



A Study to assess the application of the privacy component of respectful maternity care among postnatal mothers in selected maternity hospitals, Bangalore.

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ABSTRACT

Respectful maternity care is an approach to maternal health care that prioritizes women, autonomy, dignity, and well-being during pregnancy, childbirth, and postpartum. The descriptive study aims to assess the application of the privacy component of respectful maternity care among postnatal mothers in selected maternity hospitals, in Bangalore. The sample size was 65 postnatal mothers selected through simple random sampling. Data were collected through a structured questionnaire. The study's objectives included assessing the application of the privacy component of respectful maternity care among postnatal mothers and finding the association between the socio-demographic variables and the privacy component of Respectful maternity care among postnatal mothers. The findings revealed that 59.76% of mothers experienced severe inadequacies in the application of the privacy component of respectful maternity care, 44.61% reported moderate inadequacies in the application of the privacy component of respectful maternity care and only 4.61% experienced mild inadequacies in the application of privacy component of respectful maternity care. Addressing these gaps can significantly improve maternal satisfaction, foster a positive care experience, and uphold ethical standards in maternity care.

Introduction

Respectful maternity care (RMC) is a well-described rational approach for improving person-centered and equitable intrapartum and post-partum care.

Respectful maternity care is an attribute that permeates each word action thought and nonverbal communication involved in the care of women during pregnancy, childbirth, and postpartum.

Respectful maternity care encompasses physical, emotional, and psychological support; ensuring women receive compassionate and respectful care.

The key components of respectful maternity care are: -

Freedom from abuse and violence, consent, privacy, and confidentiality, dignity, and respect, communication and shared decision-making, safety, justice, access to family and community support high quality physical environment, provision of information.

Privacy is an important component of respectful maternity care, which is care that ensures women's dignity and confidentiality. Health facilities can provide privacy for women by using curtains (or) partitions and allowing women to choose their own support person.

Need For the Study:

Privacy is a crucial component of respectful maternity care (RMC), ensuring dignity, comfort, and trust for postnatal mothers. Lack of privacy can lead to distress, reduced patient satisfaction, and reluctance to seek future maternal healthcare. Studies show that maintaining privacy improves maternal well-being, enhances emotional recovery, and strengthens trust in healthcare providers. Moreover, ensuring privacy aligns with ethical and legal standards set by the WHO and national healthcare policies. This study is essential to assess current practices, identify gaps, and provide recommendations for improving privacy in postnatal care, ultimately enhancing the quality of maternity services.

Objectives of the Study

1. To assess the application of the privacy component among postnatal mothers.
2. To determine association between the socio-demographic variables with privacy component in respectful maternity care among postnatal mothers.

Hypotheses

H1: There will be a significant association between demographic variables and knowledge scores of postnatal mothers regarding respectful maternity care.

H2: There will not be a significant association between demographic variables and knowledge scores of postnatal mothers regarding respectful maternity care.

Assumption

- 1) Postnatal mothers have some knowledge regarding respectful maternity care.
- 2) Postnatal mothers are not getting privacy during labor.

Research Methodology**Research Approach**

A quantitative research approach is considered appropriate for the present study.

Research Design

A descriptive survey design was adopted for this study.

Variables

Privacy component on respectful maternity care

Demographical Variables

In this study, it refers to the name, age, education, religion, marital status, educational level of postnatal mother, occupation of postnatal mother, occupation of husband, type of family, monthly family income, parity, number of children, type of delivery, sources of information, history of any illness.

Setting of the study

The study was conducted in Victoria Hospital, Bangalore.

Sample size

Samples for the study were 65 postnatal mothers.

Sampling Technique

A simple random sampling technique was adopted to select the samples.

Sampling Criteria**Inclusion criteria**

Sample available during the period of data collection and who were willing to participate.

Exclusion criteria

1. Postnatal mothers who were not available during the period of data collection.
2. Postnatal mothers who are sick and having complications were not included in data collection.

Data collection tool

The data was collected through the self-administered structured questionnaire. It consists of 25 questionnaires. It was prepared to assess the application of the privacy component of respectful maternity care among postnatal mothers in Victoria Hospital, Bangalore.

The Tool Consists Of 3 Sections**Section -1**

It consisted of 15 socio-demographic variables which include Name, age, religion, marital status, educational level of postnatal mother, occupation of postnatal mother, occupation of husband, monthly family income, type of family, parity, number of children, type of delivery, source of information, and history of any illness.

Section – 2

A structured questionnaire consisted of 10 questions prepared to assess the application of physical privacy and confidentiality maintained among postnatal mothers.

Section – 3

A Structured questionnaire consisted of 15 questions prepared to assess the emotional and psychological privacy and informational privacy among postnatal mothers.

Table 1: Frequency and percentage of demographic variable

Sl. No	Demographic Variables	Category	Frequency	Percentage
1	Age	21-25 years	37	56.9%
		26-30 years	15	23.7%
		31-35 years	11	16.9%
		>35 years	2	3.7%
2	Religion	Hindu	48	73.8%
		Christian	1	1.6%
		Muslim	16	24.6%
		Other	0	0%
3	Marital status	Married	64	98.5%

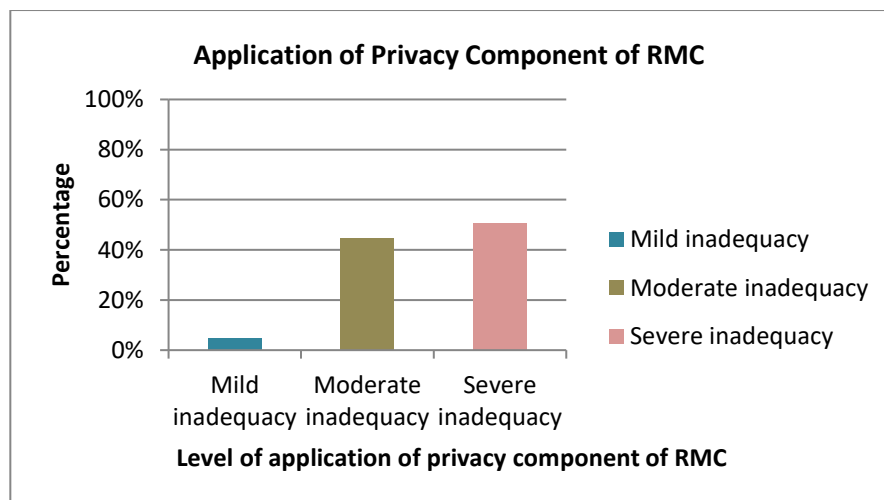
		Divorced	0	0%
		Separated	1	1.5%
		Widow	0	0%
4	Educational level of postnatal mother	No formal education	2	3.1%
		Primary education	25	38.5%
		Secondary education	22	33.8%
		Degree	16	24.6%
5	Occupation of postnatal mother	Government	3	4.6%
		Public	0	0%
		Self employed	3	4.6%
		House wife	54	83.1%
6	Occupation of husband	Government	2	3.1%
		Private	15	21.5%
		Self employed	38	58.5%
		Others	10	17.1%
7	Monthly family income	Below 10000	14	21.5%
		10001-20000	29	44.6%
		20001-30000	16	24.6%
		Above 30000	6	9.2%
8	Type of family	Nuclear family	39	60%
		Joint family	26	40%
		Extended family	0	0%
9	Parity	Primigravida	24	36.9%
		Multi parity	36	56.9%
		Grand multi parity	5	6.2%
10	Number of children	1	24	36.9%
		2	29	44.6%
		3	10	16.9%
		>3	2	1.5%
11	Type of delivery	Normal vaginal delivery	18	27.7%
		Normal vaginal delivery with episiotomy	10	15.4%
		Assisted vaginal delivery	0	0%
		LSCS	37	56.9%
12	Source of information	Media	23	35.4%
		Relatives and friends	30	46.2%
		Health personnel	5	7.7%
		All of the above	7	10.8%
13	History of any illness	Yes	13	20%
		No	52	80%

The table 1 describes the distribution of demographic variables about its frequency and Percentage-wise distribution of postnatal mothers to their age group revealing that the majority of the postnatal mothers (56.9%) were in the age group of 21-25. The majority of postnatal mothers (38.5%) have studied up to the primary level. The majority of the postnatal mothers (83.1%) were housewives. The majority of the postnatal mothers (73.8%) were from Hindu families. For the majority of postnatal mothers (44.6%) family income is in between 10001 and 20000 per month. The majority of postnatal mother husbands (58.5%) were self-employed. The majority of postnatal mothers (56.9%) were multiparous. The majority of the postnatal mothers (44.6%) number of children was 2. The majority of postnatal mothers (56.9%) were LSCS. The majority obtained information about respectful maternity care from their relatives and friends.

Association between the socio demographic variables with their knowledge regarding respectful maternity care

The data regarding the association between demographic variables and knowledge score were analyzed. The chi square result shows that there is no significant association between the socio demographic variables with their knowledge regarding respectful maternity care.

Graph 1: Application of privacy component of Respectful Maternity Care among postnatal mothers



The graph describes that the majority of people (50.76%) of postnatal mothers did not receive the privacy component of respectful maternity care and the minority (4.61%) of postnatal mothers received the privacy component of respectful maternity care.

Discussion

The study assessed the application of the privacy component of Respectful Maternity Care (RMC) among postnatal mothers in selected maternity hospitals in Bangalore. The study's objective was to assess the application of the privacy component of respectful maternity care among postnatal mothers and to find the association between the socio-demographic variables and the privacy component of Respectful maternity care among postnatal mothers. The sample size was 65 postnatal mothers, who were selected through a

simple random sampling technique. The findings revealed that 59.76% of mothers experienced severe inadequacies, indicating frequent and significant violations of privacy, such as lack of curtains, exposure during examinations, or absence of efforts to maintain confidentiality. Additionally, 44.61% reported moderate inadequacies, where privacy was partially maintained but inconsistencies were observed, such as occasional lapses in covering or communicating sensitive information. Only 4.61% experienced mild inadequacies, where minor or infrequent issues with privacy were noted.

These findings have important implications for maternity care practices. The high percentage of moderate and severe inadequacies suggests an urgent need for targeted interventions, such as staff training on RMC principles, improved infrastructure to facilitate privacy (e.g., partitions and curtains), and stricter enforcement of privacy policies. Addressing these gaps can significantly improve maternal satisfaction, foster a positive care experience, and uphold ethical standards in maternity care.

Conclusion

In summary, while many postnatal mothers possess valuable knowledge about respectful maternity care, the challenge lies in translating that knowledge into effective practice. As nurses, our role is pivotal in this transformation. We must focus on building trusting relationships with the postnatal mothers, offering practical support and personalized education that addresses their unique needs and concerns. By conducting workshops, providing one-on-one consultations, and ensuring accessible resources, we can empower mothers to embrace respectful maternity care confidently. Encouraging open communication and creating supportive networks will further enhance their experience. Ultimately, our dedication to nurturing postnatal mothers will not only improve their maternity care practices but also foster healthier outcomes for their infants, promoting a stronger start for the next generation. Together, we can make a meaningful

impact on maternal and child health through dedicated support and guidance.

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