International Journal on Science and Technology (IJSAT)
E-ISSN: 2229-7677 ● Website: www.ijsat.org ● Email: editor@ijsat.org

Promoting Dignity in Childbirth: Awareness and Practices of Respectful Maternity Care Among Nurses

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Abstract

Respectful maternity care is essential for childbearing women, recognizing childbirth as a profound experience of motherhood and personal competence. Striving to revolutionize maternal care, the White Ribbon Alliance (WRA) and transformative programs like the Labour Room Quality Improvement Initiative (LaQshya), spearheaded by the WHO and the Government of India, are dedicated to bridging the gaps in intrapartum care and ensuring safer childbirth experiences. A study at Kasturba Gandhi Hospital in Chennai assessed awareness and practices of respectful maternity care among 60 staff nurses using a non-experimental descriptive design and tools like socio-demographic data and the MKP-RMC Scale. Results revealed that 25% of nurses had inadequate, 55% moderate, and 20% adequate knowledge, with practice scores indicating 20% poor, 45% average, and 35% good performance. A strong correlation (Pearson coefficient of 1.0) between knowledge and practice was identified, with younger nurses (21-30 years), those with DGNM qualifications, and those with over 30 years of experience scoring higher. The study highlights the need for enhanced training to improve maternity care quality and outcomes.

Keywords: Awareness and practices regarding respectful maternity care, Staff nurses

Introduction:

Respectful Maternity Care (RMC) emphasizes the dignity, autonomy, and rights of women during childbirth, ensuring non-discriminatory, supportive care. Globally recognized by organizations like the WHO, RMC is crucial for improving maternal health, particularly in India, where healthcare disparities persist. Nurses play a key role in delivering RMC, requiring awareness of principles like informed consent, cultural sensitivity, and effective communication. Despite RMC's importance, its implementation is often hindered by inadequate training and awareness. This study examines RMC

awareness and practices among nurses at Kasturba Gandhi Hospital, aiming to identify gaps and inform improvements in maternity care quality.

Background of the Study

Global Scenario:

Adugna A. et al. (2023) conducted a study among 348 mothers in Ethiopia, finding an 81.2% prevalence of respectful maternity care. Significant factors included maternal age (2.54), occupation (5.23), antenatal care follow-up (2.86), and delivery location (5.58).

National Scenario:

Ansari A. et al. (2020) reported a 71.31% prevalence of disrespectful maternity care in India, with community-based studies showing higher rates. The most frequent forms of mistreatment were lack of consent (49.84%) and verbal abuse (25.75%).

Tamil Nadu scenario:

Govindarajulu et al. (2023) assessed 1006 women from 2242 normal deliveries across Tamil Nadu.More than half of the cases were handled by nurses and midwives, resulting in positive maternal and perinatal outcomes. Routine care monitoring improved care delivery and reduced mortality rates.

Chennai Scenario:

Dr Meena T.S. et al. (2021) reported the effective implementation of respectful maternity care at KMC Hospital, Chennai, with patient satisfaction attributed to RMC sensitization and LaQshya program.

Need for the study

In2015, the United Nations introduced 17 Sustainable Development Goals, with the third goal emphasizing the promotion of well-being and healthy lives for people of all ages. A vital aspect of quality care, Respectful Maternity Care (RMC), plays a key role in achieving this vision.Respectful Maternity Care (RMC) is vital for enhancing maternal and neonatal health outcomes, especially in low- and middle-income countries such as India, where challenges like maternal mortality and a lack of skilled delivery care persist. Despite advancements in maternal healthcare, many women in India face disrespectful treatment during childbirth, including verbal and physical abuse, neglect, and discrimination. Nurses, as frontline caregivers, play a vital role in implementing RMC principles to foster a supportive environment that enhances health outcomes for mothers and newborns. However, cultural norms, traditional beliefs, and systemic challenges, such as insufficient training and institutional barriers, hinder RMC delivery. This study seeks to evaluate the awareness and implementation of Respectful Maternity Care (RMC) among nurses at Kasturba Gandhi Hospital for Women and Children in Chennai, focusing on identifying and addressing gaps in knowledge and practice. Understanding these factors will contribute to empowering nurses, aligning maternity care with international standards, and fostering an environment of respect and dignity, ultimately improving maternal health outcomes and enhancing women's childbirth experiences.

Statement of the Problem

"A Study to assess the Respectful Maternity Care Awareness and Practices among Nurses working at Kasturba Gandhi Hospital for Women and Children in Chennai".

Primary Objective:

- To evaluate the extent of awareness and practices related to respectful maternity care among staff nurses at KGH.

Secondary Objectives:

- To analyze the relationship between the mean difference in awareness and practices of respectful maternity care among staff nurses.
- To examine the association between staff nurses' level of awareness and practices concerning respectful maternity care and their demographic characteristics.

Operational Definitions

Assess:

It involves assessing the impact of awareness and practices of respectful maternity care among nurses.

Respectful Maternity Care:

Provision of compassionate, culturally sensitive care ensuring dignity, rights, and informed choices during childbirth by Kasturba Gandhi Hospital nurses.

Awareness:

Understanding and recognizing respectful maternity care practices that ensure dignity, support, and informed choices for childbearing women.

Practices:

Promotion of autonomy, effective communication, cultural sensitivity, and supportive environments in maternity care provided by staff nurses.

Staff Nurses:

Licensed healthcare professionals delivering direct patient care, education, and support to promote health and wellness in clinical settings.

Assumptions

The study assumes a low level of awareness and practices of respectful maternity care among nurses.

Hypothesis

- A significant correlation is expected between awareness and practices of respectful maternity care among staff nurses at KGH.
- A significant association is anticipated between staff nurses' awareness and practices of respectful maternity care and their selected demographic variables at KGH.

Delimitations

The study focused on labour ward nurses at Kasturba Gandhi Hospital, Chennai, over four weeks.

Methodology

Research Approach& design

Quantitative Descriptive research. **Research Setting**

Kasturba Gandhi Hospital for Women and Children in Chennai.

Study Population

Staff nurses working at KGH in Chennai

Sample Size

The sample includes 60 labour ward nurses from KGH.

Sampling Technique

A non-randomized convenience sampling technique.

Sampling Criteria

Inclusion Criteria:

- Staff nurses working in the labour ward
- Staff nurses present during the data collection period
- Staff nurses who consent to participate in the study.

Exclusion Criteria:

- Staff nurses working outside the labour ward
- Staff nurses who decline to participate in the study
- Staff nurses enrolled in the LaQshya program

Data Collection Instruments

- **Demographic Variables:**Age, sex, marital status, professional qualification, years of experience, type of family, number of children, mode of transport, distance from residence, labour ward experience.
- MKP-RMC questionnaire

Knowledge Scoring:

SCORE	INTERPRETATION
0-8	**Inadequate Knowledge**
9-16	**Moderately Adequate**
17-23	**Adequate**

Practices Scoring pattern

SCORING	INTERPRETATION
1-38	Poor
39-76	Average
77-115	Good

Reliability and Validity

The content validity of the tool was verified by nursing and obstetric experts following revisions, and it demonstrated strong reliability with a Cronbach's alpha of 0.84 and a test-retest reliability of 0.79.

Ethical Considerations

The study was carried out with ethical approval from the ethical committee and the KGH Director, ensuring adherence to ethical principles throughout the process.

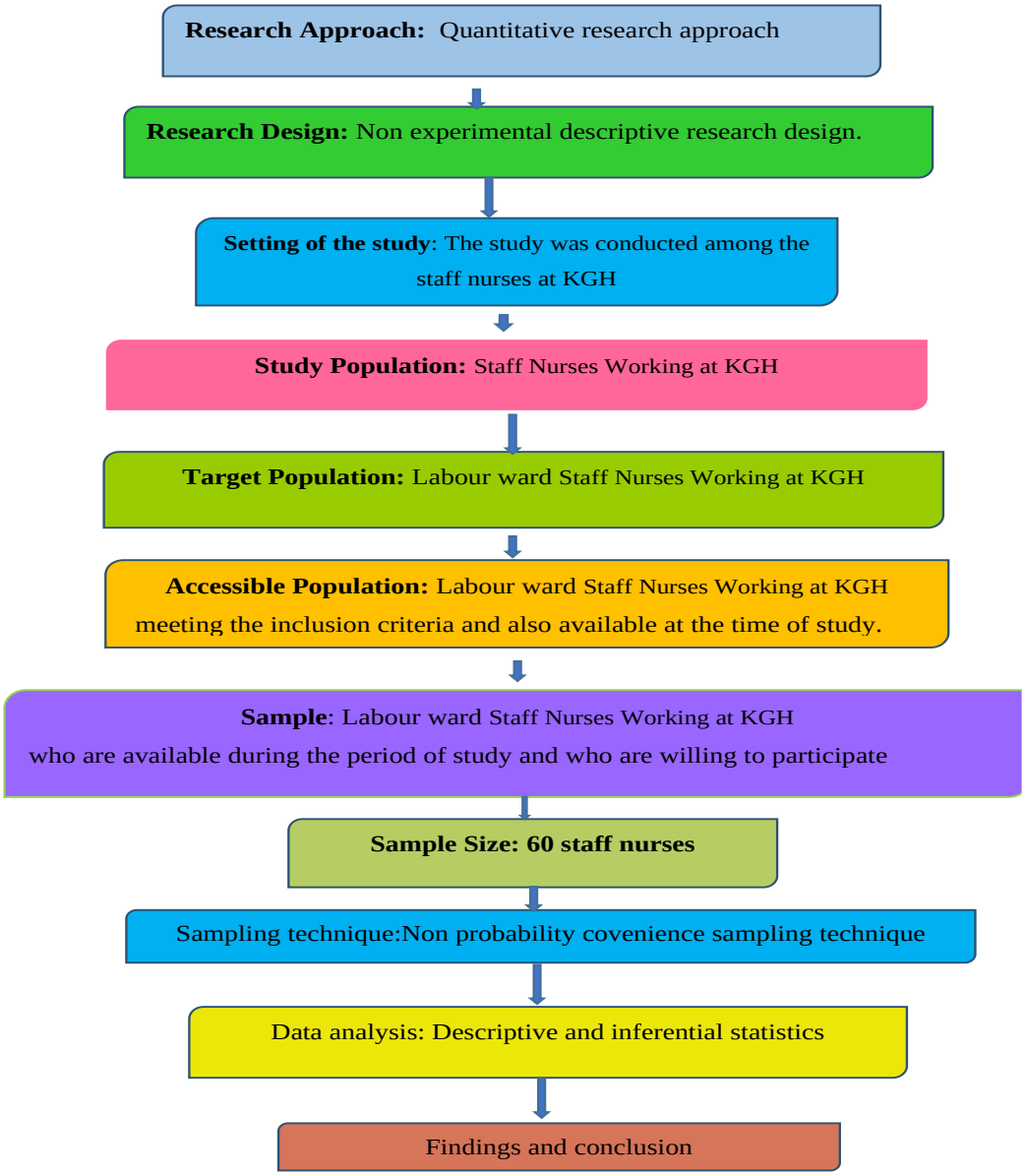

FIG.1. SCHEMATIC PRESENTATION

Results

The study revealed that among staff nurses, 25% had inadequate, 55% moderate, and 20% adequate knowledge of respectful maternity care. Practice scores indicated 20% poor, 45% average, and 35% good performance. A perfect Pearson correlation coefficient of 1.0 showed a strong relationship between knowledge and practice scores. Notably, younger nurses (21-30 years), those with DGNM, and over 30 years of experience had higher knowledge and practice scores, with associations confirmed through chi-square tests.

TABLE 1. LEVEL OF ISOLATION SCORE

Knowledge Level	Percentage (%)	Number of Nurses
Inadequate Knowledge	25%	15
Moderately Adequate	55%	33
Adequate Knowledge	20%	12
Total	**100%**	**60**

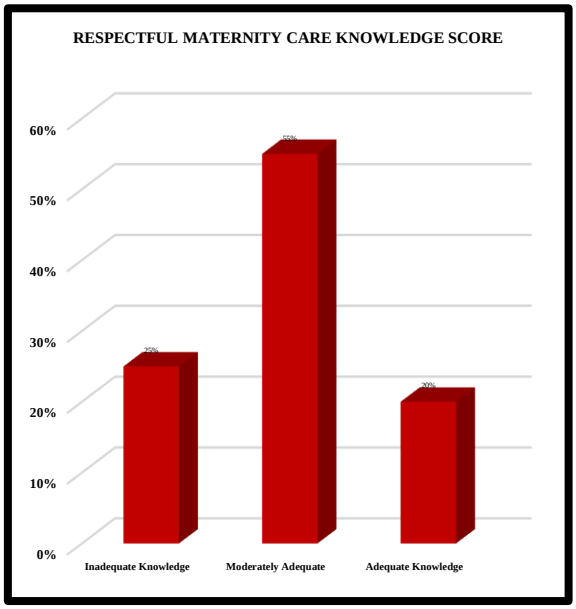

FIG.2.RESPECTFUL MATERNITY CARE KNOWLEDGE SCORE

TABLE 2.LEVEL OF PRACTICES OF RM SCORE

SCORE	RANGE	NURSES	%
POOR	**01-38**	**12**	**20%**

AVERAGE	**39 - 76**	**27**	**45%**
GOOD	**77 - 115**	**21**	**35%**
TOTAL		**60**	**100%**

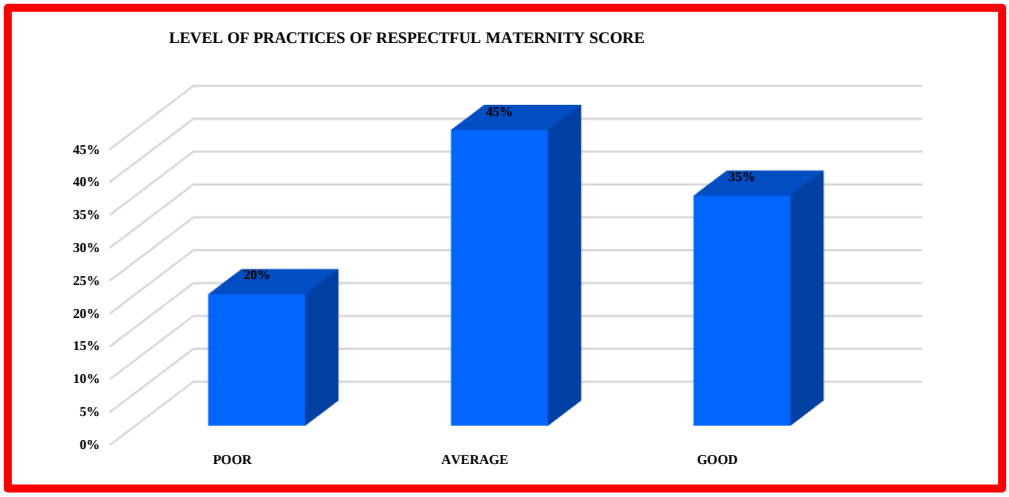

FIG.3.LEVEL OF PRACTICES OF RESPECTFUL MATERNITY SCORE

TABLE 3. THE ASSOCIATION BETWEEN THE LEVEL OF AWARENESS AND SELECTED DEMOGRAPHIC VARIABLES

DEMOGRAPHIC VARIABLES		LEVEL OF KNOWLEDGE SCORE				NURSES	CHI-SQUARE VALUE
		INADEQUATE		MODERATELY ADEQUATE			
		N	%	N	%		
Age	21-30 years	10	42%	14	58%	24	χ 2-5.12
	31-40 years	6	29%	15	71%	21	P=0.02
	41-50 years	2	22%	7	78%	9	S*
	51-60 years	3	50%	3	50%	6	
Sex	Male	2	33%	4	67%	6	χ 2-0.43 P=0.51
	Female	16	30%	38	70%	54	NS
Marital Status	Married	12	29%	30	71%	42	χ 2-1.16
	Unmarried	3	20%	12	80%	15	P=0.32

	Widow	1	50%	1	50%	2	NS
	Others	1	100%	0	0%	1	
Professional Qualification	DGNM	8	33%	16	67%	24	χ 2-4.56
	B.Sc (N)	5	24%	16	76%	21	P=0.03
	PBBS.c (N)	3	33%	6	67%	9	S*
	M.Sc (N)	2	33%	4	67%	6	
Years of Experience	1-10 years	6	33%	12	67%	18	χ 2-3.84
	11-20 years	5	33%	10	67%	15	P=0.05
	21-30 years	4	33%	8	67%	12	S*
	More than 30 years	3	20%	12	80%	15	
Type of Family	Nuclear family	15	50%	15	50%	30	χ 2-0.50
	Joint family	9	38%	15	62%	24	P=0.48
	Extended family	3	50%	3	50%	6	NS
Number of Children	No children	6	33%	12	67%	18	χ 2-0.00
	1 child	7	33%	14	67%	21	P=1.00
	2 children	4	27%	11	73%	15	NS
	More than two	1	17%	5	83%	6	
Mode of Transport	Bus	15	50%	15	50%	30	χ 2-0.12
	Car	4	33%	8	67%	12	P=0.73
	Train	3	25%	9	75%	12	NS
	Walk	1	17%	5	83%	6	
Distance from Residence	1-5 km	9	38%	15	62%	24	χ 2-0.15
	6-10 km	7	33%	14	67%	21	P=0.70
	More than 10 km	2	13%	13	87%	15	NS
Labour Ward Experience	Less than 1 year	4	33%	8	67%	12	χ 2-0.32
	1-3 years	6	33%	12	67%	18	P=0.02
	4-6 years	4	27%	11	73%	15	S*
	More than 6 years	4	27%	11	73%	15	

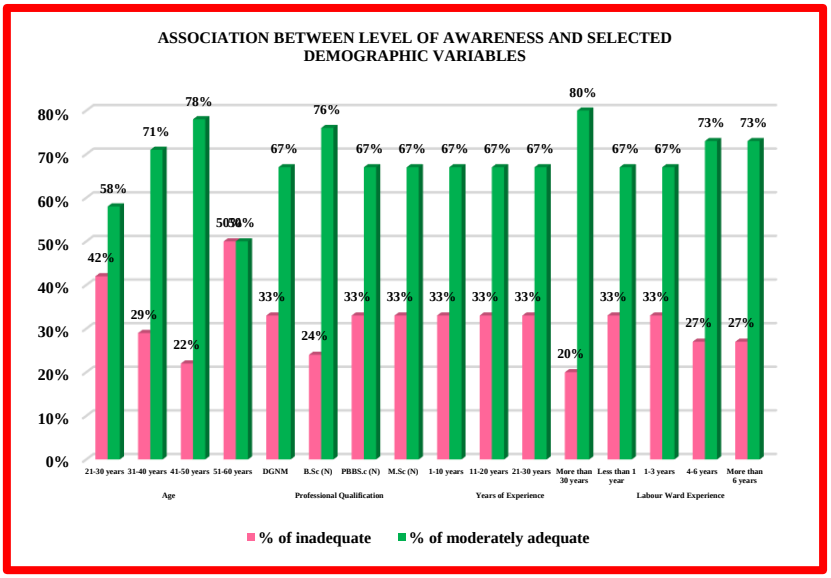

FIG.4.ASSOCIATION BETWEEN THE LEVEL AND SELECTED DEMOGRAPHIC VARIABLES

TABLE 4. ASSOCIATION BETWEEN LEVEL OF PRACTICE AND SELECTED DEMOGRAPHIC VARIABLE OF STAFF NURSES

DEMOGRAPHIC VARIABLES		LEVEL OF PRACTICE SCORES				NURSES	CHI-SQUARE VALUE
		POOR		AVERAGE			
		N	%	N	%		
Age	21-30 years	12	50%	12	50%	24	χ 2-8.12
	31-40 years	7	33%	14	67%	21	P=0.01
	41-50 years	3	33%	6	67%	9	S*
	51-60 years	2	33%	4	67%	6	
Sex	Male	1	17%	5	83%	6	χ 2-0.16 P=0.69
	Female	18	33%	36	67%	54	NS
Marital Status	Married	10	24%	32	76%	42	χ 2-1.8
	Unmarried	2	13%	13	87%	15	P=0.41
	Widow	1	50%	1	50%	2	NS
	Others	1	100%	0	0%	1	
Professional Qualification	DGNM	8	33%	16	67%	24	χ 2-4.45
	B.Sc. (N)	5	24%	16	76%	21	P=0.21
	PBBS.c (N)	2	22%	7	78%	9	NS

	M.Sc. (N)	1	17%	5	83%	6	
Years of Experience	1-10 years	6	33%	12	67%	18	χ 2-7.56
	11-20 years	4	27%	11	73%	15	P=0.05*
	21-30 years	3	25%	9	75%	12	S
	More than 30 years	5	33%	10	67%	15	
Type of Family	Nuclear family	15	50%	15	50%	30	χ 2-0.6 P=0.74
	Joint family	8	33%	16	67%	24	NS
	Extended family	2	33%	4	67%	6	
Number of Children	No children	5	28%	13	72%	18	χ 2-1.2
	1 child	8	38%	13	62%	21	P=0.76
	2 children	4	27%	11	73%	15	NS
	More than two	1	17%	5	83%	6	
Mode of Transport	Bus	10	33%	20	67%	30	χ 2-0.9
	Car	4	33%	8	67%	12	P=0.76
	Train	3	25%	9	75%	12	NS
	Walk	1	17%	5	83%	6	
Distance from Residence	1-5 km	8	33%	16	67%	24	χ 2-3.1
	6-10 km	7	33%	14	67%	21	P=0.21
	More than 10 km	2	13%	13	87%	15	NS
Labour Ward Experience	Less than 1 year	4	33%	8	67%	12	χ 2-2.4
	1-3 years	6	33%	12	67%	18	P=0.49
	4-6 years	4	27%	11	73%	15	NS
	More than 6 years	4	27%	11	73%	15	

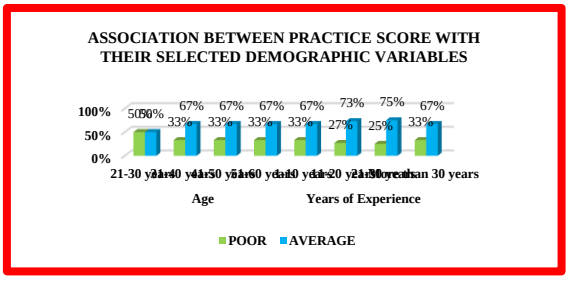

FIG 5 ASSOCIATION BETWEEN PRACTICE SCORE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

Discussion

The study on Respectful Maternity Care (RMC) revealed that 55% of nurses had moderate awareness, and 35% had good practice scores. Johnson and Lee (2023) found that structured training significantly improved RMC knowledge and practices, while Nguyen et al. (2023) emphasized effective communication's role in fostering respectful maternity care.

A perfect positive correlation (r=1.0) between knowledge and practice scores highlights their interdependence. Supporting this, Choudhury and Roy (2022) noted that training and institutional culture are critical for consistent RMC practices, and Smith et al. (2023) identified gaps in training and policy as barriers to effectiveimplementation.Chi-square analysis showed significant associations between RMC knowledge and demographics like age (21–30 years), qualification (DGNM), and experience (30+ years). Similarly, Devassy (2023) identified moderate knowledge levels among nurses, while Moridi et al. (2022) highlighted strengths in safe care but gaps in preventing mistreatment. These findings underscore the need for targeted training to enhance RMC knowledge and practices, ultimately improving maternal care.

Implications of the Study

The study highlights key implications for nursing practice, education, administration, and research on RMC awareness.

Nursing Education

Integrate Respectful Maternity Care (RMC) into curricula, provide simulation-based and cultural competence training, and foster interdisciplinary learning to improve ethical, compassionate nursing practices.

Nursing Practice

Promote patient-centred care, empathy, effective communication, and respect for autonomy while fostering non-discriminatory practices, supportive environments, and continuous professional improvement in maternity wards.

Nursing Administration

Develop supportive policies, allocate resources, implement training and feedback systems, and recognize exemplary nurses to strengthen RMC implementation and improve patient experiences.

Nursing Research

Conduct studies on RMC's impact, patient perspectives, barriers, and interventions, documenting best practices to improve policies and maternal healthcare across diverse settings.

Limitations

The study's cross-sectional design, self-reported data, location specificity, unexamined external factors, and short duration limit causality, generalizability, and comprehensive understanding of RMC practices

Recommendations

Conduct longitudinal and comparative studies, evaluate interventions, focus on patient-centred research, assess policy impacts, and explore technology integration to enhance Respectful Maternity Care (RMC) practices and outcomes.

Conclusion

This study highlights nurses' vital role in promoting Respectful Maternity Care (RMC) at Kasturba Gandhi Hospital. It emphasizes integrating RMC into nursing education, practice, administration, and research to enhance maternal and neonatal outcomes. Targeted training, supportive policies, and quality improvements foster respect, empathy, and trust in maternity care systems.

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Acknowledgement

The investigator expresses profound gratitude to Almighty God for strength and blessings throughout the study. Heartfelt thanks go to Dr. E. Theranirajan, Prof. (Dr.) R. Shankar Shanmugam, Kasturba Gandhi Hospital staff, lecturers, and classmates for their support. Special thanks to family members for their unwavering prayers and encouragement.