



KNOWLEDGE AND PRACTICE ON RESPECTFUL MATERNITY CARE AMONG HEALTHCARE PROVIDER WORKING IN A SELECTED HOSPITALS OF GUWAHATI, ASSAM- A DESCRIPTIVE STUDY

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ABSTRACT:

BACKGROUND: Childbirth is the most important event in women's life and every woman need and deserve to receive respectful care during the labour and childbirth. The concept of "safe motherhood" is usually restricted to physical safety, and childbearing is also an important passage from woman to mother, with deep personal and cultural significance for a woman and her family. Because motherhood is specific to women, issues of gender equality and gender violence are also at the core of maternity care. During pregnancy, a woman undergoes various physiological changes; in adaptations, her systems sometimes fail to accommodate these changes. The hospital's atmosphere and environment, birthing rooms, and the healthcare provider's attitude are much more important to give a positive childbirth experience.

OBJECTIVES:

1. To assess the level of knowledge on respectful maternity care among health care providers working in selected hospital of Guwahati, Assam.
2. To assess the level of practice on respectful maternity care among health care providers working in selected hospital of Guwahati, Assam.
3. To compare between safe and unsafe practices on respectful maternity care among health care providers working in selected hospitals of Guwahati, Assam.
4. To find out the association between the level of knowledge regarding respectful maternity care among healthcare providers with the selected demographic variables.

METHODS AND MATERIALS: A descriptive survey research design was used in the study to accomplish the objectives. Purposive sampling technique was used in obtaining adequate sample for the study. Study undertook 100 samples of healthcare providers working in selected hospitals of Guwahati, Assam. Respondents were selected based on the inclusive and exclusive criteria. Self structured knowledge questionnaire and practice observation checklist was used as tool for the study.

RESULTS: Out of 100 respondents, majority i.e. 50 (50%) belongs to the age group of 21 – 30 years, 59(59%) were male, 54(54%) were married, 71(71%) were Hindu, 35(35%) were from GNM, 38(38%) have 1-5 years of experience, 44(44%) were nurses, 34(34%) were working in Labour room, 71(71%) belong to nuclear family, 46(46%) were having household income of Rs. 9,232- 27,048, 64(64%) had not attend any in service classes. On assessment of knowledge regarding respectful maternity care majority i.e, 61(61%) had moderately adequate knowledge, 21(21%) had adequate knowledge and the rest 18(18%) had inadequately knowledge towards respectful maternity care with mean 11.39 and standard deviation (SD) 4.03 respectively, range of score is 7-21 and total score is 22. On overall assessment of level of practice regarding respectful maternity care among healthcare providers on different departments it was observed i.e. 9(33.3%) had safe practice at Postnatal ward, 7 (26%) at OPD, 6(22.2%) at Labour room, 5(19%) at Antenatal ward and for unsafe practice it was observed 8(32%) at Antenatal ward, 7(28%) at Labour room, 6(24%) at OPD and 4(16%) at Postnatal ward. The overall mean of safe practice is 6.75 and unsafe practice is 6.25 and standard deviation (SD) 1.47. The comparison between safe and unsafe practice were statistically tested and it was observed that, the calculated 't' value is 0.48 and tabulated 't' value is 2.45. Since the calculated 't' value < tabulated 't' value the null hypothesis is accepted and research hypothesis is rejected and infers there is no significance difference in safe and unsafe practice among healthcare providers on respectful maternity care.

CONCLUSION: After analyzing data collected, this study shows even though healthcare providers have moderately adequate knowledge but there was no uniform practice regarding respectful maternity care in different departments. Therefore, it is recommended to organize awareness programmes regarding respectful maternity care among healthcare providers to update their knowledge on the topic regarding respectful maternity care to promote effective and quality of care. The health care worker can conduct seminars, workshops and conferences for the healthcare providers regarding the recent advancement in aspects of care towards childbearing women in order to provide up-to-date information to enhance their knowledge and also plan regular and periodic health education sessions regarding respectful maternity care.

KEYWORDS: Knowledge, Practice, Respectful Maternity Care, Healthcare Providers, Safe motherhood.

INTRODUCTION: Maternal health is important for the women during pregnancy, childbirth and the postpartum period and maternal health care services includes antenatal care (ANC), delivery care and postnatal care (PNC) services. Maternal health has become a global concern because the lives of millions of women in reproductive age can be saved through maternal health care services. Despite efforts that have been made to strengthen maternal health care services, maternal mortality is still high in most of the developing countries. In 2016, WHO published new guidelines for improving quality of care for mothers and newborns in health facilities, which included an increased focus on respect and preservation of dignity. The sustainable goal 3 brings attention towards improving the quality of maternity health services for the world's.

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3. To compare between safe and unsafe practices on respectful maternity care among health care providers working in selected hospitals of Guwahati, Assam.
4. To find out the association between the level of knowledge regarding respectful maternity care among healthcare providers with the selected demographic variables.

METHODOLOGY:

A descriptive design was used in the study to accomplish the objectives using non- probability purposive sampling technique for obtaining adequate sample for the study. Study was done on 100 healthcare providers in selected hospitals of Guwahati, Assam. Respondents were selected on the basis of inclusion and exclusion criteria; Self Structured Knowledge Questionnaire tool and Practice Observation Checklist was used to assess the practice level of healthcare providers on Respectful Maternity Care.

DESCRIPTION OF THE TOOL:

In order to meet the objectives of the study, the following tools were constructed which consists of three sections:

Section I: Demographic performa of healthcare provider.

Section II: Self structured knowledge questionnaires to assess the knowledge regarding respectful maternity care.

Section III: Practice Observation Checklist to assess the practice of healthcare provider regarding respectful maternity care.

DATA COLLECTION PROCEDURE:

Permission was acquired from the concerned authorities of Guwahati Medical College Hospital and Tolaram Bafna District Civil Hospital. Data collection process was scheduled from 8th November to 30th November 2023. Healthcare providers who was on duty was selected for the study. 100 subjects were carefully chosen by a non-probability purposive sampling technique. Self-introduction was given, the investigator given detailed information about the study purpose to the participants and obtained consent. The data was collected and assured anonymity and confidentiality was maintained. Subjects were requested to complete the Self Structured knowledge questionnaire on Respectful Maternity Care. The average time taken for the subjects to complete the questionnaire was about 20-30 minutes. Once knowledge questionnaire was completed, investigator collect it back followed by assessing of practice level. Practice Observation Checklists were used to assess the practice level of healthcare providers employed in OPD, Antenatal, Labour and Postnatal ward. Overall practice of healthcare providers were observed for 6-8hours during their duty hours. For each observed practice score was given on the practice checklist. The collected data was then coded and the master data sheet prepared for analysis.

RESULTS:

Section I: Frequency and percentage distribution of demographic variables of health care providers.

Table I:

N = 100

Demographic Variables	Frequency (f)	Percentage (%)
Age in years		
21 – 30	50	50%
31 – 40	23	23%
41 – 50	-	-
>50	27	27%
Gender		
Male	59	59%
Female	41	41%
Others	-	-
Marital status		
Married	54	54%
Unmarried	46	46%

Demographic Variables	Frequency (f)	Percentage (%)
Others	-	-
Religion		
Hindu	71	71%
Islam	12	12%
Christianity	13	13%
Others	4	4%
Qualification		
Secondary	21	21%
Higher secondary	17	17%
GNM	35	35%
B.Sc.(N)	7	7%
Degree	6	6%
Post Basic B.Sc	2	2%
MBBS	10	10%
No formal qualification	2	2%
Years of working experience		
<1 year	10	10%
1 – 5 years	38	38%
6 – 10 years	15	15%
11 – 15 years	12	12%
>15 years	25	25%
Designation		
Doctor	10	10%
Nurse	44	44%
Ward Boy	22	22%
Cleaner	12	12%
Assistant	12	12%
Area of work		
Labour room	34	34%
Postnatal ward	27	27%
Antenatal ward	26	26%
OPD Maternity	13	13%
Type of family		
Nuclear	71	71%
Joint	20	20%
Extended family	6	6%
Others, specify	3	3%
Household income		
Rs.9226	18	18%
Rs. 9,232- 27,048	46	46%
Rs. 27,654- 46,089	17	17%
Rs. 46,095-68,961	6	6%
Rs. 68,957- 92,185	1	1%
Rs.92,191-184,370	3	3%
Rs.184,376	9	9%
Have you attended any in service classes related with Respectful maternity Care?		

Demographic Variables	Frequency (f)	Percentage (%)
Yes	36	36%
No	64	64%

The Table I portrays that most of the health care providers, 50(50%) were aged between 21 – 30 years, 59(59%) were male, 54(54%) were married, 71(71%) were Hindu, 35(35%) were GNM, 38(38%) had 1 – 5 years of working experience, 44(44%) of the health care providers were nurses, 34(34%) were working in labour room, 71(71%) belonged to nuclear family, 46(46%) had household income of Rs.9,232-27,048 and 64(64%) had not attended any in-service classes related with respectful maternity care.

SECTION-II: Frequency and percentage distribution of level of knowledge among healthcare providers regarding Respectful Maternity Care.

Table II:

N = 100

Level of Knowledge	Frequency	Percentage (%)
Inadequate ($\leq 33\%$)	18	18%
Moderately adequate (33 – 65%)	61	61%
Adequate ($>66\%$)	21	21%

The data in Table II shows that out of 100 respondents 61(61%) had moderately adequate level of knowledge, 21(21%) had adequate knowledge and 18(18%) had inadequate knowledge on respectful maternity care among health care providers.

SECTION-III: Frequency and percentage distribution of level of Safe practice among healthcare providers regarding Respectful Maternity Care.

Table III:

Unsafe Practice	Frequency (f)	Percentage (%)
OPD	6	24.0%
Antenatal Ward	8	32.0%
Labour Room	7	28.0%
Post Natal Ward	4	16%

The data in Table III depicts overall healthcare providers safe practice in different ward, were maximum i.e. in postnatal ward 9(33.33%) follow safe practice followed by OPD ward 7(25.29%), labour room 6(22.22%) and antenatal ward 5 (18.51%).

SECTION-IV: Frequency and percentage distribution of level of Unsafe practice among healthcare providers regarding Respectful Maternity Care.

Table IV:

Safe Practice	Frequency (f)	Percentage (%)
OPD	7	26.0%
Antenatal Ward	5	19.0%
Labour Room	6	22.22%
Post Natal Ward	9	33.33%

The data in Table IV depicts overall healthcare providers unsafe practice in different ward, were maximum i.e. in antenatal ward 8(32%) follow unsafe practice followed by labour room 7(28%), OPD 6(24%) and postnatal ward 4(16%).

SECTION-V: Comparison of safe and unsafe practice on respectful maternity care among healthcare providers.

Table V:

Practice	Mean \pm SD	Mean Difference	Calculated 't' value	Tabulated 't' value
SAFE	6.75 \pm 1.47			
UNSAFE	6.25 \pm 1.47	0.5	0.48	2.45

The data represented in Table V depicts the overall healthcare providers 27(51.92%) had safe practice and 25(48.07%) had unsafe practice on respectful maternity care. The overall mean of safe practice is more than that of unsafe practice and the calculated 't' value (0.48) is less than tabulated 't' value (2.45) which suggest that there was no significant difference in the practice of safe and unsafe practices. Hence the research hypothesis (H_1) was rejected and null hypothesis (H_{01}) was accepted and infers that there is no significant difference between safe and unsafe practice of healthcare providers on respectful maternity care.

SECTION-VI: Association Between Level Of Knowledge Regarding Respectful Maternity Care Among Healthcare Providers With Selected Demographic Variables.

Table VI:

N = 100

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square p-value / Fisher Exact test p-value
	f	%	f	%	f	%	
Age in years							p=0.671 N.S
21 – 30	9	9.0	29	29.0	12	12.0	
31 – 40	4	4.0	13	13.0	6	6.0	
41 – 50	-	-	-	-	-	-	
>50	5	5.0	19	19.0	3	3.0	
Gender							$\chi^2=7.537$ p=0.23 S*
Male	6	6.0	37	37.0	16	16.0	
Female	12	12.0	24	24.0	5	5.0	
Others	-	-	-	-	-	-	
Marital status							$\chi^2=6.294$ p=0.043 S*
Married	14	14.0	32	32.0	8	8.0	
Unmarried	4	4.0	29	29.0	13	13.0	
Others	-	-	-	-	-	-	
Religion							p=0.376 N.S
Hindu	16	16.0	40	40.0	15	15.0	
Islam	2	2.0	9	9.0	1	1.0	
Christianity	0	0	9	9.0	4	4.0	
Others	0	0	3	3.0	1	1.0	
Qualification							p=0.0001 S***
Secondary	9	9.0	12	12.0	0	0	
Higher secondary	8	8.0	9	9.0	0	0	
GNM	0	0	24	24.0	11	11.0	
B.Sc.(N)	0	0	5	5.0	2	2.0	
Degree	3	3.0	3	3.0	0	0	
Post Basic B.Sc	0	0	2	2.0	0	0	
MBBS	0	0	2	2.0	8	8.0	
No formal qualification	1	1.0	1	1.0	0	0	
Years of experience							p=0.082 N.S
<1 year	0	0	7	7.0	3	3.0	
1 – 5 years	6	6.0	22	22.0	10	10.0	
6 – 10 years	6	6.0	5	5.0	4	4.0	
11 – 15 years	3	3.0	7	7.0	2	2.0	
>15 years	3	3.0	20	20.0	2	2.0	
Designation							p=0.0001 S***
Doctor	0	0	2	2.0	8	8.0	
Nurse	0	0	31	31.0	13	13.0	
Ward Boy	8	8.0	14	14.0	0	0	
Cleaner	8	8.0	4	4.0	0	0	
OPD Maternity	2	2.0	10	10.0	0	0	

Demographic Variables	Inadequate		Moderate		Adequate		Chi-Square p-value / Fisher Exact test p-value
	f	%	f	%	f	%	
Area of work							p=0.079 N.S
Labour room	4	4.0	19	19.0	11	11.0	
Postnatal ward	5	5.0	20	20.0	2	2.0	
Antenatal ward	6	6.0	17	17.0	3	3.0	
OPD Maternity	3	3.0	5	5.0	5	5.0	
Type of family							p=0.491 N.S
Nuclear	14	14.0	39	39.0	18	18.0	
Joint	3	3.0	15	15.0	2	2.0	
Extended family	0	0	5	5.0	1	1.0	
Others, specify	1	1.0	2	2.0	0	0	
Household income							p=0.0001 S***
Rs.9226	7	7.0	9	9.0	2	2.0	
Rs. 9,232- 27,048	11	11.0	31	31.0	4	4.0	
Rs. 27,654- 46,089	0	0	14	14.0	3	3.0	
Rs. 46,095-68,961	0	0	3	3.0	3	3.0	
Rs. 68,957- 92,185	0	0	1	1.0	0	0	
Rs.92,191-184,370	0	0	1	1.0	2	2.0	
Rs.184,376	0	0	2	2.0	7	7.0	
Have you attended any in service classes related with Respectful maternity Care?							$\chi^2=16.318$ p=0.0001 S***
Yes	0	0	23	23.0	13	13.0	
No	18	18.0	38	38.0	8	8.0	

***p<0.001, *p<0.05, S – Significant, p>0.05, N.S – Not Significant

The Table 6 shows the association of level of knowledge on respectful maternity care among health care providers with their selected demographic variables. It was observed that the demographic variables qualification (p=0.0001), designation (p=0.0001), household income (p=0.0001) and have you attended any in service classes related with respectful maternity care ($\chi^2=16.318$, p=0.0001) had statistically significant association with level of knowledge on respectful maternity care among health care providers statistically significant at p<0.001 level.

The demographic variable gender (p=0.023), marital status (p=0.043) had statistically significant association with level of knowledge on respectful maternity care among health care providers statistically significant at p<0.05 level.

The other demographic variables did not show statistically significant association with level of knowledge on respectful maternity care among health care providers statistically significant at p<0.05 level.

DISCUSSIONS:

In the present study the knowledge and practice of healthcare providers on Respectful Maternity Care was conducted among 100 respondents. The analysis of the study revealed that the level of knowledge of majority healthcare providers i.e, 61 (61%) had moderately adequate knowledge, 21(21%) had adequate knowledge, and 18 (18%) respondents had inadequate knowledge towards respectful maternity care with mean 11.39 and SD 4.03.

The study is supported by Mathew B who conducted a descriptive study to assess the knowledge on respectful maternal care among the health workers working in selected hospital/health centers at Meerut where the study findings showed out of 30 health workers 15(50%) were having moderate knowledge, 12(40%) were having adequate knowledge and only 03(10%) were having inadequate knowledge about respectful maternity care.

Furthermore on overall assessment of level of practice regarding respectful maternity care among healthcare providers on different departments it was observed i.e. 9(33.3%) had safe practice at Postnatal ward, 7 (26%) at OPD, 6(22.2%) at Labour room, 5(19%) at Antenatal ward and for unsafe practice it was observed 8(32%) at Antenatal ward, 7(28%) at Labour room, 6(24%) at OPD and 4(16%) at Postnatal ward. The overall mean of safe practice is 6.75 and unsafe practice is 6.25 and standard deviation (SD) 1.47.

The study is supported by Moridi M, Pazandeh F, Patrota B who conducted a cross-sectional survey study on midwives knowledge and practice of respectful maternity care in Iran. Findings demonstrated that the mean score for knowledge and practice of midwives were 20.96 ± 3.54 and 101.64 ± 11.49 , respectively.

In the present study, it was also found out there was no significant difference between safe and unsafe practice regarding respectful maternity care among healthcare providers. Based on the analysis the calculated 't' value is 0.48 and tabulated 't' value is 2.45. As the calculated 't' value < than the tabulated 't' value, therefore null hypothesis (H_{01}) is accepted and research hypothesis is rejected (H_1) which states that there is no significant difference between safe and unsafe practices regarding respectful maternity care among healthcare providers working in selected hospitals.

The study also revealed there was an association between the level of knowledge regarding respectful maternity care with the selected demographic variables like gender, marital status, qualification, designation, household income and any in service classes attended on respectful maternity care tested statistically significant at $p < 0.05$ level and $p < 0.001$ level.

CONCLUSIONS:

Through this study, the investigator concluded that although there was moderate level of knowledge regarding respectful maternity care among healthcare providers but it was found out the level of practice on respectful maternity care was not uniform in different departments. Therefore, verbal information were given to enhance the care and promote quality of services. Furthermore it is recommended to organize awareness programmes regarding respectful maternity care among healthcare providers to update their knowledge and promote effective and quality of maternity care.

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