"A Study to Assess Knowledge on Respectful Maternity Care Among Nursing Students Studying in B. V.V. Sangha's Sajjalashri Institute of Nursing Sciences Bagalkot, Karnataka, India."

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ABSTRACT:

Introduction: : Respectful maternity care (RMC) refers to the care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth.

Objectives: "To find out the association between knowledge on Respectful maternity care among Nursing students with their selected socio demographic variables".

Methods: A descriptive cross sectional design was conducted among 100 Nursing students, Sample about 100 Nursing students (50 3rd year GNM and 50 final B.Sc.Nursing) studying in B.V.V Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot Karnataka**.** For the study sample was selected by using disproportional stratified random technique.The data was collected by using the structured knowledge questionnaire. The data was analyzed by using descriptive and inferential statistics.

Results. Among 100 Nursing students, highest percentage (50%) found with moderate knowledge. respondents (48%) noticed with inadequate knowledge, In the present study sample shows only (2%) of Nursing students were having adequate knowledge. The overall knowledge score mean was 13.37 with mean percentage of 51.42 and SD ±3.24. There was a significant association found between knowledge regarding Respectful Maternity Care among Nursing students and their selected socio-demographic variables is accepted.

Conclusions: The overall study findings revealed that the mean percentage scores of RMC of Nursing students is (51.42%) .Hence study concluded that assessment and improvement in Nursing students knowledge will improve the quality of care as a means of enhancing safety during childbirth and positive childbirth experience.

1.Introduction:

Maternal health is important for the women during pregnancy, childbirth and the postpartum period and maternal health care services includes antenatal care (ANC), delivery care and postnatal care (PNC) services.[1] As Childbirth is an important event in women's life and all women need and deserve to receive respectful care during labour and childbirth. Respectful maternity care (RMC) is not

only a crucial component of quality of care, it is a human right.[2] The Respectful Maternity Care Charter addresses the issue of disrespect and abuse toward women and newborns utilizing maternal and newborn care services and provides a platform for improvement by raising awareness of women and newborns human rights guarantees recognized in internationally adopted United Nations and other multinational declarations, conventions and covenants.[3] The notion of safe motherhood must be expanded beyond the prevention of morbidity or mortality to encompass respect for women's basic human rights, including respect for women's autonomy, dignity, feelings, choices, and preferences, including companionship during maternity care.[4] The RMC approach is centered on the individual and based on principles of ethics and respect for human rights. The Respectful Maternity Care Charter,1 developed by the White Ribbon Alliance.[5] Ministry of Health & Family Welfare, Government of India launched an ambitious program *LaQshya*on 11th December 2017 to provide Respectful Maternity Care (RMC) to all pregnant women attending public health facilitie.[6] All women deserve to have their dignity, privacy and confidentiality maintained, be free from harm, mistreatment and coercion and receive respectful continuity of care throughout their pregnancy, childbirth, and postpartum period (World Health Organization, 2018).[7]Many women across the globe still experience disrespectful, abusive, or neglectful treatment in health institutions during childbirth. This certainly indicates that there is yet a long way to go in making maternity care more respectful and dignified.[8]

2. Objectives:

To assess the knowledge on Respectful maternity care among Nursing students And aslo to find out the association between knowledge on Respectful maternity care among Nursing students with their selected socio demographic variables.

3.Methods:

A descriptive cross sectional design was conducted among 100 Nursing students, Sample about 100 Nursing students (50 3rd year GNM and 50 final B.Sc.Nursing) studying in B.V.V Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot Karnataka**.** For the study sample was selected by using disproportional stratified random technique. The data was collected by using the structured knowledge questionnaire. The data was analyzed by using descriptive and inferential statistics.

Study participants:

In the present study participants were Nursing students (n=100). The sample consist of 50 GNM 3rdyear and 50 B.Sc.Nursing 4thyear Nursing students studying in B.V.V Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot Karnataka.

Setting of the study:

Based on the investigator's familiarity, availability of the subjects and feasibility to conduct the study, The research was carried out at B.V.V Sangha's Sajjalashree Institute of Nursing Sciences, Bagalkot.Karnataka.

Sampling technique:

The disproportional stratified random sampling technique was adopted in selecting the sample for the present study.

Sample size estimation:

The sample size for the present study was estimated using the following formula based on result of pilot study.

Sample size = Zvalue^2. $\times$ SD^2 /d^2
where, **Z** = the value of normal variant at 95% confidence level i.e. Z value = 1.96.
SD = Standard Deviation
D = Expected allowable error in the mean (i.e. 5%of mean)
Mean =13.5**SD** = 3.14,**d** =5×13.5/100. **d**= 0.6
The value of normal variant at 95% confidence level i.e. **Z** valve = 1.96.
Hence, Sample size (n) = Z value ^{2} × SD^2 / d ^{2}
Sample size (n) = (1.96)^2× (3.14) ^{2} / (0.67) ^{2}
Sample size (n) = 3.84 × 9.85/ 0.44
Sample size (n) = 85.95
Hence the calculated sample size was 85.95, as round off the researcher selected 100 Nursing students

studying in B.V.V Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot, Karnataka.

Data collection Instrument:

The study was conducted using a structured knowledge questionnaire. Information was gathered through interview schedule using structured knowledge questionnaire. It comprises of 26 elements to assess knowledge level on RMC. They were multiple choice questionnaire. Each item was given a score of 0 for incorrect answer and score of 1 for correct answer.

Description of data collection instruments

Part 1: Socio-demographic variables: Consist of 10 items to assess the socio-demographic information of Nursing students.

Part 2:Structured questionnaire to assess knowledge. There were 26 items to assess knowledge. These items are in six domains: Dignity, Emotional support, Preventing Mistreatment, Privacy, Safe Care and Confidentiality.

Data collection Procedure:

The main study was conducted from 4th July 2023 to 5thjuly2023 in B.V.V Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot Karnataka from Nursing studentsthrough interview schedule.Prior administrative permission was obtained from the Principal of B.V.V.Sanghas sajjalashree institute of Nursing Sciences Bagalkot to conduct the study. Informed consent was taken prior to the study from the study subjects and the nature of the study was explained. The investigator selected 50 GNM 3rdyear and 50 B.Sc.Nursing 4thyear Nursing students through disproportionate stratified random sampling technique and the study was conducted. They were asked questions in English language understandable to them.

Ethical clearance:

Ethical clearance certificate was obtained from institutional ethical clearance committee, B.V.V.S Sajjalashree Institute of Nursing sciences, Bagalkot (Ref.No:BVVS/SIONS/IEC/2022

2023/950,Date:16/08/2022).written consent of participation was obtained from participants before data collection.

Statistical analysis:

The obtained data were statistically analysed by using both descriptive and inferential statistics. A master sheet was prepared with responses given by the study participants. Frequencies and Percentage was used for the analysis of demographic data. Mean, standard deviation and chi-square test were used to compare scores of knowledge regarding Respectful Maternity Care among Nursing students. Chi square test and Yate's correction formula test was used to find association between knowledge scores and selected Socio-demographic variables of Nursing students.

4.Results

A. Socio-demographic variables

In this study, Majority (36%) of Nursing students were in the age group of less than and equal to 21 years, (65%) ofNursing students were females, Equal percentage of 3rdyear GNM and 4th year B.Sc. Nursing students were involved in the study, (66%) percentage of Nursing students are from Hindu Religion, (35%) had Family monthly income between Rs.21,000-40,000. 67% of Nursing students under the study belongs to nuclear family, (57%) of Nursing students under the study were from rural area, (80%) of Nursing students do not had training programme on RMC,(49%) of Nursing students assisted less than or equal to 10 deliveries and (73%) of Nursing students did not have Previous knowledge about RMC.

B. Assessment of knowledge on Respectful Maternity Care among Nursing students.

Categorization of theNursing students' levels ofknowledge on Respectful Maternity Care are done as follows:

Scores 0-13 are considered Inadequate Knowledge, 14-19 considered Moderate Knowledge, , and 20-26 are considered adequate Knowledge.

Table 1: Level of knowledge distribution on Respectful Maternity Care among Nursing students.

LEVEL OF KNOWLEDGE DISTRIBUTION

LEVEL	SCORE	NUMBER OF PARTICIPANT	PERCENTAGE%
Inadequate Knowledge	0-13	48	48%
Moderatly Knowledge	14-19	50	50%
Adequate Knowledge	20-26	2	2%

Table 2: Area of knowledge containing MaximumScore,Mean, Mean %, Median and SD.

Area of knowledge	Score	Mean	Mean %	Median	Standard deviation
	26	13.37	51.42	14	3.24

Knowledge level of Nursing students indicated in the Table…

The above tables 1 and 2 describes percentage wise distribution of Nursing students studying in Nursing college scores reveals that out of 100 Nursing students,highest percentage(50%) found with moderate knowledge, respondents (48%) noticed with inadequate knowledge, In the present study sample shows only (2%) of Nursing students were having adequate knowledge.The mean percentage observed was 51.42 for overall knowledge with SD±3.24. The mean score of Nursing students knowledge was 13.37±3.24.

Table 3: Mean,Mean percentage, and standard deviation of knowledge score of subjects on RMC.

Knowledge On RMC	Maximum Scores	Mean	Mean Percentage	Standad Deviatin
Dignity	5	3.19	63.8	1.016
Emotional Support	6	1.79	29.83	0.9517
Preventing Mistreatment	4	2.55	63.75	0.82
Privacy	2	1.5	75	0.67
Safe Care	7	3.64	52	1.32
Confidentiality	2	0.69	34.5	0.56
Overall Knowledge Score	26	13.37	51.42	3.24

The table3 reveals Mean score of Dignity is 3.19±1.016, emotional support mean score is 1.79±0.9517,preventing mistreatment Mean score 2.55±0.82, privacy Mean score 1.5±0.67, safe care Mean score 3.64±1.32 and Mean score of confidentiality was 0.69 ±0.56.The highest Mean percentage observed was 75 for privacy with SD±0.67, Whereas lowest mean percentage observed was 29.83on emotional support with SD ±0.9517.

The mean score of overall knowledge was 13.37±3.24.

C: Association between knowledge scores of Nursing students regarding Respectful Maternity Care with their selected socio demographic variables .

Table 4: Association between knowledge scores of Nursing students regarding Respectful Maternity Care with their selected socio demographic variables

SI.N0	VARIABLE	CHISQUIRE VALUE	TABLE VALUE	DF
1	AGE	0.5409	3.84	1
2	GENDER	0.5706	3.84	1
3	EDUCATTION	2.5641	3.84	1
4	RELIGION	0.9201	3.84	1
5	FAMILY MONTHLY INCOME	0.0136	3.84	1
6	TYPEOF FAMILY	0.00046	3.84	1
7	RESIDENCE	0.067	3.84	1
8	TRAININGON MIDWIFERY (RMC)	0.09	3.84	1
9	NO.OF DELIVERIES ASSISTED.	2.0786	3.84	1
10	**PREVIOUS KNOWLEDGE**	**7.2204***	**3.84**	**1**

ON RMC

Tablevaluex^2(1)=3.84,*significant,P<0.05NS: No significant

The Chi square table value for all the socio-demographic variables with 2×2 Contingency table and with degree of freedom 1 is 3.846. Hence The calculated chi square value for the socio-demographic variable like Age, Gender, Education, Religion, Family Monthly Income, Type of Family ,Residence[Urban and Rural], Training on Midwifery(RMC),Number of deliveries assisted are lesser than the Chi square table value. This indicates that there was no significant association found between the above said selected socio-demographic variables with knowledge score **P<0.05.**

The calculated chi square value for the socio-demographic variable such asprevious knowledge regarding RMC(x^2 =7.2204. Pvalue=0.0072), the Chi square table value is 3.846. Here the Chi square calculated value is higher than the Chi square table value. This indicates there was a significant association found between the previous knowledge on Respectful Maternity Care and knowledge score of Respectful Maternity Care**.**

5. Discussion

The present study was conducted to find out the knowledge on Respectful Maternity Care among Nursing students studying in B.V.V Sangha's Sajjalashree Institute of Nursing Sciences, Bagalkot Karnataka". In order to achieve the objectives of the study, Descriptive Cross sectional design survey approach was adopted.. A sample comprises of 100 Nursing students (50 GNM 3rd year and 50 final year B.Sc.Nursing) students were selected using non-Probability disproportionate stratified random sampling technique.The result of the present study scores reveals that out of 100 Nursing students,highest percentage(50%) found with moderate knowledge, respondents (48%) noticed with inadequate knowledge, In the present study sample shows only (2%) of Nursing students were having adequate knowledge. A similar descriptive study was conducted by YohannesKassa Z, Tsegaye B, to assess the knowledge on RMC among health worker at Meerut ,

the study result concluded that the most of the health workers are having moderate knowledge regarding the respectful maternity care and there was significant association among the students.[1]A similar quantitative descriptive study was conducted by **Alageswari A., Prof. Dr.ManjuBala Dash**, to assess the knowledge and perception of mothers on Respectful Maternity Care. The result of the study implies that most of the mother had the poor knowledge about the respectful maternity care and majority of the mothers perceived that they received friendly, timely and discrimination free care.[9]A similar cross-sectional design was conducted by **DhakalP(1), Gamble J(2),** to develop and test a tool to measure Bachelor of Nursing students' perceptions towards respectful maternity care in Nepal, the result of the study was that the new Student Perceptions of Respectful Maternity Care tool is the first valid and reliable measure of students' perceptions of respectful maternity care.[10]

A similar cross sectional study was conducted by **Ephrem D**to measure the prevalence of RMC and mistreatment of women in hospitals and health centersand to identify factors associated with the observed RMC and mistreatment of women in Ethiopia, including facility- and provider related factors. The result of the study was concluded as Quality improvement using Standard- based Management and Recognition and having a companion during labor and delivery were associated with respectful maternity care (RMC).[11] A similar quantitative non experimental research, using descriptive survey research design study was conducted by **Aastha Singh1, Prof (Dr.) Manju Chhugani2,** to observe the practices adopted by health professionals in regard to Respectful Maternity Care in labor rooms of selected hospitals of New Delhi. The study has concluded that Efforts to use facility based maternity care for low socio-economic woman are unlikely to achieve the desired gains if there is no improvement in quality of care provided by health professionals especially for different elements of respectful maternity care. On the basis of the findings of the study.[12]A similar Cross sectional study was conducted by **Deki S, Choden J** to gain in-depth understanding on knowledge, attitude and practices of nurse midwives working in referral hospitals of Bhutan on RMC. The

result of the study as follows, Four in five of the respondents knew and practiced woman's right to information and communication during childbirth process and concluded that Aspects of RMC were not duly practiced. Providers must be made aware of the woman's right to respectful care which is crucial to improve maternal health services.[13]A similar qualitative study was conducted by **WarmelinkJC(1)(2), de Cock TP(3)(4)(5),** to aimed to explore student midwives' perceptions on the current organisation of maternity care and alternative maternity care models, including integrated care at Netherland. The result of the study concluded that the Final year student midwives recognise that change in the organisation of maternity care is inevitable and have an open attitude towards changes if they include good collaboration, client-centred care and safeguards for normal physiological birth.[14]

A similar cross-sectional survey conducted by **Moyer CA(1), Rominski S(2)** to determine what midwifery students throughout Ghana were witnessing, perceiving, and learning with regard to respectful care during labour and childbirth in public midwifery schools in all 10 regions of Ghana. The study result concluded that a majority of midwifery students throughout Ghana witness disrespectful care during their training.[15] A similar Non-experimental Exploratory design was conducted by **Ms.LaishramLilileima Devi1,** to assess the Knowledge and Attitude Regarding Respectful Maternity Care among Staff Nurses in Selected Hospitals of Pune City". The result of study concluded that staff nurse had average level of knowledge and highly favourable attitude, knowledge and attitude having slightly negative correlation, there is no significant association between level of knowledge and attitude of staff nurses regarding respectful maternity care and demographic variable.[16]A similar non-experimental descriptive survey design was conducted by **Dhanya Devassy, Sangeetha X**,to assess the knowledge on Respectful Maternity Care among staff nurses working in the labour room from Ramaiah Medical College Hospital, Ramaiah Memorial Hospital, Motherhood Hospital, Lakshmi Maternity and Surgical Center and Aveksha Hospital, Bengaluru. The result of the study reveals overall knowledge score shows that 65.5% had moderately adequate

knowledge on Respectful Maternity Care.[17]A similar A pre-experimental one group pre-test post-test design was conducted by **Prof. Manimegalai M.,**to evaluate the effectiveness of the structural teaching programme on knowledge regarding respectful maternity care among Staff Nurses in SCPM super specialty hospital, Gonda. The researcher used structure knowledge questionnaire to select the sample.This Study result concluded that the Structured Teaching Programme was effective to improve the knowledge of Staff Nurses.[18]

Conclusion and Recommendation:

The study is helpful to assess knowledge on Respectful Maternity Care among Nursing students studying in B.V.V.Sangha's Sajjalashree Institute Of Nursing Sciences, Bagalkot Karnataka**.**The overall study finding reveals that out of 100 Nursing students,highest percentage (50%) found with moderate knowledge, respondents (48%) noticed with inadequate knowledge, In the present study sample shows only (2%) of Nursing students were having adequate knowledge.The mean percentage observed was 51.42 for overall knowledge with SD±3.24. The mean score of Nursing students' knowledge was 13.37±3.24. Hence it was concluded that Nursing students have moderate knowledge on RMC. A planned teaching programme can be conducted on related RMC among Nursing students. The findings study will encourage the professional nurses and Nursing students to procure knowledge on the aspect of RMC.

Limitations:

The study was confined to Nursing students in specific selectedNursing college,which imposes limits on generalization. The sample for the study was limited to 50 GNM 3rd year and 50 B.Sc. Nursing 4th yearNursing students thus restricting the statistical inferences of results.A limitation of our study is our data collection tool did not segregate components such as dignity, confidentiality, safety, prevention of ill treatment, emotional status and privacy. The questions were mixed but it contained all aspects and this type of study is good way to measure health care delivery such as on RMC.The structured knowledge questionnaire was used to collect the data,which restricted the respondents in

providing adequate information on RMC.

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