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"Effectiveness Of Educational Package On Knowledge Regarding Respectful Maternity Care Among Staff Nurses At Queen Marry Hospital, Lucknow

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Abstract
Background: *Respectful Maternity Care (RMC) focuses on the protection of women against verbal and physical abuse, disrespect, and discrimination during treatment, which aims to provide women with dignity, privacy, and confidential care. The present study aimed to assess the effectiveness of the educational package on knowledge regarding respectful maternity care among staff nurses of Queen Mary Hospital, KGMU.*
Methods: *A quantitative research approach was done on 50 staff nurses who were working at Queen Mary Hospital, KGMU, Lucknow. A purposive sampling technique was used. Socio-demographics data were obtained by the tool "Demographic Variables of the Staff Nurses", and Knowledge was assessed by the tool "Knowledge Assessment Tool for Respectful Maternity Care".*
Results: *The result revealed based on the pre-test showed that 58% of staff nurses had poor knowledge and 42% had average knowledge regarding respectful maternity care, with a mean score of 8.74 whereas there was a significant improvement in post-test scores, with 72% of nurses demonstrating average knowledge and 28% showing good knowledge after the educational intervention. The mean post-test score increased to 14.42 (SD = 2.983).*
Conclusions: *It is concluded that, the educational package was effective in enhancing knowledge among staff nurses about Respectful maternity care.*
Keywords: *RMC- Respectful maternity care, LaQshya- Labour Room Quality Improvement Initiative, Educational package.*

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I. Introduction

Around 810 women worldwide pass away every day as a result of pregnancy and childbirth, with poor birth environments accounting for 94% of these cases (WHO, 2019). The Millennium Development Goals and Sustainable Development Goals worked together to reduce the risk of death, improve the use of institutional deliveries, upgrade the support of skilled professionals, and guarantee that all pregnant women should seek basic medical care for mothers in order to lower the mortality rate among the perinatal, maternal, and neonatal stages in developing nations.[1]

The recommendations of WHO for respectful maternal care assures prevention from harm as well as abuse, and permits for informed choices, continuous support while the birthing process. While in addition, Charter developed for maternity care provided with dignity by the White Ribbon Alliance describes about pregnant

women's universal rights along with this it also includes the rights against disrespect and abuse which consist of 7 categories.[2]

In a statement supported by the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives (ICM), over 90 international organizations, including the WHO, called on state officials, health administrators, and healthcare providers to take action against abuse and disrespect in institution-based delivery. "Every woman has the right to the highest standard of health care which includes, inter alia, the right to a dignified and respectful healthcare," is the stated goal.[3]

Objectives:

Primary Objective was to assess effectiveness of educational package on knowledge regarding respectful maternity care among staff nurses at Queen Mary Hospital, KGMU, Lucknow. Secondary Objective were to assess the pre-test knowledge score of staff nurses regarding respectful maternity care, to assess the post-test knowledge score of staff nurses regarding respectful maternity care, to compare pre and post-test knowledge score regarding respectful maternity care, to find out the association between the pre-test knowledge scores of staff nurses regarding respected maternity care with their selected socio demographic variables

II. Methods

It was quantative research approach. Quasi Experimental, one group pre-test post-test research design was employed on staff nurses in department of obstetrical and gynaecological department, Queen Mary Hospital, KGMU, Lucknow from January 2023 to June 2024. There were 50 staff nurses included from the setting.

Independent variable in the study was educational package and dependent variable was knowledge regarding respectful maternity care. Study setting was Queen Mary Hospital, KGMU, Lucknow. Staff nurses was taken as study population. Study duration was started from January 2023 to June 2024.

Target population and accessible population

Staff nurses of Queen Mary Hospital working at KGMU, Lucknow who are willing to participate in the study.

Sample size and sampling technique:

Sample size for this study was 50. Sampling technique was purposive sampling technique.

Tools for data collection, data analysis and intervention

Tool 1-Self structured questionnaire which includes demographic variables of staff nurses. Tool 2-Self structured questionnaire which includes knowledge assessment of staff nurses regarding respectful maternity care. Descriptive and inferential statistics was used for data analysis. Intervention was pre-test followed by intervention followed by post-test.

Inclusion criteria

The study included the participants who were; Staff nurses who pass degree/ diploma in nursing and having RN/RM license, Staff nurses who were willing to participate and Staff nurses who are present during the time data collection.

Exclusion criteria

The study excluded Participants who were; staff nurses not willing to participate.

Data collection process

In data collection process, systematic methods were used for gathering information relevant to the research. In this study, data collection was done from 01.04.2024 to 15.06.2024 in Obstetrical and Gynaecological department of KGMU, Lucknow. Firstly, ethical permission was obtained from concerned authority.

The sample was selected on the basis of purposive sampling technique. Investigator introduced self and explained regarding method and benefit of the study to the staff nurses to gain cooperation. On the first day pre-test is conducted which includes demographic variable and knowledge assessment tool after that intervention given by using educational package. The post test is conducted at 7th day using knowledge assessment tool.

III. Results

Description of frequency and percentage distribution of demographic variables

The study findings represent the following, age distribution showed that 42% of the nurses were between 21 and 30 years, 36% were between 31 and 40 years, 22% were between 41 and 50 years, and none were between 51 and 60 years. Educational status is 68% of the nurses had a G.N.M. qualification, 22% had a B.Sc. Nursing or Post B.Sc. Nursing degree, 10% had an M.Sc. Nursing degree, and none had an A.N.M. qualification. In terms of

marital status, 80% of the nurses were married, 20% were unmarried, and 0 % i.e., none were widows or single mothers. Based on religion majority of the nurses, 94%, identified as Hindu, 2% as Christian, 4% as Muslim, and none belonged to other religions. The total work experience of the nurses in the Obstetrics and Gynecology Department revealed that 18% had 1 year of experience, 32% had 2 to 5 years, 16% had 6 to 10 years, and 34% had more than 10 years of experience. Additionally, experience in caring for birthing women indicated that 40% of the nurses had 1 year of experience, another 40% had 2 to 5 years, 4% had 6 to 10 years, and 16% had more than 10 years of experience.

Table 1: Description of frequency and percentage distribution of demographic variables (N=50)

Variables		Frequency	Percentage (%)
1. Age of Nurse			
a)	21 – 30 years	21	42
b)	31 – 40 years	18	36
c)	41 – 50 years	11	22
d)	51 – 60 years	0	0
2. Educational Status of Staff Nurse			
a)	A.N.M	0	0
b)	G.N.M	34	68
c)	B.Sc. Nursing / Post B.Sc. Nursing	11	22
d)	M.Sc. Nursing	5	10
3. Marital Status			
a)	Married	40	80
b)	Unmarried	10	20
c)	Widow	0	0
d)	Single Mother	0	0
4. Religion of Nurse			
a)	Hindu	47	94
b)	Christian	1	2
c)	Muslim	2	4
d)	Other	0	0
5. Total Work Experience while working in Obstetrics and Gynecology Department			
a)	1 year	9	18
b)	2 – 5 Years	16	32
c)	6 – 10 Years	8	16
d)	Above 10 Years	17	34
6. Experience in Caring birthing women			
a)	1 year	20	40
b)	2 – 5 Years	20	40
c)	6 – 10 Years	2	4
d)	Above 10 Years	8	16

Frequency and percentage distribution of pretest score

The study findings shows that knowledge score was divided into three categories according to the scoring criteria, as the below table illustrates. The results indicated that 58% of the nurses had poor knowledge, with scores ranging from 0 to 8. Another 42% of the nurses demonstrated an average score of knowledge, with scores between 9 and 16. Notably, none of the nurses achieved a good score of knowledge, which would require scores between 17 and 24. For those categorized with poor knowledge (n=29), the mean score was 6.96, the standard deviation was 1.052, with scores ranging from 5 to 8. For those with average knowledge (n=21), the mean score was 11.19, and the standard deviation was 1.887, with scores ranging from 9 to 15. The overall mean score of the pretest knowledge was 8.74 and standard deviation was 2.554, indicating the variation in the scores.

Table 2: Frequency and percentage distribution of pretest knowledge score. (N=50)

Score of knowledge	Scoring Criteria	Frequency	Mean	S.D.	Percentage
Poor	0 – 8	29	6.96	1.052	58
Average	9 – 16	21	11.19	1.887	42
Good	17 – 24	0	-	-	0
Total	-	50	8.74	2.554	-

Frequency and percentage distribution of post-test

The results indicated that none of the nurses had poor knowledge, as defined by scores ranging from 0 to 8. The majority, 72%, demonstrated an average score of knowledge with scores between 9 and 16. Additionally,

28% of the nurses achieved a good score of knowledge, scoring between 17 and 24. There were no nurses in the poor knowledge category. For those categorized with average knowledge (n=36), the mean score was 12.97 and the standard deviation was 2.076, with scores ranging from 9 to 16. For those with good knowledge (n=14), the mean score was 18.14, and the standard deviation was 1.099, with scores ranging from 17 to 20. The overall mean score of the post-test knowledge was 14.42 and standard deviation was 2.983, indicating the variation in the scores.

Table 3: Frequency and percentage distribution of post-test knowledge score.
(N=50)

Score of knowledge	Scoring Criteria	Frequency	Mean	S.D.	Percentage
Poor	0 – 8	0	-	-	0.00
Average	9 – 16	36	12.97	2.076	72.00
Good	17 – 24	14	18.14	1.099	28.00
Total	-	50	14.42	2.983	-

Comparison between pretest and post-test score of knowledge regarding respectful maternity care among staff nurses to assess the effectiveness of educational package

The study findings shows the pretest knowledge had a mean score of 8.74 with a standard deviation of 2.554. Following the intervention, the post-test knowledge mean score significantly increased to 14.42, with a standard deviation of 2.983. The mean difference between pretest and post-test scores was 5.68. The calculated t value was 30.516, indicating a statistically significant improvement in knowledge after the intervention. The associated p value was 0.001, which is below the conventional significance level of 0.05, confirming the observed improvement's statistical significance.

Table 4: Comparison between Pretest and Post-test Knowledge regarding respectful maternity care among staff nurses.
(N=50)

Score of Knowledge	Mean	SD	MD	t value	Result
Pre-test Knowledge	8.74	2.554	5.68	30.516	0.001
Post-test Knowledge	14.42	2.983			

Association between the pre-test knowledge scores of staff nurses regarding respected maternity care with their selected socio demographic variables

The study findings revealed that educational status exhibited a statistically significant association with pretest knowledge scores ($\chi^2 = 12.385$, df = 2, p = 0.002). Specifically, staff nurses with different educational backgrounds—ranging from Auxiliary Nurse Midwife (A.N.M) to Master of Science in Nursing (M.Sc. Nursing)—demonstrated varying score of knowledge before the intervention. In contrast, variables such as age ($\chi^2 = 2.478$, df = 2, p = 0.290), marital status ($\chi^2 = 0.328$, df = 1, p = 0.567), and religion ($\chi^2 = 2.835$, df = 2, p = 0.242) did not exhibit statistically significant associations with pretest knowledge scores. Moreover, total work experience in the OBGYN department ($\chi^2 = 8.979$, df = 3, p = 0.030) and experience in caring for birthing women ($\chi^2 = 19.828$, df = 3, p = 0.001) showed significant correlations with pretest knowledge scores. These results indicate that nurses' professional experience directly influenced their baseline knowledge of respectful maternity care practices.

Table 5: Association between the pre-test knowledge scores of staff nurses regarding respected maternity care with their selected socio demographic variables.
(N= 50)

S.N.	Socio Demographic Variables	Pretest Knowledge Categories			df	Chi square value (χ^2)	"p" Value
		Poor	Average				
1. Age of Nurse					2	2.478	0.290
a)	21 – 30 years	11	10				
b)	31 – 40 years	13	5				
c)	41 – 50 years	5	6				
d)	51 – 60 years	0	0				
2. Educational Status of Staff Nurse					2	12.385*	0.002
a)	A.N.M	0	0				
b)	G.N.M	25	9				
c)	B.Sc. Nursing / Post B.Sc. Nursing	4	7				
d)	M.Sc. Nursing	0	5				

3. Marital Status					1	0.328	0.567
a)	Married	24	16				
b)	Unmarried	5	5				
c)	Widow	0	0				
d)	Single Mother	0	0				
4. Religion of Nurse					2	2.835	0.242
a)	Hindu	27	20				
b)	Christian	0	1				
c)	Muslim	2	0				
d)	Other	0	0				
5. Total Work Experience while working in Obstetrics and Gynecology Department					3	8.979**	0.030
a)	1 year	3	6				
b)	2 – 5 Years	12	4				
c)	6 – 10 Years	7	1				
d)	Above 10 Years	7	10				
6. Experience in Caring birthing women					3	19.828***	0.001
a)	1 year	12	8				
b)	2 – 5 Years	17	3				
c)	6 – 10 Years	0	2				
d)	Above 10 Years	0	8				

IV. Discussion

To assess the pre-test knowledge score of staff nurses regarding respectful maternity care.

In the present study, the pre-test results showed that 58% of staff nurses had poor knowledge (scores 0-8) and 42% had average knowledge (scores 9-16) regarding respectful maternity care, with a mean score of 8.74 (SD = 2.554). This finding aligns with a study conducted by Sheferaw et al. (2017) in Ethiopia, which reported that healthcare providers had limited awareness and knowledge about respectful maternity care before an educational intervention.[4]

However, a study by Afulani et al. (2020) in Kenya found slightly better pre-intervention knowledge levels, with providers scoring an average of 60% on a respectful maternity care knowledge test. This difference might be attributed to variations in the baseline training or institutional policies between the study settings.[5]

In contrast, a study by Ratcliffe et al. (2016) in Tanzania reported much lower baseline knowledge and practice of respectful maternity care, with high prevalence of disrespect and abuse. This stark difference highlights the potential variability in awareness and training regarding respectful maternity care across different healthcare settings and geographical regions.[6]

To assess the post-test knowledge score of staff nurses regarding respectful maternity care.

The current study found a significant improvement in post-test scores, with 72% of nurses demonstrating average knowledge and 28% showing good knowledge after the educational intervention. The mean post-test score increased to 14.42 (SD = 2.983).

This improvement is consistent with findings from Kujawski et al. (2017), who reported significant improvements in respectful care practices following a multi-component intervention in Tanzania, although their study focused more on behavior change than knowledge assessment.[7]

A study by Webber et al. (2018) in Malawi showed improvements in respectful maternity care knowledge and attitudes following a human rights-based curriculum, though they did not provide specific percentages for comparison.[8]

To compare pre and post-test knowledge score regarding respectful maternity care.

In this study, there was a statistically significant improvement in knowledge scores from pre-test (mean = 8.74, SD = 2.554) to post-test (mean = 14.42, SD = 2.983), with a mean difference of 5.68 ($t = 30.516$, $p = 0.001$).

These results are comparable to those reported by Jayaweera et al. (2019) in Sri Lanka, who found significant improvements in knowledge and attitudes regarding respectful maternity care following an educational intervention, although they did not report specific mean differences.[9]

A study by Abuya et al. (2015) in Kenya showed significant reductions in disrespect and abuse following a multi-component intervention, indirectly suggesting improvements in knowledge and practice of respectful maternity care.[10]

To find out the association between the pre-test knowledge scores of staff nurses regarding respected maternity care with their selected socio demographic variables.

The present study found significant associations between pre-test knowledge scores and educational status ($\chi^2 = 12.385$, $p = 0.002$), total work experience in obstetrics and gynecology ($\chi^2 = 8.979$, $p = 0.030$), and experience in caring for birthing women ($\chi^2 = 19.828$, $p = 0.001$).

These findings are partially supported by a study from Bohren et al. (2017), which identified various factors influencing the provision of respectful maternity care, including provider training and experience. However, they did not conduct a quantitative analysis of associations.[11]

Research by Sharma et al. (2019) in India found that providers' age, years of experience, and type of facility were associated with their knowledge and practice of respectful maternity care, aligning with some of our findings.[12]

Limitations

Some limitation was found by the researcher during the research study period such as study was conducted in a single setting on a small sample size and the intervention, lack of control group.

V. Conclusion

The findings demonstrate a significant improvement in knowledge scores following the intervention, underscoring the potential of targeted educational programs in addressing knowledge gaps in this crucial area of maternal care. In conclusion, this study demonstrates the effectiveness of a targeted educational package in enhancing staff nurses' knowledge of respectful maternity care.

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Declarations

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