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## **Effectiveness of Structured Teaching Program on Knowledge Regarding Respectful Maternity Care Among Nurses Working in Maternity Ward** of Selected Hospital, Bangalore

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### ABSTRACT

**Background:** Disrespecting and abusing women who are seeking maternity care is becoming an urgent global problem that the literature shows as there is still a huge gap in providing respectful maternity care in different countries such as Pakistan and Kenya. The prevalence of disrespect and abuse varies from 15% to 98% all over the world. Studies reported high prevalence of disrespect and abuse during childbirth in India.

Objectives:1) To Assess the knowledge of nurses regarding Respectful maternity care before the administering of structured teaching program. 2) Assess the knowledge of nurses regarding Respectful maternity care after the administering of structured teaching program. 3) To evaluate the effectiveness of a structured teaching program on Respectful maternity care among staff nurses. 4) Find the association of pre-test knowledge score among nurses on respectful maternity care with their selected sociodemographic variables.

Methods: A Pre experimental one group pre-test and post-test study was conducted in August 2023 among, among 60 staff nurses working in a maternity ward of JMJ and Koshys hospital, Karnataka. Purposive sampling technique was used to select the participants. A self- administered structured knowledge questionnaire was given to conduct the pre-test after obtaining informed consent. After collecting data, STP was administered on the same day. Post test was conducted using the same structured knowledge questionnaire after 7<sup>th</sup> day of pre-test.

Results: Assessment of knowledge revealed that 3.4% of the subjects had good knowledge, 70% had adequate knowledge and 16 % had poor knowledge. The overall mean percentage was 12.42 % in pretest. And in post-test assessment of knowledge revealed that 11.66% had good knowledge, 88.33% had adequate knowledge and 0% had poor knowledge. The overall mean percentage score was 15.83 in posttest. The study found there is no significant association between knowledge score and selected demographic variables.

**Conclusion:** The study revealed that there is significant increase in knowledge score after administering of the structured teaching program. Hence, it is concluded that the structured teaching program was highly effective in improving the knowledge of nurses regarding Respectful maternity care.

**KEYWORDS:** Nurses, structured teaching program, RMC, effectiveness and knowledge score.



### **INTRODUCTION:**

The notion of respectful maternity care (RMC) acknowledges that women's experiences of childbirth are crucial aspects of health care satisfactory and that their "autonomy, dignity, feelings, choices, and preferences have to be respected Respectful maternity care (RMC) is defined as the "care equipped for and supplied to all women in a manner that keeps their dignity, privacy, and confidentiality, ensures freedom from harm and detriment and permits informed preference and non-stop guide all through labor and parturition.<sup>1,2</sup>

Pregnancy and childbirth is a great gift in the lives of the expectant mother and their families. Which emphasizing the great creative power and development process.<sup>3,4</sup> The concept of "respectful maternity care" is very difficult to measure because it mainly depends on women's awareness. Accordingly, this topic has been either overlooked or underrated.<sup>5</sup>

According to WHO, in 2007 about 2,95,000 women died during childbirth and pregnancy which is unacceptably high. Maternal death and injury are preventable if it is managed timely by skilled health care personnel who are working in a supportive environment.<sup>[25]</sup> Recent studies have shown that women experience ill-treatment and abuse globally. The study reports the prevalence of ill-treatment and abuse was 15% to 98% it is also reported that women also experience physical abuse, verbal abuse, stigma, neglect, threats, discrimination based on certain characteristics, detainments, lack of privacy, bribery and lack of essential supplies at health facilities. In Tanzania and Nigeria women's disrespect and abuse reported 19% and 98% respectively, Heshima project of Kenya reported that 1 of 5 women feel humiliated and 9 of 10 women are not treated respectfully by health care providers, in the same manner, Ethiopia reported 49% of disrespect and ill-treatment by health care providers in hospitals in maternity stage. Comparative discoveries have been detailed from nations such as Iran, Italy, Tanzania, Ghana, Canada, Norway, Brazil, Sweden, Australia, Japan, etc. respectful maternity care is the most neglected topic across the globe.<sup>9</sup>

Various published studies on disrespect and abuse during pregnancy and childbirth in India were included in this study. The result of the study revealed that the prevalence of disrespectful maternity in the individual study ranged from 20.9% to 100% and the overall pooled prevalence was 71.31% (95% CI 39.84- 102.78). the result of community-based studies prevalence was 77.32 (95% CI 56.71 – 97.93) higher than the studies conducted in health facilities i.e., 65.38% (95% CI 15.76 – 115.01)<sup>13</sup>. The most frequently reported form of ill-treatment was non-consent (49.84%), verbal abuse (25.75%), threats (23.25%), physical abuse (16.96%), and discrimination (14.79%).<sup>6</sup>

The WHO-led study conducted in four countries in Ghana, Guinea, Myanmar, and Nigeria, concluded that around 42% of the mother in the report said they experienced verbal or physical abuse or discrimination during childbirth in health centers, with some of the women being pinched, slapped, shouted at, punched, mocked, or forcibly held down. Records of verbal and physical abuse peaked 30 minutes before birth until 15 minutes after birth and 13% of CS and 78% of episiotomy were performed often without painkillers and consent.<sup>19</sup>

An integrative review was done to find out the evidence of obstetrics violence in India. Seven categories of mistreatment outlines were used to analyze the study. The study revealed in India obstetric violence is associated with socioeconomic factors with women of lower social standing experiencing greater levels of mistreatment <sup>27</sup> Especially in countries like India. A survey showed under-reporting of disrespectful and abusive behaviour by women who delivered at public health care. While 9.1% of women self-reported mistreatment during delivery, directly observed data was 22.4%. another study was done in



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Varanasi – a district in the northern state of Uttar Pradesh in India. This state has one of the peak maternal mortality ratios (201 maternal deaths per 100,000 live births) and institutional delivery rates (68%) in India.<sup>[10]</sup> Research in India shows that most women experience some degree of disrespect and abuse when giving birth, especially in states like Bihar, where more than 70% of women give birth in hospital.

### MATERIALS AND METHODS:

This was a One group pre-test, post-test design carried out to evaluate the effectiveness of a structured teaching program on Respectful maternity care among staff nurses working in a maternity ward of Koshy Multi speciality hospital and JMJ hospital Bangalore. After obtaining administrative, institutional ethical committee permission and informed written consent the nurses who were working in the maternity ward were recruited for the study.

A total of 60 nurses who were working in maternity ward were taken for the study using Purposive sampling technique. The sample size was based on pilot study. Participants were taken from Koshys multi speciality hospital, Ramamurthy nagar and JMJ hospital, Nagawara Bangalore. The self- administered structured knowledge questionnaire was given to conduct the pre-test.After collecting data, STP was administered on the same day. Post test was conducted using the same structured knowledge questionnaire after 7<sup>th</sup> day of pre-test.

The Inclusion criteria for the following study were nurses who are

- Willing to participate in the study
- Available at the time of data collection
- Able to understand English and Kannada
- Working in a maternity unit.

The sampling technique used in this study was non-probability, purposive sampling technique.

A structured knowledge questionnaire was developed by the investigator to assess the knowledge of the nurses regarding Respectful maternity care. The tool was developed after an extensive review of the literature of relevant topics and discussion with experts and based

on the experience of the investigator. The tool consists of section A: socio demographic variable & Section B: Structured questionnaire.

**Section A**: seeks information on demographic variables of the nurses working in maternity wards of selected hospital, Bangalore. The demographic variable are age, Education, marital status, Religion, income, total years of experience and present working area.

**Section B:** It has thirty multiple choice questionnaires regarding RMC with total of 30 scores. Further, it is divided into Meaning and goals, need and benefit of RMC, principles and ethics, knowledge related to respect for childbearing women, domains of RMC, knowledge related to rights of childbearing women.

The scores are graded such as each item has 4 options in multiple choice question with one correct answer with a score of one. Thus, the total score is 30. The scores varied from 1 - 30. The scores are Good knowledge which ranges from 21-30, average knowledge ranges from 11-20, poor knowledge ranges from 0-10.

### **RESULTS:**

### Socio demographic variables

Among 60 samples, majority of them (34) 56.7% were at the age group of 22-27 years and only (3)5%



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were aged of 34-39. with regard to education majority of the samples (36)60% were GNM, (7)11.7% were ANM, (17)28.3% were Bsc N. With regard to Marital status majority of nurses 28(46.7%) were Married, 27(45%) were unmarried and remaining 5(8.3) were widow. With regards to religion majority of the sample 32(53.3%) were Hindus, 5(8.3%) were Muslim and 23(38.3%) were Christian. With regards to income majority of sample 49(81.7%) were receiving less than 20,000/month and 11(18.3%) were receiving 20,000-30,000/month. With regards to Total years of experience majority of nurse 32(53.3%) were having 2-3 years, and 6(10%) were having above 6 years of experience. With regards to years of experience in LR majority of samples 23(38.3%) were having 2-5 years and 37(61.7) were having 0-1 years of experience. With regards to present area of working majority were 22(36.7) were in labor ward, 15(25%) were in antennal ward, 19(31.7%) were in postnatal ward and 4(6.7%) were in gynae OPD.

### Frequency and percentage of pre-test knowledge regarding Respectful maternity care.

In the pre-test knowledge score, majority of nurses 42(70%) had average knowledge, 16 (26%) of respondents had poor knowledge and 42(70%) had average knowledge.

### Frequency and percentage of post-test knowledge regarding Respectful maternity care

In the post-test knowledge score 0% are having poor knowledge, 88.33% having average knowledge and 11.66% are having good knowledge.

### Effectiveness of structured teaching programme regarding RMC

In order to test the effectiveness a paired 't' test was computed. The obtained 't' value (4.804) was found to be greater than table value P<0.05 level of significance. This shows that there was a significant improvement in the knowledge score of staff nurses regarding respectful maternity care after structured teaching programme. Hence, null hypothesis was rejected and research hypothesis was accepted i.e, there will be a significant difference in the level of knowledge regarding respectful maternity care among nurses before and after the structured teaching program.

### Association between the pre-test level of knowledge with selected demographic variables.

In order to test the association a chi square test was done. The obtained ' $x^2$ ' value of all demographic variable was found to be lesser than tabulated value at 0.05 level of significance. Hence, accepted null hypothesis and infer that there will be no significant association of pre-test knowledge of nurses regarding respectful maternity care with their selected socio-demographic variable.

Table 1 - Frequency and percentage distribution of nurses with their selected demographic					
	variables.				
N=60					

Table 1 - Frequency and nercentage distribution of nurses with their selected demographic

SL. NO	VARIABLES	FREQUENCY	PERCENTAGE	
		( <b>f</b> )	(%)	
1	Age in years			
	22-27	34	56.7%	
	28-33	15	25%	
	34-39	3	5%	



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	Above 39	8	13.3%
2	Education qualification		
	ANM	7	11.7%
	GNM	36	60%
	BSC(N)	17	28.3%
	MSC(N)	0	0
3	Marital status		
	Unmarried	27	45%
	Married	28	46.7%
	Widow	5	8.3
	Divorced/separated	0	0
4	Religion		
	Hindu	32	53.3%
	Muslim	5	8.3%
	Christian	23	38.3%
	Other	0	0
5	Income		
	Less than 20000	49	81.7%
	20,000-30,000	11	18.3%
	30,000-40,000		
	More than 50,000		
6	Total years of experience		
	0-1 year	4	6.7%
	2-3 years	32	53.3%
	4-5 years	18	30%
	6 years or above	6	10%
7	Years of experience in LR		
	0-1 year	37	61.7%
	2-5 years	23	38.3%
	5-10 years	0	0
	>10 years	0	0
8	Present Working area		
	Antenatal ward	15	25%
	Labor ward	22	36.7%
	Postnatal ward	19	31.7%
	Gynae OPD	4	6.7%

# <u>TABLE 2:</u> Frequency, percentage, mean and SD of pre-test knowledge regarding Respectful maternity care.

N=00
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Knowledge	Range	Frequency	%	Mean	SD
Good knowledge	21-30	2	3.4		



Average knowledge	11-20	42	70	12.42	5.195
Poor knowledge	1-10	16	26.6		

## <u>TABLE 3:</u> Frequency and percentage, mean and SD of post-test knowledge regarding Respectful maternity care.

Knowledge	Range	Frequency	%	Mean	SD
Good knowledge	21-30	7	11.66		
				15.83	4.64
Average knowledge	11-20	53	88.33		
Poor knowledge	1-10	0			

## TABLE 4: Effectiveness of structured teaching programme regarding RMC using paired t-test N= 60

Variable	Mean	Df	t value	p- value
Pre-test	12.42			
Post test	15.83	59	4.804**	.0001

\*\* - p=0.0001 (df=59)

## TABLE 5: Association of pre-test level of knowledge on RMC among nurses with their selected socio-demographic variables.

SL NO	SOCIO PRE-TEST DEMOGRAPHIC			CHI SQUARE
	VARIABLES	FREQUENCY	Percentage	_
1	Age in years			
	22-27 yrs	34	56.7	
	28-33 yrs	15	25	0.249
	34-39 yrs	3	5	( df=3, NS)
	>39 yrs	8	13.3	
2	Education			
	ANM	7	11.7	
	GNM	36	60	0.422,
	Bsc N	17	28.3	(df=3, NS)
	Msc N	0	0	
	Married	28	46.7	0.154,
	Widow	5	8.3	(df= 3, NS)
	Divorced	0	0	
4	Religion			
	Hindu	32	53.3	
	Muslim	5	8.3	0.566
	Christian	23	38.3	(df= 3, NS)
	Other	0	0	



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5	Income			
	Less than 20,000	49	81.7	
	20,000-30,000	11	18.3	0.647,
	30,000-40,000	0	0	(df=3, NS)
	More than 50,000	0	0	
6	Total years of			
	experience			
	0-1 yrs	4	6.7	0.085,
	2-3 yrs	32	53.3	(df=3, NS)
	4-5 yrs	18	30	
	6 years or above	6	10	
7	Years experience in			
	LR			
	0-3 yrs	37	61.7	0.734,
	4-6 yrs	23	38.3	(df=3, NS)
	7-9 yrs	0	0	
	>10 year	0	0	
8	Present area of			
	working			
	Antenatal ward	15	25	0.653
	Postnatal ward	22	36.7	(df=3, NS)
	Labor ward	19	31.7	
	Gynae OPD	4	6.7	7

NS= Not significant at P ≤0.05

### **Discussion:**

### Description of demographic variables under study

Percentage distribution with regard to age, 34(56.7) were 22-27 years of age, 15(25%) were 28-33 years of age, 3(5%) were 34-39 and 8(13.3%) were above 39 years of age. With regard to education qualification 0f the nurses reveals that 7(11.7) were ANM, 36(60%) were GNM, 17(28.3%) were BSc N and 0% were MSc N.

With regards to Marital status majority of nurses 28(46.7%) were married, 27(45%) were unmarried and 5(8.3%) were widow. With regards to Religion, majority of nurses were Hindu i.e., 32(53.3%), Muslim 5(8.3%) and 23(38.3) were Christian.

Distribution of subjects with reference to income, majority of the nurses 49(81.7%) were belongs to receiving a income of less than 20,000/month. Remaining 11(18.3%) of subjects had an income between 20,000-30,000/month. With regard to total years of experience of nurses, 4(6.7%) were having 0-1 year of experience, 32(53.3%) were having 2-3 years of experience, 18(30%) were having 4-5 years of experience and 6(10%) were having 6 or above years of experience.

Distribution of samples with regards to years of experience in labor room, 37(61.7%) had 0-1 year of experience and 23(38.3%) had 2-5 years of experience. With regard to present working area of samples,



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15(25%) were antenatal ward, 22(36.7%) were labor ward, 19(31.7%) were postnatal ward and 4(6.7) were Gynae OPD.

This study is similar to the findings of the study to assess the knowledge of respectful maternity care among nurse midwives in referral hospitals of Bhutan. The results show that The Providers had an average age of 28 years and had 4 years of experience performing births. Most providers have diploma education (69%), while only 1 in 5 have a graduate degree (17%). over half (54%) of female nurses were trained in India, while most of the remainder were trained in Bhutan. Four in five providers (80%) responded that they had not had professional development opportunities related to midwifery.

### Analysis of pre-test knowledge scores of the nurses.

Analysis of pre-test knowledge score of nurses revealed that majority of subjects 42(70%) has average knowledge, 2(3.4%) has good knowledge and 16(26.6%) has poor knowledge with mean of 12.42 and standard deviation 5.195.

The result is similar to the study conducted in Meerut, Uttar Pradesh to assess the knowledge of respectful maternity care among health care workers. The study result revealed that out of 30 health care workers 15(50%) had moderate knowledge, 12(40%) had adequate knowledge and 3(10%) had inadequate knowledge regarding Respectful maternity care.

#### Analysis of Post-test knowledge scores of postnatal mothers

Analysis of the post-test score of nurses revealed that majority 53(88.33) had average knowledge, 7(11.66) had good knowledge and 0% had poor knowledge with mean of 15.83 and standard deviation 4.64.

The result is similar to the study to assess the effectiveness of midwife-led respectful maternity care education program among staff nurses. The study was conducted at maternity tertiary care hospital, Chennai among 30 staff nurses. In post-test staff nurses' knowledge increased from an average of 8.20 at pre-test to 12.77 at post-test.

### Evaluation of the effectiveness of the structured teaching programmed.

The finding revealed that the means post-test scores (15.83%) is higher than that of mean pre-test scores (12.42%). Hence, it is apparently clear that there is considerable gain in the knowledge of nurses regarding respectful maternity care.

The result is similar to the study to evaluate the effectiveness of structured teaching programs on knowledge regarding respectful maternity care among staff nurses at Gonda. The study was conducted among 30 samples. The overall pre-test and post-test score was found with 't' value was 14.18 at 0.001 level of significance. Thus, it was statistically interpreted that the structured teaching programme was effective in improving the knowledge of staff nurses regarding respectful maternity care.

### Association between the pre-test level of knowledge with selected demographic variables.

The finding of the study is supported "Knowledge between pre-test and post-test shows that no significant association was found between the level of knowledge related to Age, Education qualification, Marital status, Income, Total years of experience, years of experience in labor room and present working area. Hence, hypothesis for demographic variables is rejected.



The result is similar to the study conducted in Bangalore, Karnataka to assess the knowledge on respectful maternity care among nurses working in labor room. A total of 69 samples were selected for the study. The study results showed that there was no significant association between respectful maternity care and specified socio-demographic variables such as age (p = 0.696), educational status (p = 0.185), designation (p = 0.947), marital status (p = 0.952), total years of experience (p=0.276) and total years of experience in the birth unit (p=0.549)

### **Conclusion:**

The study was conducted among 60 nurses working in maternity ward of selected hospitals in Bangalore to assess the effectiveness of structured teaching programme on Respectful maternity care and the researcher concluded that nurses have inadequate knowledge on respectful maternity care during pretest. The Structured teaching programme is effectively improving the level of knowledge on respectful maternity care. After the intervention 0% of nurses had poor knowledge. Result of the study shows that education programme can help to enhance the level of knowledge on respectful maternity care.

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### Recommendations

In the light of the findings of the present study the researcher puts forward the following recommendations for conducting further research.

- Similar study can be done on other health care personal working in maternity units
- Similar study can be replicated on large sample
- A comparative study can be done on mother's experiencing RMC in the Private and Government birthing facilities.
- Different teaching intervention can be use to compare the effectiveness of respectful maternity care.

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