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Attitude Regarding Respectful Maternity Care Among Nurses Working in Obstetrics and Gynaecology Department in Selected Hospitals of Aizawl, Mizoram

Mary Tinsiantingi[1], Dr. Manashi Sengupta[2], Lalhriatpuii[3]

[1]MSc Nursing, Department of Obstetrics and Gynaecology, College of Nursing, Regional Institute of Nursing and Paramedical Sciences, Aizawl, Mizoram.
Corresponding Author Email: *marychpi71[at]gmail.com*

[2]Dean, Assam Downtown University, Sankar Madhab Path Gandhi Nagar, Kanikhaiti, Guwahati- 781026

[3]Faculty, Department of Obstetrics and Gynaecology, College of Nursing, Regional Institute of Nursing and Paramedical Sciences, Aizawl, Mizoram

Abstract: ***Background: Respectful Maternity Care (RMC) is an essential component of quality maternal healthcare that promotes women's dignity, privacy, autonomy, informed decision-making, and freedom from abuse and mistreatment during pregnancy, childbirth, and the postnatal period. Nurses are key providers of maternity care, and their attitudes may influence the quality and experience of care. Objective: To assess the attitude regarding Respectful Maternity Care among nurses working in the Obstetrics and Gynaecology departments of selected hospitals in Aizawl, Mizoram, and determine its association with selected demographic variables. Methods: A quantitative descriptive research design was adopted. Sixty nurses working in the Obstetrics and Gynaecology departments of four selected hospitals in Aizawl were selected using non-probability convenience sampling. Data were collected from 8 to 14 April 2026 using a self-administered structured questionnaire. Attitude was assessed using a 10-item, 4-point Likert scale. Data were analysed using descriptive statistics and Fisher's Exact Test with SPSS version 20. Results: Of the 60 nurses, 34 (56.7%) demonstrated a favourable attitude, while 26 (43.3%) demonstrated a neutral attitude. None had an unfavourable attitude. No statistically significant association was found between attitude and age, educational qualification, professional experience, monthly income, or marital status (p>0.05). Conclusion: The majority of nurses demonstrated a favourable attitude towards RMC, although a considerable proportion had a neutral attitude. Continuous in-service education, training, and institutional reinforcement of RMC principles may help strengthen positive attitudes and promote consistent woman-centred maternity care.***

Keywords: Respectful Maternity Care, Attitude, Nurses, Obstetrics and Gynaecology, Maternity Care

1. Introduction and Background of the Study

Respectful Maternity Care (RMC) is an essential component of quality maternal healthcare and a fundamental human right of every woman. It refers to care provided throughout pregnancy, labour, childbirth, and the postpartum period in a manner that preserves dignity, privacy, confidentiality, autonomy, and freedom from harm and mistreatment. RMC promotes informed choice, effective communication, continuous support, and active participation of women in decisions concerning their own health and childbirth experience [1,2].

Pregnancy and childbirth are important events in a woman's life and may also be periods of increased physical and emotional vulnerability. The attitudes and behaviours of healthcare providers can significantly influence a woman's perception and experience of childbirth. Disrespectful and abusive maternity care, including verbal or physical abuse, lack of privacy, discrimination, neglect, and failure to obtain informed consent, may adversely affect women's satisfaction, trust, and confidence in healthcare services and may discourage future utilization of institutional maternity care [1,2].

Respectful maternity care is closely linked with the protection of women's human rights. It seeks to ensure that every woman receives care with dignity, respect, compassion, and without discrimination, irrespective of socioeconomic, cultural, or personal background. RMC emphasizes freedom from coercion and mistreatment, informed decision-making, privacy, confidentiality, and continuous emotional and physical support during labour and childbirth [1,2]. Evidence of disrespect and abuse during facility-based childbirth has increased global attention to the need for humane and dignified maternity care [1].

Globally, maternal health remains an important public health concern. Although substantial progress has been made in improving maternal outcomes, inequalities in maternal health continue to exist. Quality maternity care therefore needs to address not only the prevention and management of clinical complications but also women's dignity, autonomy, safety, and experience of care [2]

Women should receive maternity care in an environment where they feel safe, respected, supported, and involved in decisions regarding their health. Respectful and woman-centred maternity care is therefore an important component of quality healthcare and contributes to a positive childbirth experience [2].

Nurses and midwives play a particularly important role in providing respectful maternity care because of their continuous and close interaction with women during labour, childbirth, and the postnatal period. Their communication, interpersonal relationships, professional conduct, and willingness to respect women's preferences can substantially influence the childbirth experience. Positive attitudes among nurses towards RMC are important for translating the principles of respectful care into routine maternity practice [4-6]. Workplace-related factors such as staff shortages and heavy workload may also create challenges in implementing respectful care [7].

In India, improving the quality of maternity services has been an important component of national maternal and newborn health programmes. The Government of India introduced the Labour Room Quality Improvement Initiative (LaQshya) in December 2017 to improve the quality of care provided during labour, childbirth, and the immediate postpartum period in public health facilities. The initiative focuses on improving quality of care, strengthening management of complications and timely referral, enhancing the experience of women receiving maternity services, and providing respectful maternity care [3].

Important components of LaQshya include maintaining privacy and dignity, promoting birth companionship, supporting appropriate positions during labour, encouraging early breastfeeding, ensuring effective communication, and preventing verbal and physical abuse. The implementation of these measures requires healthcare providers, particularly nurses and midwives working in maternity settings, to have a positive attitude and commitment towards respectful and woman-centred care [3].

Previous studies have reported generally favourable attitudes towards respectful maternity care among maternity-care providers. Deki and Choden reported knowledge, attitude, and practice findings among nurse-midwives in referral hospitals of Bhutan [4]. Devi et al. reported that 83% of staff nurses in selected hospitals of Pune demonstrated a highly favourable attitude towards RMC, although knowledge was comparatively moderate [5]. Henzia and Kumar also assessed knowledge and attitude regarding respectful maternity and newborn care among staff nurses in selected hospitals of Kanyakumari [6]. Sinha et al. reported a favourable attitude among nursing officers at Safdarjung Hospital, New Delhi, while identifying staff shortage and heavy workload as important barriers to providing RMC [7]. A scoping review by Venkatesan and Kaur further highlighted the importance of knowledge, attitude, practice, and maternal perceptions in the provision of respectful maternity care [8].

2. Need for the Study

Respectful maternity care is increasingly recognized as an essential element of safe, equitable, and high-quality maternity services. However, the existence of policies and guidelines alone does not ensure that women consistently experience respectful care. Healthcare providers' attitudes are an important factor influencing how the principles of dignity, autonomy, privacy, communication, and non-discrimination are incorporated into routine maternity care.

In the context of Mizoram, there is limited published information regarding nurses' attitudes towards respectful maternity care, particularly among nurses working in obstetrics and gynaecology departments in hospitals of Aizawl. Understanding their attitudes is important because nurses have continuous contact with women during labour, childbirth, and the immediate postnatal period. Identifying the level of attitude and determining whether it varies according to selected demographic characteristics may provide useful information for strengthening respectful and woman-centred maternity services.

Therefore, the present study was undertaken to assess the attitude towards respectful maternity care among nurses working in the Obstetrics and Gynaecology Department in selected hospitals of Aizawl, Mizoram, and to determine its association with selected demographic characteristics. The findings may provide baseline information for strengthening education, supportive supervision, and quality-improvement measures related to respectful maternity care.

3. Objectives

1) To assess the attitude regarding Respectful Maternity Care among nurses working in the Obstetrics and Gynaecology departments of selected hospitals in Aizawl, Mizoram.
2) To determine the association between attitude regarding Respectful Maternity Care and selected demographic variables of nurses.

4. Materials and Methods

4.1 Research Approach and Design

A quantitative research approach with a descriptive research design was adopted for the study.

4.2 Study Setting

The study was conducted in the Obstetrics and Gynaecology departments of four selected hospitals in Aizawl, Mizoram:

- Civil Hospital, Aizawl
- Synod Hospital, Durtlang
- BN Hospital and Research Centre
- Aizawl Hospital and Research Centre

4.3 Population and Sample

The study population consisted of nurses working in the Obstetrics and Gynaecology departments of the selected hospitals. The total population was 70 nurses. The sample size was calculated using Yamane's formula with a 5% margin of error, yielding a sample size of 59.57, which was rounded to 60.

A total of 60 nurses were included using non-probability convenience sampling.

Sampling Criteria

Inclusion Criteria
Nurses working in the Obstetrics and Gynaecology departments of the selected hospitals.

Exclusion Criteria
Nurses who had attended training on Respectful Maternity Care and nurses who were unwilling to participate in the study.

Data Collection Tool
Data were collected using a self-administered structured attitude scale consisting of 10 statements related to Respectful Maternity Care.

The attitude scale used a 4-point Likert scale:
- Strongly Agree = 4
- Agree = 3
- Disagree = 2
- Strongly Disagree = 1

The total possible score ranged from 10 to 40. Higher scores represented a more positive attitude. The attitude was categorized as:
- Unfavourable attitude: 10–22
- Neutral attitude: 23–31
- Favourable attitude: 32–40.

The attitude items addressed important dimensions of RMC, including equal treatment of women, women's right to complete information, birth companionship, prevention of unnecessary interventions, freedom to adopt a desired position during childbirth, timely care, and responsibility for providing high-quality maternity care.

4.4 Validity and Reliability

The research tool was developed based on an extensive review of literature, the study objectives, and expert guidance. Content validity was established through evaluation by experts, yielding a Scale-level Content Validity Index/Average (S-CVI/Ave) of 0.87. The attitude scale demonstrated good internal consistency, with a Cronbach's alpha coefficient of 0.807, indicating satisfactory reliability for assessing nurses' attitudes towards Respectful Maternity Care. A pilot study was conducted among six nurses at LRM Hospital, Aizawl, on 28 March 2026, to assess the feasibility and clarity of the research procedures and study tool.

4.5 Data Collection Procedure

Following ethical approval and administrative permission, data were collected from 8 to 14 April 2026. Participants were informed about the purpose and nature of the study, and written informed consent was obtained. Confidentiality and anonymity were maintained throughout the data collection process.

4.6 Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee, RIPANS, Zemabawk, with ethical clearance number F.13016/1/2024-RIPANS/15 dated 2 March 2026. Administrative permission was obtained from the selected hospitals. Participation was voluntary, written informed consent was obtained, and confidentiality and anonymity were maintained.

4.7 Data Analysis

Data were coded and entered into IBM SPSS version 20. Frequency and percentage were used to describe the attitude levels. Fisher's Exact Test was used to determine the association between attitude and selected demographic variables. Statistical significance was considered at $p<0.05$.

5. Results

5.1 Demographic Characteristics of Nurses

Table 4.1: Frequency and percentage distribution of demographic characteristics of nurses, n= 60

Demographic characteristics	Frequency (f)	Percentage (%)
Age (in years)		
21 – 30	18	30
31 – 40	21	35
41 – 50	13	21.7
51 – 60	8	13.3
Educational Qualification		
GNM	48	80
B. Sc Nursing	8	13.3
Post Basic B. Sc Nursing	4	6.7
M. Sc Nursing	0	0
Experience in Obstetrics and Gynaecology Department		
< 1 year	15	25
1 – 3 Years	10	16.7
3 – 5 Years	15	25
> 5 Years	20	33.3
Monthly Income		
< 10000	2	3.3
10001 – 30000	36	60
30001 – 50000	7	11.7
> 50001	15	25
Marital Status		
Married	27	45
Unmarried	26	43.3
Divorce	4	6.7
Single Mother	3	5

Table 4.1 presents the demographic characteristics of the nurses. The highest proportion of participants (35.0%) belonged to the 31–40 years age group, followed by 30.0% in the 21–30 years age group. The majority of nurses (80.0%) had General Nursing and Midwifery (GNM) qualification, while a smaller proportion held B.Sc. Nursing and Post Basic B.Sc. Nursing qualifications. Regarding work experience in the Obstetrics and Gynaecology department, 33.3% had more than five years of experience, whereas 25.0% each had less than one year and 3–5 years of experience. More than half of the participants (60.0%) reported a monthly income of ₹10,001–30,000. With regard to marital status, 45.0% were married, 43.3% were unmarried, and only a few were divorced or single mothers

5.2 Attitude Regarding Respectful Maternity Care

Table 4.2: Frequency and percentage distribution of attitude regarding respectful maternity care among nurses, n = 60

Attitude level	Frequency (f)	Percentage (%)
Unfavourable Attitude	0	0
Neutral Attitude	26	43.3
Favourable Attitude	34	56.7

Table 4.2 presents the overall attitude scores of the participants. More than half of the nurses (56.7%) demonstrated a favourable attitude, indicating a positive and supportive outlook towards the principles and practices of Respectful Maternity Care. A considerable proportion of participants (43.3%) showed a neutral or moderately favourable attitude, suggesting that while they do not hold negative perceptions, their attitudes are not strongly positive and may vary in terms of understanding or practice of respectful maternity care.

Importantly, none of the participants (0%) were found to have an unfavourable attitude. This is a positive finding, as it reflects the absence of negative perceptions among nurses regarding Respectful Maternity Care in the study setting.

Overall, the findings indicate that while nurses generally demonstrate a favourable attitude, there is still a need to enhance positive attitudes among those with neutral perceptions. Ongoing training, awareness programmes, and regular reinforcement of Respectful Maternity Care guidelines may contribute to further improving attitudes and promoting consistent, high-quality maternal care practices among all healthcare providers

4.3 Association between attitude and selected demographic variables of nurses regarding respectful maternity care.

Table 4.3: Findings related to association between attitude and demographic variables of nurses regarding respectful maternity care, n = 60

Demographic Variables	Attitude Score			Fisher's Exact Test	p value
	Favourable Attitude	Neutral Attitude	Unfavourable Attitude		
Age (in years)					
21 - 30	0	5	13	3.675	0.311
31 - 40	0	9	12		
41 - 50	0	8	5		
51 – 60	0	4	4		
Educational Qualification					
GNM	0	23	25	2.041	0.411
B. Sc Nursing	0	2	6		
Post Basic B. Sc Nursing	0	1	3		
M. Sc Nursing	0	0	0		
Experience in Obstetrics and Gynaecology Department					
< 1 year	0	6	9	0.804	0.873
1 – 3 years	0	4	6		
3 – 5 years	0	8	7		
> 5 Years	0	8	12		
Income (per month)					
< 10000	0	0	2	2.169	0.547
10001 –30000	0	15	21		
30001 –50000	0	4	3		
> 50001	0	7	8		
Marital Status					
Married	0	13	14	4.228	0.287
Unmarried	0	8	18		
Divorce	0	3	1		
Single Mother	0	2	1		

Note. $p < 0.05$: Significant *

Table 4.3 presents the association between attitude regarding Respectful Maternity Care and selected demographic variables, analysed using Fisher's Exact Test due to small expected cell frequencies and zero values in some categories. No statistically significant association was found with age ($p = 0.311$), educational qualification ($p = 0.411$), professional experience ($p = 0.873$), monthly income ($p = 0.547$), or marital status ($p = 0.287$). None of the participants demonstrated an unfavourable attitude; nurses exhibited either favourable or neutral attitudes across all demographic variables. Overall, attitude towards Respectful Maternity Care was not significantly influenced by the selected demographic characteristics.

6. Discussion

With respect to nurses' attitude towards respectful maternity care, the present study revealed that more than half of the participants (56.7%) had a favourable attitude, while 43.3% demonstrated a neutral attitude. None of the participants exhibited an unfavourable attitude. This finding indicates an overall positive attitude towards respectful maternity care among the nurses included in the study.

The findings are supported by a study conducted among nursing officers at Safdarjung Hospital, New Delhi, which reported that 49.5% of participants had a favourable attitude, 47.0% had a neutral attitude, and 3.5% had an unfavourable attitude towards respectful maternity care [7]. The findings are comparable with the present study, where more than half of the nurses demonstrated a favourable attitude and a considerable proportion had a neutral attitude. However, unlike the Safdarjung Hospital study, none of the participants in the present study demonstrated an unfavourable attitude. The overall findings of both studies indicate a predominantly positive attitude towards respectful maternity care among nurses [7].

Similarly, a study conducted among staff nurses in selected hospitals of Kanyakumari reported that the majority demonstrated a positive attitude towards respectful maternity and newborn care, although 6.6% exhibited a negative attitude [6]. This finding is consistent with the present study, in which the majority of nurses demonstrated a favourable attitude. However, the present study did not identify any participants with an unfavourable attitude. The difference may be related to variations in the study population, clinical setting, sample characteristics, and exposure to respectful maternity care practices and training [6].

A study conducted among 100 staff nurses in selected hospitals of Pune city reported that 83% of participants had a highly favourable attitude towards respectful maternity care, while 17% had a moderately favourable attitude, and none demonstrated an unfavourable attitude [5]. These findings are in agreement with the present study, in which 56.7% of nurses had a favourable attitude, 43.3% had a neutral attitude, and none had an unfavourable attitude. Although the proportion of nurses with a favourable attitude was higher in the Pune study, both studies demonstrated an absence of an unfavourable attitude, suggesting an overall positive perception of respectful maternity care among nurses [5].

Regarding the association between attitude towards respectful maternity care and selected demographic variables, the present study revealed no statistically significant association

between attitude and age, educational qualification, professional experience, monthly income, or marital status ($p>0.05$). This indicates that nurses across the different demographic categories had relatively similar levels of attitude, with the majority demonstrating favourable or neutral attitudes.

The present finding is consistent with the study conducted among staff nurses in selected hospitals of Pune, which reported that the majority of nurses had a highly favourable attitude and that there was no significant association between attitude and selected demographic variables [5]. The absence of significant associations in the present study may suggest that demographic characteristics did not substantially influence nurses' attitudes towards respectful maternity care. Similar clinical exposure, professional education, institutional practices, and routine interaction with women during maternity care may have contributed to relatively consistent attitudes among the participants.

However, the findings of the present study differ from those reported in some recent studies. The study conducted among nursing officers at Safdarjung Hospital, New Delhi, reported significant associations between attitude towards respectful maternity care and demographic variables such as age, years of professional experience, and previous training, although no significant association was found with professional qualification [7]. Similarly, the study conducted among staff nurses in selected hospitals of Kanyakumari reported significant associations between attitude and factors such as type of family, educational status, and area of residence [6]. These differences may be attributed to variations in sample size, study setting, demographic characteristics of participants, previous exposure to RMC training, institutional practices, and other workplace factors.

Overall, the present study demonstrates that nurses had a predominantly favourable attitude towards respectful maternity care, with no participant exhibiting an unfavourable attitude. The absence of significant associations between attitude and demographic characteristics further suggests that positive attitudes towards RMC were observed across different groups of nurses. Continued professional education, supportive supervision, and institutional quality-improvement initiatives may further strengthen the consistent implementation of respectful and woman-centred maternity care.

7. Conclusion

The present study demonstrated that the majority of nurses working in the Obstetrics and Gynaecology departments of selected hospitals in Aizawl, Mizoram, had a favourable attitude towards Respectful Maternity Care. More than half of the participants (56.7%) demonstrated a favourable attitude, while 43.3% had a neutral attitude, and none had an unfavourable attitude.

No statistically significant association was identified between attitude and age, educational qualification, professional experience, monthly income or marital status. These findings suggest that attitudes towards RMC were generally consistent across the demographic groups studied.

Although the overall attitude was positive, the proportion of nurses with neutral attitudes highlights the need for continued professional development. Regular in-service education, structured RMC training, workshops, case-based learning, simulation and reinforcement of institutional policies may further strengthen nurses' attitudes and support the consistent delivery of respectful, dignified and woman-centred maternity care.

8. Implications for Nursing Practice

The findings have implications for nursing education, administration, practice and research. Nursing administrators can organize regular RMC training and establish clear institutional policies and protocols related to dignity, privacy, informed consent, communication and respectful treatment. Continuous supervision and patient feedback mechanisms may also help identify areas requiring improvement.

RMC should be reinforced through continuing nursing education and orientation programmes, particularly for newly recruited nurses. Simulation, role-play and case-based learning may help nurses develop effective communication and respectful care behaviours.

9. Limitations

- The study was conducted in selected hospitals of Aizawl, Mizoram, which may limit the generalizability of the findings to nurses working in other healthcare settings or areas.
- A non-probability convenience sampling technique was used and only nurses who were available and met the inclusion criteria during data collection were included; therefore, the sample may not be fully representative of the population.
- Data were obtained through self-reported responses, which may lead to response bias, including the possibility of social desirability bias.

10. Recommendations

- The study may be replicated on a larger sample and in different settings to generalize the findings.
- A study may be conducted to assess the perception and experience regarding respectful maternity care among labouring mothers in public health facilities in Mizoram.
- Further studies may be conducted to assess the practices and barriers related to the implementation of respectful maternity care among nurses in healthcare settings.

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Conflict of Interest:
The author declares no conflict of interest

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Ethical Approval
Ethical approval was obtained from the Institutional Ethics Committee, Regional Institute of Paramedical and Nursing Sciences (RIPANS), Zemabawk, Aizawl, Mizoram, vide ethical clearance No. F.13016/1/2024-RIPANS/15 dated 2 March 2026.

References

[1] World Health Organization. The prevention and elimination of disrespect and abuse during facility-based childbirth. Geneva: World Health Organization; 2014.
[2] World Health Organization. WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018.
[3] Ministry of Health and Family Welfare, Government of India. LaQshya: Labour Room Quality Improvement Initiative- guidelines. New Delhi: Ministry of Health and Family Welfare; 2017.
[4] Deki S, Choden J. Assess knowledge, attitude and practices of respectful maternity care among nurse midwives in referral hospitals of Bhutan. Bhutan Health J. 2018;4(1):1-7. doi:10.47811/bhj.50.
[5] Devi LL, Deshpande J, Devi NS. To assess the knowledge and attitude regarding respectful maternity care among staff nurses in selected hospitals of Pune city. Drugs Cell Ther Hematol. 2021;10(1):1932-1943.
[6] Henzia IT, Kumar PO. Assessment of attitude and knowledge regarding respectful maternity and newborn care among staff nurses among selected hospitals, Kanyakumari. RV J Nurs Sci. 2025;4(2):20-22.
[7] Sinha M, Milton A, Chaudhry M. A study to assess the knowledge, attitude and barriers in providing respectful maternity care during perinatal period among nursing officers of Safdarjung Hospital, New Delhi. Indian J Prev Soc Med. 2025;56(4):471-477. doi:10.5281/zenodo.18045480.
[8] Venkatesan L, Kaur P. Respectful maternity care: knowledge, attitude and practice of health care workers and maternal perception about respectful maternity care (RMC)- a scoping review. J Compr Nurs Res Care. 2022;7(2):185. doi:10.33790/jcnrc1100185.