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A study to assess the knowledge and practice regarding respectful maternity care among staff nurses in labour room at selected hospitals of the city with a view to develop an information booklet.

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ABSTRACT

Every woman around the world has a right to receive respectful maternity care. The concept of “respectful maternity care” has evolved and expanded over the past few decades to include diverse perspectives and frameworks Objective of the study were 1.To assess the knowledge of staff nurses regarding respectful maternity care.2.To assess the practice of staff nurses regarding respectful maternity care.3. To find the correlation between knowledge and practice regarding respectful maternity care. 4. To determine association between knowledge with selected demographic variables 5. To determine association between practice with selected demographic variables. Material & method of the study were The tool was developed in the form of three section as demographic data, structured knowledge questionnaire and observational checklist. The purposive sampling technique was used for selecting 100 staff nurses in labour from selected hospitals of the city. The Result of this study showed that, the knowledge level of staff nurses was found Majority of the samples 65(65%) were having inadequate level of knowledge on respectful maternity care whereas 29(29%) were having moderate knowledge and 6(6%) were having adequate knowledge level on respectful maternity care. Assessment of practice among staff nurses regarding respectful maternity care that, The majority of the samples 71(71%) were having inadequate level of practice on respectful maternity care whereas 29(29%) were having moderate level of practice and none of the sample were having adequate level practice on respectful maternity care The researcher used KARL PEARSON CORRELATION COEFFICIENT (r) to identify the relationship between knowledge and practice score ($r = -0.018, p = 0.856$). The association between level of knowledge score on respectful maternity care with selected demographic variables. The study demographic variables were age, religion, education status, year of experience, monthly income and type of hospital In order to compute the association between the level of knowledge score and demographic variables chi-square was applied and the value was observed with 0.05 significance level. It was observed that there was no any demographic variable found association with level knowledge on respectful maternity care. The association between levels of practice score on respectful maternity care with selected demographic variables. The study demographic variables were; age, religion, education status, year of experience, monthly income and type of hospital. In order to compute the association between the level of practice score and demographic variables chi-square was applied and the value was observed with 0.05 significance level. The chi-square value of the demographic variables, such as education was $\chi = 13.296$ with a 3 degree of freedom and year of experience $\chi = 7.118$ with a 3 degree of freedom showed significant association with level of practice at 0.05 level, and there were no other demographic variables found association with level of practice on respectful maternity care. The study concluded that staff nurses have inadequate knowledge and inadequate practices regarding respectful maternity care. The knowledge and practice will be improved after providing the information booklet regarding respectful maternity care.

Keywords: RMC, Knowledge, Practices, WRA, Staff Nurse's, Labour Room, Childbirth, Maternity Care, Health Care.

1. INTRODUCTION

In November 2000, the International Conference on the Humanization of Childbirth was held in Brazil, largely as a response to the trend of medicalized birth, exemplified by the global caesarean section epidemic, as well as growing concerns over obstetric

violence. Advocates emphasized the need to humanize birth, taking a more holistic approach. The concept of “obstetric violence” gained momentum in the global maternal health community during the childbirth activism movement in Latin America in the 1990s. The Network for the Humanization of Labour and Birth (ReHuNa) was founded in Brazil in 1993, followed by the Latin American and Caribbean Network for the Humanization of Childbirth (RELACAHUPAN), founded during the 2000 conference. In 2007, Venezuela formally defined “obstetric violence” as the appropriation of women’s body and reproductive processes by health personnel, which is expressed by a dehumanizing treatment, an abuse of medicalization and pathologization of natural processes, resulting in a loss of autonomy and ability to decide freely about their bodies and sexuality, negatively impacting their quality of life.

India remains one of the most high-risk places in the world to give birth, accounting for almost 12% of total maternal deaths worldwide. Annually, over 35,000 women die in India of maternal causes, despite over 80% delivering in health facilities. Almost all these deaths are preventable, suggesting that quality of care needs attention at multiple levels. India has seen progress around maternal health in recent years but the rush to bring women to facilities has grown without investing enough on the experience they have once they are there. To reduce needless deaths in pregnancy and childbirth, WRA India is working with communities to demand their rights to Respectful Maternity Care (RMC) and ensuring health systems are equipped to be supportive of health workers to provide RMC as standard practice. Current Campaigns of Respectful Maternity Care according to WRA, India is working with communities, healthcare providers and health system to incorporate Respectful Maternity Care standards and drive system-wide change. At the community level, WRA India is working with communities to demand for and deliver Respectful Maternity Care, through gathering evidence to highlight the lack of RMC in policies and protocols and denial of RMC at the point of care. In addition to these efforts, WRA India, in partnership with Indian Council of Medical Research, is conducting qualitative research to understand providers’ perspectives on disrespect and abuse in healthcare facilities.

2. NEED OF STUDY

This study need to break the veil of silence around disrespectful and abusive maternity care and empower health care providers, women and communities to recognize respectful maternity care as a basic human right..A rapid situation analysis on Respectful Maternity Care (RMC), revealed a huge gap vis-a-vis RMC provision during maternal health services. The analysis found that disrespect and abuse of women during maternity care is not explicitly recognized as a barrier to utilization of health services. Respectful Maternity Care is not a skill that one has to be trained to acquire. However, it calls for a change in attitude and an openness to being sensitised to the issue. While several interventions aim to improve access to skilled care around labour and birth, the aspects of respect, dignity, privacy and confidentiality were never traditionally considered important quality indicators. 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. The World Health Organization (WHO) identify delivery in a health facility as an important strategy that can reduce maternal mortality, especially when the delivery is attended by skilled healthcare professionals.

The pooled prevalence of disrespect and abuse women during the process of childbirth at health facilities in Sub-Saharan Africa was 44.09% (95% CI: 29.94–58.24). Particularly physical abuse was 15.77% (95% CI: 13.38–18.15), non-confidential care was 16.87% (95% CI: 14.49–19.24), abandonment was 16.86% (95% CI: 13.88–19.84) and detention was 4.81% (95% CI: 3.96–5.67). The study conclude that, in this study disrespect and abuse of women during the process of childbirth at health facilities are high compared with other studies, particularly non-confidential care and abandonment his high compared with other studies. This study points out that the ministry of health, health care providers, maternal health experts shall due attention to women’s right during the process of childbirth at health facilities.

3. STATEMENT OF THE PROBLEM:

“A study to assess the knowledge and practice regarding respectful maternity care among staff nurses in labour room at selected hospitals of the city with a view to develop an information booklet”.

4. OBJECTIVES

1. To assess the knowledge of staff nurses regarding respectful maternity care.
2. To assess the practice of staff nurses regarding respectful maternity care.
3. To find the correlation between knowledge score and practice score regarding respectful maternity care.
4. To determine association between knowledge with selected demographic variables
5. To determine association between practice with selected demographic variables.

5. RESEARCH METHODOLOGY

Research Approach: A Descriptive research approach

Research Design: A Cross sectional research design

Assumptions:

- The staff nurses may have adequate knowledge regarding respectful maternity care.
- The staff nurses may have adequate practices regarding respectful maternity care.

Research Setting: The selected hospitals of the city.

Population: Staff nurses.

Target Population: Staff nurses who are work in labour room at selected hospital of the city.

Accessible Population: Staff nurses who are work in labour room at selected hospital of the city who meet the inclusion and exclusion criteria.

Sampling Technique: Purposive sampling technique has been adopted to select the sample.

Samples: Staff nurses

Sample Size : 100 staff nurses.

Inclusion Criteria:

- Staff nurses working in labour room.
- Staff nurses who have experience more than one year in labour room.
- Available during the time of data collection.

Exclusion Criteria:

- Staff nurses who are not willing to participate in the study.
- Staff nurses who are not registered.

Ethical Aspects:

- Permission was obtained from concerned authority.
- Consent was taken from the sample.
- Confidentiality was maintained

Method of development and description of the tool:

The tool or the study instrument is divided into 3 parts.

Part A:- Demographic variables

Consists of Demographic Variables: - e.g. age in year, religion, education, work Experience, monthly income, type of hospital,

Part B: - Structured knowledge questionnaires

Part C: Observational checklist

Score interpretation for the knowledge questionnaires

Level of knowledge with regards to RMC	TOTAL SCORE	PERCENTAGE
Inadequate knowledge	0-15	50%
Moderate knowledge	16-22	75%
Adequate knowledge	23-30	100%

Score interpretation for the Observational checklist

Level of practice with regards to RMC	TOTAL SCORE	PERCENTAGE
Inadequate practice	0-36	50%
Moderate practice	37-54	75%
Adequate practice	55-72	100%

6. ANALYSIS AND INTERPRETATION OF DATA:

Organization of study findings

The data analyzed are presented under the following sections.

Section I: Frequency distribution of socio demographic variables among staff nurses.

Section II: Assessment of knowledge among staff nurses regarding respectful maternity care.

Section III: Assessment of practice among staff nurses regarding respectful maternity care.

Section IV: Correlation between knowledge and practice regarding respectful maternity care among staff nurses.

Section V: Determine the association between level of knowledge with selected demographic variables.

Section VI: Determine the association between level of practices with selected demographic variables.

Section I: Frequency distribution of socio demographic variables among staff nurses

Table No. 1 Frequency distribution of staff nurses according to their socio demographic characteristics n=100

Sr. No	Demographic Variable	Category	Frequency	%
1	Age in Years	21-30 years	49	49.00
		31-40 years	32	32.00
		41-50 years	18	18.00
		>51 years	1	1.00
2	Religion	Hindu	70	70.00
		Muslim	7	7.00
		Christian	23	23.00
		Any other	0	0.00
3	Education	ANM	40	40.00
		GNM	38	38.00
		B.Sc Nursing	10	10.00
		P.B.B Sc. N	12	12.00

4	Year of Experience	1-3 Years	20	20.00
		4-6 Years	33	33.00
		7-10 Years	23	23.00
		11 Years & above	24	24.00
5	Monthly Income	<15000/-	47	47.00
		15001-30000/-	33	33.00
		31000/- - 40000/-	12	12.00
		41000/- & above	8	8.00
6	Type of Hospital	Private hospital	72	72.00
		Municipal	28	28.00

The above table 1 interprets, that majority of samples 49(49%) belong to the age group of 21-30 years, 32(32%) belong to 31-40 years, 18(18%) belongs to 41-50 years and only 1(1%) belongs to >51 years.

Regarding religion, majority of the samples 70(70%) belongs to Hindu, 23(23%) belongs to Christian and 7(7%) belongs to Muslim,

Regarding education qualification, majority of the samples 40(40%) were qualified with ANM, 38(38%) qualified with GNM, 10(10%) were B.Sc Nursing and 12(12%) were P.B.B.Sc Nursing.

With regards to years of experience, majority of the samples 33(33%) were 4-6 years of experience, 24(24%) were 11 year and above years of work experience, 23(23%) were 7-10 years of experience and 20(20%) were having 1-3 years of experience.

Regarding monthly income, majority of the sample 47(47%) were earning <Rs. 15000/-, 33(33%) were earning Rs. 15001/- Rs. 30000/- in a month, 12(12%) were under Rs. 31000/- to Rs. 40000/- monthly income and only 8(8%) were earning Rs. 41000/- and above monthly income.

With regards to type of hospital, majority of the sample 72(72%) were working at private hospital and 28(28%) were working at municipal corporation hospitals.

Section II: Assessment of knowledge among staff nurses regarding respectful maternity care.

Frequency and percentage distribution of level of knowledge among staff nurses

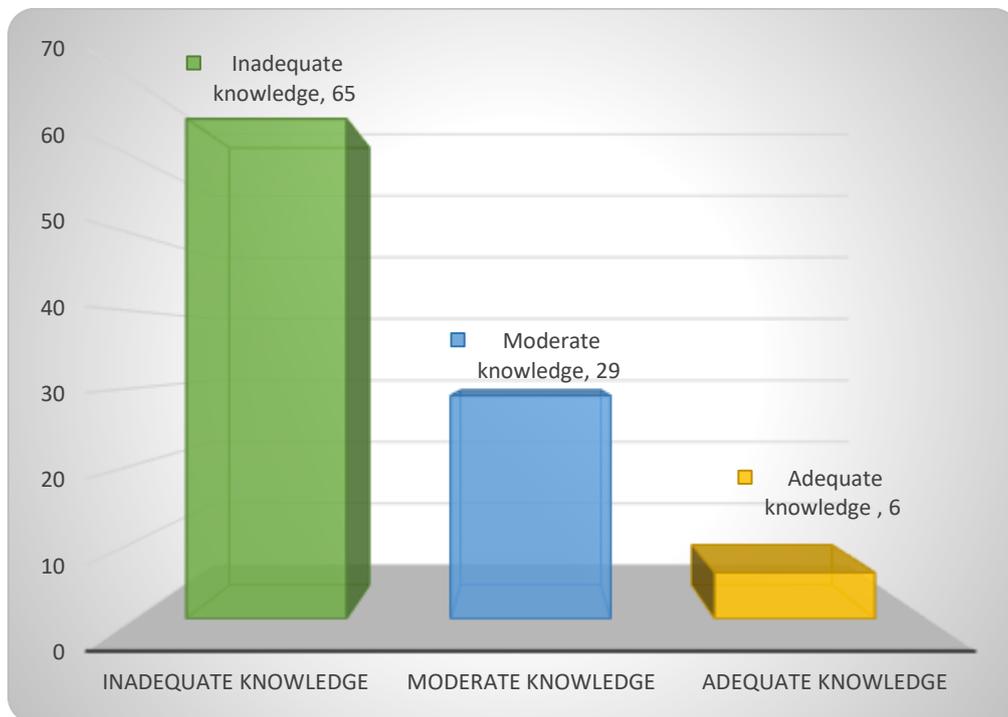


Figure no 1 showing overall level of knowledge score among staff nurses

Figure 1 shows that, majority of the samples 65(65%) were having inadequate level of knowledge on respectful maternity care where as 29(29%) were having moderate knowledge and 6(6%) were having adequate knowledge level on respectful maternity care.

Section III: Assessment of practice among staff nurses regarding respectful maternity care.

Frequency and percentage distribution of level of practice among staff nurses

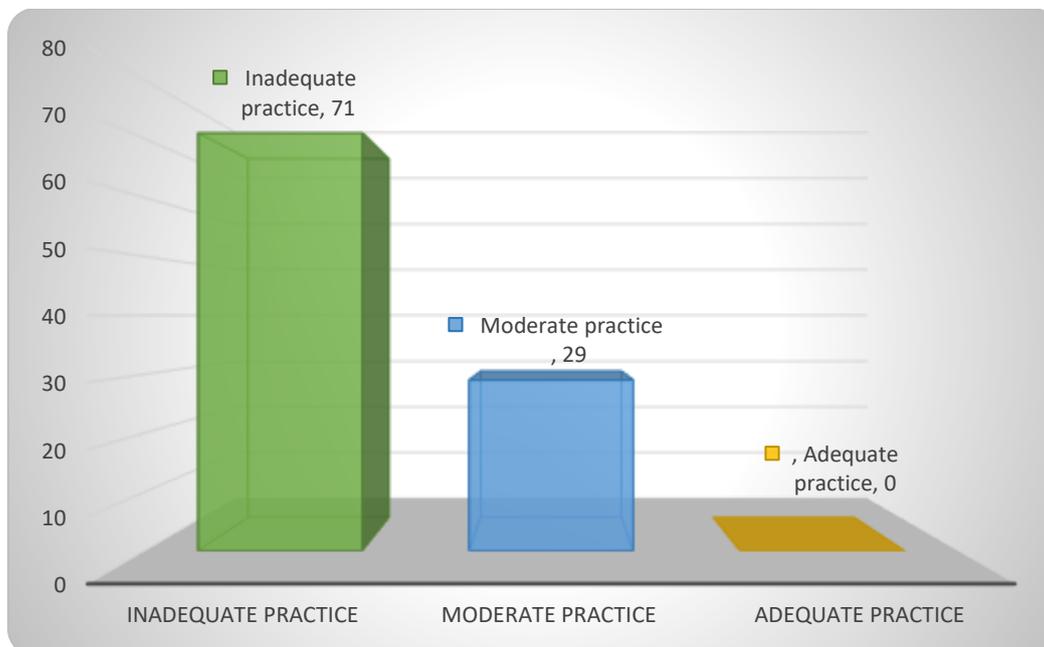


Figure no 2 showing overall level of practice score among staff nurses

Figure 2 shows that, majority of the samples 71(71%) were having inadequate level of practice on respectful maternity care where as 29(29%) were having moderate level of practice and none of the sample were having adequate level practice on respectful maternity care.

Section IV: Correlation between knowledge score and practice score regarding respectful maternity care among staff nurses

Table 2- Correlation between knowledge score and practice score among staff nurses
n=100

PARTICULARS	MEAN SCORE	KARL PEARSON CORRELATION COEFFICIENT (r)	P
	Mean ± SD		
Knowledge versus practice score	13.86 ± 4.43 versus 35.69 ± 6.62	r= -0.018	P= 0.856

The table no 2 depicts that the relationship between knowledge and practice score (r= -0.018, p=0.856) was negative correlation and not significant at 0.05 level.

Section V: Determine the association between level of knowledge with selected demographic variables

The study demographic variables were ; age, religion, education status, year of experience, monthly income and type of hospital In order to compute the association between the level of knowledge score and demographic variables chi-square was applied and the value was observed with 0.05 significance level. It was observed that there was no any demographic variable found association with level knowledge on respectful maternity care.

Section VI: Determine the association between level of practices with selected demographic variables.

Association between levels of practice score on respectful maternity care with selected demographic variables. The study demographic variables were; age, religion, education status, year of experience, monthly income and type of hospital. In order to compute the association between the level of practice score and demographic variables chi-square was applied and the value was observed with 0.05 significance level.

The chi-square value of the demographic variables, such as education was $\chi = 13.296$ with a 3 degree of freedom and year of experience $\chi = 7.118$ with a 3 degree of freedom showed significant association with level of practice at 0.05 level, and there were no other demographic variables found association with level of practice on respectful maternity care.

7. DISCUSSION

The research study findings have been discussed with relevance to the objectives of the research study findings the majority of the samples 65(65%) were having inadequate level of knowledge on respectful maternity care where as 29(29%) were having moderate knowledge and 6(6%) were having adequate knowledge level on respectful maternity care. Assessment of practice among staff nurses regarding respectful maternity care that, The majority of the samples 71(71%) were having inadequate level of practice on respectful maternity care where as 29(29%) were having moderate level of practice and none of the sample were having adequate level practice on respectful maternity care.

The researcher used **KARL PEARSON CORRELATION COEFFICIENT (r)** to identify the relationship between knowledge and practice score (**r= -0.018, p=0.856**) that the knowledge level of staff nurses was inadequate and also the practice level was inadequate. The relationship between knowledge and practice score ($r= -0.018, p=0.856$) was negative correlation and not significant at 0.05 level. The association between level of knowledge score on respectful maternity care with selected demographic variables. The study demographic variables were ; age, religion, education status, year of experience, monthly income and type of hospital In order to compute the association between the level of knowledge score and demographic variables chi-square was applied and the value was observed with 0.05 significance level. It was observed that there was no any demographic variable found association with level knowledge on respectful maternity care.

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8. CONCLUSION

The findings of the present study indicated that staff nurses of labour room had inadequate knowledge and inadequate practices regarding respectful maternity care. The knowledge and practice will be improved after providing the information booklet regarding respectful maternity care. In conclusion, the result of the study implies that most of the staff nurses had the inadequate knowledge and practice about the respectful maternity care. The health provider should be aware of the rights of woman's 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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