SHORT ARTICLE

Experiences regarding Respectful Maternity Care amongst women living in two Block PHC areas of Assam

Chandana Thaosen, Tulika Goswami Mahanta, Manas Jyoti Kotoky, Hiranya Saikia, Gourangie Gogoi

Department of Community Medicine, Assam Medical College and Hospital, Borbari, Dibrugarh, Assam

CORRESPONDING AUTHOR

Dr Chandana Thaosen, Department of Community Medicine, Assam Medical College and Hospital, Dibrugarh, Assam 786002

Email: chanthaosen123@gmail.com

CITATION

Thaosen C, Mahanta GT, Kotoky MJ,, Saikia H, Gogoi G. Experiences regarding Respectful Maternity Care amongst women living in two Block PHC areas of Assam. Indian J Comm Health. 2025;37(1):161-165.

https://doi.org/10.47203/IJCH.2025.v37i01.027

ARTICLE CYCLE

Received: 30/05/2024; Accepted: 17/02/2025; Published: 28/02/2025

ABSTRACT

Background: High-quality maternity care goes hand-in-hand with respectful treatment, protects women's basic human rights during childbirth. Respectful care during childbirth embraces principles of ethics and honours women's dignity, empowers to make informed choices during childbirth. **Aim & Objective:** To assess the experiences regarding Respectful Maternity Care (RMC) amongst women living in two Block PHC areas of Assam.**Methods and Material:** This community-based cross-sectional study was conducted in two block PHC areas of two districts of Assam from December 2023 to March 2024. Using multi-stage sampling technique, 300 participants were included and interviewed house-to-house using pre-designed proforma containing seven major domains of RMC Charter. **Statistical analysis used:** Data analysed in SPSS v25 and descriptive statistics, including mean and standard deviations (SD) for continuous variables and proportions for categorical variables, were used. **Results:** While over three-fourths of participants received RMC, every participant reported experiencing minimum one form of disrespect during maternity care at facility. Non-confidential care and detention in health facility were the most and least common experienced form of mistreatment respectively (mean score 0.26 and 2 respectively). Teenage pregnancy (3%) seen in this study. **Conclusion:** Over three-fourths of women reported receiving RMC and non-confidential care was most commonly reported form of mistreatment.

KEYWORDS

Respectful Maternity Care, Experiences, Non-Consented Care, Maternal Care.

INTRODUCTION

Pregnancy and childbirth are significant yet vulnerable life events for women. Women's experiences with maternity caregivers can either be empowering or cause lasting mental trauma.(1) Disrespect and abuse during childbirth in facilities is a worldwide issue and often primary deterrent to seeking care.(2, 3) Incentives for women to use childbirth facilities in India have led to a significant rise in institutional delivery rates, from 78.9% to 88.6%.(4) Alongside this trend, many women still face disrespect, abuse, or neglect in healthcare settings during childbirth. Keeping this in mind, for advocating Respectful Maternity Care (RMC), the White Ribbon Alliance developed RMC Charter (2011), outlining rights-based approach to maternity care.(5)

In India, Ministry of Health and Family Welfare (MoHFW) introduced initiatives like LaQshya and SUMAN, to enhance quality of care and ensure respectful, dignified childbirth.(6) Assam's maternal mortality ratio (MMR) exceeds the national average(7) and an estimate of the extent to which RMC is practised in Assam's health facilities of Assam remains elusive. Women with their firsthand experience with maternal caregivers are best positioned to judge whether they received

respectful and dignified care. Hence this study was undertaken to assess experiences regarding RMC amongst women living in two block PHC areas of Assam.

Aim & Objective: To assess the experiences regarding Respectful Maternity Care (RMC) amongst women living in two Block PHC areas of Assam.

MATERIAL & METHODS

Study type, settings and duration: This community-based cross-sectional study was carried out in two districts of Assam from December 2023 to March 2024.

Study population: Women who gave birth vaginally in a public health facility in preceding six weeks were included in the study. Non-consenting participants or those who were not in a state to participate due to illness, or adverse obstetric outcomes were excluded from the study.

Sample size: The sample size (n) was calculated using Cochran's formula:

$$n = \frac{Z^2 pq}{e^2}$$

considering relative error of 15%, confidence interval of 95%, non-response rate of 10% and Design Effect of 2. Based on an estimated prevalence of 57% for respectful and abuse-free maternity care,(8) the sample size was calculated to be 284 and rounded off to 300.

Sampling Design: Multi-stage sampling technique was used for this study. Two districts, Dibrugarh and Dima Hasao, were selected in the first stage. In the second stage, Lahowal block (plain) was selected out of six health blocks in Dibrugarh, while Gunjung block (hill) selected out of three health blocks in Dima Hasao. Using proportionate stratified sampling, 200 lactating mothers were covered from Lahowal and 100 lactating mothers from Gunjung. In the third stage, number of subcentres required to achieve the sample size was estimated. Considering minimum lactating women in any subcentre as 10, 20 subcentres were selected using computerised random number from the list of 35 subcentres in Lahowal. Similarly, in Gunjung, 10 subcentres out of 18 were selected, thus achieving the sample size of 300 (200 and 100 in Lahowal and Gunjung respectively).

Ethical considerations: Ethical approval obtained from ethics review board of Assam Medical College, Dibrugarh. Written informed consent obtained from each participant and absolute privacy, confidentiality and anonymity were maintained.

Data collection method and tool: Study participants were interviewed using a predesigned and pretested proforma at household level. Proforma consisted of three parts, i.e., sociodemographic profile, obstetric characteristics and questions based on seven domains of the RMC Charter – "physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination based on personal attributes, abandonment/denial of care and detention in a facility"(9).

For RMC, items in each domain were scored as 2 for 'yes' and 0 for 'no', with reverse scoring applied to negative indicators (e.g., 'Were you asked for bribe?' where 'yes' scored 0 and 'no' scored 2). The overall mean score for each domain (plain and hill) was calculated, with a maximum score of 2, where higher score indicated better quality of RMC experience. To assess overall RMC, total scores were calculated for each participant, classifying those with scores above 50% as "experienced RMC" and below 50% as "not experienced RMC".(10)

Data Analysis: Data analysed in SPSS v25 and descriptive statistics, such as mean, standard deviations (SD) and proportions used for continuous and categorical variables respectively.

RESULTS

All selected participants responded in the study, with a mean age of 25.6 ± 3.7 years (25.4 ± 3.5 years in the plain and 25.9 ± 4.1 years in the hill). Most participants were Hindu, unemployed, from joint families, and had class III socio-economic status according to Modified B.G. Prasad classification (2024). The mean age at first pregnancy was 22.2 ± 2.7 years, and 67% were multiparous. Nearly all (99.7%) visited a health facility for ANC, with 95.7% having at least 4 follow-up visits. One participant from the plain, who was unmarried and PLHIV, had not attended any ANC visits. Most women (84.7%) stayed in the facility for at least 48 hours as per National Health Mission guidelines, while 14.5% (29) from the plain and 17% (17) from the hill opted for early postpartum discharge. Teenage pregnancy (3%) was also seen in this study.

The table 1 provides insights into experiences regarding RMC reported by women. Most participants, 64.7% (194), responded that no physical force/abrasive behaviour like pushing, pinching, or slapping in thighs was meted out to them by the health care providers (HCPs) during childbirth. Majority (94.7%) were not allowed birth companions inside labour room and none were allowed or informed to choose birthing position. Majority, 89.7% (259) stated that no permission or verbal consent was obtained by the HCPs before conducting procedures on them and 85.3% participants stated that procedures were not explained before being conducted. Almost all participants (99%) perceived that their doubts were answered politely by HCPs. Overall 297 (99%)

participants, [200 (100%) from plain and 97 (97%) from hill] reported that no privacy like curtains etc was provided in the wards during pelvic examinations, while only 75 (25%), [21 (10.5%) in plain and 54 (54%) in hill] responded that privacy was maintained in the labour room during delivery. Overall, 58 (19%) participants stated there were demands for informal payments/bribe during their stay at the facility. Only 29% participants [26.5% (plain) and 34% (hill)] perceived that cleanliness and hygiene was maintained in hospital toilets with working taps, flushes etc. Overall, 92% (276) participants stated that they did not face any discrimination based on personal attributes, however, 14% (14) participants from hill perceived that they faced discrimination during delivery. In abandonment/denial of care domain, overall 25.7% (77) participants, [23% (plain) and 31% (hill)] perceived that they were made to wait for long before being attended after admission while 94.7% perceived that the staff responded quickly when help was required. In the final domain of RMC, none of the participants reported that they were detained in the hospital without any valid reasons.

Figure 1 shows overall, majority of participants, 88.3% (265), experienced RMC (scored >50%) however, all participants reported experiencing at least one form of mistreatment while receiving maternity care.

Figure 2 shows that among the domains, non-confidential care and detention in health facility were the most and least commonly experienced forms of mistreatment respectively (mean score 0.26 and 2 respectively).

Table 1: Experiences of women in domains of RMC

	Domain		Categories		
1	**Physical Abuse**		**Overall**	**Plain**	**Hill**
1*	Physical force/abusive behaviour (including pushing, pinching or slapping in thighs) during delivery	Yes	106 (35.3%)	76 (38.0%)	30 (30.0%)
		No	194 (64.7%)	124 (62.0%)	70 (70.0%)
2*	Prohibited/refrained from drinking water during delivery	Yes	14 (4.7%)	13 (6.5%)	1 (1.0%)
		No	286 (95.3%)	187 (93.5%)	99 (99.0%)
2	**Non-consented care**		**Overall**	**Plain**	**Hill**
1	Allowed birth companion in labour room	Yes	16 (5.3%)	11 (5.5%)	5 (5.0%)
		No	284 (94.7%)	189 (94.5%)	95 (95.0%)
2	Allowed to choose birthing position	Yes	0	0	0
		No	300 (100%)	200 (100%)	100 (100%)
3	Permission taken by the staff before conducting procedures, examinations	Yes	31 (10.3%)	3 (1.5%)	28 (28.0%)
		No	269 (89.7%)	197 (98.5%)	72 (72.0%)
4	Procedures explained by the staff before conducting them	Yes	44 (14.7%)	26 (13.0%)	18 (18.0%)
		No	256 (85.3%)	174 (87.0%)	82 (82.0%)
5	Answered doubts politely and clearly by the staff	Yes	297 (99.0%)	198 (99.0%)	99 (99.0%)
		No	3 (1.0%)	2 (1.0%)	1 (1.0%)
3	**Non-confidential care**		**Overall**	**Plain**	**Hill**
1	Privacy maintained in ward during pelvic examinations	Yes	3 (1.0%)	0 (0.0%)	3 (3.0%)
		No	297 (99.0%)	200 (100.0%)	97 (97.0%)
2	Privacy maintained between each bed in labour room during childbirth	Yes	75 (25.0%)	21 (10.5%)	54 (54.0%)
		No	225 (75.0%)	179 (89.5%)	46 (46.0%)
4	**Non-dignified care**		**Overall**	**Plain**	**Hill**
1	Toilets were clean and hygienic with working taps, flushes, disposal provisions	Yes	87 (29.0%)	53 (26.5%)	34 (34.0%)
		No	213 (71.0%)	147 (73.5%)	66 (66.0%)
2	Basic medical supplies provided free of cost	Yes	295 (98.3%)	200 (100.0%)	95 (95.0%)
		No	5 (1.7%)	0	5 (5.0%)
3	Asked for money/bribe at the facility	Yes	58 (19.3%)	37 (18.5%)	20 (20.0%)
		No	242 (80.7%)	163 (81.5%)	80 (80.0%)
4*	Told rudely not to shout or cry during childbirth (R)	Yes	41 (13.7%)	28 (14.0%)	13 (13.0%)
		No	259 (86.3%)	172 (86.0%)	87 (87.0%)
5	**Discrimination**		**Overall**	**Plain**	**Hill**
1*	Discriminated (based on personal attributes)	Yes	24 (8%)	10 (5%)	14 (14%)
		No	276 (92%)	190 (95%)	86 (86%)
6	**Abandonment/denial of care**		**Overall**	**Plain**	**Hill**

	Domain		Categories		
1*	Made to wait for long before being attended after admission	Yes	77 (25.7%)	46 (23.0%)	31 (31.0%)
		No	223 (74.3%)	154 (77.0%)	69 (69.0%)
2	Attended promptly by staffs whenever called for help	Yes	284 (94.7%)	195 (97.5%)	89 (89.0%)
		No	16 (5.3%)	5 (2.5%)	11 (11.0%)
7	**Detention in health facility**		**Overall**	**Plain**	**Hill**
1*	Detained in facility for unjustified reasons	No	300 (100%)	200 (100%)	100 (100%)

[Reverse scored items]*

Figure 1: Proportion of women according to whether they experienced overall RMC

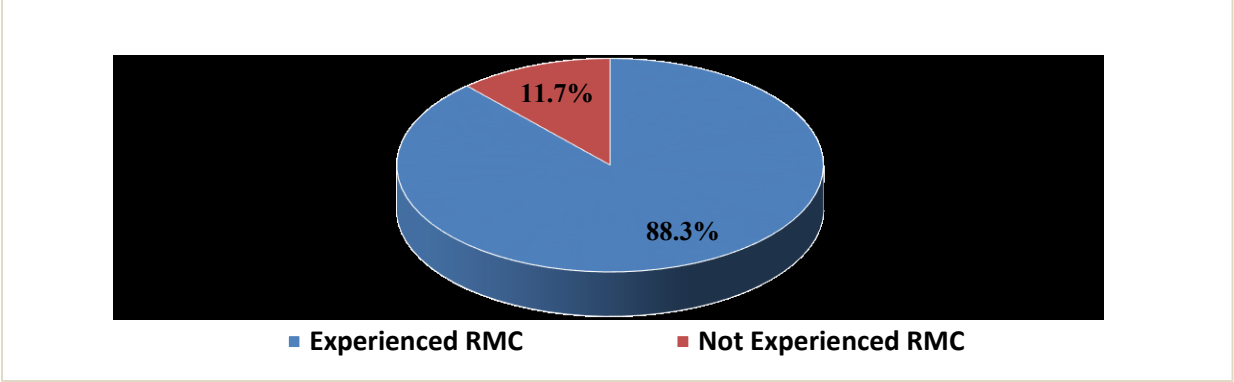
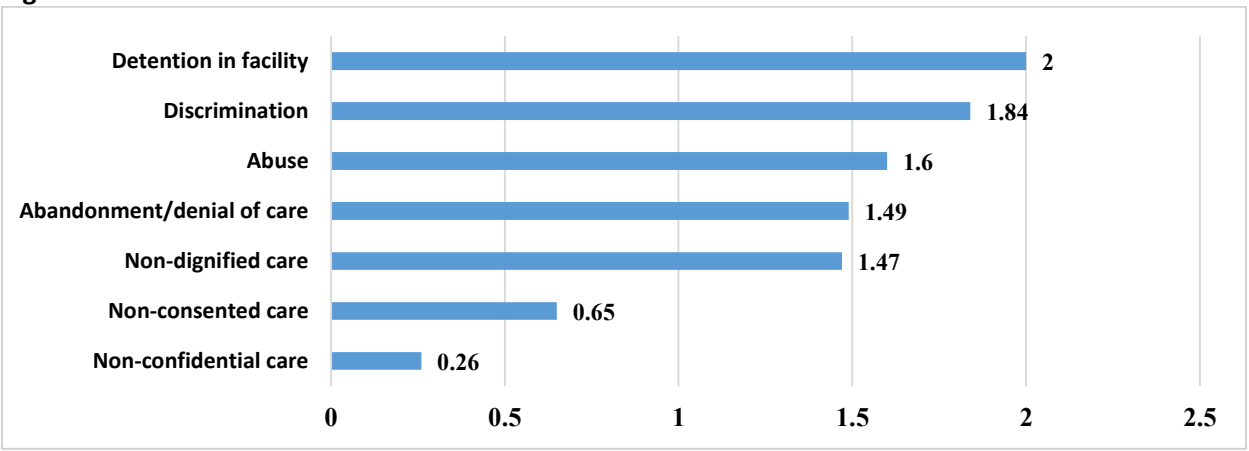


Figure 2: Mean scores of each domain of RMC



DISCUSSION

This study was conducted in a household setting, allowing participants to openly share their RMC experiences. Over three-fourths of participants reported experiencing RMC during childbirth, while 11.7% did not, which aligns with a study by Pathak B et al(10). All participants faced at least one form of disrespect or mistreatment, particularly during labor and delivery, highlighting the urgent need for better, empathetic service delivery.

Physical force and abrasive behavior, which negatively impact women and lead to traumatic birth experiences, were reported by 35.3% of participants, similar to findings by Okafor et al.(11). Addressing this issue requires improving healthcare team's adherence to good clinical practices.

The most common form of mistreatment in this study was non-confidential care, as also reported by Sharma et al.(12). Confidentiality is crucial in clinical practice, and healthcare teams must be trained in ethical patient care. No participants were unjustifiably detained at the facility, though a study by Nawab et al. in Uttar Pradesh reported 3.3% detention cases(13).

Early discharge (<48 hours) was observed, despite NHM guidelines recommending at least 48 hours stay after vaginal delivery without complications. Given Assam's high MMR, with postpartum hemorrhage as a key factor, raising awareness about the importance of a 48-hour stay is crucial for maternal and child well-being.

According to NHM and initiatives like the Janani Shishu Suraksha Karyakram (JSSK), pregnant

women are entitled to free services, including delivery, medications, and transportation.(14) However, 19.3% of participants reported being asked for bribes, which was lower than Lucknow.(15) This highlights the need for increased awareness of these schemes, greater transparency, and robust complaint mechanisms.

Conclusion

Initiatives for promoting RMC practices should be prioritized to enhance the quality of maternal care and need of the hour given the grave status of high maternal mortality in Assam. There is a need for long term, sustainable interventions for improvement of communication skill amongst HCPs for achieving RMC. Additionally, creation of an enabling environment and empowerment of client may improve the situation.

Recommendation

This study suggests need for multipronged approach to empower women to advocate for their autonomy in decision-making, strengthening grievance redressal mechanisms, increase accountability to ensure maternal care is provided with dignity and respect to expecting mothers.

Limitation of the Study

Responses were self-reported by 6-week postpartum women; hence some degree of recall bias may be expected. Future studies using mixed method design to know the reasons for disrespect and facility assessment, to know about the patient load and service providers perspectives may give more evidence.

Relevance of the Study

The study emphasizes the importance of empowering women's autonomy, and their decision-making power which can help develop interventions to ensure maternity care is provided with dignity and respect, which is highly relevant in the context Assam, given its high maternal mortality rate in the country.

Authors Contribution

All authors have contributed equally.

Financial Support and Sponsorship

Nil

Conflict of Interest

There are no conflicts of interest.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

References

1. Reed R, Sharman R, Inglis C. Women's descriptions of childbirth trauma relating to care provider actions and interactions. BMC Pregnancy and Childbirth. 2017 Jan 10;17(1):21.
2. Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis. Maternal Health Task Force. 2014. Available from: https://www.mhtf.org/ [Last accessed on 25 Feb 2025]
3. Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gülmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. Reprod Health. 2014 Sep 19;11(1):71.
4. NFHS-5 Phase-II.pdf. Available from: https://main.mohfw.gov.in/ [Last accessed on 25 Feb 2025].
5. WRARMC_Charter_FINAL.pdf. Available from: https://whiteribbonalliance.org/ [Last accessed on 25 Feb 2025]
6. Labour room & Quality Improvement Initiative National Health Mission. Available from: https://nhm.gov.in/ [Last accessed on 25 Feb 2025]
7. SRS - Maternal Mortality Bulletin. Government of India. Available from: https://censusindia.gov.in/ [Last accessed on 25 Feb 2025]
8. Wassihun B, Zeleke S. Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia. BMC Pregnancy and Childbirth. 2018 Jul 9;18(1):294.
9. Respectful Maternity Care: the universal rights of childbearing women. Available from: https://whiteribbonalliance.org/ [Last accessed on 25 Feb 2025]
10. Pathak P, Ghimire B. Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth. Obstetrics and Gynecology International. 2020 Jul 4;2020:e5142398.
11. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low-income country. Intl J Gynecology & Obste. 2015;128(2):110–3.
12. Sharma SK, Rathod PG, Tembhurne KB, Ukey UU, Narlawar UW. Status of Respectful Maternity Care Among Women Availing Delivery Services at a Tertiary Care Center in Central India: A Cross-Sectional Study. Cureus. 2022;14(7):e27115.
13. Nawab T, Erum U, Amir A, Khalique N, Ansari MA, Chauhan A. Disrespect and abuse during facility-based childbirth and its sociodemographic determinants – A barrier to healthcare utilization in rural population. J Family Med Prim Care. 2019;8(1):239–45.
14. Janani Shishu Suraksha Karyakaram (JSSK). National Health Mission. Available from: https://nhm.gov.in/ [Last accessed on 25 Feb 2025]
15. Diamond-Smith N, Treleaven E, Murthy N, Sudhinaraset M. Women's empowerment and experiences of mistreatment during childbirth in facilities in Lucknow, India: results from a cross-sectional study. BMC Pregnancy Childbirth. 2017;17(Suppl 2):335.

