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*Original Research Article*

# Knowledge and Perception of Postnatal Mothers on Respectful Maternity Care – An Explorative Study

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**Abstract**

**Pregnancy and childbirth are the important and unforgettable occasions in the life of the women and family members and at this time women will be considered as the vulnerable group. Respectful Maternity care (RMC) is the universal human rights of every childbearing woman with respect of women's feeling, autonomy, dignity, choices and preferences including companionship. To assess the knowledge and perception of mothers on Respectful Maternity Care and to associate the level of knowledge with the selected demographic and obstetric variables. Research design and approach – Non – experimental descriptive design and quantitative research approach. Research settings – Postnatal wards, in a selected hospital, Puducherry. Sample size – 60 postnatal mothers were selected by using purposive sampling technique. Data was collected by interview method by using modified Pattern Matrix RMC Scale. The majority of 26(43.3%) mothers were in the age group of 21-25 years, 26(43.3%) mothers had education upto graduate, 39(65%) mothers were from joint family and 37(61.7%) mothers were primiparity. The majority of 51(85%) mothers had poor knowledge, 9(15%) mothers had moderately adequate knowledge and none of them had adequate knowledge on Respectful Maternity Care. The majority of 58(96.7%) mothers received friendly care, 51(85%) mothers reported abuse free care, 57(95%) mothers acknowledged timely care, 60(100%) mothers received discrimination free care, and 49 (81.7%) mothers received consented care and 47 (78.3%) mothers acquired confidential care. The variable type of family showed significant association with the level of knowledge on Respectful Maternity care among the postnatal mothers at p level <0.05. Women should be empowered with universal human rights, the health provider should be aware of the rights and enrich them with quality based care.**

**Keywords:** Disrespect and Abuse free care, facility based care

## INTRODUCTION

Pregnancy and childbirth are the important and unforgettable occasions in the life of the women and family members and at this time women will be considered as the vulnerable group. The concept of safe motherhood is usually limited to the physical wellbeing, but childbearing is also the vital part of the life with the most cultural and personal impact to the women and her family members. The view of safe motherhood should be extended further than the prevention of morbidity or mortality to comprehend respect for women's basic human rights, including respect for women's autonomy, dignity, feelings, choices and preferences like

companionship during maternity care (White Ribbon Alliance, 2011; Aastha et al., 2018). Respectful Maternity Care (RMC) comprehends the universal human rights of every mothers with regards the women's autonomy, dignity, feelings or perceptions, choices for birth and treatment preference of companionship and cultural beliefs during childbirth especially in hospital settings. This is mainly connected to eradicate the disrespect and abuse throughout pregnancy and childbirth (White Ribbon Alliance, 2011; Aastha et al., 2018; Respectful Maternity care; Ephrem et al., 2016).

In 2010 landscape analysis, Browser and Hill explained the seven classifications of disrespectful and abuse during the labour and childbirth such as physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment and detention of facilities (Bowser and Hill, 2010).

Women's childbearing experiences either positive or negative will remain with her throughout the lifetime. Though there are many interventions to provide quality and better birth care, the health care provider focused the minimal attention towards the childbearing mothers. In developing countries, the burden of increase maternal mortality due to afraid of women about the disrespect and abuse that made her to neglect the hospital based care. Some women may have the obstacles such as cost or distance to utilize the quality care that cause the mortality rate (Kruk et al., 2009).

Millennium Development Goals (MDGs) were constituted by the United Nations in 2000 for improvement of the maternal health, particularly MDG 5A constituted to reduce the MMR by three quarters between 1990 to 2015 and it was measured in maternal deaths per 100000 live births. The common causes of maternal death are haemorrhage, hypertensive disorders, sepsis, and obstructed labour and unsafe abortion. These conditions are preventable and manageable by the trained health personnel with adequate facilities and supplies in the health centres. In developing countries such as Sub-Saharan African women was not preferring the health facilities for childbirth because of the previous negative birth experiences, inadequate and lack of skilled personnel and disrespectful care in health facilities (Hannah, 2013). The estimation of MMR in world-wide was declined from MMR of 385 in 1990 to 216 (80%) maternal death per 100000 live births in 2015 (Maternal mortality, 2015). Most of the global maternal death occurred in Sub-Saharan Africa about 66% and followed by South Asia about 22%. In India, the estimation of MMR was declined from 167 in 2011 – 2013 period to 130 per 100000 live births during 2014 – 2016. The worst state in India are Assam, UP/ U'khand and Rajasthan and their MMR is 237 (300), 201 (285) and 199 (244) respectively (India's current MMR, 2018).

The Indian government initiated many programmes under Sustainable Development Goal (SDG) to achieve target of an MMR below 70 by 2030. The programmes are like Janani Shishu Suraksha Karyakram (JSSK) which helps the pregnant women who delivered in public hospital, avail free transportation facility and no expense for delivery including caesarean section. Another programme was as Pradhan Mantri Surakshit Matritva Abhiyan which helps the women to access of antenatal check-ups, obstetric gynaecologists and identify the high risk pregnancy (https://indianexpress.com/india/who-commends-India-for-reducing-MMR). Recently the National Health Mission launched LaQshya Programme, and the goal of this programme is to provide the Respectful Maternity Care to all pregnant women who attend the facility based care, to reduce MMR and improve the quality of care during labour and childbirth (www.nhm.gov.in/New-updates-2018/LaQshya-Guidelines).

Though there are many programme exiting, but there is a lack of awareness among the women and health care provider about the programmes and policies. So, it is important for health worker to improve the quality of care and thereby reduce the mistreatment and MMR.

### Objectives of the Study

- To assess the knowledge and perception ofpostnatal mothers on Respectful Maternity Care.
- To associate the level of knowledge with the selected demographic and obstetric variables among the postnatal mothers.

## METHODOLOGY

The quantitative descriptive research design was used to conduct research at a selected hospital, Puducherry. 60 postnatal mothers were selected by purposive sampling for the study, who met the inclusion criteria like mothers present during data collection period and willing to participate. Modified Pattern Matrix RMC scale was used to the collect data. The interview schedule comprised of section A and B. Section A consisted of demographic and obstetric variables and Section B encompassed of knowledge and perception of mothers on Respectful Maternity Care which based on the six components like friendly care, abuse free care, timely care, and discrimination free care, consented and confidential care. Written informed consent was obtained from the participants before collecting the data. The collected data was planned to analyse by using the descriptive and inferential statistics.

## RESULTS

The result highlighted that 26(43.3%) mothers were in the age group of 21-25 years, 53(88.3%) mothers from

**Table 1.** Distribution of Demographic and Obstetrical variable.
N=60

| Demographic Variables | Frequency | |
|---|---|---|
| **Age In Years** | **(F)** | **(%)** |
| <20 Years | 10 | 16.7 |
| 21-25 Years | 26 | 43.3 |
| 26-30 Years | 21 | 35 |
| 31-35 Years | 3 | 5 |
| **Religion of The Mother** | | |
| Hindu | 53 | 88.3 |
| Christian | 3 | 5 |
| Muslim | 4 | 6.7 |
| **Educational Status of The Mother** | | |
| Secondary Education | 16 | 26.7 |
| Higher Education | 17 | 28.3 |
| Graduation | 26 | 43.3 |
| Illiteracy | 1 | 1.7 |
| **Occupational Status** | | |
| House Wife | 55 | 91.7 |
| Working mother | 5 | 8.3 |
| **Monthly Income of The Family** | | |
| <Rs.5000 | 31 | 51.7 |
| Rs.5001-10000 | 12 | 20 |
| >Rs.10000 | 17 | 28.3 |
| **Type of the Family** | | |
| Nuclear Family | 21 | 35 |
| Joint Family | 39 | 65 |
| **Residence of the Mother** | | |
| Rural | 34 | 56.7 |
| Urban | 26 | 43.3 |
| **Parity** | | |
| Primipara | 37 | 61.7 |
| Multipara | 23 | 38.3 |
| **Previous Childbirth** | | |
| Yes | 23 | 38.3 |
| No | 37 | 61.7 |
| **Regular Antenatal checkup** | | |
| Yes | 59 | 98.3 |
| No | 1 | 1.7 |
| **Length of stay after delivery** | | |
| 1-2 days | 9 | 15 |
| 2-4 days | 31 | 51.7 |
| >5 days | 20 | 33.3 |
| **Members attended delivery** | | |
| 1-3 members | 3 | 5 |
| 3-5 members | 21 | 35 |
| >5 members | 36 | 60 |
| **Sex of the person who attend the delivery** | | |
| Male | 31 | 51.7 |
| Female | 29 | 48.3 |
| **Complications during pregnancy** | | |
| Yes | 7 | 11.7 |
| No | 53 | 88.3 |

Hindu religion, 26(43.3%) mothers had education upto graduate, 39(65%) mothers were from joint family, 34(56.7%) mothers were from rural areas, 37(61.7%) mothers were primiparity, 36(60%) mothers had more than 5 members of health personnel during the delivery and 31(51.7%) mothers delivery conducted by male health personnel (Table 1).

The majority of 51(85%) mothers had poor knowledge,

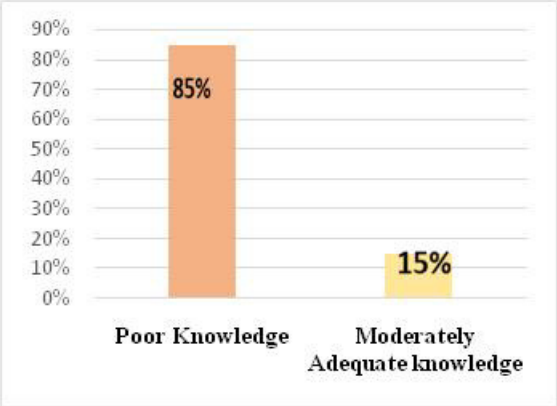


**Figure 1.** Knowledge on Respectful Maternity care among the mothers

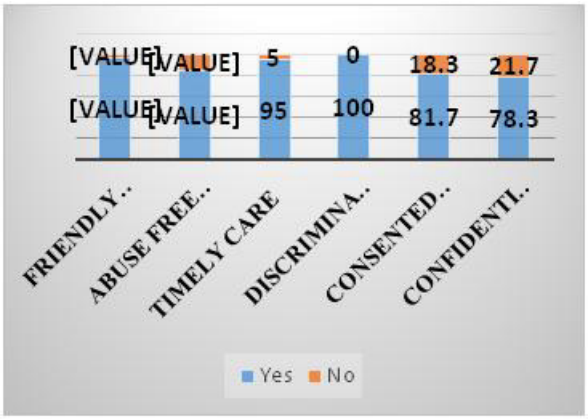


**Figure 2.** Perception of Mothers on Respectful Maternity care

**Table 2.** Association of Demographic and Obstetrical variable with knowledge on RMC N=60

| Demographic Variables | Level of Knowledge | | | | Chi Square Value |
|---|---|---|---|---|---|
| | Poor Knowledge | | Moderately Adequate knowledge | | |
| **Age In Years** | **N** | **%** | **N** | **%** | |
| <20 Years | 10 | 100 | 0 | 0 | |
| 21-25 Years | 21 | 80.7 | 5 | 19.3 | $\chi^2$ = 2.929 |
| 26-30 Years | 17 | 81 | 4 | 19 | Df = 3 |
| 31-35 Years | 3 | 100 | 0 | 0 | P = 0.403 |
| **Religion of The Mother** | | | | | |
| Hindu | 45 | 84.9 | 8 | 15.1 | $\chi^2$ = 0.844 |
| Christian | 3 | 100 | 0 | 0 | Df = 2 |
| Muslim | 3 | 75 | 1 | 25 | P = 0.656 |
| **Educational Status of The Mother** | | | | | |
| Secondary Education | 14 | 87.5 | 2 | 12.5 | |
| Higher Education | 15 | 88.2 | 2 | 11.8 | $\chi^2$ = 0.759 |
| Graduation | 21 | 80.8 | 5 | 19.2 | Df = 3 |
| Illiteracy | 1 | 100 | 0 | 0 | P = 0.826 |
| **Occupational Status** | | | | | |
| House Wife | 46 | 83.6 | 9 | 16.4 | $\chi^2$ = 0.963 |
| Working mother | 5 | 100 | 0 | 0 | Df = 1 |
| | | | | | P = 0.327 |

**Table 2.** Continue

| | | | | | |
|---|---|---|---|---|---|
| **Monthly Income of The Family** | | | | | |
| <Rs.5000 | 27 | 87.1 | 4 | 12.9 | $\chi^2$ = 1.188 |
| Rs.5001-10000 | 9 | 75 | 3 | 25 | Df = 2 |
| >Rs.10000 | 15 | 88.2 | 2 | 11.8 | P = 0.552 |
| **Type of the Family** | | | | | |
| Nuclear Family | 21 | 100 | 0 | 0 | $\chi^2$ = 5.701 |
| Joint Family | 30 | 76.9 | 9 | 23.1 | Df = 1 |
| | | | | | P = 0.017* (S) |
| **Residence of the Mother** | | | | | |
| Rural | 30 | 88.2 | 4 | 11.8 | $\chi^2$ = 0.644 |
| Urban | 21 | 80.8 | 5 | 19.2 | Df = 1 |
| | | | | | P = 0.422 |
| **Parity** | | | | | |
| Primipara | 32 | 86.5 | 5 | 13.5 | $\chi^2$ = 0.687 |
| Multipara | 19 | 82.6 | 4 | 17.4 | Df = 2 |
| | | | | | P = 0.709 |
| **Length of stay after delivery** | | | | | |
| 1-2 days | 7 | 77.8 | 2 | 22.2 | |
| 2-4 days | 27 | 87.1 | 4 | 12.9 | $\chi^2$ = 0.475 |
| >5 days | 17 | 85 | 3 | 15 | Df = 2 |
| | | | | | P = 0.789 |
| **Members attended delivery** | | | | | |
| 1-3 members | 3 | 100 | 0 | 0 | $\chi^2$ = 0.834 |
| 3-5 members | 17 | 81 | 4 | 19 | Df = 2 |
| >5 members | 31 | 86.1 | 5 | 13.9 | P = 0.659 |
| **Sex of the person who attend the delivery** | | | | | |
| Male | 26 | 83.9 | 5 | 16.1 | $\chi^2$ = 0.064 |
| Female | 25 | 86.2 | 4 | 13.8 | Df = 1 |
| | | | | | P = 0.8 |
| **Complications during pregnancy** | | | | | |
| Yes | 7 | 100 | 0 | 0 | $\chi^2$ = 1.398 |
| No | 44 | 83 | 9 | 17 | Df = 1 |
| | | | | | P = 0.237 |

9(15%) mothers had moderately adequate knowledge and none of them had adequate knowledge on respectful maternity care (Figure 1).

The perception of mothers on respectful maternity care assessed based on the six components of modified pattern matrix RMC scale. The majority of 58(96.7%) mothers received friendly care, 51(85%) mothers reported abuse free care, 57(95%) mothers acknowledged timely care, 60(100%) mothers received discrimination free care, and 49 (81.7%) mothers received consented care and 47 (78.3%) mothers acquired confidential care. (Figure 2).

The demographic variable of type of family had significant association with the knowledge level on Respectful Maternity care among the postnatal mothers at p level <0.05 (Table 2).

## DISCUSSION

The result of the present study showed that majority of the study participants in the age group of 21 – 25 years, Hindu religion, joint family type, lived in rural area, primipara. Most of the mothers had poor knowledge on respectful maternity care. This study depicts that many of the mothers received friendly, timely and discrimination free care. But some mothers are experienced the verbal abuse, non – consented care and non – confidential care during labour and childbirth.

The present study result supported with the study conducted by Anteneh Asefa and Delayehu Bekele, who reported that most of the women were in the age group of 20-24 years, Hindu religion, house wife, and history of previous institutional birth. And also this study stated that the health personnel did not speak politely and did not use curtains or other visual barriers to safe-guard the mother's privacy (Asefa and Bekele, 2015). The present study result supported with the study conducted by Mesenburg. M. A, et al, who reported that the majority of the mothers were in the age group of 20-29 years and 9.3% of mothers have been experienced the verbal abuse (Mesenburg et al., 2018).

The present study result supported with the study conducted by Ola Mousa and Oscar M. Turingan, who reported that majority of the mothers were finished graduate, belong to middle class family, and house wife.

And also this study revealed that most of the mothers reported the positive experiences towards the friendly care, received a moderate degree of abuse free care during childbirth, most of the mothers received timely care and discrimination free care (Ola and Oscar, 2019). Result of the present study supported with the study conducted by Rosen et al, who reports that many mother treated with dignity, the researcher observed the verbal abuse and poor interactions among the mothers and health providers (Rosen et al., 2015). In contrary, the study conducted by Ndwiga, et al, who enumerates that 18% of mother reported non-dignified care, 14% of mother experienced neglect, 9% of mother received non-confidential care, 8% detention in health facility and 4% had physical abuse which mainly due to lack of equipments and supplies. Some studies are contrary with the present study findings (Ndwiga et al., 2014). Bohren et al, communicated that women usually discriminated based on their ethnic or race during the labour and childbirth (Bohren et al., 2015). The study is limited with the selected hospital and the study findings could not be differentiate with other health care facilities.

## CONCLUSION

In conclusion, the result of the study implies that most of the mother had the poor knowledge about the respectful maternity care and majority of the mothers perceived that they received friendly, timely and discrimination free care. But some mother reported that the health provider not speaking politely, not provided privacy during examination and did not get consent before doing any procedure. Though women experience the dignified, respectful and abuse free care, still there is a chance of occurrence of disrespect and abuse during labour and delivery. To reduce or prevent these kind of problems, women should be empowered with universal human rights, the health provider should be aware of the rights and enrich them with quality based care. Further study is needed to identify the barriers in providing dignified care and implement the standard protocol to endorse respectful care in the hospital settings.

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