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A descriptive study to assess the experiences of mothers of infants (42 days-6 months of age) on respectful maternity care residing in Dadu Majra Colony, UT, Chandigarh (2021-2022)

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ABSTRACT

Background: Respectful Maternity Care (RMC) is right to receive dignified and respectful care by health care worker and right to freedom from harm. “The relationship between the lack of quality care and adverse maternal outcome has been highlighted globally. RMC include respect for women autonomy, dignity, feelings, privacy choices and freedom from ill-treatment, coercion, consideration for personal preference include option for companionship during maternity care.”

Objectives: To assess the experiences of mothers of infants (42 days- 6 months of age) regarding RMC residing in Dadu Majra colony UT, Chandigarh.

Materials and Methods: This descriptive study was conducted on 133 mother of infants (42 days-6 month of age) residing in one semi urban area of Chandigarh, by using total enumeration sampling technique. The ethical clearance was given by the Ethics committee of NINE, PGIMER, Chandigarh. Tool used for data collection was interview schedule comprised of three parts : 1) Socio demographic profile of participants 2) Obstetrical profile of participants 3) Interview schedule to assess RMC, in the form of Likert scale in which 43 items scored into 5 categories i.e All the times (5). Sometimes (4). Often (3), Rarely (2) and Never (1). Data was collected by interviewing the participants as per interview schedule after taking informed written consent. Data was analysed by SPSS 20 version.

Result: Majority of the participants (90.2%) received very good RMC, other 7.3% received RMC and 2.3% received fair RMC. Most of the mothers received very good care in domain of dignified care (91.7%), equitable care (100.0%), highest attainable level of care (78.9%). freedom from harm (89.5%) and informed consent (88%) while the domain of privacy and confidential care 52.6% mothers received good respectful maternity care.

Conclusion: Majority of the participant received the very good RMC, only few of the participants reported abusive cares such as yelling by the HCW and the security guards, slapped on the thighs etc.

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1. Introduction

“Respectful Maternity Care (RMC) is the fundamental right of every child bearing woman, RMC is defined as care

organized for and provided to all women in a manner that maintains the dignity, privacy and confidentiality, ensures freedom from harm and mistreatment and enables informed choice and continuous support during labor and childbirth. Maternity health refers to the health of women during pregnancy, childbirth and postnatal period.”¹ It

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is fundamental to ensure that every woman should have access to good maternity care. In order to make the better experience at birth, every mother should receive RMC. Earlier the global focus was only on the reduction of Maternal and Infant Mortality Rate which is now shifted to evolve the human rights, standards on maternal and child mortality and morbidity reduction.² During childbirth a woman has to undergo severe pain. So at this crucial time women expect from the Health Care Worker to be polite, show love and affection towards them and to make women feel satisfied during pregnancy and childbirth.³

White Ribbon Alliance (WRA) suggested that RMC can be improved by raising the awareness about their right and aligning them for the demand of high quality maternal and newborn care with appropriate WRA defines the RMC in terms of the right of childbearing women to freedom from harm and ill treatment, information, informed consent, and refusal and respect for choice prefers dignity and respect, confidentiality and privacy and equality, freedom from discrimination and equitable care, timely health care and attain highest level of health, liberty, autonomy self-determination and from coercion.²

World Health Organization (WHO) in 2014, defines RMC during labor and childbirth as "care organized for provided all mother in manner that maintains their dignity, privacy and confidentiality, ensure freedom from harm and mistreatment, and enables informed choices and continuous support during labor and childbirth. Respectful maternity care is a new method within the National Health Mission that aims to increase pregnant women's satisfaction while in the hospital, The RMC approach is oriented on the individual and is founded on ethical and respect principles Disrespect and mistreatment of women seeking maternity care has become a major global issue in recent years. Literature shows that there is still a huge gap in providing the RMC in different countries and settings.

"A descriptive cross-sectional study conducted by Pathak et al. in 2020 on perception of women regarding RMC during facility based childbirth, Likewise the length of stay for delivery, time of delivery and parity were identified as factor that influence the friendly care. Hence, the provision of women's centered care in a respectful and non abusive manner needs to be given adequate emphasis to make services more qualitative and women friendly."³

Another cross-sectional study conducted by Asefa et al. 2015 on status of respectful and non-abusive care during facility based childbirth in hospital in Addis Aduda, Ethiopia among 173 mothers, reported that among multigravida mother (n-103), 71.8% had a history of previous institutional birth and 22(16.2%) subjectively experienced disrespect and abuse.⁴

A structured and standardized clinical observation conducted by Heather et al. 2015 on behalf of RMC in multiple low resources countries and to directly observe

quality of care at facilities in 5 countries and the result of this study reported that all women were treated with dignity and in low income countries are unlikely to achieve desired gains.⁵

A cross-sectional study was conducted by Singh A et al. 2018 conducted on direct observation on RMC in India New Delhi. The findings revealed that HP's RMC practices find that patient mistreatment during labor and delivery is extremely widespread (98 percent), particularly verbal abuse (93 percent), and that abuse has the potential to limit patient demand for services.⁶

A study conducted by Sharma et.al 2019 on an investigation into mistreatment of women during labor and childbirth in maternity care facility in Uttar Pradesh. There was a high incidence of not offering birthing position choice (92%) and routine manual probing of the uterus in both private and public institutions (80%). Private sector facilities performed worse than public sector facilities when it came to not allowing birth partners and perineal shaving, whereas public sector facilities performed worse when it came to not assuring enough privacy and physical violence.⁷

For assessing the availability of RMC it is important to explore the experiences of women undergoing maternity cycle. "The notion of safe motherhood must be expanded beyond the prevention of morbidity and mortality to encompass respect for women basic human rights including respect for women autonomy, dignity, feelings, choices and preferences including choice of companionship wherever possible." According to the literature and researches, many women felt the bad experiences during the antenatal period, intranatal period and postnatal period. Hence, need was felt to explore the experiences of mother of infants (42 days-6 month of age) on RMC.

2. Objective

To describe the experiences of mothers of infants (42 days-6 month of age) residing in Dadu Majra Colony, UT, Chandigarh, (2021-2022).

3. Materials and Methods

A descriptive study to assess the experiences of mothers of infants (42days-6 month of age) on "Respectful Maternity care" residing in Dadu Majra Colony, UT, Chandigarh (2021-2022). A quantitative research approach was used in this study. Dadu Majra Colony situated on Northwest corner of the Chandigarh. Total area covered is 24.27 km². The total population is 26679. Population density is 2413 people per km². The residents of the Colony are migrants from various states of India like Punjab, Haryana, Himachal Pradesh, Uttaranchal, Bihar and Rajasthan and even from the neighbouring country Nepal. Dadu Majra Colony is well-equipped with all the modern sanitary facilities like an underground drainage system, tap water supply, electricity

and other amenities like market, school, adult education center, with total number of houses is 3003. There are 3 schools in the colony. There are 16 Anganwadi and one health and wellness center. Target population were Mothers of infants (42days-6 month of age). Participants willing to participate and willing to give informed written consent were included and mentally challenged women were excluded. Total enumeration sampling technique was used to the participants for the data collection for all mothers of infants (42 days – 6 months of age) residing in Dadu Majra colony.

To attain the objective of the study, a preliminary draft of the tool was created using a variety of sources including an relevant material after the review of literature, and a web search for the research study and consultation with the guides and co- guides. Interview schedule comprised of two parts: 1) Survey performa was used for enrollment of mothers of infants (42days-6 month of age). It includes the name of mother, age of mother, date of delivery, age of baby, sex of baby through which researcher assessed the mothers of infants (42days -6 months of age) for the study. 2) Interview schedule for assessing the experiences of mothers of infants (42days-6 month of age). Interview schedule consists of following parts: A) Socio – demographic profile of mothers of infants (42 days – 6 month of age) B) Obstetrical history of mother of infants (42 days – 6 months of age). Interview schedule to assess the experiences of mother of infants (42 days-6 month of age) –comprised the questions on the six domains of the RMC which include Dignified care, Freedom from harm, Equitable care, the Highest attainable level of health and Informed consent, Privacy and Confidential care, these domains consists various questions on privacy, facilities, treatment etc. during antenatal period, intranatal period and postnatal period.

The interview schedule for exploring the experiences of the mothers of infants (42 days- 6month of age), included 43 questions in the form of Likert scale which scoring divided into 5 categories i.e. All the times,⁴ Sometimes, Often,³, Rarely² and Never.¹ The score ranges from 43 -215 as classified into very good (173-215), good (130-172), fair (87 -129) and poor (43-86).which covered the six domains (score) of RMC i.e. Dignified care (13-65), Freedom from harm⁵⁻⁹, Equitable care,²⁻⁹ Highest attainable level of health[9 45]⁸ and Informed consent,⁹ Privacy and Confidential care.³⁻⁹

Survey performa was used for enrollment of mothers of infants (42days-6 month of age). House to house survey was done in 3003 houses of Dadu Majra Colony and participants were identified by using survey performa. Every day 250-300 houses were covered by the researcher. Total 133 participants identified and enrolled for the study. After identifying the participants, the researcher introduced herself/himself to them. They were informed about the study using patient information sheet. Informed written consent

was taken from them. The participants were made to sit comfortably in their own house and then the Interview was conducted as per interview schedule. For each interview time taken was around 15-20 minutes.

Ethical clearance from Institute Ethics Committee, NINE, PGIMER, Chandigarh was taken. Informed written consent was taken from all the participants. Participants information sheet was given to the participants. The participants were informed that researcher collected the data in this study will be used only for the research purpose. The confidentiality and anonymity of study participants was maintained. The collected data was analyzed for missing value, coding was done and entered in the excel sheet. The descriptive and inferential statistics was applied to analyze the data i.e. “frequency, percentage, mean score, standard deviation, Chi-square test and fissure exact test by using the SPSS 20 version and data was presented in the form of tables and figures.”

4. Results

4.1. Socio-demographic profile of mothers of infants (42 days -6 month of age)

Socio-demographic profile of mother of infants (42 days -6 month of age). The age of mother ranged from 18-38yrs and 39.15 of them were in the age group of 21-25. Most of the mothers were literate and 25.6% were graduate. Majority of mothers (91.7%) were housewives. The age group of husband ranged from 22- 45 yrs with mean age of 30.39 ± 4.91 yrs and 39.8% of them were in age group of 26-30 yrs and 24.1% were graduate and above, only 2.3% had no formal education. Occupation of 27.8% were skilled worker and 31.6% were skilled or semi-skilled worker. Majority of the participants (88.7%) were from Hindu religion. Most of the participants (72.9%) lived in the joint family and 70.7% were having one child. One third 33.1% of the participants were from middle-class family. Per capita income of the participants form Rs.7000-150000 with mean income of Rs. 20825±16432.

4.2. Obstetrical history of mothers of infants (42 days -6 months of age)

Table 1 depicts that obstetrical history of mothers of infants (42 days -6 months of age). Majority of the participants (82.7%) were having their 1st pregnancy in 2017-2021 whereas only 2.3% of the participants had their 4th pregnancy in 2017-2021. Majority of the participants (94.0%) delivered the term babies in their 1st pregnancy and 92.5% delivered their 1st and 2nd babies in govt. hospital. Most of them had (80.5%) normal delivery in their 1st and 72.5% in 2nd pregnancy. Half of the participants (delivered the male babies (50.4%) and (49.6%) female babies in the 1st pregnancy. Regarding the present status of the babies, nearly all the participants (98.5%) delivered the alive baby

at birth and (100%) had the alive babies till date. Only 29.5% of the participants had postpartum complications in their 2nd pregnancy. About two-third of the babies (41.4%) weight were in the range of 2.6-3.0 kg.

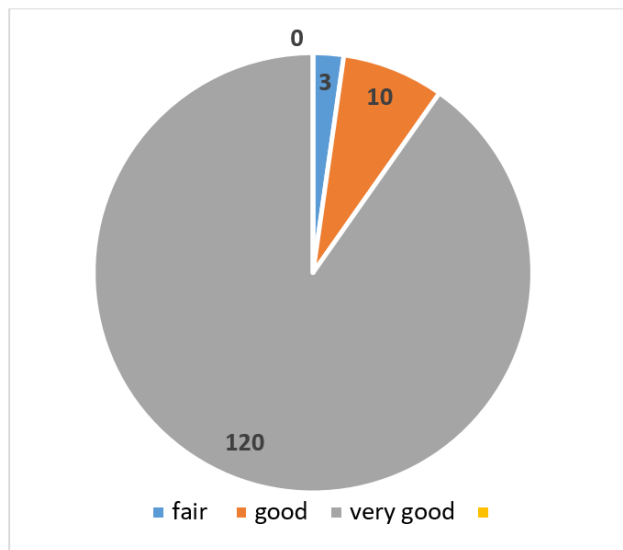


Fig. 1: Overall experiences of mothers of infants (42days -6 months of age) on respectful maternity care

4.3. Overall experiences of mothers of infants (42days -6 months of age) on respectful maternity care

Overall experiences of mothers of infants (42days -6 months of age) on Respectful Maternity Care, Majority of the participants (82.0%) received very good RMC. Only 12% received the good RMC, 3.8% and 2.3% received the fair and poor RMC respectively.

Domain-wise classification of experiences of mothers of infants (42 days -6 month of age) on respectful maternity care.

Table 2 depicts the domain wise classification of experiences of mothers of infants (42days-6 months of age) on RMC. In the Dignified care domain, majority of the participants (91.7%) received very good RMC. Only 6% and 2.3% of participants received good and fair RMC. In the next domain i.e Equitable Care, All the participants received very good RMC. In the third domain i.e. privacy and confidential care, one third of the participants (30.8%) received very good RMC while half of the participants (54.9%) received good RMC, only (13.5% and 0.8%) received fair and poor RMC respectively. In the freedom from harm domain, majority of the participants (94%) received very good RMC while only (5.3% and 0.8%) received good and fair RMC respectively. In the last domain Informed consent majority of the participants (89.5%) received very good RMC. Only (9.8% and 0.8%) received good and fair RMC respectively.

Experiences of mother of infant (42 days -6 month of age) on respectful maternity care in the domain of dignified care, equitable care and informed consent.

Table 3 depicts the experiences of mothers of infants (42days-6 months of age) on Respectful Maternity Care, in dignified care domain, more than 90% of the participants reported that HCW addressed with their name, spoke with them politely and were allowed to practice their cultural beliefs. It was reported that 73.7% of the participants counselled by HCW when they were depressed or sad regarding pregnancy or delivery whereas nearly all the participants (96.2%) replied that labor room was cleaned during child birth. Third-fourth of the participants (71.4%) reported that HCW gave the therapeutic touch. More than 80% of the participants were reported that HCW talked politely, treated kindly and cooperative with them during childbirth and never used abusive and harsh language. Among them 77.4% of participants encouraged by HCW during childbirth for bearing down efforts. Most of the participants (72.2%) were reported that HCW never screamed on them for any instruction and 49.6% of participants reported that HCW allowed them to hold their hand during labor pain. In the informed consent domain, More than 80% of the participants were reported that HCW introduced themselves and gave the chance to choose any procedure during pregnancy, took the consent from them, never forced for whatever they want and answered their questions politely. Third -fourth of the participants (77.4%) got the chance to ask any question. Most of the participants (78.2%) reported that HCW were explained about the what to do during labor pain. More than 80% of the participants were reported that HCW asked them for any procedure, regular monitored their labor process, and they were allowed to choose mode of delivery.

Experiences of Mother of infant (42 days -6 month of age) on Respectful maternity care in the domain of highest attainable level of health and freedom from harm and privacy and confidential care

Table 4 depicts that the experiences of mother of infants, in the highest attainable level of health, Majority of the participants (91.7%) were received the care during pregnancy. More than 70% of the participants reported that HCW gave the health education on diet, breast feeding and KMC during pregnancy, and helped in providing the breast care after delivery and also helped in breast feeding. More than 60% of the participants reported that they never get back massage in labor pain, heat therapy and compression during labor pain. More than 80% of the participants reported that they received the perineal care, suture care and health education after delivery by HCW. Most of the participants (82%) were received the privacy during the examination and 70.7% of participants reported that the HCW provide the comfortable position to them. More than 90% of the participants reported that they were

Table 1: Obstetrical history of mothers of infants (42 days -6 months of age)

Variables	1 st pregnancy f(%, n=133)	2 nd pregnancy f(%, n=40)	3 rd pregnancy f(%, n=10)	4 th pregnancy f(%, n=3)
Year of pregnancy				
2002-2006	2(1.5)	-	-	-
2007-2011	5(3.8)	1(0.8)	1(0.8)	-
2012-2016	9(6.8)	6(4.5)	2(1.5)	-
2017-2021	110(82.7)	31(23.3)	4(3.0)	3(2.3)
>2021	7(5.3)	2(1.5)	3(2.3)	-
Outcomes of pregnancy				
Preterm	7(5.3)	-	-	-
Term	125(94.0)	40(100.0)	10(100.0)	3(100.0)
Abortion	1(0.8)	-	-	-
Place of delivery				
Pvt. Hospital	9(6.8)	2(5.0)	-	1(33.3)
Govt. hospital	123(92.5)	37(92.5)	10(100.0)	2(66.7)
Home delivery	1(0.8)	1(2.5)	-	-
Mode of delivery				
Normal	107(80.5)	29(72.5)	10(100.0)	3(2.3)
C- section	26(19.5)	11(27.5)	-	-
Sex of baby				
Male	67(50.4)	18(45.0)	5(50.0)	3(100.0)
Female	66(49.6)	22(55.5)	5(50.0)	-
Baby status at birth				
Alive	131(98.5)	39(97.5)	10(100.0)	3(100.0)
Dead	2(1.5)	1(2.5)	-	-
Present status of baby				
Alive	133(100.0)	39(97.5)	10(100.0)	3(100.0)
Dead	-	-	-	-
Postpartum complications				
Yes	6(4.5)	29(5.0)	-	-
Birth weight of baby (kg)				
<2.1	7(5.3)	1(2.6)	1(10.0)	-
2.1-2.5	45(33.8)	15(38.5)	4(40.0)	-
2.6-3.00	55(41.4)	20(51.3)	3(30.0)	2(66.7)
3.10-3.50	22(16.5)	2(5.1)	2(20.0)	1(33.3)
3.60-4.00	4(3.0)	1(2.6)	-	-

never discomfort, pinched or slapped, scolded by HCW and HCW never open their legs forcefully. In the privacy and confidential care domain, Majority of the participants (96.2%) were reported that they never exposed unnecessary during any examination and 75.2% of the participants reported that they were never examined without screen and partition. Half of the participants (50.4%) were reported that their information kept safe and secure.

5. Discussion

This study intended to explore the level of experience of woman on RMC during maternity cycle. "The fundamental component of quality maternal and newborn care is access to care that is safe, Inclusive and respectful and enables women to have dignity and control." RMC is a human right, not just a necessary component of high-quality treatment. In 2014, the World Health Organization (WHO) issued

a statement asking for the prevention and elimination of disrespect and abuse during childbirth. "Every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth. "Promoting RMC during childbirth is one of the pillars to ensure quality maternity care through establishing woman centered care." Their perception measured on 6 main dimensions of RMC which is given by WRA in 2011 that is dignified care, equitable care, highest attainable level of health, freedom from harm, privacy and confidential care and informed consent. The aim of the study was designed to assess the experience of mother of infant (42 days -6 months) on RMC.²

This study was conducted in community setting to get the non biased responses of participant related to RMC because as seen in the literature most of the study were conducted in hospital setting. RMC incorporates core human rights for women's such as autonomy, dignity, feelings, choices and

Table 2: Domain-wise classification of experiences of mothers of infants (42 days -6 month of age) on respectful maternity care. (N=133)

Variables (score)	f(%)
Dignified care	
Very good (53-65)	121(91.7)
Good (40-52)	7(5.3)
Fair (27-39)	4(3.0)
Poor (13-26)	1(0.8)
Equitable care	
Very good (9-10)	133(100)
Good (7-8)	-
Fair (5-6)	-
Poor(2-4)	-
Privacy and confidential care	
Very good (12-15)	41(30.8)
Good (9-11)	70(52.6)
Fair (6-8)	21(15.8)
Poor (3-5)	1(0.8)
Highest attainable level of care	
Very good (37-45)	105(78.9)
Good (28-36)	17(12.8)
Fair (19-27)	7(5.3)
Poor (9-18)	4(3.0)
Freedom from harm	
Very good (25-30)	119(89.5)
Good (19-24)	12(9.0)
Fair (13-18)	2(1.5)
Poor (6-12)	-
Informed consent	
Very good (41-50)	117(88.
Good (31-40)	14(10.5)
Fair (21-30)	2(1.5)
Poor (10-20)	-

preferences as well as companionship during pregnancy and childbirth. RMC was assessed in the present study on the basis of 6 domain which are given by WRA in 2011, these are dignified care, equitable care, privacy and confidential care, highest attainable level of care, freedom from harm and informed consent. "The similar study conducted by Pratima in 2020 on perception of women regarding RMC during facility based childbirth on the basis of 4 domains i.e. friendly care, abusive care, timely care, and discrimination free care."³ In present study, the 15% of women concurred that they have not experienced the good dimension of RMC.

The age group of 20-30 years is the most active reproductive years in the women life. Similar findings were observed in our study that the mean age of participants were 27.15 + 4.35 years and 78% of women were below 30 years of age. In the another study conducted by Rajkumari in 2021 on the assessment of RMC during childbirth: experiences among mother in Manipur, the mean ± SD age of the respondents was 28.9 ± 5.8 years.⁸

Literacy makes the people aware about the rights. The literacy rate of female in India is 70.30% whereas in

Chandigarh it is 81,88% as 2021 census. In present study higher literacy rate was observed among participants in which most of (92%) participants were literate and only 6% of participants had no formal education which influenced their choice to seek the services in the healthcare facility. The similar cross-sectional study was conducted by Pratima et al. in 2020 in which 10,7% mother were uneducated while 54% of them claim to have had education upto secondary level.³

Every woman has right to receive RMC. This is the special event of her life i.e. childbirth a pleasant experience. In the present study, most of the mothers 80.2% received very good, 12% good, 3.8% fair and 2.3% poor RMC, whereas Rajkumari. B et al. in 2021 conducted study in Manipur reported that most of the women 96.5% reported some sort of abuse in one or more domain, only 3% of them reported physical abuse.⁸

It is the basic human right of women to get the equitable care without any discrimination and abuse. In the present study all the participant received very good equitable care during their pregnancy. 52.6% participant reported that

Table 3: Experiences of mother of infant (42 days -6 month of age) on respectful maternity care as per Likert scale. N=133

Items	All the times (5) f(%)	Sometimes (4) f(%)	Often (3) f(%)	Rarely (2) f(%)	Never (1) f(%)
Dignified Care					
Antenatal period					
The HCW addressed you with your name	123(92.5)	6(4.5)	0.0	1(0.8)	3(2.3)
The HCW spoke with you politely	121(91.5)	6(4.5)	2(1.5)	2(1.5)	2(1.5)
The HCW allowed you to practice your cultural beliefs.	120(90.2)	5(3.8)	2(1.5)	3(2.3)	3(2.3)
The HCW counselled you when you felt depressive \ sad regarding your pregnancy or delivery.	98(73.7)	22(16.5)	7(5.3)	1(0.8)	5(3.8)
Intranatal period					
Labour Room was Clean During childbirth.	128(96.2)	4(3.0)	-	-	1(0.8)
The HCW gave the therapeutic touch to you.	95(71.4)	10(7.50)	6(4.5)	9(6.8)	13(9.8)
The HCW talk to you with politely.	117(88.0)	6(4.5)	4(3.0)	3(2.3)	3(2.3)
The HCW treated you kindly during childbirth.	119(89.5)	1(0.8)	5(3.8)	5(3.8)	3(2.3)
The HCW was cooperative to you during childbirth.	112(84.2)	12(9.0)	3(2.3)	3(2.3)	3(2.3)
The HCW encouraged you during childbirth for bearing- down efforts.	103(77.4)	12(9.0)	4(3.0)	5(3.8)	9(6.8)
The HCW used abusive\ harsh language during labour.	4(3.0)	8(6.0)	1(0.8)	12(9.0)	108(81.2)
The HCW screamed at you for any instruction.	9(6.8)	14(10.5)	4(3.0)	10(7.5)	96(72.2)
The HCW allow you to hold her hand during your labour pain.	30(22.6)	18(13.5)	7(5.3)	12(9.0)	66(49.6)
Equitable Care					
The HCW talked to you in language that you easily understood.	132(99.2)	1(0.8)	-	-	-
You were not denied of any care due to your Colour /Caste/Economic status	-	-	-	4(3.0)	129(97.7)
Informed Consent					
Antenatal period					
The HCW introduced themselves to you.	114(85.7)	6(4.5)	1(0.8)	3(2.3)	9(6.8)
You have the right to choose any procedure or action during pregnancy.	117(88.0)	10(7.5)	2(1.5)	2(1.5)	2(1.5)
The HCW took your consent before every procedure.	103(77.4)	15(11.3)	6(4.5)	3(2.3)	6(4.5)
The HCW gave or permitted chance to you asking any question.	5(3.8)	5(3.8)	3(2.3)	4(3.0)	116(87.2)
You forced to do whatever they wanted.	109(82.0)	16(12.0)	2(1.5)	2(1.5)	4(3.0)
Intranatal period					
You were explained what to do during labour pain (taking deep breath, sips of water).	104(78.2)	9(6.8)	3(2.3)	1(0.8)	16(12.0)
The HCW asked for your permission before any procedure during delivery.	110(82.7)	10(7.5)	2(1.5)	3(2.3)	8(6.0)
The HCW regular monitored your labour process.	112(84.2)	9(6.8)	3(2.3)	5(3.8)	4(3.0)
The HCW allowed you to choose the type of delivery \ mode of delivery.	113(85.0)	7(5.3)	2(1.5)	4(3.0)	7(5.3)

Table 4: Experiences of mother of infant (42 days -6 month of age) on respectful maternity care as per Likert scale (N=133)

Items	All the times(5) f(%)	Sometime (4) f(%)	Often (3) f(%)	Rarely (2) f(%)	Never (1) f(%)
Highest Attainable Level of Health					
Antenatal period					
The HCW gave you care during pregnancy.	122(91.7)	7(5.3)	1(0.8)	-	-
The HCW gave you antenatal health education on diet \ breast feeding \ kangaroo mother care during pregnancy.	98(73.7)	10(7.5)	2(1.5)	6(4.5)	17(12.8)
Intranatal period					
The HCW massaged your back when you were in labour pain.	10(7.5)	5(3.8)	10(7.5)	23(17.3)	85(63.9)
The HCW gave the heat therapy or compression when you were in labour pain.	24(18.0)	3(2.3)	3(2.3)	16(12.0)	87(65.4)
Postnatal period					
The HCW helped you in providing breast care after delivery.	98(73.7)	15(11.3)	1(0.8)	6(4.5)	13(9.8)
The HCW helped you in breast feeding \ putting the baby on breast.	106(79.7)	10(7.5)	-	7(5.3)	10(7.5)
The HCW provided you the perineal care after delivery.	110(82.7)	5(3.8)	3(2.3)	493.0)	11(8.3)
The HCW provided you the suture care in C- section \ episiotomy after delivery.	112(84.2)	8(6.0)	1(0.8)	3(2.3)	9(6.8)
The HCW gave the health education to you after delivery.	112(84.2)	9(6.8)	2(1.5)	-	10(7.5)
Freedom from harm					
The HCW provided you the privacy by screen, draping) during examination.	109(82.0)	17(12.8)	2(1.5)	2(1.5)	3(2.3)
The HCW helped you in providing comfortable position i.e. lying or sitting position.	94(70.7)	19(4.3)	9(6.8)	6(4.8)	5(3.8)
You were discomfort due to HCW during any procedure or action.	1(0.8)	4(3.0)	3(2.3)	3(2.3)	122(91.7)
During the labour or child birth you are pinched or slapped by HCW when you were not following the command.	1(0.8)	4(3.0)	4(3.0)	1(0.8)	127(95.5)
During the labour when you were not following the command were you scold by health care worker.	2(1.5)	4(3.0)	1(0.8)	3(2.3)	123(92.5)
The HCW forcefully open your legs during child birth	1(0.8)	2(1.5)	3(2.3)	5(3.8)	122(91.7)
Privacy and Confidential Care					
Intranatal period					
The HCW exposed you unnecessary during any examination.	1(0.8)	-	-	4(3.0)	128(96.2)
The HCW examined you without screen and partition.	9(6.8)	6(4.5)	1(0.8)	17(12.8)	100(75.2)
Postnatal period					
You have been told that your recorded information will be kept safe and secure	67(50.4)	12(9.0)	17(12.8)	23(17.6)	14(10.5)

privacy and the confidentiality of their information was good. 78.9% of participant has obtained very good highest attainable level of health : 89.5% participant felt free from harm during their pregnancy and childbirth and informed consent was taken from 88% participants whereas the similar study conducted by Singh et al. in Delhi revealed that 95% of participants were not informed before the procedure like episiotomy, ventose and forceps.⁶

Every women wants to deliver in clean surrounding which promote the comfort to the women and enhances the RMC. In the present study most of the participants (96.2%) responded that labor room was clean during childbirth while in different findings were reported in the study conducted in Manipur by Rajkumari B et al. 2021 in which the 77.5% of the participants reported poor maintenance and cleaning of environment of labor room.⁸

Childbirth is a pleasant as well as very painful experience for the mother. Birth stretches the women limits in every sense to tolerate the pain which is equal to breaking of 20 bones. During this crucial period, they seek the need of comfortable position and support from the HCW like holding their hands, back massage and application of hot compress. In present study most of participant (70%) were provided with comfortable position but there is lack in some aspects of RMC such as 65% women reported not getting the buck massaged, 49.6% were not allowed to hold the hands of HCW, 65.4% were never provided the hot compress. The similar study conducted in Manipur by Rajkumari shows that 35.5% of the participants felt that during delivery they were not in the position of their choice, women were preferring to deliver in a squatting or kneeling position rather than supine position.⁸

All the National and International organizations are focusing to provide RMC but still there was some breach in RMC. In the present study few of women experienced breach in RMC in various form such as yelling and rude behaviour of HCW (6.7%), health education not given on KMC and breastfeeding (2.2%), regular monitoring was not done (2.2%) and 1.5% of women reported yelling at time of procedure, slapped on thigh, rude behaviour of security guard. This is much lower to the study conducted by Ansari in which, the participants reported many forms of ill-treatment which include non consent (49.84%), verbal abuse (25.75%), physical abuse (16.96%) and discrimination (14.79%).⁹

We can use finding of the study to improve skill of nurse in providing respectful maternity care and in educational setting nursing educator can use the study to improve the RMC in their setting. On the basis of presence study there are some recommendation that we can do the comparative study between different settings like urba rural areas and govt. pvt. Sector. The innovative intervention like testimonial videos and RMC training can be conducted. We can select large sample size to identify the more reliable data.

6. Conclusion

It is concluded that most of the participants received respectful and dignified care in the health care facility the most of mother got equitable care and not any discrimination happen due to any of colour, cast, and economic status. Very few mother reported harmed during labor, most of mother got harm free care. Overall experience of all mother showing that they received respectful maternity care all time. “RMC emphasizes on elimination of disrespectful and abusive environment from health facilities. Health facilities should focus on the interventions which ensure that every woman receives the basic human dignity during one of the most vulnerable times in their lives.”

7. Source of Funding

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8. Conflict of Interest

None.


References

1. Maternal health. [cited 2022 Jan 31]. Available from: <https://www.who.int/westernpacific/health-topics/maternal-health>.
2. Respectful Maternity Care Charter. White Ribbon Alliance. [cited 2022 Jan 31]. Available from: <https://whiteribbonalliance.org/resources/rmc-charter/>.
3. Pathak P, Ghimire B. Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth. *Obstet Gynecol Int*. 2020;2020:5142398. doi:10.1155/2020/5142398.
4. Asefa A, Bekele D. Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia. *Reprod Health*. 2015;12(1):33. doi:10.1186/s12978-015-0024-9.
5. Heather R, Lynam P, Carr C, Reis V, Ricca J, Bazant E, et al. Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa. *BMC Pregnancy Childbirth*. 2015;15:306. doi:10.1186/s12884-015-0728-4.
6. Singh A, Chhugani M, James MM. Direct Observation on Respectful Maternity Care in India: A Cross Sectional Study on Health Professionals of three different Health Facilities in New Delhi. *Int J Sci Res*. 2018;7(5):821–5.
7. Sharma G, Penn-Kekana L, Haldar K, Filippi V. An investigation into mistreatment of women during labour and childbirth in maternity care facilities in Uttar Pradesh, India: A mixed methods study. *Reprod Health*. 2019;16(1):7. doi:10.1186/s12978-019-0668-y.
8. Rajkumari B, Devi NS, Ningombam J, Ingudam D. Assessment of respectful maternity care during childbirth: Experiences among mothers in Manipur. *Indian J Public Health*. 2021;65(1):11–5.
9. Ansari H, Yeravdekar R. Respectful maternity care during childbirth in India: A systematic review and meta-analysis. *J Postgrad Med*. 2020;66(3):133–40.

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