



“A Descriptive Study to Assess Perception of Postnatal Mothers and Health Care Workers Related to Respectful Maternity Care (RMC) at Selected Community Health Center, Meerut (U.P).”

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ABSTRACT

Introduction: Respectful maternity care (RMC) is a universal human right to every childbearing woman in every health system. It is not an option. It is not a luxury awarded only to women in certain geographies or demographic groups

Aim: The main aim of this study to assess the the perception of postnatal mothers and health care workers related to respectful maternity care (RMC). The **objectives** of the study were: To assess the perception of post-natal mothers related to Respectful Maternity Care. To assess the perception of health care workers related to Respectful Maternity Care. To determine the association of perception of postnatal mothers with selected demographic variables. To determine the association of perception of health care workers with selected demographic variables.

Methods: The conceptual framework for this study was developed by the researcher based on Ronald Anderson’s Behavioral Model. **Design:** A quantitative, non-experimental approach using survey and cross sectional design, was conducted at postnatal ward and labor room of Community Health Center, Meerut, U.P. A total of 50 subjects were purposively selected 25 were postnatal mothers & 25 were health care workers. Checklist was used to assess the perception of postnatal mothers and health care workers. After the collection of data and entered in the recording sheet.

Results: The data collected was analyzed using descriptive and inferential statistics. The finding revealed that out of 50 sample, all of the postnatal mothers 25 out of 25 (100%) and are all of the health care workers 25 out of 25 (100%) had positive perceptions towards Respectful Maternity Care.

Conclusion: The result of the study implies that most of the mothers and health care workers had the positive perception 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 care provider not provided privacy during examination and delivery, did not ask for consent before doing any procedure, did not allow the choosing birthing position, and some health care provider asked for the bribe.

Key Words: Respectful Maternity Care, Perception, RMC, Postnatal mothers, Health care workers

INTRODUCTION

In every country and community worldwide, pregnancy and childbirth are momentous events in the lives of women and families which also represent a time of intense vulnerability. Significant progress has been made globally in maternal and neonatal health (MNH) care, and both maternal and neonatal mortality rates have dropped in recent decades. Strengthened legal frameworks and effective clinical and programmatic practices have improved the quality of services provided. Despite these improvements, access to quality services is not guaranteed for many, especially in developing countries. Even when services are available, care may be compromised by social, ethnic and cultural barriers, an unwelcoming reception at the health care facility, lack of privacy and information for the client, disrespect and abuse ².

Respectful maternity care (RMC) is a universal human right to every childbearing woman in every health system. It is not an option. It is not a luxury awarded only to women in certain geographies or demographic groups ³.

Seven rights of childbearing women from Respectful Maternity Care Charter are:

Article 1. Every woman has the right to be free from harm and ill treatment.

Article 2. Every woman has the right to information, informed consent and refusal, and respect for her choices and preferences, including companionship during maternity care.

Article 3. Every woman has the right to privacy and confidentiality.

Article 4. Every woman has the right to be treated with dignity and respect.

Article 5. Every woman has the right to equality, freedom from discrimination, and equitable care.

Article 6. Every woman has the right to healthcare and to the highest attainable level of health.

Article 7. Every woman has the right to liberty, autonomy, self-determination, and freedom from coercion.

In Ethiopia, the proportion of childbirths attended by a Skilled Birth Attendant (SBA) in 2014 was 15%, compared to 50–53% in other Sub-Saharan African countries, especially in East Africa. In many countries, one of the reasons for low rate of childbirth assisted by SBA is absence of RMC and the actual and perceived high D&A committed by health providers ^{11,12}.

As elsewhere, in Ethiopia, D&A is a deterrent to women seeking childbirth in health facilities. A 2014 synthesis of evidence from 65 studies on the barriers of facility-based delivery in low-and middle-income countries showed many individual, community, and health system related factors, including mistreatment of women, geographic accessibility, health care costs, perceptions of quality, cultural and personal preferences, and education, contributed to low SBA rates. This synthesis also noted that health professionals working at health facilities were not sensitive to women's privacy and showed little care in giving them psychological support when women requested it ^{12,13}.

MATERIALS AND METHDO

A present study **Quantitative, Non experimental approach** is found to be most appropriate. **Survey and cross sectional research design** was used to identify the Respectful Maternity Care and to assess the perception of post-natal mothers and health care workers related to Respectful Maternity Care. The setting of this study was labor room and postnatal mothers of Community Health Center, Pyare Lal Sharma District Hospital and LLRM medical college (SVBP Hospital), at Meerut (U.P). At present, Community Health Center is a Government setting situated at Rohta Road, Meerut, (U.P). Pyare Lal Sharma District Hospital situated at Ghanta Ghar Road, Meerut, (U.P) and LLRM medical college (SVBP Hospital) Jagrati Vihar, Meerut, (U.P).

Total sample size was 50. 25 were health care workers who are working from postnatal ward and labor room. 25 were postnatal mother who are admitted in postnatal ward.

DATA COLLECTION TOOL

The data collection tool consist of two section,

Tool 1 (a): Subject data sheet

(b): Structured checklist to assess the perception of postnatal mothers towards Respectful Maternity Care

Tool 2 (a): Subject data sheet

(b): Structured checklist to assess the perception of health care workers towards Respectful Maternity Care

RESULTS

The data were analyzed on the basis of the study objective, using both descriptive and inferential statistics. Findings are organized in the following headings.

TABLE- 1: Frequency and percentage distribution of among postnatal mothers according to their demographic characteristic

Variables	Categories	Frequency (f)	Percentage (%)
AGE (IN YEARS)	<20	0	0%
	21-25	14	56%
	26-30	11	44%
	31-35	0	0%
RELIGION	Hindu	14	56%
	Christian	0	0%
	Muslim	11	44%
	Sikh	0	0%
	Any Other	0	0%
EDUCATION	Illiterate	7	28%
	Primary education	10	40%
	Secondary education	4	16%
	Graduation and above	4	16%
OCCUPATION	Unemployed	24	96%
	Government	0	0%
	Private	1	4%
	Self- employed	0	0%
MONTHLY INCOME	<10,000	16	64%
	10,001- 25,000	9	36%
	25,001- 40,000	0	0%
	40,001- 55,000	0	0%
FAMILY TYPE	Joint family	19	76%
	Nuclear family	6	24%
RESIDENCE	Urban	0	0%
	Rural	25	100%
GRAVIDA	One	7	28%
	Two	7	28%
	Three	4	16%
	Four or above	7	28%
PARITY	One	7	28%
	Two	7	28%
	Three	4	16%
	Four or above	7	28%
ABORTION	None	25	100%
	One	0	0%
	Two	0	0%

LIVE CHILDREN	One	7	28%
	Two	7	28%
	Three	4	16%
	Four or above	7	28%
DELIVERY TYPE	Normal vaginal delivery	25	100%
	Caesarean section	0	0%
ANTENATAL CHECKUP	Yes	24	96%
	No	1	4%
NO. OF ANTENATAL VISIT	One	4	16%
	Two	8	32%
	Three	12	48%
PLACE OF ANTENATAL CHECKUP	Sub Centre	0	0%
	Primary Health Centre	5	20%
	Community Health Centre	17	68%
	District Level Hospital	2	8%
ANTENATAL CHECKUP BY	ASHA	0	0%
	Nurse	0	0%
	Doctor	24	96%
HOSPITAL STAY	1-2	25	100%
	3-4	0	0%
DELIVERY CONDUCT	Doctor	0	0%
	Nurse	25	100%
ANY COMPLICATION	Yes	0	0%
	No	25	100%

Data presented in table no. 1 shows that's in postnatal mother's majority of mothers 14 out of 25 i.e. (56%) were in the age group of 21-25 years followed by 11(44%) are in age group of 26-30 years.

In case of **religion** in postnatal mother's majority of them i.e. 14 (56%) are Hindu followed by 11 (44%) are Muslims.

In case of **education** majority of postnatal mothers 10 out of 25 i.e. (40%) are having primary education and above followed by 7 (28%) are having illiterate followed by 4 (16%) having secondary education and 4 (16%) having graduation and above.

Regarding to **occupation** majority of postnatal mothers 24 out of 25 i.e. (96%) are unemployed followed by 1 (4%) is having self-employed.

In case of **monthly income** in postnatal mother's majority of them i.e. 16 out of 25 (64%) is having income less than 10,000 followed by 9 (36%) are having income 10,001- 25,000.

Regarding to **type of family** in postnatal mother majority of them i.e. 19 out of 25 (76%) are living in joint family followed by 6 (24%) are living in nuclear family.

Regarding to **residence** in postnatal mother's majority of them i.e. 25 out of 25 (100%) are living in rural area.

In case of **gravida** in postnatal mother's majority of them i.e. 7 out of 25 (28%) are having one followed by 7 (28%) are two followed by 7 (28%) are having four or above and followed by 4 (16%) are having three.

Regarding to **parity** in postnatal mother's majority of them i.e. 7 out of 25 (28%) are having one followed by 7 (28%) are two followed by 7 (28%) are having four or above and followed by 4 (16%) are having three.

In case of **abortion** in postnatal mother's majority of them i.e. 25 out of 25 (100%) are having none abortion.

In case of **live children** in postnatal mother's majority of them i.e. 7 out of 25 (28%) are having one followed by 7 (28%) are two followed by 7 (28%) are having four or above and followed by 4 (16%) are having three.

In case of **delivery type** in postnatal mother's majority of them i.e. 25 out of 25 (100%) are having normal vaginal delivery.

In case of **antenatal check-up** in postnatal mother's majority of them i.e. 24 out of 25 (96%) are yes followed by 1 (4%) are no.

Regarding to **no. of antenatal visit** in postnatal mother's majority of them i.e. 12 out of 25 (48%) are having three followed by 8 (32%) are two followed by 4 (16%) are having one.

In case of **place of antenatal check-up** in postnatal mother's majority of them i.e. 17 out of 25 (68%) are community health centre followed by 5 (20%) are primary health centre followed by 2 (8%) are district level hospital.

In case of **antenatal check-up by** in postnatal mother's majority of them i.e. 24 out of 25 (96%) are having doctor.

Regarding to **hospital stay** in postnatal mother's majority of them i.e. 25 out of 25 (100%) are 1-2 days stay in hospital.

In case of **delivery conduct** in hospital of postnatal mother's majority of them i.e. 25 out of 25 (100%) are conducted by nurse.

In case of **any complication** in postnatal mother's majority of them i.e. 25 out of 25 (100%) are having no complication during pregnancy, labour and postpartum.

Table- 2: Frequency and percentage distribution of health care workers according to their demographic characteristics.

Variables	Categories	Frequency (f)	Percentage (%)
GENDER	Male	0	0%
	Female	25	100%
AGE (in year)	21-25	12	48%
	26-30	12	48%
	31-35	1	4%
RESIDENCE	Rural	7	28%
	Urban	18	72%
RELIGION	Hindu	16	64%
	Muslim	8	32%
	Christian	1	4%
	Sikh	0	0%
EDUCATION	GNM	12	48%
	P.B. B.SC Nursing	8	32%
	B.SC Nursing	5	20%
	M.sc Nursing and above	0	0%
MONTHLY INCOME	<20,000	4	16%
	20,001- 40,000	9	36%
	40,001- 60,000	11	44%
	<60,001	1	4%
LANGUAGE	Hindi	25	100%
	English	0	0%
	Tamil/ Malayalam	0	0%
WORKING EXPERIENCE (IN YEARS)	<5	21	84%
	6-10	4	16%
	11-15	0	0%
	>16	0	0%
ANY TRAINING	Yes	13	52%
	No	12	48%

The data in table no 2 shows that in case of **gender** in health care worker's majority of them i.e. 25 out of 25 (100%) are female.

In case of **age** (in years) in health care worker's majority of them 12 out of 25 i.e. (48%) were in the age group of 21-25 years followed by 12 (48%) are in age group of 26-30 years followed by 1 (4%) are in age group of 31-35.

Regarding to **residence** in health care worker's majority of them i.e.18 out of 25 (72%) are living in urban area followed by 7 (28%) are living in rural area.

In case of **religion** in health care worker's majority of them i.e. 16 (64%) are Hindu followed by 8 (32%) are Muslims followed by 1 (4%) are Christian.

In case of **education** majority of health care workers 12 out of 25 i.e. (48%) are having GNM and above followed by 8 (32%) are having P.B. B.SC Nursing followed by 5 (20%) having B.SC Nursing.

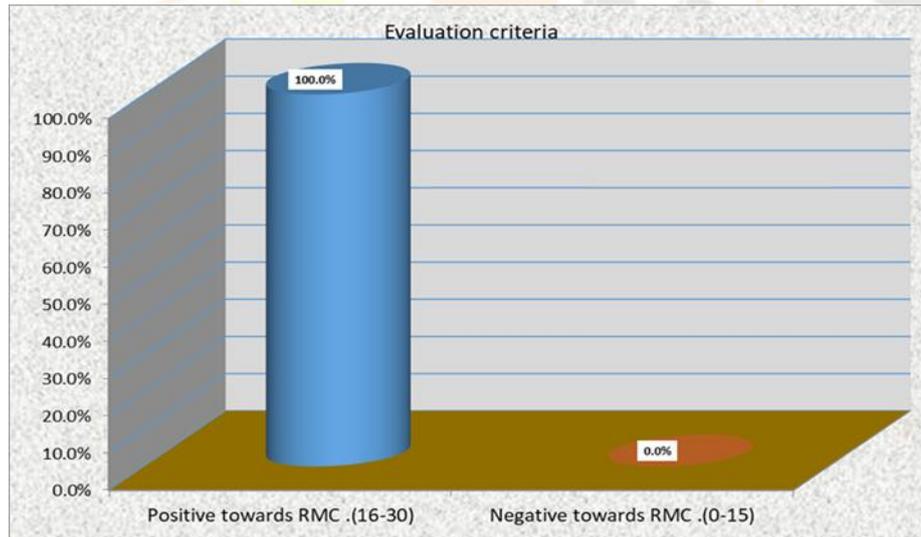
In case of **monthly income** in health care worker's majority of them 11 out of 25 i.e. (44%) is having income 40,001- 60,000 followed by 9 (36%) are having income 20,001- 40,000 followed by 4 (16%) are having income less than 20,000 followed by 1 (4%) are having income more than 60,001.

Regarding to **language** majority of health care workers 25 out of 25 i.e. (100%) are using Hindi language.

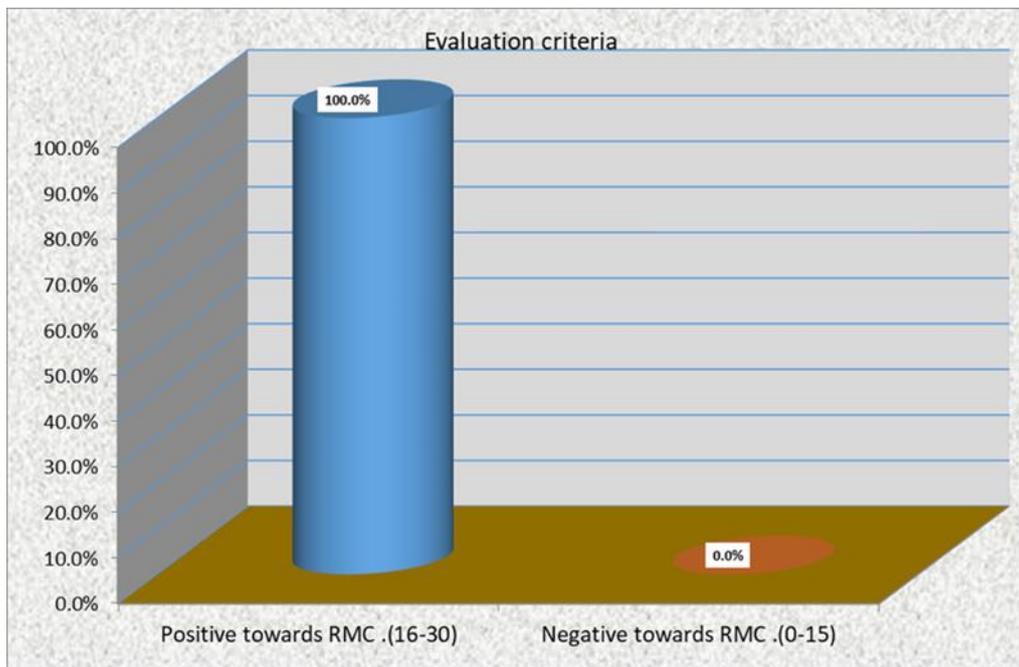
In case of **working experience** in health care worker's majority of them 21 out of 25 i.e. (84%) are having < 5 years' working experience in maternity area followed by 4 (16%) are having 6-10 years' working experience in maternity area.

In case of **any training** in health care worker's majority of them 13 out of 25 i.e. (52%) are having yes any training or in- service program regarding maternal and child care followed by 12 (48%) are having no any training or in- service program regarding maternal and child care

Figure-1: Bar diagram showing the perception of postnatal mothers.



As shown in figure no 1 reveal that the perception of postnatal mothers, the majority of the postnatal mothers 25 out of 25 (100%) are positive towards Respectful Maternity Care

Figure- 2: Bar diagram showing the perception of health care workers.

As shown in figure no 2 reveal that the perception of health care workers, the majority of the health care workers 25 out of 25 (100%) are positive towards Respectful Maternity Care.

SECTION 3 3.1: Findings related to association of perception of postnatal mothers with demographic variables

The association could not have calculated between the level of perception and the socio demographic variables as there was no variability. All health care workers had positive perceptions towards RMC

SECTION 3 3.2: Findings related to association of perception of health care workers with demographic variables

The association could not have calculated between the level of perception and the socio demographic variables as there was no variability. All health care workers had positive perceptions towards RMC.

LIMITATIONS

The sample size in the study was small, thus restricting our ability to make broader generalization.

Activities of the health care workers could not be observed while assessing respectful maternity care due to time factor.

CONCLUSION

Postnatal mothers were only included in the study who have given the birth. The study highlights the need for intensive collaboration and dialog between the policymakers, advocates who are concerned with patients' rights, and those working to improve the quality of Respectful Maternity Care, when designing curriculum and guidelines for health professional education.

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