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Factors Associated With The Perception of Respectful Maternity Care In Women: A Cross-Sectional Study

Kadınlarda Saygılı Annelik Bakımı Algısına İlişkin Faktörler: Kesitsel Bir Çalışma

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Abstract

Aim: To determine women's perception of respectful maternity care and affecting factors. **Materials and Methods:** This study used a descriptive and cross-sectional design. The study included 267 women who had vaginal delivery. Data were collected through the Personal Information Form and the Women's Perception of Respectful Maternity Care Scale. **Results:** The women's perception of respectful maternity care total mean score was found 76.36±16.88. Analysis results demonstrated significant differences according to the perception of respectful maternity care total score and sub-scale scores; health personnel who delivered the baby; administration of epidural anesthesia; and the health personnel who provided supportive care during delivery. **Conclusion:** Participating women in this study had a positive perception of respectful maternity care. The factors affecting women's perception of respectful maternity care were mainly obstetric variables (health personnel who delivered the baby, epidural anesthesia, supportive care during delivery), and sociodemographic variables did not affect the level of perception. In this regard, it is highly important for all health professionals to approach women with the same philosophy to increase women's perception of respectful care.

Öz

Amaç: Kadınların saygılı annelik bakımı algılarını ve etkileyen faktörleri belirlemek. **Gereç ve Yöntem:** Bu çalışma tanımlayıcı ve kesitsel bir tasarıma sahiptir. Çalışmaya vajinal doğum yapan 267 kadın katılmıştır. Veriler Kişisel Bilgi Formu ve Kadınların Saygılı Annelik Bakımı Algısı Ölçeği aracılığıyla toplanmıştır. **Bulgular:** Kadınların saygılı annelik bakımı algısı toplam puan ortalaması 76,36±16,88 bulunmuştur. Analiz sonuçları saygılı annelik bakımı algısı toplam puan ve alt ölçek puanlarına, bebeği doğurtan sağlık personeline, epidural anestezi uygulanmasına ve doğum sırasında destekleyici bakım sağlayan sağlık personeline göre anlamlı farklılıklar olduğunu göstermiştir. **Sonuç:** Bu çalışmaya katılan kadınlar saygılı annelik bakımına ilişkin olumlu bir algıya sahipti. Kadınların saygılı annelik bakımı algısını etkileyen faktörler çoğunlukla obstetrik değişkenlerdi (doğumu yaptıran sağlık personeli, epidural anestezi, destekleyici bakım), sosyodemografik değişkenler algı düzeyini etkilememiştir. Bu bağlamda, kadınların saygılı annelik algısını artırmak için tüm sağlık çalışanlarının kadınlara aynı bakım felsefesiyle yaklaşması büyük önem taşımaktadır.

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INTRODUCTION

Respectful Maternity Care (RMC) encompasses care practices that uphold a woman's privacy and dignity, ensuring freedom from harm or mistreatment, and supporting her informed decision-making during childbirth (1). Providing RMC is recognized as a fundamental human right for all women. It is highlighted as a critical aspect of intrapartum care recommendations by the World Health Organization (WHO) (2). In 2015, the WHO formed a guideline emphasizing the quality of care. This guideline included three RMC-related components: effective communication, maintaining respect and dignity, and emotional support. The WHO encourages to consistently implement RMC (3). However, research shows differences in the implementation of WHO recommendations for a positive childbirth experience by health professionals in their units. Some practices not recommended by the WHO, despite their low rates, were found to be still implemented (4).

In this regard, the Coalition for Improving Maternity Services has brought up the term "Mother-Friendly Hospital" to the agenda; the term Mother-Friendly Hospital is also reflected in practice in hospitals in European countries as well as Turkey (5). The number of mother-friendly hospitals, which started to be implemented in our country in 2015, is increasing every year. The guidelines advocated under the Mother-Friendly Hospital program align with both the WHO intrapartum care recommendations and the principles of RMC (2). Considering the Mother-Friendly Hospital program, all health professionals, especially midwives and nurses, have important roles and responsibilities in the prevention of obstetric violence (6). RMC should be the primary goal for all health personnel because women are more likely to have positive childbirth experiences when they feel supported, respected, and safe and when they can participate in joint decision-making processes with health professionals.

Given that childbirth is now considered a potentially traumatic experience for women (7), positive childbirth experiences are of great importance (2). However, perceptions of childbirth and the meaning attributed to it by women differ from person to person (8). Women's self-reported perception of RMC is multidimensional, includes personal perceptions, and involves a dynamic process (9). Several factors such as the meaning attributed to the delivery due to sociocultural influences, differences in country policies in intrapartum care service provision, etc. require defining RMC in the local context (10).

An analysis of the studies on the issue in the literature shows that the studies are mostly qualitative and quantitative studies did not utilize specific measurement tools (11). In this regard, since the literature includes no studies that examined perception of RMC of women who had vaginal delivery and the affecting factors, the findings of this study are considered to make an important contribution to the literature.

The aim of this study is to assess women's perceptions of respectful maternity care and identify the factors that influence these perceptions.

MATERIALS AND METHODS

Study Design

This study used a descriptive, cross-sectional design.

Population and Sample

The study population included women residing in Turkey who had vaginal delivery in a mother-friendly hospital. In the study, data was collected from 267 women by choosing the convenience sampling technique, which is one of the non-probability sampling methods. The sample comprised 267 women who met the inclusion criteria between August 2023 and March 2024. Inclusion criteria encompassed being at least 18 years old, utilizing the WhatsApp application or other social media platforms, delivering vaginally at a mother-friendly hospital, being within the 1st-6th weeks postpartum, having a term delivery, and not having any pregnancy complications.

Data Collection

Data were collected using two main instruments: the "Personal Information Form" and the "Women's Perception of Respectful Maternity Care Scale (WP-RMC)."

The Personal Information Form, developed by the researchers based on existing literature, included questions about women's demographic and obstetric characteristics.

The Women's Perception of Respectful Maternity Care Scale (WP-RMC), initially developed by Ayoubi et al. in Iran (12), was adapted and validated for Turkish by Çamlıbel et al. in 2022 (13). This 19-item scale uses a five-point Likert scale to assess women's perceptions of respectful maternity care, encompassing three subscales: providing comfort, participatory care, and mistreatment.

Scores range from 19 to 95, with higher scores indicating a more positive perception of care quality. In this study, Cronbach's alpha values were 0.94 for the total scale and between 0.69 and 0.94 for the subscales, indicating strong internal consistency. Confirmatory factor analysis (CFA) conducted using AMOS 23.0 confirmed the construct validity of the scale. The model demonstrated acceptable goodness of fit indices (x^2 [147, N = 267] = 367.233, $p > .05$; x^2/sd = 2.498; GFI = .881; CFI = .948; NFI = .917; TLI = .940; RMSEA = .075; SRMR = .069), surpassing thresholds reported in relevant literature (14).

Data collection occurred online via a Google survey distributed through social media platforms such as WhatsApp, Facebook, and Instagram, utilizing the purposive sampling technique. Participants who met inclusion criteria provided informed consent on the first page of the questionnaire before proceeding. The questionnaire was self-administered.

Statistical Evaluation of Data

Data analysis utilized AMOS 23.0 for structural equation modeling and IBM SPSS 27.0 for statistical analyses. Prior to analysis, the measurement tools underwent rigorous reliability and validity testing. Parametric tests (independent sample t-tests, one-way ANOVA) and non-parametric tests (Mann-Whitney U, Kruskal-Wallis H) were employed, with statistical significance set at $p < 0.05$.

Ethical Considerations

Ethics approval (decision number 2023/06 dated 07.06.2023) was obtained from the Non-Interventional Ethics Committee of the Burdur Mehmet Akif Ersoy University. The study adhered to the principles outlined in the Declaration of Helsinki.

RESULTS

The average age of the participating women was 27.33 years, 39.7% had a high school education, 76% were unemployed, and 88.4% lived in a city. Of all the women, 53.6% were primiparous, 39.7% stated that the healthcare personnel who provided supportive care during delivery was a midwife, and 76% stated that the healthcare personnel who delivered the baby was a midwife. In addition, 50.9% of the participating mothers stated that they were given induction, and 58.4% were not administered epidural anesthesia. (Table 1).

Table 1. Womens' Obstetric Characteristics (n:267)

Variables	Characteristics	N	%
Parity	Primipara	143	53.6
	Multipara	124	46.4
Gestational Week	Minimum= 37; Maximum= 42 Mean= 38.98	267	100
Health personnel who provided supportive care during delivery	Nurse	83	31.1
	Physician	78	29.2
	Midwife	106	39.7
Health personnel who delivered the baby	Physician	64	24.0
	Midwife	203	76.0
Receiving induction	Yes	136	50.9
	No	131	49.1
Receiving epidural anesthesia	Yes	111	41.6
	No	156	58.4
Cervical dilation	Minimum= 0 Maximum= 6 Mean= 2.37	267	100

While the total mean score of the scale was 76.36±16.88, the sub-scale mean scores were 28.34±7.18 for providing comfort, 25.45±9.00 for participatory care, and 22.57±2.98 for mistreatment (Table 2). No statistically significant differences were detected in the scale scores according to socio-demographic characteristics ($p>0.005$) (Table 3).

Table 2. Mean Scores for WP-RMC Scale and Sub-scales

WP-RMC Scale and Sub-scales	Min-Max	Total Score	Standard Deviation	Cronbach's alpha
Providing comfort	7-35	28.34	7.18	0.92
Participatory Care	7-35	25.45	9.00	0.94
Mistreatment	5-25	22.57	2.98	0.69
WP-RMC Total Scale	19-95	76.36	16.88	0.94

The analysis results showed that the perception of providing comfort, participatory care, mistreatment and perception of total RMC ($p<0.05$) differed statistically significantly according to the type of health personnel who delivered the baby. Perception of RMC and sub-scale scores were higher in mothers whose births were performed by midwives. Another analysis result showed that the perception of providing comfort, participatory care, mistreatment and total RMC ($p<0.05$) differed statistically significantly according to administration of epidural anesthesia. Finally, providing comfort sub-scale was found to differ statistically significantly according to the type of health personnel providing supportive care during delivery ($p<0.05$). These findings showed that women who received supportive care from physicians during delivery had a higher perception of comfort than mothers who received supportive care from midwives (Table 4).

Table 3. WP-RMC Scale and Sub-scales scores According to Their Socio-Demographic Characteristics (n:267)

Characteristics	Providing comfort Mean±SD		Participatory Care Mean±SD		Mistreatment Mean±SD		WP-RMC Total Scale Mean±SD	
Employment Status								
Employed	27.71	7.43	24.91	8.97	130.91	8378.50	74.67	18.00
Unemployed	28.54	7.10	25.62	9.02	134.97	27399.50	76.89	16.52
	p= 0.417[a]		p= 0.581[a]		p= 0.706[aaa]		p= 0.360[a]	
Place of Living								
Country field	27.63	7.53	26.58	8.85	23.10	2.47	77.31	17.09
City	28.44	7.14	25.30	9.02	22.50	3.04	76.23	16.88
	p= 0.556[a]		p= 0.458[a]		p=0.293[a]		p= 0.740[a]	
Education level								
Primary school	28.00	6.78	29.63	6.56	23.02	2.15	80.64	13.83
Secondary school	27.26	7.70	24.32	9.84	21.76	3.13	73.34	18.06
High school	28.37	7.34	25.84	8.91	22.92	2.78	77.13	16.83
University	28.80	6.90	24.86	8.97	22.45	3.20	76.10	16.90
	p= 0.712[aa]		p= 0.712[aa]		p= 0.174[aa]		p= 0.463[aa]	
Economic status								
High	31.40	6.68	29.53	7.16	23.17	1.86	84.11	14.69
Medium	28.19	7.21	25.20	9.02	22.50	3.05	75.90	16.85
Low	27.94	7.06	25.25	9.42	22.72	3.02	75.91	17.61
	p= 0.233[aa]		p= 0.195[aa]		p= 0.671[aa]		p= 0.188[aa]	

Note: [a]=Independent Samples T Test; [aa]= One-way ANOVA; [aaa]= Mann Whitney-U test; [aaaa]=Kruskal-Wallis H test.

DISCUSSION

The objective of this study was to investigate women's perceptions of RMC and the factors influencing these perceptions. The literature includes no studies that utilized this scale, and the present study is the first study to evaluate women's perception of RMC. In two national studies, the relationship between supportive care and respectful maternity perception was examined using the same scale. In these studies, the scale score averages were determined as 62.74±14.78 (15) and 85.31±8.15 (16). Participating women's scale total mean score was 76.36±16.88, indicating their positive perception of RMC. The literature includes data on the person-centered maternity care scale, the Mother on Respect index, and the mean scores of the questionnaire prepared by the researchers themselves. A study conducted with 660 women in Malawi reported the person-centered maternity care scale score as 57.5 (min=21 max=84), and the lowest score was reported in the communication and autonomy domain; the women emphasized the lack of communication and social support (17). A study conducted with 586 women in Saudi Arabia utilized the Mother on Respect index and found the total score as 56.8 (min-max;17-84), and women's perception of RMC was found to be positive (18). The findings of a study conducted in Nepal reported that 84.7% of the women experienced general RMC services (19). The literature also documented that women's self-reports of RMC may differ from the observations of an educated third party (20). Therefore, similar to other study findings, the RMC scores in our study may be considered to be above-average.

This study found no effect of sociodemographic variables on the level of perception of RMC. The literature includes a limited number of studies that made analyses according to socio-demographic variables (21). While RMC perception varied according to socio-demographic variables in studies conducted in sub-Saharan African countries, no difference was detected in our study. Similar to our findings, in the study conducted by Baltacı et al. in Turkey, the mean scale score did not change according to sociodemographic variables (15). This result may be due to chance or unmeasured confounding.

The care provided by midwives, who are responsible for delivering babies, emerged as a significant factor influencing women's perceptions of RMC in this study. Midwives are expected to deliver care impartially, without bias or discrimination, while maintaining respect and dignity.

Consistent with the findings of this study, existing literature suggests that the quality of care provided by midwives during childbirth positively impacts women's overall childbirth experience (22). Asci et al. (2023) found that the rate of obstetric violence was higher in physician-attended birth (23) Midwives' more active management of labor and the delivery moment compared to physicians is also considered to contribute to this situation (4).

The healthcare professionals who provided supportive care were found to be midwives, nurses, and physicians, respectively, and even if women received less supportive care from physicians, their comfort perceptions were found to be higher. Aydın et al. found that the health professional who assisted delivery did not affect the perception of childbirth as traumatic (24). The positive effect of supportive care provided by nurses or midwives has been reported in the literature. The lack of supportive care provided by physicians in mother-friendly hospitals was known by the participating women, and the support provided by the physician was considered to positively affect the women's comfort perception in terms of the birth process, the health status of the baby, etc. As a result, the supportive care provided by all health professionals including nurses, midwives, and physicians is considered to positively affect the perception of RMC.

This study found that women who received epidural anesthesia had a positive perception of RMC, perception of comfort, participatory care, and less mistreatment. Baltacı et al. found in their study that epidural had a positive effect on women's perception of respectful maternal care. The study result is parallel to the research findings (15). Yanıkkerem et al. found that 99.4% of women reportedly wanted to give birth with epidural analgesia (25). Another study reported that 86% of women who gave birth with epidural anesthesia felt no or very little pain during labor and that they reported to be more comfortable and satisfied (26). In line with the literature, the perception of RMC at the end of labor was also positive since women who received epidural anesthesia felt more relaxed and comfortable.

Table 4. WP-RMC Scale and Sub-scales Total Scores According to Obstetric Variables (n:267)

Characteristics	Providing comfort Mean±SD/Median		Participatory Care Mean±SD/Median		Mistreatment Mean±SD/Median		WP-RMC Total Scale Mean±SD/Median	
Parity								
Primipara	28.83	6.86	26.15	8.64	22.58	3.01	77.56	16.45
Multipara	27.78	7.51	24.64	9.37	22.55	2.97	74.97	17.32
	p= 0.232[a]		p= 0.170[a]		p= 0.944[a]		p= 0.211[a]	
Health Personnel who delivered the baby								
Physician	102.91	6586.50	21.86	8.83	21.59	3.50	68.65	17.48
Midwife	143.80	29191.50	26.58	8.77	22.87	2.74	78.79	15.97
	p= 0.000[aaa]		p= 0.000[a]		p= 0.002[a]		p= 0.000[a]	
Receiving induction								
Yes	27.73	7.65	25.28	8.90	22.57	3.15	75.58	17.90
No	28.98	6.62	25.63	9.13	22.56	2.82	77.16	15.78
	p= 0.156[a]		p= 0.754[a]		p= 0.973[a]		p= 0.446[a]	
Receiving epidural anesthesia								
Yes	151.62	16830.00	150.99	16760.00	158.87	17634.50	153.68	17058.00
No	121.46	18948.00	121.91	19018.00	116.30	18143.50	120.00	18720.00
	p= 0.002[aaa]		p= 0.002[aaa]		p= 0.000[aaa]		p= 0.000[aaa]	
Health Professional who provided supportive care during delivery								
Nurse	131.94		125.30		134.30		126.57	
Physician	158.64		149.96		149.12		154.70	
Midwife	117.48		129.07		122.64		124.58	
	p= 0.002[aaaa] (Midwife-Physician)		p= 0.088[aaaa]		p= 0.061[aaaa]		p= 0.019[aaaa]	

Note: [a]=Independent Samples T Test; [aa]= One-way ANOVA; [aaa]= Mann Whitney-U test; [aaaa]=Kruskal-Wallis H test.

Limitations

The findings of this study may not be broadly generalize due to several limitations. Firstly, the research was conducted exclusively with women who delivered in a mother-friendly hospital, limiting the generalizability of the results to other healthcare settings. Additionally, data collection was conducted online, which could introduce biases associated with internet access and technology literacy.

CONCLUSION AND RECOMMENDATIONS

In conclusion, women's perception of RMC was positive and their perception scores showed statistically significant differences according to the health personnel who delivered the baby, administration of epidural anesthesia, and the health personnel who provided supportive care during delivery. In this regard, women's perception of RMC is mainly affected by obstetric variables and the intrapartum process.

Women's autonomy and dignity should be respected during the labor process and health professionals should promote positive childbirth experiences by providing high-quality clinical care as well as respectful, dignified, and supportive care. It is highly important that all health professionals (nurses, midwives, physicians) and their teams approach women with the same philosophy to promote the quality of RMC. In addition, it is recommended to conduct comparative studies by investigating perception of RMC in different clinical practice areas with different sample groups of women as well as perception of health professionals on this issue.

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