health and Family Welfare, LaQshya Programme- 24 MAR 2023.) This is a new, revolutionary initiative in the area of maternal health care that respect both the physiological and psychological needs of the pregnant mother and her family during childbirth. (Venkatashiva Reddy B-2019)

Childbirth is a challenging and exhausting procedure, yet women's bodies were intended to give birth. Respecting and understanding women can assist new-borns, who also have rights and deserve to be respected and recognised. Respectful Maternity Care (RMC) is an individual-focused approach that promotes strategies that respect human rights and are founded on ethical values. The components of the RMC are: "Respect for Autonomy, Dignity, Empathy, Privacy, Confidentiality, Feelings, choices and preferences, and expectations of mothers and new-borns. Including companionship during maternity and continuing care during labour and delivery and to prevent injury and abuse." Improving the physical environment and resources; inflict lasting harm and emotional suffering; offering equitable maternity care. (Ms. Ayushi Sharma, Dr. Priyanka A. Masih-2022)

MATERIALS AND METHODS:

The current study used a non-experimental descriptive study methodology and included 370 samples. The non-probability purposive selection technique was used to choose samples for healthcare providers working in maternity units at a tertiary care hospital. Data were collected using demographic characteristics of health care providers and a structured knowledge questionnaire (based on RMC components). The institutional ethics committee approved the ethical clearance. The data was analysed using descriptive and inferential statistics.

Inclusion criteria

All health care providers (OBG PG -MS, Registered Nurse, health assistance) who are working in maternity units of Selected Tertiary Care Hospital, Belagavi.

Exclusion criteria

Health care provider who undergone any training / in-service education programme on RMC

RESULT:

Based on the objectives set by the researcher, the data is analysed and interpreted in order to evaluate the health care provides level of knowledge regarding respectful maternity care.

Socio-demographic characteristics of health care providers

Among 370 health care providers, more than half (79.46%) remained between the ages of 21-25.Only 4.86% of the participants were 35 and older.

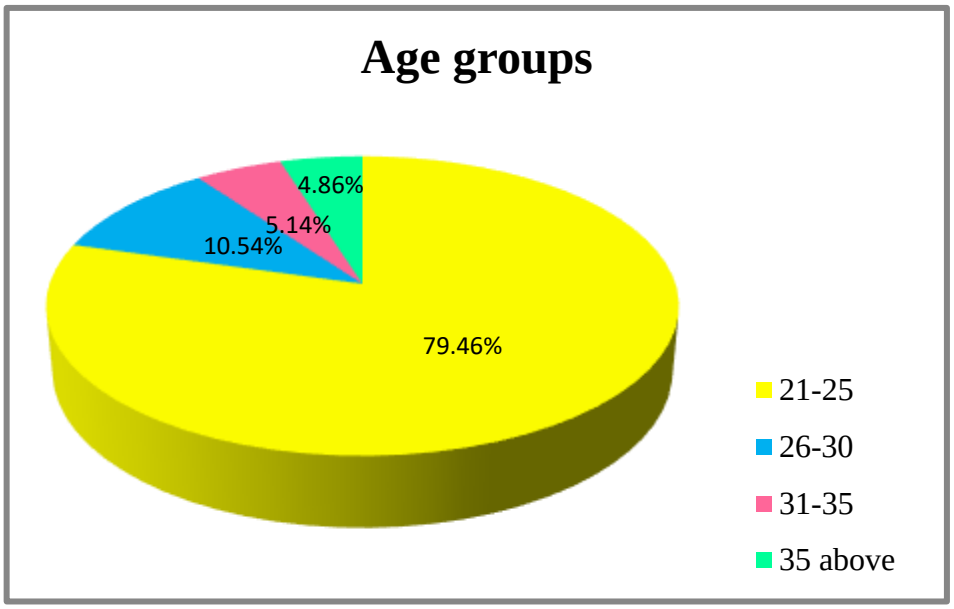


Figure 1: Percentage distribution of participants with regards to age group (n=370)

The majority of the participants were female 90.27%

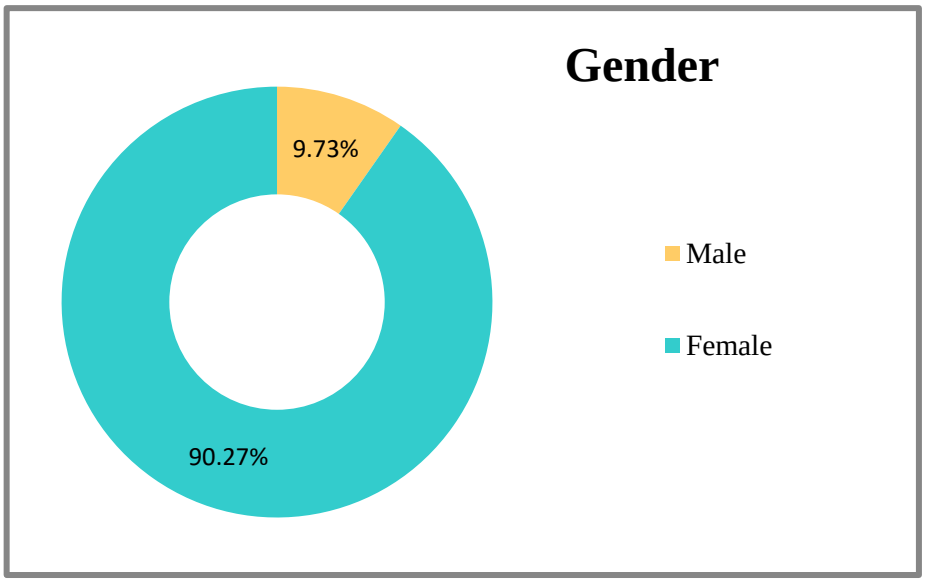


Figure 2: Percentage distrRibution of participants with regards to Gender (n=370)

Table 1: Frequency and percentage distribution of participants with regards to educational status (n=370).

Category	Frequency	Percentage
Educational status:		
M.S OBG	21	5.68
MSC (N)	36	9.73
BSc/PBBSc	150	40.54
GNM	139	37.57
Others	24	6.49

The majority of participants (40.54%) had an educational status of BSc/PBBSc.

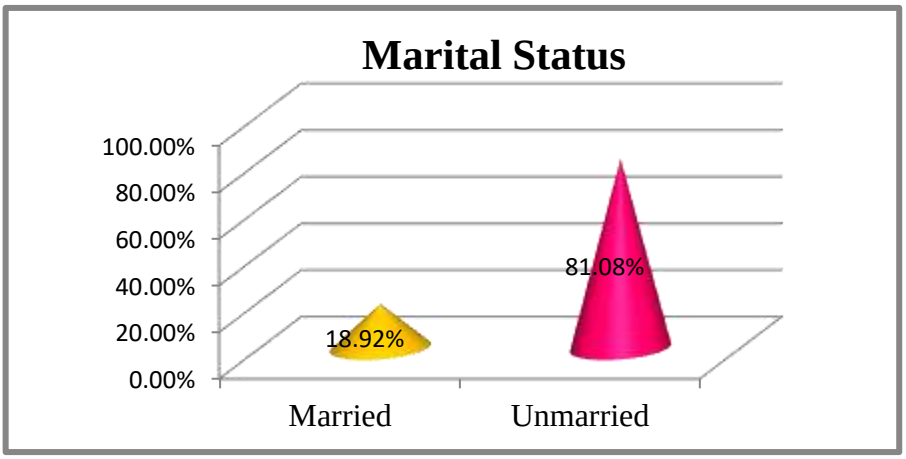


Figure 3: Percentage distribution of participants with regards to Marital Status (n=370)

The vast majority of participants (81.08) were unmarried.

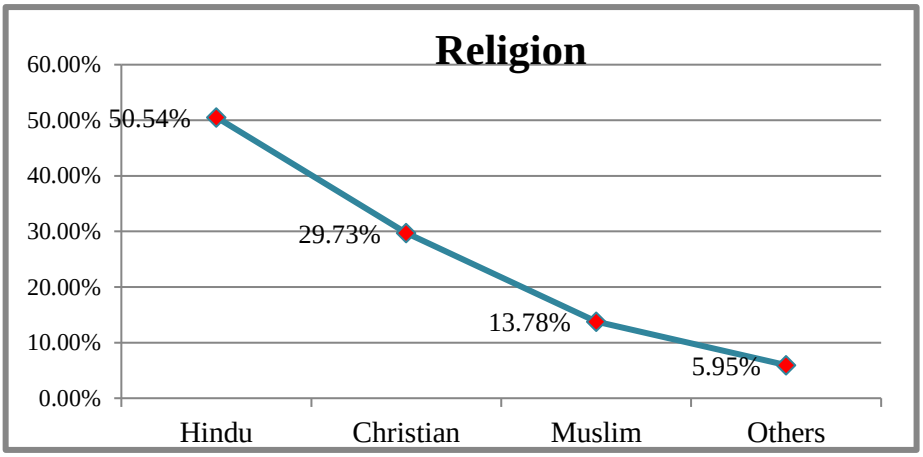


Figure 4: Percentage distribution of participants with regards to Religion (n=370)

The greater part of participants (50.54%) follows Hinduism.

Table 2: Participants' frequency and percentage distribution with respect to work experience (n=370).

Category	Frequency	Percentage
Work experience:		
1 year	112	30.27
2-5 years	158	42.70
5-10 years	66	17.84
>10years	34	9.19

A large proportion of the participants (42.70%) had 2-5 years of experience.

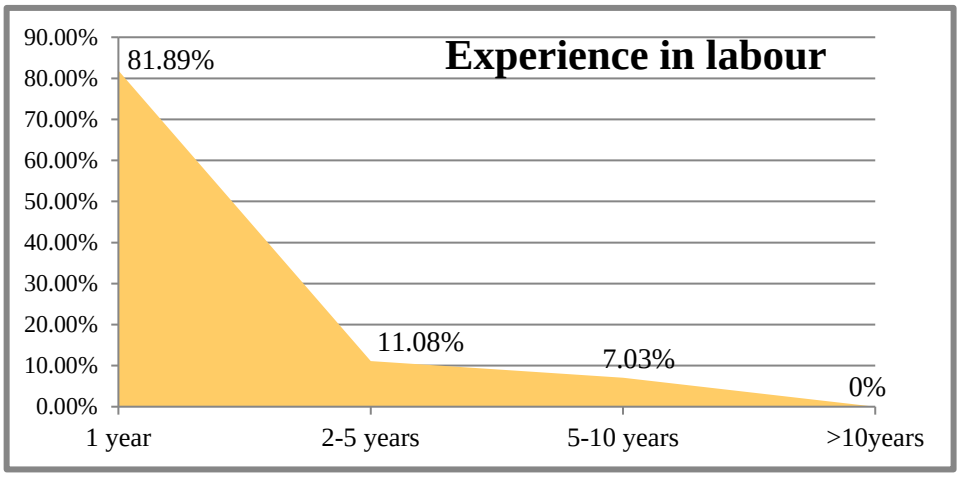


Figure 5: Percentage distribution of participants based on experience in labour (n=370)

The greater part of participants (81.89%) had 2-5 year of experience in labour.

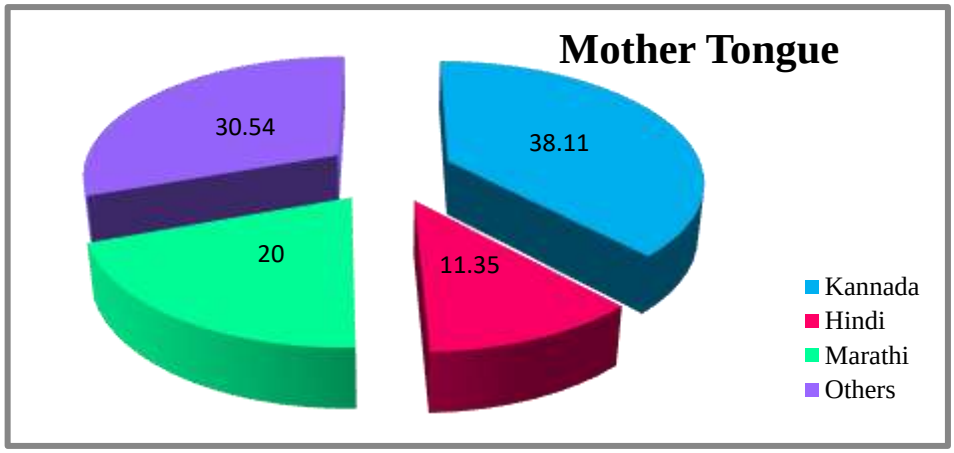


Figure 6: Participants' percentage distribution according to mother tongue (n=370)

The majority of Participants (38.11%) speak kannada as their mother tongue.

Figure 7: Depicts the mean, mean percentage and standard deviation of participants' knowledge scores on respectful maternity care (n=370).

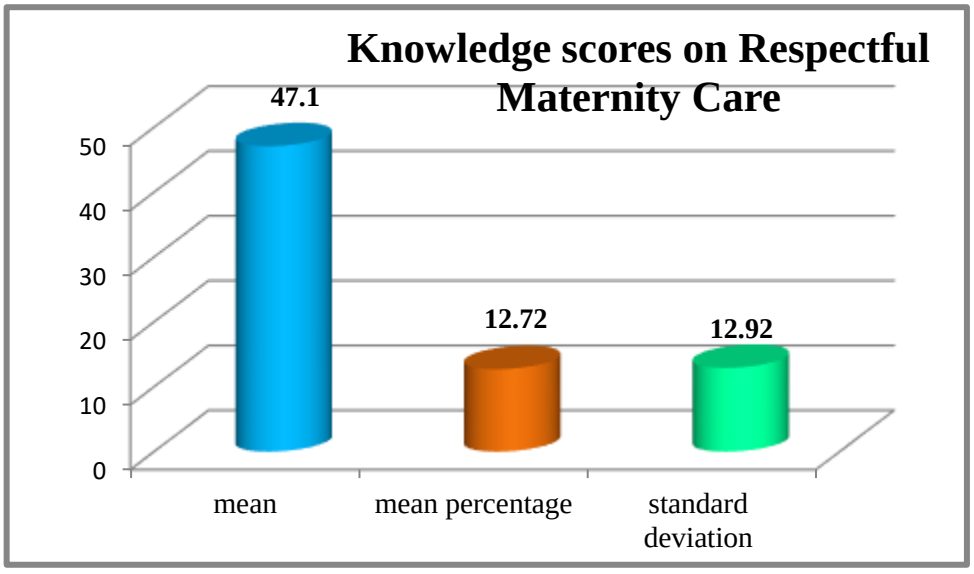


Table 3: Frequency and percentage distribution of knowledge score on respectful maternity care. (n=370)

Levels	Numbers	Percentage
Inadequate (<=50%)	237	64.05
Moderately adequate (51-75%)	128	34.59
Adequate (>=76%)	5	1.35
Total	370	100.00

Table 4: Association between knowledge on respectful maternity care with socio-demographic characteristics. (n=370)

Profile	Levels of knowledge on RMC				Total	%	Chi-square	p-value
	Low	%	High	%				
Age groups								
21-25	190	64.63	104	35.37	294	79.46	3.9190	0.2700
26-30	28	71.79	11	28.21	39	10.54		
31-35	9	47.37	10	52.63	19	5.14		
35 above	10	55.56	8	44.44	18	4.86		
Gender								
Male	33	91.67	3	8.33	36	9.73	13.2060	0.0001*
Female	204	61.08	130	38.92	334	90.27		
Educations								
M.S OBG	0	0.00	21	100.00	21	5.68	105.0710	0.0001*
MSC (N)	3	8.33	33	91.67	36	9.73		
BSc/PBBSc	119	79.33	31	20.67	150	40.54		
GNM	96	69.06	43	30.94	139	37.57		
Others	19	79.17	5	20.83	24	6.49		
Marital Status								
Married	42	60.00	28	40.00	70	18.92	0.6160	0.4320
Unmarried	195	65.00	105	35.00	300	81.08		
Religion								
Hindu	127	67.91	60	32.09	187	50.54	7.5770	0.0560
Christian	59	53.64	51	46.36	110	29.73		
Muslim	35	68.63	16	31.37	51	13.78		
Others	16	72.73	6	27.27	22	5.95		
Work experience								
1 year	83	74.11	29	25.89	112	30.27	44.8500	0.0001*
2-5 years	117	74.05	41	25.95	158	42.70		
5-10 years	27	40.91	39	59.09	66	17.84		
>10years	10	29.41	24	70.59	34	9.19		
Experience in labour								
1 year	196	64.69	107	35.31	303	81.89	0.5170	0.7720
2-5 years	26	63.41	15	36.59	41	11.08		
5-10 years	15	57.69	11	42.31	26	7.03		
Mother Tongue								

Kannada	95	67.38	46	32.62	141	38.11	2.5720	0.4620
Hindi	26	61.90	16	38.10	42	11.35		
Marathi	42	56.76	32	43.24	74	20.00		
Others	74	65.49	39	34.51	113	30.54		
Total	**237**	**64.05**	**133**	**35.95**	**370**	**100.00**		

*p<0.05

Table 4: Indicates that socio-demographic characteristics such as gender, educational status and work experience are associated with knowledge on respectful maternity care.

DISCUSSION:

The study shows that among 370 health care providers from maternity units, 34.59% were having moderately adequate knowledge, 64.05% were having inadequate knowledge and 1.35% of health care providers had adequate knowledge. This study is largely dependable with a study led by Ms. Ayushi Sharma, Dr. Priyanka A. Masih in obstetrics and gynecology ward and medical college Bareilly, U. P shows that 66.6% of poor knowledge, 33.3% of average knowledge and 0.0% of good knowledge. The similar study led by Dhanya Devassy, Sangeetha X in Medical College Hospital, Bengaluru, India revealed that 65.2% nurse were having moderately adequate knowledge, 14.5% of nurses had inadequate knowledge, and 14% nurses had adequate knowledge. These study findings suggest that there is a widespread need for healthcare providers to improve their knowledge of respectful maternity care.

The study findings revealed that there is a significant association with gender (p=0.0001), educational status (p=0.0001) and work experience (p=0.0001), whereas no significant association with age group (p=0.2700), marital status (p=0.4320), religion (p=0.0560) and experience in labour room (p=0.7720), mother tongue (p=0.4620).

The results of the study are supported by a descriptive study conducted on knowledge on Respectful Maternal Care among the health workers working in Selected Hospital/Health Centers at Meerut by Ms. Blessy Mathew, results founds that there was significant association with number of deliveries where as there is no significant association between age, sex, education, years of experience, area of working and attending any midwifery related training.

The similar study on Knowledge and Attitude Regarding Respectful Maternity Care among Staff Nurses in Selected Hospitals of Pune City, led by Ms.Laishram Lilileima Devi, results found that there is no significant association between knowledge of staff nurses regarding respectful maternity care and demographic variable Age in years, Educational qualification, Experience in clinical areas, Experience in Obstetrics Gynecology Department and Marital Status. The variation in the research findings might be attributed to variations in the sample size and the region of investigation.

Conclusion:

Every woman has the right to be treated with respect as a mother, regardless of her age, gender, or colour. Healthcare professionals and administrators must encourage dignified treatment for expectant mothers in order to make their journey to parenthood memorable and enjoyable.

Although the 34.59% of health care providers had moderately adequate knowledge of respectful maternity care, most were unfamiliar with the concept of RMC. This could be due to a lack of up-to-date knowledge and busy job schedules, which restrict health care professionals to provide high level of satisfaction to women in labour. These study findings indicate that in-depth awareness initiatives focusing on respectful maternity care should be provided to nurses and other healthcare

providers, and the nurse administrators should be responsible for obtaining feedback from women in labour.

ACKNOWLEDGEMENT:
The author is thankful to everyone who took part in the study, contributed their input, and spared time despite their hectic schedules and responsibilities.

Funding: self
Conflict of interest: nil
Ethical approval: The study received approval by the institutional ethics committee.

REFERENCES:

1. Dhanya Devassy, Sangeetha X, Knowledge on respectful maternity care among staff nurses: a descriptive survey-2023, International Journal of Reproduction, Contraception, Obstetrics and Gynecology, Available at: https://dx.doi.org/10.18203/2320-1770.ijrcog20231563
2. Ministry of Health and Family Welfare; LaQshya Programme- 24 MAR 2023; Release ID: 1910378; Available at: https://pib.gov.in/PressReleasePage.aspx?PRID=1910378
3. Venkatashiva Reddy B, Maathru Samman Pants: An initiative towards "Respectful Maternity Care" 2019 Journal of Family Medicine and Primary Care, Available at: 10.4103/jfmpc.jfmpc_326_19
4. Ms. Ayushi Sharma, Dr. Priyanka A. Masih A Study To Assess The Effectiveness Of Structured Teaching Programme on Knowledge Regarding Respectful Maternity Care (RMC) Among Staff Nurses, Journal of Pharmaceutical Negative Results Available at: 10.47750/pnr.2022.13.S10.255
5. Ms.Laishram Lilileima Devi, Dr. Jyotsna Deshpande, Dr.Ningthoujam Sujita Devi; To Assess the Knowledge and Attitude Regarding Respectful Maternity Care among Staff Nurses in Selected Hospitals of Pune City; Drugs and Cell Therapies in Haematology (ISSN: 2281-4876) Volume 10 Issue 1 (2021); Available at: https://www.researchgate.net/publication/362532223