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Kavita P Muchandihiremath
PG Student of Obstetrics and Gynecological Nursing, (KAHER) KLE Academy of Higher Education & Research, Institute of Nursing Sciences, Belagavi, Karnataka, India

Dr. Asha Bhat
Associate Professor & HOD of Obstetrics and Gynecological Nursing, (KAHER) KLE Academy of Higher Education & Research, Institute of Nursing Sciences, Belagavi, Karnataka, India

Corresponding Author:
Kavita P Muchandihiremath
PG Student of Obstetrics and Gynecological Nursing, (KAHER) KLE Academy of Higher Education & Research, Institute of Nursing Sciences, Belagavi, Karnataka, India

Perception on RMC experiences received during their childbirth among mothers attending an immunization clinics at selected UHC Belagavi

Kavita P Muchandihiremath and Asha Bhat

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Abstract
Introduction: Giving birth is a crucial moment in a woman's life. Still, pregnant women around the world continue to face various sorts of abuse and contempt. Many women are not receiving dignified care during pregnancy and childbirth. Abuse and disrespect during childbirth in hospitals are serious problems everywhere. It is a widespread issue in maternity care that greatly distresses women and discourage them from seeking medical attention at institutions. There is a general concern that women may be mistreated, assaulted, or prevented from giving birth.
Objective: This study investigates the perception and association about RMC experiences of mothers with selected demographic variables.
Methods: A cross-sectional research design was used in the study. The data collected from 101 postnatal mothers attending immunization clinics at selected urban health centers. Samples were selected by using purposive sampling technique.
Results: In the study 62% of the mothers, the Hospital Staffs Never allowed them to practice their cultural beliefs, 74% of mother said they never got counselled when they felt depressive, 84% of the mother expressed they were never allowed to hold the hand during labour pain, 84% of the mothers said they never got the information about deep breathing, sips of water etc. 92% mothers said they never received dignified care. The 25% and 12.8% mothers of different age group, 37% mothers had degree education, 34.8% are in private service, 27% of mother delivered at Pvt. hospitals had always faced bitter RMC experiences.
Conclusion: This study on RMC experiences among mothers provides valuable insights into the perception of care given by the staff during pregnancy and childbirth. The mothers were not satisfied by the care provided by health care professionals.

Keywords: Perception, childbirth, respectful maternity care, immunization clinics, urban health centers

Introduction

One of a woman's most important life events is giving birth. Pregnant women still endure various forms of mistreatment and disdain worldwide. In Ethiopia, 99% of patients had disrespectful maternity care, 49.4% in Tanzania, 70% in India, and 77.32% in Ethiopia. Browse v and Hills (2010) identifies the following categories of disrespectful and abusive behaviour physical abuse, non-confidentiality treatment, non-consented care, discrimination, lackadaisical, undignified care, and confinement to a medical facility.

According to the World Health Organization (WHO, 2018) promoted respectful maternity care (RMC), which is characterized as providing all pregnant women with non-discriminatory, supportive treatment. RMC ensures humanized care while safeguarding the freedom, privateness, secretiveness, and highness of expectant mothers—all essential components of a positive delivery experience.

Respectful care, according to research, "maintains respect, privateness, confidentiality, assures freedom from harm and maltreatment and allows informed choice and constant assistance throughout labor and birth" for women around the world. A growing number of women are reporting that they are mistreated during childbirth by healthcare institutions and practitioners, and regrettably, some women fail to receive respected maternal care. Insufficient interaction, loss of freedom, and absence of informed consent are the most frequently reported forms of mistreatment [1].

The particular behaviours and actions of different healthcare professionals may be considered abusive and disrespectful depending on the definitions used, such as acts that are not helpful, such as not providing information, or behaviours that are physically harmful, such as beatings or slaps. In addition to breaking woman's basic rights, disrespectful and rude behaviour during labor can have a negative effect on the outcome of the birth and discourage future medical care.

The primary reasons why women are mistreated in healthcare facilities are widespread sexual disparities and power imbalances between women and medical professionals. Therefore, it is feasible to think of abuse and disrespect as a consequence of systemic violence. The phrase "structural violence" refers to the social structures that create and maintain inequalities between and within social groupings, opening the door for potential violent crimes and interpersonal abuse [2].

The basic rights of the unborn and the woman are violated by abuse and mistreatment during childbirth, which are public health concerns. Disrespect and abuse during delivery in medical facilities are major issues worldwide. It is a common problem in maternity health care that causes a great deal of suffering and discourages women from going to facilities for medical care. Concerns about women being mistreated, abused, or prevented from giving birth are widespread. Every woman has the right to excellent medical care, including care during pregnancy and childbirth [3].

A survey done in 2019 by WHO found that 35% of women reported experiencing "physical or verbal violence, or prejudice or harassment" during giving birth. The amount of research on treatments is rather small when compared to the body of data demonstrating the prevalence of abuse, despite the fact that some studies have shown potential ways to promote RMC [4].

Disrespect and cruelty during childbirth have been documented in low-income settings across the care spectrum. This includes verbally and physically assaulting women, discriminating against particular groups, and providing care that is not dignified. It is known that women's perceptions of poor care, such as the unfriendly treatment they experienced at hospitals following childbirth, are one of the main barriers to accessing care for subsequent deliveries [5].

Materials and Methods

The study adopted cross sectional research design. The sample included were 101 mothers attending immunization clinics at Urban Health Centres. The samples are selected by using purposive sampling technique. The data was collected after obtaining approval from the institutional ethics committee and the hospital authority and also prior consent from the participant.

Inclusion criteria: Mothers who have given birth recently within the last 6-12 months to ensure recall accuracy and mothers who all are attending immunization clinics for their child's vaccinations at selected urban health centers, who willing to participate in the study.

Exclusion criteria: Mothers who gave birth outside of a medical facility and mothers who suffer from significant physical or mental impairments, who have not gone to the clinic for vaccinations and mothers unwilling to provide their informed consent.

Data collection: Demographic information was collected from the participants by administering the structured tool prepared by the researchers followed by assessment using the likert scale RMC experiences of mother.

Results & Discussion

A. Socio demographic information

Regarding the socio-demographic information of the participants, 46.6% are form the age group of 23 to 27 years, 40.7% of the participants studied up to PUC, 76% were home-makers, 88% mothers delivered at term, 63% of women choose to deliver at public hospitals, 665 of the mothers delivered normally, 8% of the babies born were unhealthy, 14% of the mothers had complications in the postpartum period, 62%of babies birth weight was between 2.6 to 3 kgs and 62% of the babies were females.

B. Perception of the mother about RMC

Dignified care

About 35.6% of the mothers said sometimes the Hospital Staffs addressed them by their name 39.6% of the mother responded that often the Hospital Staffs spoke with them politely 62% of the mothers, the Hospital Staffs Never allowed them to practice their cultural beliefs, 74% of mother said they never got counselled when they felt depressive, 46% of the mothers felt that delivery room was cleaned often, 45% of the mothers rarely received therapeutic touch during labour, 42% experienced only rarely hospital staff treated them with kindness.

About 36% of the mothers agreed that sometime hospital staffs were encouraged her to bear down, 24% of mothers expressed that often hospital staffs used abusive words, 44% of the mothers expressed that sometimes hospital staffs were screamed for instructions and 84% of the mother expressed they were never allowed to hold the hand during labour pain, 84% of the mothers said they never got the information about deep breathing, sips of water etc.

Equitable Care

54% of the mothers got information in the language which they know, 20% of the mothers didn't receive the care due to caste/colour/socioeconomic status.

Informed consent

Regarding the consent, 13% of the mother said that hospital staffs v never introduced themselves, 13% said never took permission while doing the procedure, 15% expressed that they were forced to undergo the procedure which hospital staff wanted. Highest attainable care was received sometimes during antenatal period by all mothers, whereas 92% mothers said they never received dignified care. In the postnatal period 33% of mothers expressed they didn't received perineal care, 52% of the mothers said they didn't received suture care for caesarean section.

Freedom from harm

24% said rarely privacy was given during examination, 59% said rarely allowed for comfortable position, 16% of the mothers received pinching during birthing.

Privacy and Confidential Care

29% of the mother expressed the privacy was rarely maintained during labour.

C. Association between Socio-demographic variables and RMC experience of mothers

Table 1: Association between Age of the mother with RMC experiences

Variables	Rarely (n=14)	Sometime (n=73)	Always (n=14)	Fisher (p-value)
Age of the mother				9.202 (0.04) *
18-22	7 (26.9)	18 (69.2)	1 (3.8)	
23-27	6 (12.8)	35 (74.5)	6 (12.8)	
28-32	1 (3.6)	20 (71.4)	7 (25.0)	
33-37	0 (0)	0 (0)	0 (0)	

Table 1 shows the association between the age of the mother and the three outcome categories of RMC experiences. It is observed that 25% mothers are between 28-32 years and 12.8% mothers are between 23-27 years had always faced bitter RMC experiences as compared to mothers are between 18-22 years 3.8% which is statistically significant (9.202, 0.04) at $p<0.05$.

The similar study done at northern Jordan [6]. Of the participants, about half were between the ages of 26 and 36 years, 54.5% were enrolled in elementary or secondary school, and 81.9% were housewives.

Table 2: Association between Education statuses of the mother with RMC experiences.

Variables	Rarely (n=14)	Sometime (n=73)	Always (n=14)	Fisher (p-value)
Education status				18.004 (0.003) *
Primary	3 (50.0)	3 (50.0)	0 (0)	
Secondary	3 (11.1)	23 (85.2)	1 (3.7)	
PUC	6 (14.6)	32 (78)	3 (7.3)	
Degree	2 (7.4)	15 (55.6)	10 (37.0)	
Other	0 (0)	0 (0)	0 (0)	

Table 2 shows the association between the education status and the three outcome categories of RMC experiences. It is observed that 37% mothers had degree education and 7.3% mothers had PUC education had always faced bitter RMC experiences as compared to mothers who had secondary education 3.7% which is statistically significant (18.004, 0.003) at $p<0.05$ level.

Table 3: Association between Occupation of the mother with RMC experiences

Variables	Rarely (n=14)	Sometime (n=73)	Always (n=14)	Fisher (p-value)
Occupation of the mother				15.042 (0.001) *
Home maker	12 (15.6)	60 (77.9)	5 (6.5)	
Private service	2 (8.7)	13 (56.5)	8 (34.8)	
Govt. Service	0 (0)	0 (0)	1 (100)	

Table 3 shows the association between the occupation of the mother and the three outcome categories of RMC experiences. It is observed that 34.8% are in private service had always faced bitter RMC experiences as compared to mother's homemakers (6.5%) which is statistically significant (15.042, 0.001) at $p<0.05$.

Table 4: Association between place of delivery of the mother with RMC experiences

Variables	Rarely (n=14)	Sometime (n=73)	Always (n=14)	Fisher (p-value)
Place of the Delivery				8.554 (0.011) *
Pvt. Hospital	3 (8.1)	24 (64.9)	10 (27.0)	
Govt. Hospital	11 (17.2)	49 (76.6)	4 (6.3)	

Table 4 shows the association between the place of the delivery and the three outcome categories of RMC experiences. It is observed that 27% of mother delivered at Pvt. hospitals had always faced bitter RMC experiences as compared to mothers delivered at Govt. hospitals (6.3%) which is statistically significant (8.554, 0.011) at $p<0.05$.

The similar findings obtained in the study done in Uttar Pradesh India [7]. The public sector did worse than the private sector in protecting the privacy of working women (p = <0.001). In contrast, the private sector outperformed the public sector in terms of perineal shaving (p = <0.001) and preventing birth companions from accompanying the laboring lady (p =0.02).

Conclusion

Based on the study's findings, which showed that most mothers had favourable experiences with RMC during labor, some care gaps were found. However, several participants also mentioned issues like inadequate privacy and confidentiality, lacking informed consent, providing equitable care, and even being verbally or physically mistreated.

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Ethical clearance

Obtained from KAHER Institute of nursing sciences, Belagavi.

Conflict of Interest

Not available

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Not available

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