ORIGINAL ARTICLE

Autonomy and Respect among Postnatal Mothers during Maternity Care in Tertiary Level Hospital

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ABSTRACT

Introduction: Lack of respectful maternity care act as more powerful deterrents to skilled birth care utilization than other more commonly recognized deterrents such as geographic and financial obstacles. Ensuring high level of respectful maternity care encourage the women to utilize facility-based care, which is essential for improving maternal and neonatal health. Thus, the objective of the study is to find out autonomy and respect during maternity care among the postnatal mothers in a tertiary level hospital.

Methods: A descriptive cross-sectional study was conducted among 214 postnatal mothers receiving child birth services from the facility were selected by using non-probability purposive sampling technique. Analysis of data was done by using descriptive statistics (number, percentage, mean, standard deviation) and chi-square test was used for association between autonomy and respect and selected socio-demographic variables.

Results: The study result indicated that (74.8%) of the respondents had high level of autonomy. Similarly, (71%) of the respondents reported that they experience high level of respect. A significant association was present between autonomy of postnatal mothers with caste (p=.027) and parity (p=.005) and a significant association was present between respect of postnatal mothers with type of delivery is with p value (.001).

Conclusion: Level of autonomy and respect tends to be high among postnatal mothers during maternity care and is associated with caste, parity and type of delivery. Continuous professional development programme for all cadres of health personnel should be conducted in respectful maternity care of maternity ward.

Keywords: Autonomy, Respect, Postnatal mothers

INTRODUCTION

Lack of respectful maternity careis considered as a violation of fundamental human rights.[1-3] Generally, concept of safe motherhood is restricted to the physical safety, it should be expanded beyond the prevention of morbidity and mortality.[4] According to WHO respect and autonomy during maternity care are essential for positive maternity experiences.[5-6] In 2010, a landscape report by Browser and Hill describe seven categories of disrespect and abuse during childbirth.[7] The White Ribbon Alliance led a multi-sectoral collaboration which produce a consensus document the Respectful Maternity Care Charter: The Universal Rights of Childbearing Women.[8]

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MATERIALS AND METHODS

A descriptive cross-sectional study design based on quantitative approach was used to find out women's autonomy and respect on during maternity care.

The setting of the study was maternity ward of the Tribhuvan University Teaching Hospital (TUTH) Kathmandu. Non probability purposive sampling techniques was used for the selection of the 214 postnatal mothers meeting the inclusion criteria. All postnatal mothers who had given live birth of their babies irrespective of the mode of delivery were included in the study. A structured interview schedule was developed by researcher based on the objectives of the study. The reference was taken from extensive literature review and consultation with advisor. Reliability of translated Nepali tool in terms of internal consistency was computed Cronbach's alpha coefficient of 0.72. Pretesting was done in the final Nepali version 10% (21 mothers) of the estimated study sample who met the inclusion criteria in similar setting to check for appropriateness and feasibility.

Ethical approval was taken from Research Committee of Maharajgunj Nursing Campus then from the Institutional Review Committee (IRC) of Tribhuvan University, Institution of Medicine (IOM). The interview method was adopted by the researcher herself using structured interview schedule once the discharge of the women is confirmed. Around 25- 30 minutes was taken to collect data from each respondent. As well as duration of the study was four weeks (September 2 to September 30).

The collected data were checked for completeness, edited, classified, coded and entered in Statistical Package for Social Sciences (SPSS) software version 16 for further analysis. Data were analyzed on the basis of research objectives and research questions. Analysis was done by using descriptive and inferential statistics. Descriptive statistics i.e., number, percentage, mean, standard deviation was used to describe the demographic and obstetric variables. Non-parametric test, chi-square was used to assess the association between autonomy and respect of postnatal mothers and selected variables.

RESULTS

Table 1. Socio-demographic Characteristics of the Respondents (n=214)

Characteristics	Number	Percentage
Age group (in completed years)		
Up to 24 years	82	38.31
25 and more	132	61.68
Mean ± SD = 26.59 ± 4.69 Range 19- 40		
Place of residence		
Urban	97	45.30
Rural	117	54.70
Caste		
Dalit, disadvantaged groups, religious minority	43	20.10
Relatively advantaged janjati	51	23.80
Upper caste	120	56.10
		Religion
Hinduism	178	83.20
Others [a]	46	16.80
		Educational status
Cannot read and write	7	3.30
Able to read and write	207	96.70
		Type of delivery
Cesarean Section	95	44.40
Vaginal Delivery	119	55.60
Parity		
Multi	105	49.10
Primi	109	50.90

Others [a]: Islam, Buddhism, Christianity ,0thers[b]: students, foreign employee

Table 1 shows the characteristics of the respondents. Among the 214 postnatal mothers, two-thirds (61.68%) were in the 25 and older age group, and one-third (38.31%) were younger than 25 years. The mean age (SD) of the total respondents was 26.59 ± 4.69 years Regarding gender, all (100%) respondents

were female. Regarding the place of residence, more than half (54.7%) reside in rural areas, and the rest (45.3%) reside in urban areas. Regarding caste, more than half (56.1%) were from an upper caste group. Regarding caste, most respondents followed the Hindu religion (83.2%). Regarding educational status, almost all (96.7%) were literate. More than half of the respondents had a vaginal delivery (55.64 percent of postnatal mothers), two-thirds (61.68%) of them were in the 25 years and older age group, and one-third (38.31%) were younger than 25 years. Regarding the place of residence, more than half (54.7%) reside in rural areas, and the rest (45.3%) reside in urban areas. Regarding caste, more than half (56.1%) were from an upper caste group. Regarding caste, most respondents followed the Hindu religion (83.2%). Regarding educational status, almost all (96.7%) were literate. More than half of the respondents had a vaginal delivery (55.6%), and the rest had a cesarean section (44.4%). Regarding parity, almost half of the respondents were primigravida (50.9%).

Table 2. Descriptions related to Autonomy during Maternity Care (n=214)

Statement	Yes (%)
Information, Involvement and Consent	
Explained rational of giving medicine	121 (56.50)
Involvement in decision making	155 (72.40)
Permission before doing any procedure	158 (73.80)
Provided the care option that have chosen	172 (80.40)
Allowed to see newborn	204 (95.30)
Autonomy during Active Phase of Labor (n=119)	
Allowed to choose birth companion	46 (54.62)
Allowed to walk freely during labor pain	55 (46.62)
Allowed to change the position of choice	68 (57.15)
Informed about the progress of labor	93 (78.15)
Allowed to eat light food and drink in between	115 (96.70)
Autonomy in Caesarean Section Birth (n=95)	
Provided adequate information about progress	48 (50.52)
Obtained verbal consent while shaving for part preparation	63 (66.31)
Obtained verbal consent while catheterization	66 (69.48)
Provided adequate recovery instruction	69 (72.63)
Provided adequate information about the indication	91 (95.78)

Table 2 regards statements related to autonomy of respondents during maternity care. Almost (95.3) of all respondents reported that they were allowed to see their newborn immediate after birth. Almost of all respondents (96.7%) reported that they were allowed to eat and drink light food during labor. Regarding cesarean birth most of them (95.78%) were informed about indication.

Table 3. Descriptions related to Respect during Maternity Care (n=214)

Statements	Yes (%)
Respect in Care	
Introduced by health personnel	16 (7.50)
Greet respectfully	23 (10.70)
Treat in a friendly manner	150 (70.10)
Treat politely	165 (77.10)
Call by name	171 (79.90)
Support anxiety and fear	173 (80.80)
Shown concern by visiting frequently	197 (92.10)
Help in breast feeding within one hour	198 (92.50)
Cultural preference respected	199 (93.00)
Respect in Privacy(n=214)	
Conversation is not hear by other	65 (30.40)
Kept health information confidential	118 (55.10)
Minimal exposure during birth	131 (61.210)
Respect and Abuses	
Physical Abuse	1 (0.50)
Verbal abuse	66 (30.80)
Respect during Normal Birth (n=119)	
Provide adequate non-pharmacological pain relief measures	54 (45.30)
Provide close attention during labor	10 (84.80)

Respect during Cesarean Birth (n=95)	
Provide close attention in recovery area	82 (86.30)
Provide adequate pain relief medication after cesarean birth	87 (91.50)

Table 3 presents statements regarding respect experienced during maternity care. Respondents reported that very few respondents (10.7%) were greeted respectfully and very few service providers (7.5%) introduced themselves on first contact. Almost all respondents (92.5%) said the provider helped them breastfeed within an hour (92.5%) and most (93%) their cultural preferences are all respected. Nearly a third of respondents reported being verbally abused (30.8%) and a small number (0.5%) reported having experienced physical abuse. The majority of respondents said that service providers are interested in frequent visits (92.1%).

Table 4. Association between Autonomy and Socio-demographic Characteristics (n=214)

Variables	Level of autonomy		χ2	P value
	High (%)	Low (%)		
Age group				
Upto 24 years	59 (72.00)	23 (28.00)	0.055	0.814
25 and more	93 (70.50)	39 (29.50)		
Place of residence				
Rural	79 (67.50)	38 (32.50)	1.542	0.214
Urban	73 (75.30)	24 (24.70)		
Religion				
Hindu	134 (75.30)	44 (24.70)	0.400	0.527
Others	26 (72.20)	10 (27.80)		
Caste				
Dalit and disadvantage group	22 (51.20)	21 (48.80)	10.746	0.005*
Advantage janajati	37 (72.50)	14 (27.50)		
Upper caste	93 (77.50)	27 (22.50)		
Literacy Status				
Cannot read and write	3 (42.90)	4 (57.10)	2.208	0.697
Able to read and write	149 (72.00)	58 (28.00)		

**p value significant at ≤ 0.05*

Table 8 shows the association between socio-demographic variables and level of autonomy. There was association found level of autonomy and caste with p value 0.005.

Table 5. Association between Autonomy and Obstetric Characteristics (n=214)

Variables	Level of autonomy		χ2	p value
	High (%)	Low (%)		
Type of delivery				
Vaginal Delivery	81 (68.1)	38(31.9)	1.142	0.285
Cesarean Section	71 (74.7)	24 (25.3)		
Parity				
Primi	81 (74.3)	28 (25.7)	1.164	0.001
Multi	71 (67.6)	34 (32.4)		

p value significant at ≤ 0.05

Table 8 shows the association between level of autonomy and obstetric variables (type of delivery and parity). There was association found with level of autonomy and parity with p value .001.

Table 6. Association between Respect and Obstetric Characteristics (n=214)

Variables	Level of Respect		χ2	p value
	High (%)	Low (%)		
Type of delivery				
Vaginal Delivery	82 (68.90)	37 (31.10)	4.877	0.027*
Cesarean Section	78 (82.10)	17 (17.90)		
Parity				

Primi	83 (76.10)	26 (23.90)	0.224	0.636
Multi	77 (73.30)	28 (26.70)		

**p value significant at ≤ 0.05*

Table 8 shows the association between obstetric characteristics (type of delivery, parity) and level of respect. There was association found with vaginal delivery and level of respect and p value is 0.005.

DISCUSSION

In this study, (73.8%) of respondents reported that provider, ask permission before doing any procedure. This indicates autonomy of the postnatal mother in the variable's information, involvement and consent was high. In contrast, a study of Addis, Ababa (52%) of women were asked for their consent or permission prior to any procedure.[9] It might be because of different settings. The study findings showed that (95.3%) of the respondents reported that they were allowed to see their newborn immediately after birth. This signifies a high level of autonomy. Similarly, study of Uttar Pradesh, India showed that (95.7%) respondents are allowed to see the newborn as soon as possible after birth.[10] It might be because that childbirth is considered a welcoming event and respondents and their families are more willing to see their newborn as soon as possible.

Regarding autonomy during vaginal birth, (46.62%) respondents who had vaginal birth reported that they were allowed to walk freely during labor. In contrast, study of Ethiopia showed more than two third (69%) women were encouraged to walk.[11] The study findings showed that (54.62%) of the respondents were allowed to choose a birth companion. In contrast, a study in India, Uttar Pradesh showed that only (19.6%) respondents are not allowed a companion during childbirth.[10] The study findings showed that (96.7%) of respondents reported that they were allowed to eat and drink light food during labor who had a vaginal delivery. This indicates a high level of respondent's autonomy during child birth. Similarly, study of Ethiopia (2015) showed that most of the respondents (83%) reported that they were allowed to take light food.[11] The results might be because of increased awareness among the public.

Regarding respect while providing care towards respondents, they reported (10.7%) were greeted respectfully and (7.5%) service provider introduced themselves upon first meeting. This showed very low levels of respect. In contrast, in a study of patient and provider determinants for receipt of three dimensions of respectful maternity care in Kigoma Region, Tanzania (2016) showed nearly all clients reported that they were greeted respectfully upon admission (96.3%), (45.6%) reported that the provider introduced themselves.[12] It might be because of patient overflow. Contradiction is because of different settings.

Regarding confidentiality and privacy, (69.6%) of the respondents reported that conversation was heard by another who is not involved in the care. This indicated that confidentiality of the respondents was not maintained. In contrast, a study in Ethiopia (2015) showed only few (17%) respondent reported privacy violated.[11] The study findings might be because the inadequate space in admission room, labour ward and maternity ward and overcrowded patient flow.

Regarding respect and abuses, the study findings showed that (30.8%) respondents reported verbal abuse and (0.5%) reported that other respondent reported physical abuse. This indicated some respondents are abused by the health care providers. Similar findings occurred in a study of Tanzania (2017) showed physical and emotional abuse was reported by very few respondents (1.3%) and (2.7%) respectively.[12]

Similarly, another study on Ethiopia (2015) showed that very few respondents reported physical abuse (9%) and verbal abuse (8%). Similarly, another study in a Pelotas Birth cohort (2017) showed very few of the respondents reported that their experiences physical abuse (4.5%) and verbal abuse (9.3%).[13] This might be because sometimes when a complication arises health care providers are more likely to exhibit disrespectful behavior to the respondents and the experience of complications lowers the respondent's overall perception of the delivery experience. Similar result might be because nowadays physical abuse and verbal abuse are considered extreme level of disrespectful behavior worldwide.

The study findings showed that (45.38%) of the respondents reported they were provided adequate non pharmacological pain relief methods. This indicated priority is not given to the comfort of the

respondents. Similarly, study of Tanzania showed (88.7) respondents reported that provider advised them about comfort measures.[12] The result might be because pain during labouris underestimated and not given priority for relieving measures.

CONCLUSION

The level of autonomy and respect tends to be high among postnatal mother during maternity care. Caste and parity are statistically significant with level of autonomy and type of delivery is statistically significant with respect.

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Declaration of conflicting interests

The authors declare that there is no conflict of interest.

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