

Knowledge Regarding Respectful Maternity Care during Labor among 3rd Year Midwifery Students at Dhaka Nursing College, Dhaka, Bangladesh

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Abstract:

Background: Respectful maternity care (RMC) is the fundamental right of the pregnant mother. It is recommended by the World Health Organization (WHO) and refers to care that maintains dignity, privacy, and confidentiality and ensures freedom from harm and mistreatment.

Materials and Methods: This study aimed to assess the level of knowledge regarding respectful maternity care during labour among 3rd-year midwifery students at DNC, Dhaka, Bangladesh. A descriptive cross-sectional study was conducted with a population of 50 students who were conveniently selected from DNC, Dhaka, Bangladesh. A structured, self-administered questionnaire was used for data collection. Data were analyzed using descriptive statistics such as frequency and percentages, mean and standard deviation. This study used an Excel sheet and a scientific calculator for data analysis.

Results: The result demonstrated that the mean age of respondents was 21.84 (± 0.76) years, ranging from (20-23) years. 90% of them were Muslim. Only 12% of the respondents were married. Findings showed that among all of the respondents' (8%) had poor knowledge, (22%) had good knowledge, (18%) had average knowledge, (36%) had very good knowledge and only (16%) had excellent knowledge. The overall mean score for RMC knowledge was 76.2 ± 11.58 .

Conclusion: The current study concluded that respondents "understood respectful maternity care well. For strengthening the excellent knowledge of every respondent, there needs OSCA, developing regular training programs, seminars and monitoring feedback regarding RMC is recommended.

Key Word: Knowledge; Midwifery students, Respectful maternity care

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I. Introduction

Respectful maternity care (RMC) is the fundamental right of the pregnant mother. It is recommended by the World Health Organization (WHO) and refers to care that maintains dignity, privacy, and confidentiality and ensures freedom from harm and mistreatment. RMC ensures freedom from harm and abuse. It enables informed choice and continuous support during labour and childbirth. The provision of respectful maternity care also reduces maternal morbidity and mortality, improves women's experience of labour and birth and can address health inequalities¹.

Globally, mothers experience Disrespect and abuse during pregnancy, labour, childbirth and postpartum. This includes women from developed and developing countries like Africa, Brazil, the United States, India, and Europe. The prevalence of ill-treatment ranges from 15% to 98%². A cross-sectional study conducted in Ethiopia revealed that 36% of women reported at least one form of mistreatment, with a high prevalence of neglect (19%), privacy violations (17%), physical abuse (9%) and verbal abuse (8%)³. In Papua New Guinea, women continue to encounter maltreatment, disrespectful care, and negligence by healthcare providers in the labour unit during childbirth. As a result, women are reluctant to seek maternal care offered by healthcare providers. This has contributed to lower supervised birth rates and complications such as stillbirth, neonatal death, postpartum haemorrhage, and maternal death⁴.

The third Sustainable Development Goal aims to reduce the maternal mortality ratio (MMR) to below 70 per 100,000 live births in all countries by 2030. To achieve this target, midwives and skilled birth attendants

are essential in reducing maternal and newborn mortality⁵. Therefore, ensuring access to skilled birth attendance in well-functioning health facilities is a widely accepted strategy to prevent maternal mortality. Moreover, a recent study in low and middle-income countries on the experiences of women during childbirth in health facilities has revealed unacceptable practices, including disrespectful, abusive or neglectful treatment. These experiences of mistreatment are identified as reasons for low institutional birth rates⁶. Another study revealed that women not receiving RMC may not likely return to the health facility for care. As a result, such women may end up patronizing traditional birth attendants and other unskilled birth attendants. This category of birth attendants has been found not to have the capacity to manage obstetric emergencies successfully; thus, it has resulted in maternal morbidities and mortality⁷.

Respectful maternity care is an essential component of quality of care. When women feel supported, respected, safe, and able to participate in shared decision-making with their providers, they may be more likely to have positive childbirth experiences. However, when women experience disrespectful care, they may be less likely to use facility-based maternity care services in the future. They may be more likely to have negative birth experiences. The value that women and their families place on different aspects of respectful care may vary across both settings and individuals. Therefore, healthcare providers need to ask women about their values, needs, and fears and support women to have positive childbirth experiences. For example, women in high-income countries may value shared decision-making more than those in lower-income countries. However, this may also be impacted by health literacy, empowerment, and gender equality within a society⁸.

Midwives are the principal caregivers and the backbone of maternity services. Globally, midwives and the childbirth care they provide have an essential role in different societies, and they are critical actors in changing and promoting RMC⁹. Furthermore, Nurse- Midwives play a significant role in shaping the maternal health experiences of a woman in labour and childbirth that would either empower and comfort the woman or inflict lasting damage and emotional trauma¹⁰. Moreover, midwives continuous support for women during childbirth is an essential part of respectful maternity care. This support includes emotional support (continuous presence, touching, empathy, reassurance, and praise) and information about labour progress. It may also include advice about coping techniques and comfort measures¹¹. Thus, the midwife is ethically bound to give every woman patient-centred, culturally sensitive and respectful care.

Midwives' knowledge is essential for ensuring RMC during the intrapartum period. A study has revealed that 69.9% receive RMC from their midwives in Nigeria, significantly improving maternal health⁷. In Bhutan, a cross-sectional study found that nearly 80% of the providers were aware of and upheld women's right to information, informed consent, confidentiality and privacy and supported women and family members in a friendly way during labour and childbirth¹⁰. One study shows that 61% of staff nurses had an average knowledge of respectful maternity care¹². Midwives are directly involved in maternal and child health care. If midwives have sufficient knowledge of RMC, they will provide quality maternal care, which will reduce maternal morbidity and mortality and save thousands of women's lives. This study will serve an essential purpose in determining the current knowledge regarding RMC among midwives in DNC. For that reason, the investigators intend to investigate the level of Knowledge Regarding Respectful Maternity Care during Labour among 3rd year Midwifery Students at DNC, Dhaka, Bangladesh.

Research Aim: This study aimed to assess the level of knowledge regarding respectful maternity care during labour among third-year midwifery students at DNC, Dhaka, Bangladesh.

Objectives

- 1) To assess the level of knowledge regarding respectful maternity care during labour among 3rd-year midwifery students at Dhaka Nursing College, Dhaka, Bangladesh.
- 2) To state the sociodemographic characteristics of the respondents.

II. Material And Methods

This descriptive cross-sectional study was carried out on diploma in 3rd year midwifery students at Dhaka Nursing College (DNC), Dhaka, Bangladesh from July 2023 to June 2024. A total of fifty respondents were recruited conveniently.

Study Design: A descriptive cross-sectional study was conducted

Study Location: Dhaka Nursing College, Dhaka, Bangladesh

Study Duration: July 2023 to June 2024.

Sample size: 50

Subjects & selection method: The study population was drawn from diploma in 3rd year midwifery students who were studying at DNC, Dhaka, Bangladesh and who were available at 16th May 2024. Convenient sampling technique was used to recruit the sample based on the following inclusion criteria.

Inclusion criteria:

1. All students who were willingly agree to participate in the study; and
2. Who were available in the office period during data collection

Exclusion criteria:

1. Students who were sick or leave; and
2. Who was not available in the data collection period?

Procedure methodology

A written Permission was sought from the concerned DNC authority before undertaking the survey. Participants were informed about the objectives and study method, and written consent was obtained from the participants before participation. The researchers clearly explained the purpose of the study, the procedure, and the possible benefits and ensured that the study of the participants was free from risk. Respondents' anonymity and confidentiality were strictly maintained. Participants were informed about their right to withdraw from the study without repercussions.

After written informed consent was obtained, a structured self-administered questionnaire was used to collect the data from the respondents. The questionnaire included two parts. Part 1) socio-demographic characteristics such as age, religion, marital status, and entry background, number of deliveries observed, number of deliveries conducted, and attendance at any RMC-related seminar / conference; and Part 2) Knowledge regarding respectful maternity care during labour questionnaire consisted of 20 multiple-choice items. Each item contained four (04) options with a single correct answer. Each correct answer had five (05) marks, and the incorrect answer had zero (0) marks. Thus, the total marks are converted into (20×5=100). Therefore, the scoring ranges from 0 –100. Furthermore, the scores for respondent’s knowledge were categorized into five levels as follows:

Percentage Score	Level of Knowledge
90-100%	Excellent
80-89%	Very Good
70-79%	Good
60-69%	Average
<60%	Poor

Statistical analysis

Data were analyzed using Microsoft excel and a scientific calculator. Before data analysis, all data were entered into the master sheet to see both demographic and knowledge-related information together at a glance. Data were analyzed using descriptive statistics such as mean and standard deviations, frequency and percentages.

III. Result

1. Sociodemographic characteristics of respondents

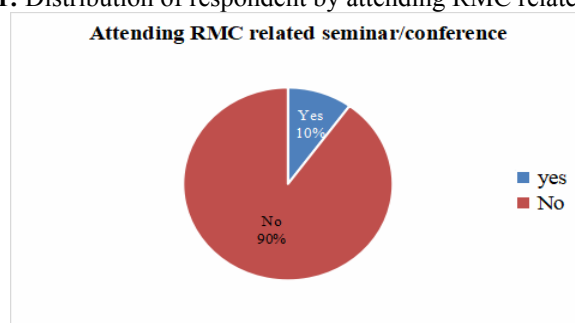
A total of 50 respondents who met the inclusion criteria were conveniently recruited for this study. Table 1. Shows the demographic characteristics of the respondents. The mean age of respondents was 21.84 (SD=0.76) years, ranging from (20-23) years. Most of them were Muslim (90%). Only (12%) were married. Among them, 15 (30%) respondents had a science background, 28(56%) had a humanities background, and 7 (14%) had a business studies background. Among all of them, 17 (34%) respondents observed 10-20 deliveries, 07 (14%) respondents observed 21-30 deliveries, 04 (8%) respondents observed 31-40 deliveries, 14 (28%) respondents observed 41-50 and 8 (16%) respondents were observed >51 deliveries. The majority, 23 (46%) respondents, conducted 0-5 deliveries, 14 (28%) respondents conducted 6-10 deliveries, 9 (18%) respondents conducted 11-15 deliveries, and 4 (8%) respondents conducted 16-20 deliveries.

Table no 1: Distribution of the respondents’ socio-demographic characteristics.
N= 50

Variable	Categories	n	%
Age	20 Years	03	6%
	21 Years	10	20%
	22 Years	29	58%
	23 Years	08	16%

	*Mean ± SD (21.84 ± 0.76), Min=20 years, Max=23 years		
Religion	Muslim	45	90%
	Hindu	5	10%
	Buddhist	0	0.0%
	Christian	0	0.0%
Marital status	Married	6	12%
	Unmarried	44	88%
Entry Background	Science	15	30%
	Humanities	28	56%
	Business Study	7	14%
Number of deliveries observed	11-20	17	34%
	21-30	7	14%
	31-40	4	8%
	41-50	14	28%
	>51	8	16%
Number of deliveries conducted	0-5	23	46%
	6-10	14	14%
	11-15	9	18%
	16-20	4	8%

Figure 1: Distribution of respondent by attending RMC related seminar



The above figure showed that out of 50 respondent, majority of them 45 (90%) did not attend in RMC related seminar and rest only 5 (10%) respondents attend in RMC related seminar.

2. Knowledge regarding RMC among respondents

Table 2 shows the respondents' knowledge of RMC. Most of the respondents (76%) correctly answered the meaning of RMC. The majority (60%) of respondents know the 1st of respectful maternity care is providing supportive care. Most (86%) answered correctly to introducing mothers to the labour unit. Moreover, (42%) of respondents needed to learn about the respects of beliefs and culture of women giving birth and their companion. Among (60%) respondents provided correct answers about establishing friendly communication. Most (90%) know mother satisfaction is developed during labour by providing accurate and precise information. Most respondents (84%) see the labour room environment as one that should be kept calm and comfortable. While (94%) offered correct answers regarding companionship during labour helps to reduce fear. Among them (62%), respondents needed to learn that the priority given before performing any intervention or examination during labour is obtaining informed consent from the mother. A maximum (78%) of respondents could provide correct answers about the benefits of RMC. On the other hand, (64%) of respondents were aware of providing equal care to all labouring women non-judgmentally. More than half (56%) of respondents answered correctly that evidence-based practice related to RMC is continuous companionship. Most respondents (96%) know about pain relief techniques, such as back massage, during delivery. Almost (62%) of respondents have provided correct answers about disrespectful experiences during delivery. A maximum of 92% of respondents offered correct answers about the purpose of labour room cleaning, which is to control infections. Only (04%) of respondents had the lowest knowledge, so they provided the incorrect answer if the mother did not cooperate. Moreover (92%) of respondents know about the importance of emotional support during labour to reduce stress. Furthermore, (72%) of respondents provided correct answers about the importance of maintaining privacy during labour. Most respondents (84%) answered correctly about the consequences of mistreatment during labour. On the other hand (12%) of respondents did not know if a labouring woman who wants to choose her birthing position should be given the freedom to them.

Table no 2: Distribution of the respondents' knowledge regarding respectful maternity care during labour

N=50

Item s	Variables	Correct answer		Incorrect answer		M ± SD
		f	%	f	%	
1	Respectful Maternity Care (RMC) refers to a fundamental rights of pregnant mother	38	76	12	24	3.8 ± 2.15
2	1 st step for respectful maternity care is providing supportive care	30	60	20	40	2.9 ± 2.49
3	Introducing mother about the labor units for ensuring safe delivery	43	86	7	14	4.3 ± 1.75
4	Respect the beliefs and culture of woman is allow if there is no harm	29	58	21	42	2.9 ± 2.49
5	Establishing friendly communication to build up inter personal relationship.	30	60	20	40	3 ± 2.47
6	To develop mother's satisfaction during labor giving accurate and clear information	45	90	5	10	4.5 ± 1.51
7	Labour room environment should be calm& comfortable	42	84	8	16	4.2 ± 1.85
8	Companionship during labor helps to reduce fear	47	94	3	6	4.7 ± 1.198
9	Priority given before performing any intervention or examination during labor is obtaining informed consent from mother	19	38	31	62	1.9 ± 2.45
10	Benefits of RMC is ensure freedom, increase institutional delivery and feel mother safe & secure	39	78	11	22	3.9 ± 2.09
11	Providing equal care to all laboring women according to non-judgmental	32	64	18	36	3.9 ± 2.09
12	Evidence based practice related to RMC is continuous companionship	28	56	22	44	2.8 ± 2.50
13	Techniques of pain relief during delivery by midwives is back massage	48	96	2	4	4.8 ± 0.99
14	Disrespectful experiences include during delivery is non confidential	31	62	19	38	3.1 ± 2.45
15	Purpose of labor room cleaning to control infections	46	92	4	8	4.6 ± 1.37
16	If mother does not cooperate, the midwives should counselling to the mother	48	96	2	4	4.8 ± 0.98
17	Emotional support is important during labour is to minimize the stress	46	92	4	8	4.6 ± 1.37
18	Importance of maintaining privacy during labour is dealing sensitive issues of mother.	36	72	14	28	3.6 ± 2.26
19	Consequence of mistreatment during labour is increased postpartum depression	42	84	8	16	4.2 ± 1.85
20	If laboring women wants to choose her birthing position is giving freedom to choose birth position.	44	88	6	12	4.4 ± 1.64

Table no 3: Level of RMC knowledge of respondents' according to grading criteria

N=50

Variable	Grading criteria	Level of Knowledge					Mean ± SD
		Excellent f (%)	Very good f (%)	Good f (%)	Average f (%)	Poor f (%)	
Overall respondents knowledge regarding RMC	90 –100%	8 (16%)					76.2 ± 11.58
	80 – 89%		18 (36%)				
	70 –79%			11 (22%)			
	60 – 69%				9 (18%)		
	<60%					4 (8%)	

Table 3 shows the level of respondents' knowledge regarding RMC. Among all of the respondents' (8%) had poor knowledge, (22%) had good knowledge, (18%) had average knowledge, (36%) had very good knowledge and only (16%) had excellent knowledge. The overall mean score of respondents' knowledge was 76.2 ± 11.58 out of 100 which indicates the good level of knowledge on RMC.

IV. Discussion

The present study was conducted to assess the level of knowledge regarding respectful maternity care among 3rd-year midwifery students at Dhaka Nursing College, Dhaka. The present study's findings are discussed in two parts: I) sociodemographic characteristics and) Knowledge of RMC of respondents and the differences between these variables.

Part I: Sociodemographic characteristics of the respondents

The study included 50 midwifery students. In this study, the mean age of respondents was (21.84 ± 0.76) years, the minimum age of respondents was 20 years, and the maximum age of respondents was 23 years. Most of them, 90%, were Muslim, and only 12% were married.

Part : Knowledge regarding RMC among respondents

Midwives are responsible for providing respectful maternity care to the mother. In this study, respondents' knowledge of RMC using 20 items with a self-administered questionnaire. This study aimed to evaluate respondents' level of expertise regarding RMC. The respondent's overall mean knowledge score was (76.2 ± 11.58). Based on the result of the present study, it has been suggested that midwifery students had a good level of knowledge on RMC during labour, which positively impacts maternal health outcomes and positive childbirth experiences.

This study showed that 96% of respondents had good knowledge about pain relief techniques during delivery by midwives, such as back massage and counselling of the mother in case of non-cooperation. On the other hand, 38% of respondents needed better knowledge of the priority given before performing any intervention or examination during labour. This finding is supported by other studies where women are only sometimes asked for consent before performing any medical procedure^{13,14}.

Moreover, 92% (4.6 ± 1.37) of respondents had excellent knowledge of the importance of emotional support during labour to minimize stress. These findings were consistent with the previous study, where all Jordanian students had higher scores (5.0 ± 0.0) on emotional support during labour¹⁵. Support intrapartum care makes women feel safe during labour and birth, lowers pain scores, and shortens the duration of labour¹⁶. Privacy and confidentiality are essential in maternity care during labour. Furthermore, 72 % (3.6 ± 2.26) of respondents know about the importance of maintaining privacy during labour¹⁵ conducted a comparative study on Jordanian students who study only midwifery are likely to have a better understanding and respect for the importance of privacy for women (5.0 ± 0.0).

The present study also showed that 62% of respondents know about establishing friendly communication, and 84 % of respondents know that the labour room environment should be kept calm and comfortable. This finding is supported by the study¹⁷, which mentions that respondents had higher knowledge of friendly communication (92%) and labour room environment should be calm and comfortable (95%).

In conclusion, the result of this study demonstrated good level of knowledge among 3rd year midwifery students. Findings suggested that midwives need in-depth knowledge to transform care given to women while providing maternity services through respectful care. This would make a difference by promoting women's rights and ensuring their dignity.

Limitations of the study

The present study has several limitations that influenced the study outcome. Firstly, the study population was tiny, with only 50 in the selected research area. Secondly, convenient sampling technique were used to recruit the sample from one nursing college in Bangladesh. This may limit the generalizability of the result.

V. Conclusion And Recommendations

Fifty (50) respondents were selected from Dhaka Nursing College (DNC) Dhaka, Bangladesh. A structured, self-administered questionnaire was used to measure the level of knowledge regarding respectful maternity care during labour among midwifery students at DNC, Dhaka. The respondent's mean age score was 21.84 years (SD ± 0.76), ranging from 20-23 years. The respondents' overall mean score of knowledge was 76.2 ± 11.58. In conclusion, the study on 3rd year midwifery students exhibited good knowledge. For strengthening the excellent knowledge of every respondent, mentors should identify the gap in knowledge about respectful maternity care. Furthermore, there needs OSCA, organizing regular seminars and monitoring feedback regarding RMC is recommended.

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