

# Respectful maternity care during childbirth: Experiences and observation among mothers in a tertiary-care institute in Manipur

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## ABSTRACT

**Background:** Respectful maternity care (RMC) refers to the humane and dignified treatment of a childbearing woman throughout her pregnancy, childbirth and immediate postpartum period. Disrespect and abuse of women during labour, childbirth and immediate postpartum period in health facilities is one of the reasons which deter them from further utilizing maternal healthcare services. The present study was thus undertaken to determine to what extent RMC practices are being followed in a health facility in Manipur. **Materials and Methods:** A cross-sectional study was conducted from May 2022 to August 2022 in a Health facility among women coming for institutional delivery along with direct observations of the labour room. The study tool comprises a semistructured questionnaire related to respectful maternity care which was adapted from the Person-Centered Maternity Care Scale, a validated instrument. The direct observation method was carried out using a checklist adapted from a standardized tool developed by the United States Agency for International Development (USAID). Descriptive statistics were generated and approval of the study was obtained from the Institutional Ethics Committee. **Results:** A total of 336 (99.1%) women reported at least one form of disrespect or abuse during childbirth. Maximum abuse (91.4%) was reported in the facility and environment domain. Direct observation done on 22 deliveries in the labour room found that 72.7% of the women experienced at least one form of disrespect and abuse. Two (9.1%) women were observed to face physical force or abusive behaviour. **Conclusion:** Almost all the women reported at least one form of disrespect or abuse during childbirth. There is a need to improve the health facilities and women need to be treated with dignity and respect as it is being violated according to the findings in many studies as with ours.

**Keywords:** Abuse, disrespect, pregnancy, respectful maternity care

## Introduction

Pregnancy, childbirth and postpartum period are the period that are highly vulnerable. Majority of the maternal deaths occur

during labour, delivery or within 24 hours of childbirth. The current maternal mortality ratio (MMR) of India is 97 per lakh live births showing a declining trend since 2001–2003. Still, it is high as compared to developed countries.<sup>[1-3]</sup>

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Sustainable Development Goal target 3.1 is to reduce MMR to 70 per lakh live births by 2030.<sup>[4]</sup> Institutional deliveries have also increased from 79% in 2015–2016 to 89% in

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2019–2021 according to the National Family Health Survey (NFHS-5)<sup>[5]</sup> which is still below the desired level of 100% institutional deliveries. India has taken many initiatives to ensure the health of the mother and the child. One of them is the LaQshya initiative which was launched in 2017, and aimed at improving the quality of care in the labour rooms and maternity operation theatre and enhancing a positive birthing experience by ensuring respectful maternity care for all pregnant women attending public health facilities.<sup>[6]</sup> Respectful maternity care refers to the humane and dignified treatment of a childbearing woman throughout her pregnancy, childbirth and immediate postpartum period. It respects her rights and choices through supportive communication attitudes and behaviours.<sup>[7]</sup>

There are few studies in India and elsewhere<sup>[8-13]</sup> which highlighted disrespect and abuse to pregnant women delivering at health facilities. Disrespect and abuse of women during labour, childbirth and immediate postpartum period in health facilities is one of the reasons which deter them from further utilizing maternal health care services. The present study was thus undertaken to determine to what extent RMC practices are being followed in a health facility in Manipur.

## Materials and Methods

### Study design, setting and study participants

The cross-sectional study was conducted from May 2022 to August 2022 in a health facility among all eligible women admitted for institutional deliveries. Those who did not give consent were excluded from the study. Exit interviews were taken from the respondents at the time of discharge from the hospital. Direct observations of the labour rooms and postnatal wards were also made across different time periods and days using a standardized checklist by trained observers during the study.

### Sampling method and sample size

Study participants were selected by convenience sampling method. The sample size was calculated based on a prevalence of 29% of maternal abuse from a study conducted by Bhattacharya and Sundari in 2018.<sup>[8]</sup> Taking an absolute allowable error of 5 and at a 95% significance level, by using the formula for single proportion ( $n = Z^2pq/d^2$ ), the estimated sample size was found to be 326 rounded off to 330.

### Tools/techniques and procedure

The study tool comprises a semistructured questionnaire consisting of sociodemographic details, obstetric history, serious complications during delivery and questions related to respectful maternity care which were adapted from the Person-Centered Maternity Care Scale, a validated instrument.<sup>[14]</sup> The RMC questions were grouped under seven domains, namely: (i) dignity and respect, (ii) communication and autonomy, (iii) supportive care, (iv) privacy and confidentiality, (v) trust, (vi) facility and environment, and (vii) predictability and transparency of payments. The questionnaire was translated to the local language

and back-translated for validity. Exit interviews were taken from each respondent at the time of discharge from the hospital.

The direct observation method was carried out using a standardized tool developed by the United States Agency for International Development (USAID).<sup>[15]</sup> It was observed across seven parameters: (i) physical harm or ill-treatment, (ii) right to information, informed consent and protection of choice or preferences of the women, (iii) confidentiality and privacy, (iv) dignity and respect, (v) equitable carefree of discrimination, (vi) whether the woman is left without care and (vii) whether the woman is detained or confined against her will. The observation was done in the labour room in the second or third stage of labour and continued till two hours after delivery by trained observers.

### Statistical analysis

Data were entered in MS Excel. Statistical analysis was done with the IBM Statistical Program for Social Sciences (SPSS) version 22. Descriptive statistics was done for all the variables which were reported as mean, standard deviation, frequency and percentages.

### Ethical issues

Prior permission to conduct this study was obtained from the institution and ethical clearance was obtained from the institutional ethics committee vide protocol No. 313/07/2022 version 01 submitted on 21/05/2022. Informed consent was taken from the participants and strict confidentiality was maintained.

## Results

A total of 339 respondents were interviewed. The mean age of the participants was  $27.48 \pm 4.6$  years. Around a third (108, 31.9%) of the respondent had the educational qualification of high school level and the majority had undergone assisted vaginal delivery (162, 47.8%) [Table 1].

A total of 336 out of 339 women (99.1%) faced at least one form of disrespect or abuse during childbirth. Healthcare providers did not introduce themselves to 202 (59.6%) women. Fifteen (4.4%) women reported being shouted, insulted, threatened or talked rudely, while seven (2.1%) were pushed, beaten, slapped, pinched or physically restrained. The facility was crowded according to 208 (61.4%) women, 260 (76.7%) reported that the facility was not clean and 127 (37.5%) said that water was not available in the facility [Table 2].

In the domain of dignity and respect, (218, 64.3%) reported some form of abuse. Maximum abuse was reported in the facility and environment domain (301, 91.4%), whereas minimum was reported in the trust domain (12, 3.5%) [Table 3].

Direct observation was done in the labour room during delivery on 22 women. Sixteen (72.7%) of the women experienced at

**Table 1: Sociodemographic characteristics and obstetric details of mothers (n=339)**

Characteristics	Categories	n (%)
Religion	Hindu	127 (37.5)
	Islam	66 (19.5)
	Christian	58 (17.1)
	Sanamahi	88 (26.0)
Educational qualification (wife)	Illiterate	17 (5.0)
	Primary	18 (5.3)
	Middle school	58 (17.1)
	High school	108 (31.9)
	Higher sec	75 (22.1)
	Graduate and above	63 (18.6)
Occupation	Govt-employee	9 (2.7)
	Self-employee	75 (22.1)
	Homemaker	234 (69.0)
	Private	21 (6.2)
Educational qualification (Husband)	Illiterate	6 (1.8)
	Primary	14 (4.1)
	Middle school	40 (11.8)
	High school	94 (27.7)
	Higher sec	81 (23.9)
Type of delivery	Graduate and above	104 (30.7)
	Normal vaginal	159 (46.9)
	Vaginal assisted	162 (47.8)
	CS	18 (5.3)
Birth order of the current child	1 <sup>st</sup>	103 (30.4)
	2 <sup>nd</sup>	147 (43.4)
	3 <sup>rd</sup>	80 (23.6)
	4 <sup>th</sup>	9 (2.7)

least one form of disrespect and abuse. Two (9.1%) women were abused verbally or physically. The majority (90.9%) of them were not given physical comfort. In six (27.3%) of the women, the birth companion was not allowed to stay [Table 4].

## Discussion

In our study, 336 out of 339 women (99.1%) faced at least one form of disrespect or abuse. In studies conducted elsewhere, it ranged from 77.2 to 98%.<sup>[8-13]</sup> This may be due to the inclusion of facility and environment in the calculation of disrespect and abuse which remains inadequate because of low resource in public hospital setting.

In relation to 'dignity and respect' domain, 218 (64.3%) women reported D and A with around 15 (4.4%) of the respondents reporting verbal abuse and seven (2.1%) reporting physical abuse. In a study by Sando D *et al.*, nondignified care was 121 (6%),<sup>[16]</sup> Singh A *et al.* reported 93% verbal abuse.<sup>[10]</sup> Altahir A *et al.* claimed that 12.5% of respondents experienced ill-treatment characterized by physical, verbal or emotional insult.<sup>[17]</sup> Physical and verbal abuse were relatively low in our study as respect for women in this area could be one of the reasons.

In 'communication and autonomy', around 33 (4.4%) of the respondents felt that the doctors and nurses did not explain to them why they were doing examinations or procedures. In

a study by Altahir A *et al.*, service providers did not introduce themselves and did not obtain consent or permission from patients prior to any procedure in 35% of cases.<sup>[17]</sup> Almost half (48.7%) of the women were not able to be in a position of their choice. In Manipur usually, delivery in healthcare centres is done in a lithotomy position. Studies conducted elsewhere reported delivery in squatting or kneeling position, rather than the lithotomy position.<sup>[18-20]</sup>

Regarding the privacy and confidentiality domain, around 32 (9.4%) reported a lack of privacy during examination in the labour room and eight (2.4%) reported that health information was not kept confidential at the facility. Lack of privacy was 35 (2%) and nonconfidential care was 32 (2%) according to Sando D *et al.*<sup>[16]</sup>, Sharma SK,<sup>[12]</sup> Manu A *et al.*<sup>[21]</sup> and Sethi R *et al.*<sup>[22]</sup> reported that privacy was not ensured for women during delivery.

In relation to supportive care, almost one-third (35.7%) of the respondents reported that they were not allowed to be with someone they wanted during an emergency. Birth companions were not allowed to accompany most females in labour rooms according to the Sharma SK study.<sup>[12]</sup> Similar findings were also noted by Sethi R *et al.*<sup>[22]</sup> and Singh A *et al.*<sup>[10]</sup>

Regarding the facility and environment domain, 91.4% reported abuse. The majority of the respondents (61.4%) reported that the facility was crowded, and 76.7% reported that the facility was not clean. More than one-third (37.5%) of the respondents reported that there was no adequate water in the facility. Poor maintenance of facility and environment (77.5%) constituted a major proportion according to Rajkumari B *et al.*,<sup>[11]</sup> but studies conducted elsewhere<sup>[23-25]</sup> reported a much lower proportions which may be due to disparity in the type of facility and availability better infrastructure in the larger states.

In relation to predictability and transparency of payment, around 35 women (10.3%) were asked for money other than the official cost. About 65% of the females in the Sharma SK study reported that there were demands for informal payments/bribes/bakshish.<sup>[12]</sup> Similarly, a high proportion of inappropriate demands for money 371 (90.5%) were reported by Bhattacharya S *et al.*<sup>[8]</sup> and Rajkumari B *et al.*,<sup>[11]</sup> while this figure was considerably low in a study carried out by Baranowska B *et al.*<sup>[26]</sup> This low occurrence in our study may be due to underreporting in our case by the women as many of them might have paid voluntarily to celebrate the birth of a new child.

Direct observation was done in the labour room during delivery on 22 women. Sixteen (72.7%) of the women experienced at least one form of D and A. Two (9.1%) women were abused verbally or physically. Disrespectful care of patients during labour and delivery particularly verbal and physical abuse is common. This finding is largely consistent with those from other studies on disrespectful care in maternity services.<sup>[27-31]</sup> In a study by Bhattacharya S *et al.*, the proportion of women who experienced any disrespect or abuse was only 28.8%. Physical abuse was

**Table 2: Experience of respondents as per different domains (n=339)**

Domain	Characteristics	Categories, n (%)			
		Short	Long	Don't know	No comment
Dignity and respect	Waiting time for care	304 (89.7)	27 (8.0)	6 (1.8)	2 (0.6)
		Yes	No	Don't know	No comment
Privacy and confidentiality	Healthcare providers introduce themselves	136 (40.1)	202 (59.6)	1 (0.3)	–
	Call you by your name	282 (83.2)	56 (16.5)	1 (0.3)	–
	Treat you with respect	19 (94.1)	5 (1.5)	7 (2.1)	8 (2.4)
	Treat you in friendly manner	314 (92.6)	14 (4.1)	4 (1.2)	7 (2.1)
	Shouted, insulted, threatened, talked rudely	15 (4.4)	321 (94.7)	1 (0.3)	2 (0.6)
	Pushed, beaten, slapped, pinched or physically restrained	7 (2.1)	331 (97.6)	1 (0.3)	–
Communication and autonomy	Covered up with cloth or blanket or screened with a curtain	293 (86.4)	32 (9.4)	7 (2.1)	7 (2.1)
	Information kept confidential	309 (91.2)	8 (2.4)	19 (5.6)	3 (0.9)
Supportive care	Involvement in decisions about care	312 (92.0)	6 (1.8)	19 (5.6)	2 (0.6)
	Able to be in position of choice	137 (40.4)	165 (48.7)	15 (4.4)	22 (6.5)
	Consent before doing procedures	331 (97.6)	8 (2.4)	–	–
	Speak to you in language you could understand	337 (99.1)	2 (0.6)	–	–
	Explained about the procedures	303 (94.7)	33 (4.4)	2 (0.9)	1 (0.3)
	Feel you could ask the doctors, nurses or other staff at the facility any questions you had	329 (97.1)	5 (1.5)	3 (0.9)	2 (0.6)
Trust	Talk to you about how you were feeling	315 (92.9)	17 (5.0)	3 (0.9)	4 (1.2)
	Understand your anxieties	299 (88.2)	23 (6.8)	10 (2.9)	7 (2.1)
	Paid attention	329 (97.1)	7 (2.1)	2 (0.6)	1 (0.3)
	Did everything they could to help control your pain	307 (90.6)	21 (6.2)	8 (2.4)	3 (0.9)
Facility and environment	Allowed to be with someone you wanted	172 (50.7)	121 (35.7)	41 (12.1)	5 (1.5)
	Took the best care of you	319 (94.1)	8 (2.4)	10 (2.9)	2 (0.6)
Predictability and transparency of payment	Completely trust the doctors, nurses or other staff at the facility with regard to your care	330 (97.3)	4 (1.2)	5 (1.5)	–
	Facility was crowded	208 (61.4)	119 (35.1)	10 (2.9)	2 (0.6)
	Facility was clean	76 (22.4)	260 (76.7)	1 (0.3)	2 (0.6)
	Water available in the facility	206 (60.8)	127 (37.5)	2 (0.6)	4 (1.2)
	Electricity present in the facility	327 (96.5)	11 (3.2)	1 (0.3)	–
	Enough health staff present	302 (89.1)	31 (9.1)	5 (1.5)	1 (0.3)
Trust	Feel safe in health facility	328 (96.8)	5 (1.5)	5 (1.5)	1 (0.3)
	Spent money other than official cost	35 (10.3)	297 (87.6)	3 (0.9)	4 (1.2)
Facility and environment	Asked to buy anything from outside the health facility for your care	256 (75.5)	76 (22.4)	4 (1.2)	3 (0.9)

**Table 3: Domain-wise prevalence of disrespect and abuse during childbirth (n=339)**

Domains	Abuse, n (%)	
	Yes	No
Facility and environment	310 (91.4)	29 (8.6)
Predictability and transparency of payment	260 (76.7)	79 (23.3)
Dignity and respect	218 (64.3)	121 (35.7)
Communication and autonomy	192 (56.6)	147 (43.4)
Support and care	142 (41.9)	197 (58.1)
Privacy and confidentiality	40 (11.8)	299 (88.2)
Trust	12 (3.5)	327 (96.5)

55 (13.4%) and shouting/scolding 71 (17.3)<sup>[8]</sup>, and in another study, physical abuse was 84 (5%)<sup>[16]</sup>

Though the proportion of disrespect and abuse varies from one study to another, the figures show that there is a lot of work required in this area to bring this down and provide cordial and respectful maternity services to a woman. The limitation of our

study is that since only one healthcare institute was selected purposively for the study, it may not be representative of other public and private hospitals. Direct observation was done only on normal labour and childbirth to assess RMC practices but caesarean section and high-risk deliveries were not included. This study could have been conducted for one calendar year to capture the seasonal variations if any due to differential delivery patient loads in different seasons.

### Conclusion

Almost all the women reported at least one form of disrespect or abuse during childbirth. Maximum abuse was reported in the domain of facility and environment. This was followed by predictability and transparency of payment and by dignity and respect. The trust domain saw the least abuse. On direct observation, it was found that a little less than three-fourths of the women faced disrespect and abuse. There is a need to improve the facilities being provided to the pregnant mother and women

**Table 4: Proportion of women with disrespect and abuse during direct observation (n=22)**

Standard	Variables	Yes n (%)	No n (%)
Physical harm and ill-treatment	1) Used any physical force or abusive behaviour	2 (9.1)	20 (90.9)
	2) Not allowed to change from lithotomy position	11 (50.0)	11 (50.0)
	3) Physical comfort not provided	2 (9.1)	20 (90.9)
	4) Verbal information given by health professional while performing episiotomy	17 (77.3)	5 (22.7)
	5) Pain-relief medication not given	3 (13.6)	19 (86.4)
Right to information, informed consent and preferred choice	6) Birth companion not allowed	6 (27.3)	16 (72.7)
	7) Questions were not responded in clear, polite and truthful manner	3 (13.6)	19 (86.4)
	8) Explanation not provided to the women in labour on how to push during contraction and relax when contraction disappears	1 (4.5)	21 (95.5)
	9) Information not given about the sex of the baby and delayed till the expulsion of placenta	7 (31.8)	15 (68.2)
	10) No information or verbal consent taken while performing the following interventions	4 (18.2)	18 (81.8)
	11) No information is given regarding money expenditure if any complication occurs	1 (4.5)	21 (95.5)
	12) No information was given regarding newborn vaccination to the mother or family member	0 (0)	22 (100.0)
Confidentiality and privacy	13) While doing the examination no privacy is provided	1 (4.5)	21 (95.5)
	14) Providing privacy to pregnant women during the intrapartum period, by way of separate labour room	21 (95.5)	1 (4.5)
Dignity and respect	15) Clients records are left over in an area where they can be read by others not involved in care	1 (4.5)	21 (95.5)
	16) Greet the patient	21 (95.5)	1 (4.5)
	17) Staff speaks impolitely	3 (13.6)	19 (86.4)
	18) Woman or her companion not permitted to do any cultural practices or superstitious belief which are not harmful for mother or baby (e.g. prayer)	2 (9.1)	20 (90.9)
	19) Unclean linen was provided or staff asked the women to lie down on the floor	0 (0)	22 (100.0)
	20) Toilets are unhygienic, or there is mechanical failure of taps, flushes and disposal system	17 (77.3)	5 (22.7)
	21) Woman labour table is not cleaned after every delivery or not even giving then fresh gown after delivery	0 (0)	22 (100.0)
	22) Unpredictable and unwanted financial demands	1 (4.5)	21 (95.5)
	23) Making fun of the patient's condition	0 (0)	22 (100.0)
	24) Unequal treatment—verbal and physical disrespect of woman based on any specific attributes (e.g. disability, caste, religion, forced to make out pocket expenditure)	1 (4.5)	21 (95.5)
	25) Neglects the care for the patient who were not present on their bed according to providers convenience	0 (0)	22 (100.0)
Provision of equitable care, free of discrimination	26) Essential care not provided to the women	0 (0)	22 (100.0)
	27) Left alone and unattended	0 (0)	22 (100.0)
Left without care	28) Women not counselled about breastfeeding, perineal care and postures to be maintained	0 (0)	22 (100.0)
	29) Women detained against their will	0 (0)	22 (100.0)
Detained and confined against will	30) The facility has a policy of not providing care, medicine, or investigations for women who do not pay	0 (0)	22 (100.0)

need to be treated with dignity and respect as it is being violated according to the findings in many studies as with ours. Barriers in the implementation of the LaQshya programme need to be addressed and authority should make sure that the guidelines laid down under the programme are followed.

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### Conflicts of interest

There are no conflicts of interest.

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