ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

A Research Article on Knowledge of Respectful Maternity Care (RMC) Among Postnatal Mothers

Sriparna Satpathy[1], Anand Kumar Gyanendra Singh Wahengbam[2]

[1]Research Scholar, Manipur International University

[2]Assistant Professor, Manipur International University

DOI: https://doi.org/10.51583/IJLTEMAS.2026.150800023

Received: 16 August 2026; Accepted: 21 August 2026; Published: 05 September 2026

ABSTRACT

A descriptive study was conducted to assess respectful maternity care (RMC) as perceived by postnatal mothers in the postnatal ward of a selected hospital in Kolkata, West Bengal. The study population were postnatal mothers. The setting was the postnatal ward of one medical college in Kolkata. A valid structured interview schedule was used for assessing RMC. Data were collected by interviewing postnatal mothers admitted to the postnatal ward. Findings of the study depicts, 58% of postnatal mothers' privacy was maintained, whereas for 42% of postnatal mothers, privacy was not maintained. 64% of postnatal mothers were not verbally abused, whereas 36% of postnatal mothers were verbally abused.

No significant association was found between There is no significant association between RMC score and socioeconomic condition as evident from the calculated chi square [χ^2=1.091, *p<0.05].

INTRODUCTION

Respectful maternity care refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensuring freedom from harm and mistreatment.

RESEARCH METHODOLOGY

Methodology means description, explanation and justification of methods. The methodology indicates the general pattern of organizing the procedure of gathering valid and reliable data for the problem under investigations.

This chapter describes the research approach, research design, variables, setting, population, sample and sampling technique, development and description of the tools, establishing content validity of the tools, collection procedure and plan of data analysis.

Research Approach

A non-experimental approach had been adopted for the present study to accomplish the objectives to assess respectful maternity care as perceived by Postnatal mothers.

Research Design

A descriptive survey design was selected for the study.

Research Variable

The study variable is –

Perceived respectful maternity care.

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Reasons for selecting the setting

- Familiarity with the setting
- Availability of subject
- Administrative approval

Population

The population for the present study comprised all postnatal mothers of West Bengal.

Sample

The sample for the present study was postnatal mothers admitted to the postnatal ward of R.G.Kar Medical College & Hospital, Kolkata, who were available during the data collection period.

Sampling Technique

Non-probability purposive sampling was adopted for the study to select the study subjects because samples were chosen from the selected hospital who were willing to participate in the study and fulfilled predetermined criteria.

Exclusion criteria

- Pregnant women who can speak and understand Bengali

Data Collection Tool and Technique

The most important aspect of any investigation is the collection of appropriate information to answer the questions raised in the study. For this study, the following tools were constructed to achieve the objectives:

Table 1: Data collection tool and technique

	Tool	Variables	Technique
I	Structured interview schedule	Demographic variables • Age • Sex • Education • parity • Socio-economic class (Per capita income per month)	Interviewing
	Tool	Variables	Technique
II	Structured knowledge questionnaire	Research variables • Perceived Respectful Maternity Care	Interviewing

Content validity of the tool

The structured knowledge questionnaire and the key sheet had been given to our Sister Tutor Sr. S. Banerjee Dey and Sr. A. Sarkar (Sister Tutor, N.T.S, R.G. Kar MCH, Kolkata) for establishing validity, and their opinion and suggestions were incorporated. There was 90% agreement in all areas of the structured knowledge questionnaire of both Sister Tutors. A few modifications were made according to their suggestions.

Description of tool

Description of the structured interview schedule

Part-I

It is regarding the demographic profile of the respondent.5 itemsin demographic profile consists of age, sex, education, parity, socio- economic class (Per capita income per month).

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Part- II

This part comprised a structured knowledge questionnaire intended to measure the level of knowledge of antenatal care among postnatal mothers. 15 items were constructed to assess the knowledge level.

Ethical consideration

Prior to final data collection, formal administrative permission was obtained from the 'Nursing Superintendent', R.G. Kar MCH, Kolkata; the ' Senior Sister Tutor ', R.G. Kar MCH, Kolkata; ' Sister in charge (Antenatal O.P.D.)R.G. Kar MCH,Kolkata'.

Data collection procedure

The period of data collection was from 07/02/2020 to 15/02/2020. Formal permission was obtained from the authority. Sample for data was selected by using non probability sampling technique. A self-introduction was given to the subjects, and information regarding the purpose of the study was provided to the subjects, and confidentiality of the responses was assured. Self introduction started initially used to develop rapport with the subjects. Confidentiality of respondents was assured. Data were collected from 50 postnatal mothers in total, using structured interview schedule. Average time taken for each subjects for completion of the interview was 30 minutes. Termination of the interview was done by giving thanks to the respondents.

Problem faced during data collection

No such problem was faced by the investigator during the final study . Postnatal mothers were very co-operative throughout the data collection period .

Analysis and Interpretation

Section I Findings related to description of demographic variables

Age

n=50

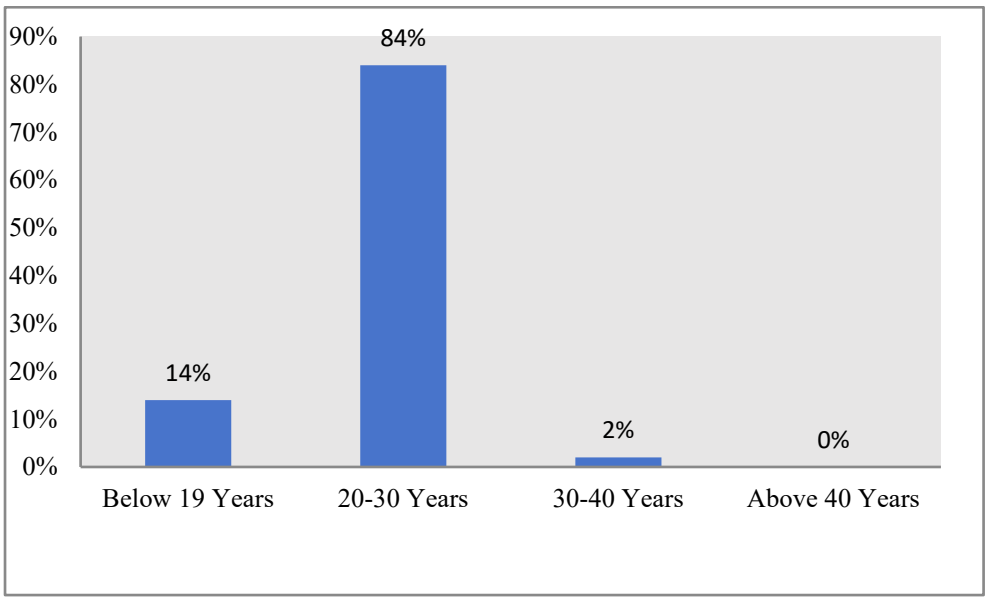

Figure 1: Bar diagram showing percentage distribution of age of postnatal mothers

Figure 1 depicts that 84% of pregnant women are in the age group of 20-30 years, 14% postnatal mothers are in the age group of below 19 years, where as only 2% of postnatal mothers are in the age group of 30-40 years.

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Education

n=50

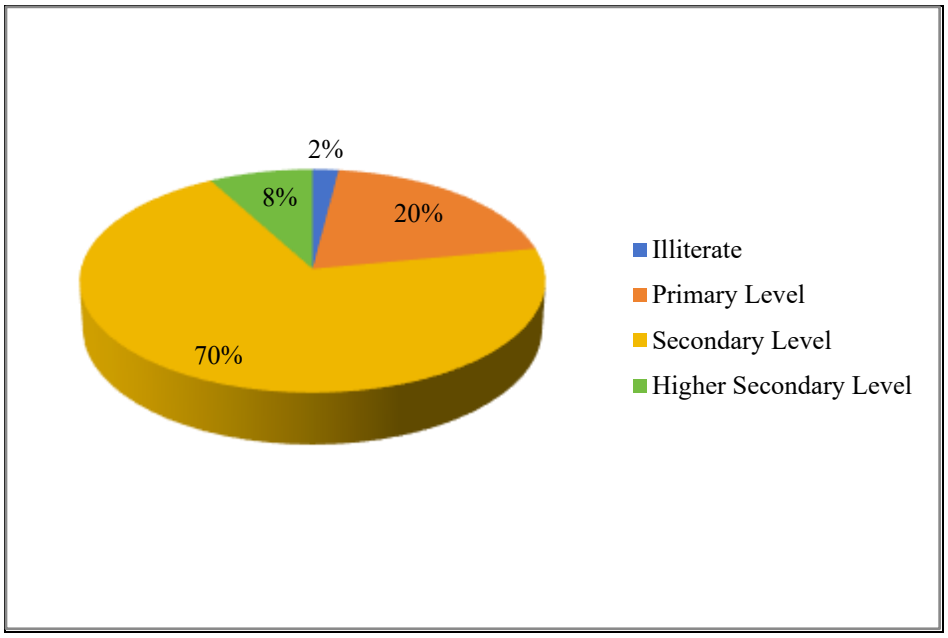

Figure 2: Pie diagram showing percentage distribution of education of postnatal mothers

Figure 2 depicts that 70% of postnatal mothers had completed secondary level of education, 20% of postnatal mothers had completed primary level of education, 8% of postnatal mothers had completed higher secondary level of education, where as 2% of postnatal mothers were illiterate.

Socio-economic Condition

n=50

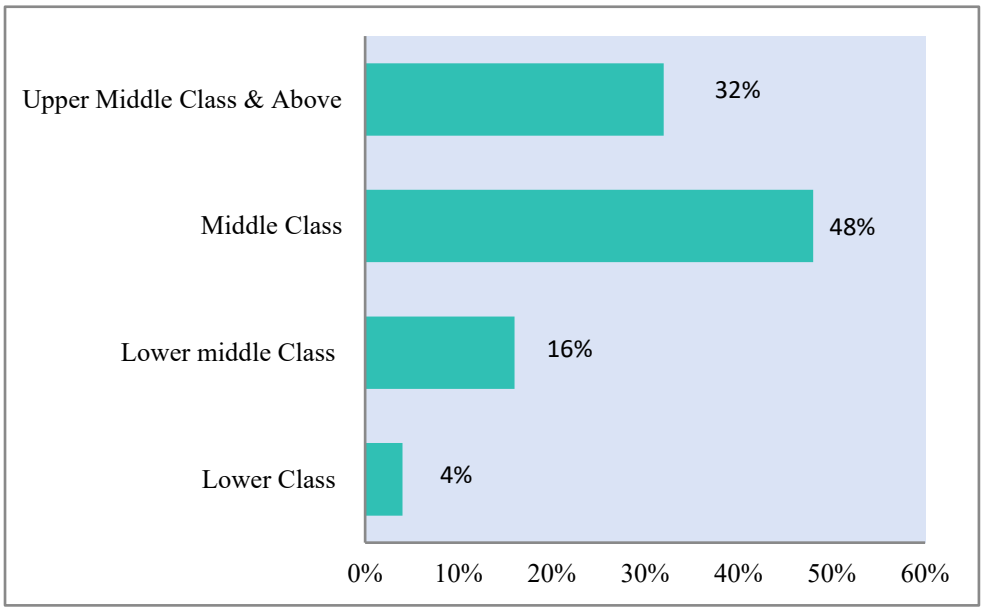

Figure 3: Bar diagram showing the distribution of socioeconomic condition of postnatal mothers

Figure 3 depicts that 48% of postnatal mothers belong to the middle class, 32% of postnatal mothers belong to the upper middle class and above, 16% of postnatal mothers belong to the lower middle class, whereas 4% of postnatal mothers belong to the lower class.

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Number of Child

n=50

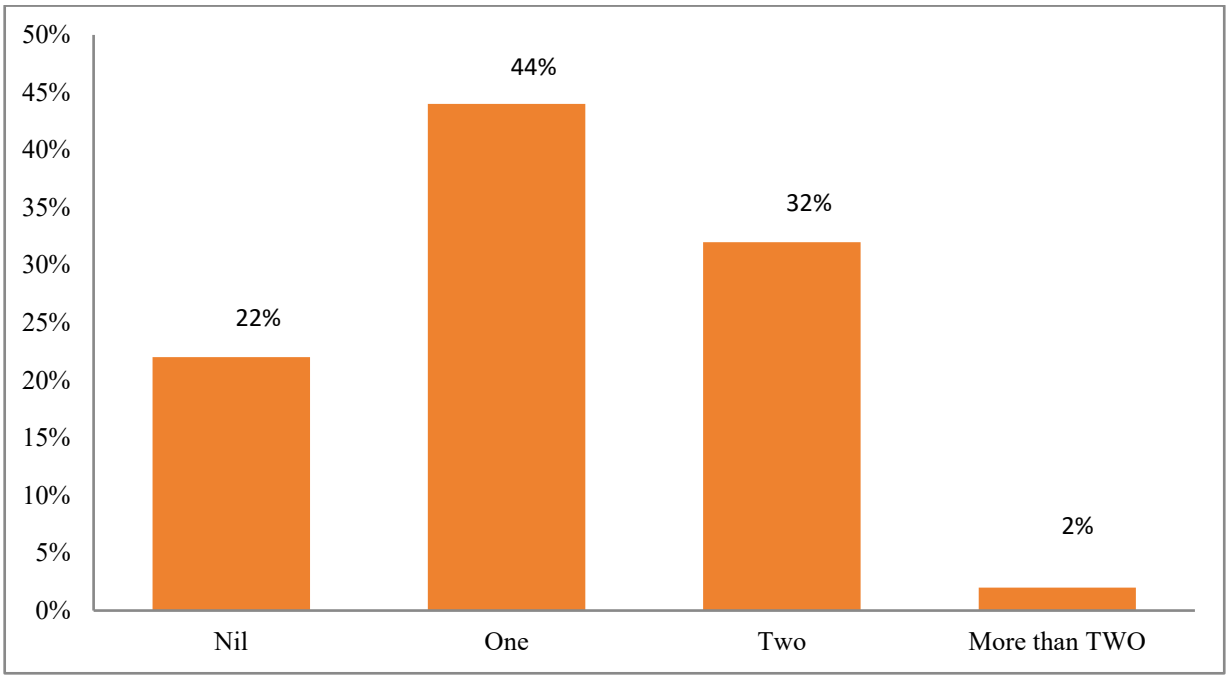

Figure 4: Cone diagram showing percentage distribution of number of children of postnatal mothers

Figure 4depicts that 44% of postnatal mothers had one child, 32% of postnatal mothers had two child, 22% of postnatal mothers had no child, where as 2% had more than two child.

Occupation

n=50

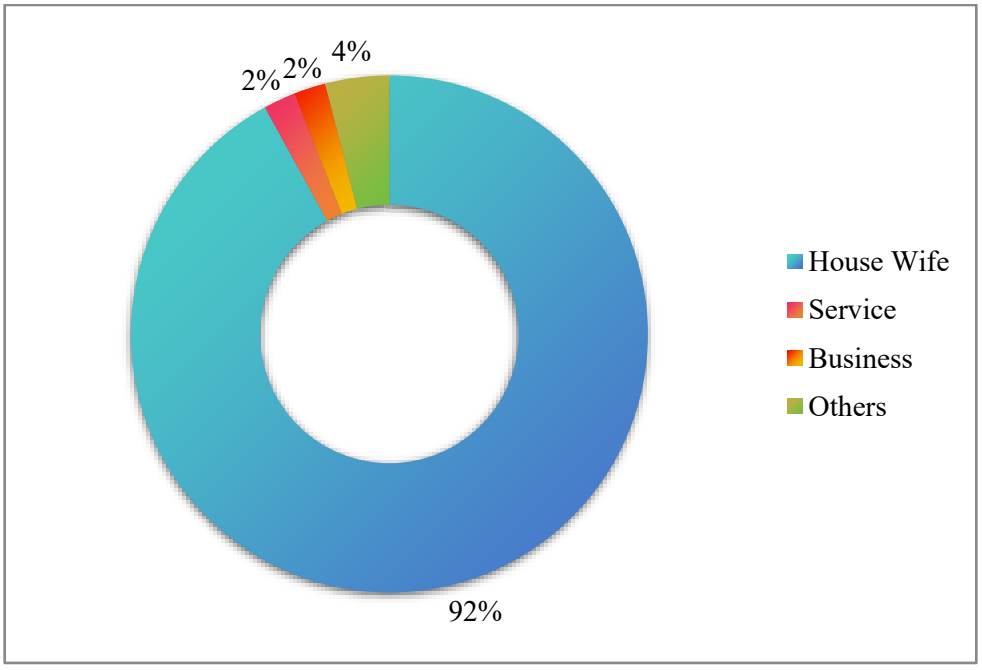

Figure 5: Doughnut diagram showing percentage distribution of occupation of postnatal mothers

Figure 5 depicts that 92% of postnatal mother were housewife , 4%postnatal mother involved in other occupation, 2% of postnatal mothers were involved in service, whereas 2% were involved in business.

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Section II

Findings related to description of perceived RMC by postnatal mothers

n=50

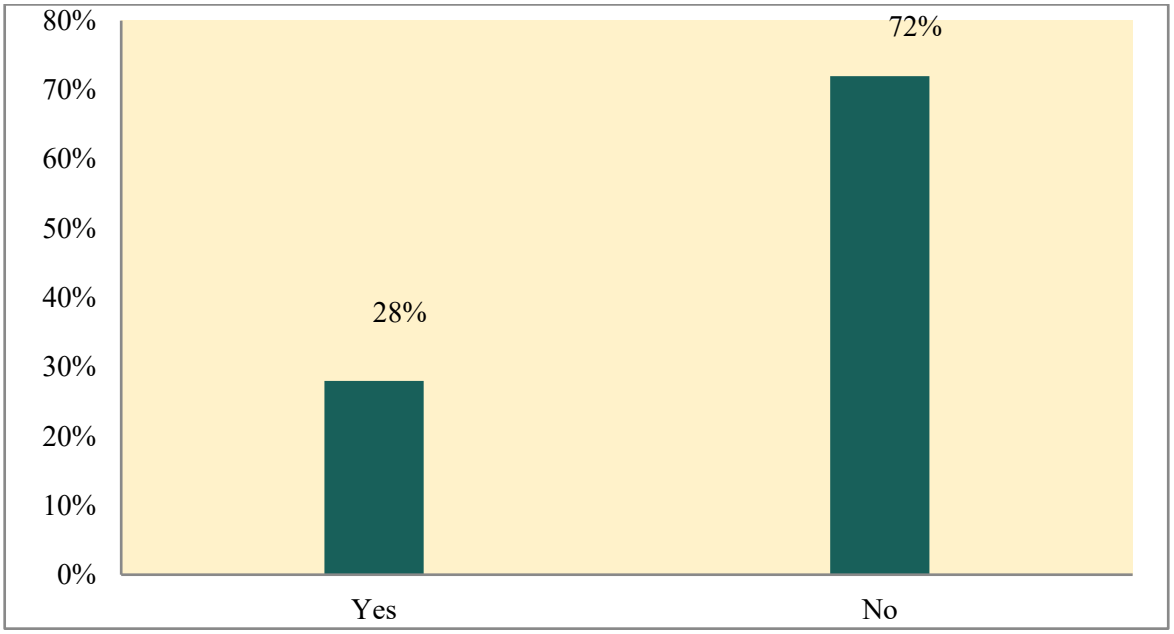

Figure 6 . This Bar diagram shows the percentage distribution of mothers who were battered by health care personnel.

Figure 6 depicts that 72% of mother were not battered by health care personnel, whereas 28% of mother gave a positive answer.

n=50

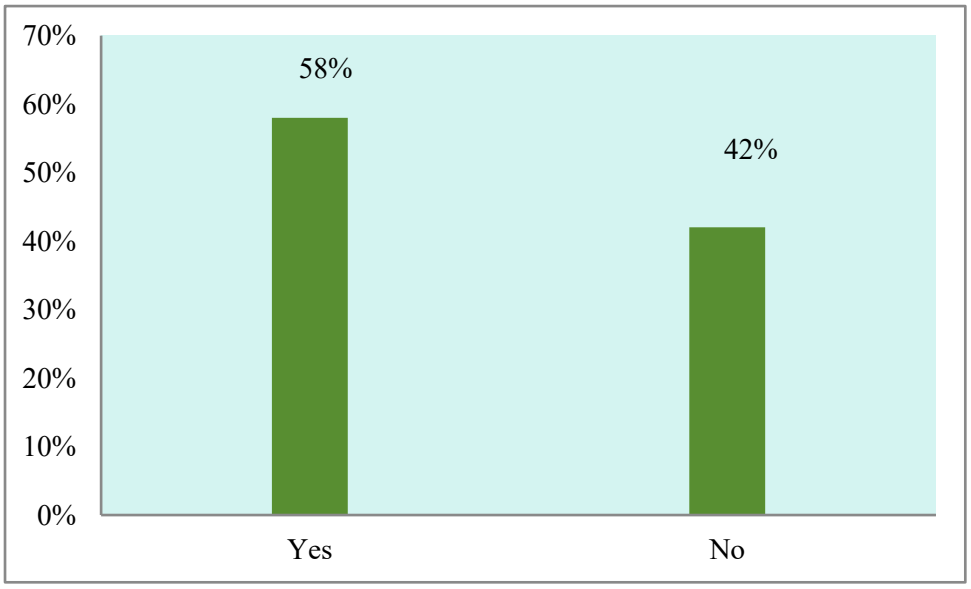

Figure 7: Bar diagram showing percentage distribution of mothers for whom privacy was maintained

Figure 7 depicts that for 58% of postnatal mothers, privacy was maintained, whereas for 42% of postnatal mothers, privacy was not maintained.

n=50

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

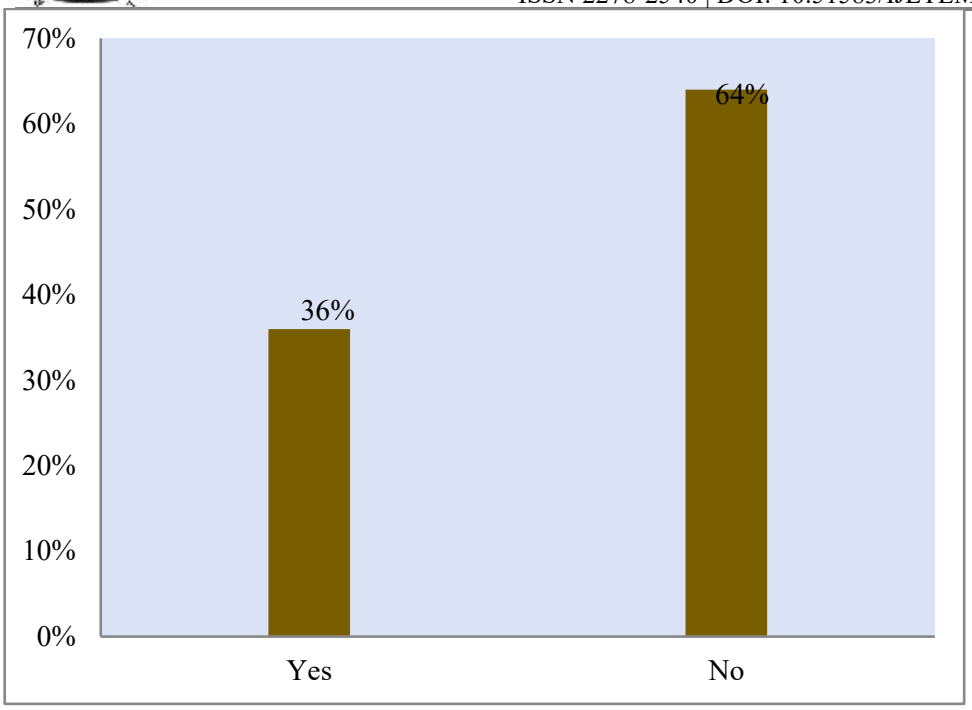

Figure 8: Cone diagram showing distribution of postnatal mothers who were verbally abused by health care providers

Figure 8 depicts that 64% of postnatal mothers were not verbally abused, whereas 36% of postnatal mothers were verbally abused.

n=50

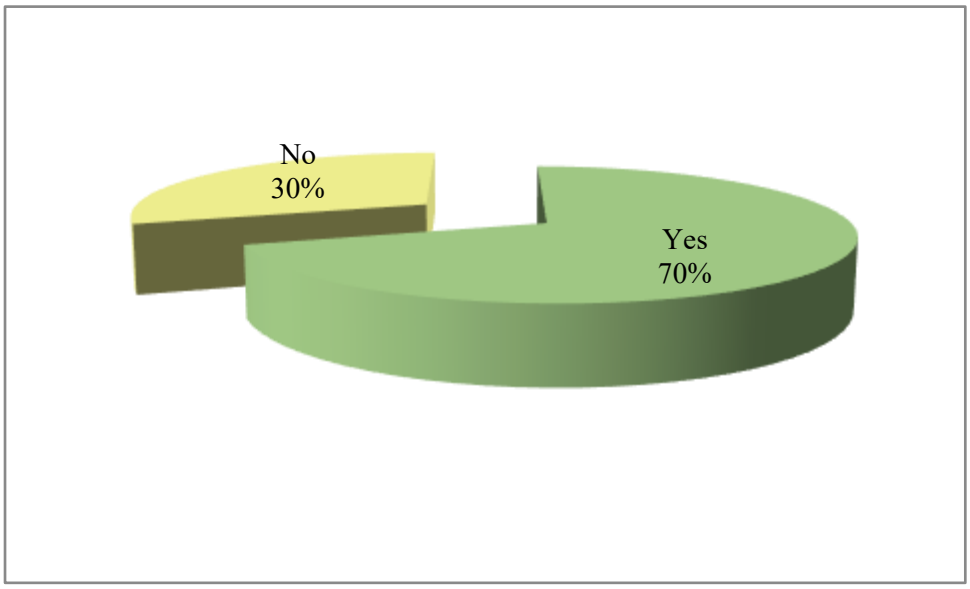

Figure 9: Pie diagram showing the distribution of mothers who received need-based care in the crisis period from health care personnel.

Figure 9 depicts that 70% of postnatal mothers received need based care, whereas 30% were not received.

SectionIII Findings related to Association between RMC score with socioeconomic condition.

Table 2:RMC score with socioeconomic condition**.**

n=50

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Variables	RMC score	RMC score	χ^2Value	df
Variables	≤Median(≤20)	> Median(>20)	χ^2Value	df
Socio economic condition	Socio economic condition	Socio economic condition	Socio economic condition	
≤Lower middle class	08	02	1.091	1
> Lower middle class	25	15		

Data from table-2 depicts computed chi square value between RMC score and socioeconomic condition of postnatal mothers, and shows that there is no significant association between RMC score and socioeconomic condition, as the obtained value is 1.091, which is lower than the table value (3.841) at df 1 at the 0.05 level ofsignificance.

RESULT AND DISCUSSION

This chapter provides an overview of the research process, including conclusions drawn from the findings and possible implications of the research in the health care delivery system, nursing education, nursing administration and nursing research. The investigator of the study also discussed the opportunities for more intensive studies in the future, in the same area by analyzing the present study findings.

Major findings of the study

Findings related to description of demographic characteristics of the subjects

- Majority (70%) of postnatal mothers had completed secondary level of education
- Maximum no of 48% of postnatal mothers belonged to the middle class.
- Maximum no. of 44% of postnatal mothers had one child.
- Most of the 92% of postnatal mothers were housewives

Findings related to description of perceived RMC by postnatal mothers

- Most of the mothers (72%) were not battered by health care personnel, whereas 28% of mothers gave a positive answer.
- 58% of postnatal mothers' privacy was maintained, whereas for 42% of postnatal mothers, privacy was not maintained.
- 64% of postnatal mothers were not verbally abused, whereas 36% of postnatal mothers were verbally abused.
- 70% of postnatal mothers received need-based care, whereas 30% did not received.

Findings related to Association between RMC score with socioeconomic condition.

- There is no significant association between RMC score and socioeconomic condition as evident from the calculated Chi square [χ^2=1.091, *p<0.05].

Conclusion

The following conclusion is drawn based on the study findings-

Most of the postnatal mother shave satisfactory RMC score, though no association had been found between RMC score and socioeconomic condition**.**

ISSN 2278-2540 | DOI: 10.51583/IJLTEMAS | Volume XV, Issue VIII, August 2026

Limitation

The study sample was small to generalize the findings.

Recommendations

Based on the findings of the present study, the following recommendations are made--

- A similar study can be replicated on a larger sample.
- A study can be done attitude and practice of health care provider regarding RMC.

REFERENCE

1. 1.Respectful Maternity Care: The Universal Rights of Childbearing Women. Available at HTTP://WWW.who.int/woman_child_accountability/ierg/reports/2012_01S Respectful Maternity Care Charter The Universal Rights of Childbearing Women.pdf. Accessed on 24.12.16
2. Pulling Back The Curtain On Disrespect And Abuse. The Movement to Ensure Respectful Maternity Care. Available http://whiteribbonalliance.org/WP- content/uploads/2016/03/Policy-Brief-Pulling-Back-the-Curtain-on-DR.pdf. Accessed on 24.12.16
3. Take Action: Respectful Maternity Care is a Universal Right available at HTTP://WWW.impatient optimists.org/Posts/2012/01/Take-Action-Respectful-Maternity- Care-is-a- Universal-Right
4. Exploring the prevalence of disrespect and abuse during childbirth in Kenya. Available at HTTP://WWW.pop council.org/research/exploring-the-prevalence-of- disrespect-and- abuse during-childbirth-in-Kenya accessed on 24.12.16
5. Asefa A, Bekele D. Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia. Re prod Health. 2015 Apr; 12(1):33. Available at https://reproductive-health-journal.biomedical.com/articles/10.1186/s12978-015-0024-9
6. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low- income country. International Journal of Gynecology & Obstetrics. 2015Feb; 128(2):110-3. Available at HTTP://www.ncbi.nlm.nih.gov/pub med/25476154.Accessed on 28.11.17
7. d'Oliveira A, Diniz SG, Schraiber LB. Violence against women in health-care institutions: an emerging problem. The Lancet. 359 (9318): 1681-85
8. WRA India Endorses Respectful Maternity Care Charter on SAFE MOTHERHOOD DAY. Available at HTTP://whiteribbonalliance.org/media/war-india- endorses- respectful-maternity-care-charter-on- safe-motherhood-day/ accessed on 25.12.16
9. Pahwa P, Sood A (2013) Existing practices and barriers to access of MCH services – a case study of residential urban slums of district Mohali, Punjab, India. Global Journal of Medicine and Public Health. 2013; 2(4): Available at http://www.gjmedph.com/uploads/O6-Vo2No4.pdf