

## Investigating the Level of Maternal Respect in the Obstetrics Department of Educational Hospitals of the East Region of Iran

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### Abstract

**Background:** Disrespectful behavior during childbirth may lead to negative experiences that affect women's health long after delivery, mother-baby attachment, her future decisions about childbearing, and it is a clear against the professional ethics codes of caring for patients and pregnant mothers.

**Methods:** This cross-sectional study was conducted on 497 women who delivered and were hospitalized in the Obstetrics department in Iran. The sampling method was available non-probability. The data collection tool included a demographic and midwifery characteristics questionnaire and the Mothers on Respect index (MORi). The data were analyzed by SPSS version 25 software and descriptive statistics and correlation test were used. P value less than 0.05 was considered significant.

**Results:** The mean total score of mother's respect was  $43.01 \pm 7.49$ . The average score of quality, rights and security dimensions of mother's respect was  $10.44 \pm 5.60$ ,  $9.29 \pm 5.81$  and  $23.26 \pm 8.03$ , in order.

**Conclusion:** The overall level of honoring and commemorating mothers is at a "low" level. It is necessary to respect mothers during labor and delivery which can improve their quality of life. In addition, it is necessary to implement programs for midwifery health care providers to improve their knowledge and performance in the field of honoring mothers. Additionally, all mothers should be informed and empowered to know their health rights.

**Keywords:** Maternal, Respect, Honor, Childbirth, Dignity, Human Rights.

### 1. Background

Delivery has been described as an important psychological experience during a

woman's life that can leaves her with lots of vivid memories that may be positive or negative (1).All women need and deserve respect and respectful care during childbirth.

As matter of fact this is one part of human rights (1,2). Respecting the mothers during delivery can increase her positive experience about pregnancy and delivery and this is a rights-based approach of maternal care. In the last decade, honoring mothers has been emphasized as a global priority because it helps to increase the maternal care quality (3, 4). The World Health Organization (WHO) recommendations emphasize on the interactions quality between women and health care providers and considers it as a prerequisite for positive birth results. This interaction includes respecting and maintaining women's respect and providing necessary emotional support and information during childbirth by healthcare providers and midwives. It should be noticed that respecting mothers is recognized as an essential strategy for utilization and improving the maternity care's quality, moreover, it is defined as a universal human right that includes moral principles and respect for women's feelings, choices preferences and dignity.(5) Unfortunately, despite the approval of the Charter of Mothers' Rights in 2003, the quality of care is unfavorable for women during delivery in Iran (2).

Policy factors at the main level, executive and structural factors at the mid-level, and individual, cultural, and personnel factors at the first level of the health system are challenges in implementing respectful care. Also, ethnic and cultural differences between people specially health care providers and patients or pregnant mothers is one of the main and important causes of disrespectful maternal care (6).

As UNICEF says, respecting a mother's choice means giving them the opportunity to choose their own care decisions and to act based on their choices freely (7). Actually respect for the mother refers to the right of every woman to enjoy the highest standard of health which includes the right to dignified health care in all health systems worldwide for a pregnant woman during pregnancy, delivery,

and the postpartum period. However, many women experience disrespectful, insulting, or neglectful behaviors during delivery in different health organizations around the world (8,9).

Disrespectful and abusive behavior by healthcare providers is a significant component of the poor quality of care women experience during delivery and a violation of women's human rights. So improving the health care quality the in respectful way around delivery is known as the most effective method to reduce maternal and perinatal mortality and complications(9,10).

Respectful Maternity Care (RMC) requires elimination of mistreatment and provided to all women in a manner that maintains their dignity, privacy, and confidentiality. Also the World Health Organization considers that the enjoyment of respectful health care is a part of the patient's rights and health care providers are obliged to comply with it. (11).

Misbehavior during labor and delivery is considered a public health problem and a violation of human rights and can leads to maternal complications, So women have the fundamental right to be respected during delivery, and mistreatment is not only a clear violation of women's reproductive rights, but also a serious deterrent to quality care during childbirth (4, 12).

Also, due to the adverse consequences of disrespectful care for mothers and the lack of sufficient information about its status in mothers who have delivered, and since there was no study in this field in Mashhad, the present study conducted to investigate the Level of Maternal Respect in the Obstetrics department of educational hospitals of the East Region of Iran in 2023\_2024.

## 2. Methods

The current study is a cross-sectional study that has been approved by the Ethics Committee of Mashhad University of Medical Sciences. The research population included all women delivered in 2023-2024 in Mashhad,

Iran and the research environment was the educational hospitals.

**The inclusion criteria** for this study included: Being Iranian and live in Mashhad, being able to read and write, do not have a history or current medical or mental illness alive and healthy baby born, do not have a severe stressful event in the last 6 months. The exclusion criterion was unwilling to complete the questionnaire.

**Sampling** was done by using the available non-probability method; in this way, the researcher attended the Obstetrics department of the educating hospitals of Mashhad University of Medical Sciences and based on the inclusion criteria, she selected women who were eligible to enter the study.

In order to determine the sample size, the study of Creedy et al. (2000) (13) and the formula for estimating one rate were used. Considering the absolute error of 0.05 and the prevalence rate of 72%, the sample size was estimated to be 316 people. Due to nature of the study and taking into account attrition, 500 people were included in the study. Out of 500 women, 497 women responded to the questionnaires.

**The data collection tool** included a demographic and midwifery characteristics questionnaire form with 28 questions that contained different information such as age, occupation, length of marriage, family income level, housing status, gestational age, gender of the baby. Another tool of the research was the evaluation index questionnaire of respectful maternal care with 14 questions. Evaluation of the mothers on respect (MOR) index was compiled for the first time at the University of British Columbia, Canada by Vedam et al. (2017) (4). The validity of the Persian version of this questionnaire has been confirmed using content validity and its reliability using internal consistency and Cronbach's alpha of 0.82 in Iran (3). The

Mothers on Respect index (MORi) has 14 items, in three dimensions: quality (4 questions), security (7 questions) and mother's rights (3 questions). It is measured with a six-point Likert scale from completely agree to completely disagree (from one to six). Scores 14-31 means very low respect, 32-49 means low respect, 50-66 means moderate respect, and 67-84 scores mean high respect.

**In order to collect data**, the researcher started sampling after obtaining permission from the Ethics Committee of Mashhad University of Medical Sciences; In this way, the researcher attended the Obstetrics department of the educating hospitals of Mashhad University of Medical Sciences and selected the women who had delivered 2 hours after ago and they met the inclusion criteria. If the mother's condition is favorable, the demographic characteristics questionnaire and the evaluation index of mother's respect were provided to the women and completed in the form of self-report. Data analysis was done using SPSS software version 25. Descriptive statistics were used to describe the characteristics of the research unit, including central and dispersion indices (mean and standard deviation) and frequency distribution. Correlation test was used to investigate the relationship between respect and related factors. In all the tests, 95% reliability coefficient and the significance level were considered 0.05.

### 3. Results

497 people participated in this study. The average age of mothers was  $25.28 \pm 5.65$  years, husband's age was  $29.84 \pm 6.24$  years, the duration of marriage was  $5.54 \pm 4.25$  years, gestational age was  $39.13 \pm 1.15$  weeks, and the baby's weight was  $3208.229 \pm 337.33$  grams. Most of the participants in the study were housewives (95%) and the income of the majority (70.4%) was sufficient (Table 1).

Table 1- Some demographic information of the study participants

Variable	(percentage) number		
Mother's Job	Housewife	(95) 472	
	Employed	(25) 5	
Mother's education	Elementary	(32.2) 160	
	Guidance	(35.8) 178	
	Diploma	(27) 134	
	Bachelor and above	(5) 25	
Husband's education	Elementary	(28.2) 140	
	Guidance	(32.6) 162	
	Diploma	(31.8) 158	
	Bachelor and above	(7.4) 37	
Household income	less than enough	(27.8) 138	
	Enough	(70.4) 350	
	More than enough	(1.8) 9	
Smoking	Yes	(8.9) 44	
	No	(91.1) 453	
Pregnancy	Desired	(64) 318	
	Unplanned	(16.7) 83	
	Unwanted	(19.3) 96	
Delivery time	Morning	(36.8) 183	
	Evening	(28.2) 140	
	Night	(35) 174	
Rupture of membranes	spontaneously	(47.7) 237	
	Artificial	(52.3) 260	
Use of Oxytocin	Yes	(45.7) 227	
	No	(54.3) 270	
Perineum condition	No Episiotomy	(24.9) 124	
	Episiotomy	(59) 293	
	ruptured	(16.1) 80	
Gender of baby	Girl	(49.1) 244	
	Boy	(50.9) 253	
Satisfaction of gender of baby	Yes	(44.5) 221	
	No	(9.3) 46	
	not matter	(46.3) 230	
variable	minimum	maximum	Mean $\pm$ sd
Number of pregnancies	1	6	2.02 $\pm$ 1.08
Number of vaginal examinations	1	15	5.60 $\pm$ 2.42
Starting time of breastfeeding after delivery (minutes)	0	120	24.47 $\pm$ 17.01

In the present study, the average of respecting the mother's total score was  $43.01 \pm 7.49$ . In terms of the amount of respect for the mother, 25 people (5%) reported it as very low, (80.7%) 401 people reported it as low,

(13.3%) 66 people reported it as moderate, and (1%) 5 people reported it as high (Table 2).

Table 2- The total score of honoring the mother and its score

Variable	Achievable score range	mean $\pm$ sd
Security dimension	7-42	23.26 $\pm$ 8.03
Quality dimension	4-24	10.44 $\pm$ 5.60
mother's rights dimension	3-18	9.29 $\pm$ 5.81
The total score	14-84	43.01 $\pm$ 7.49

#### 4. Discussion

This study was conducted to investigate

Correlation test was used to investigate the factors related to respecting the mother and the results showed that there is a significant relationship between respecting the mother and household income ( $p=0.033$ ), and age of mother ( $p=0.013$ ).

the Level of Maternal Respect in the Obstetrics department of educational hospitals of Mashhad University of Medical

Sciences. The present study's results showed that the overall amount of respect for the mother is "low" and regarding the dimensions of respect, the results showed that out of the three dimensions (quality, security and respect for rights), the "security" dimension has a higher level.

According to the World Health Organization (WHO) recommendations, respectful pregnancy care is the care that preserves a woman's privacy and dignity, guarantees immunity from treatment abuse, and provides the possibility of informed choice and continuous support during delivery process.

Respecting the dignity of the pregnant mother is the basis of midwifery care, which is a step towards increasing mothers' satisfaction with the services provided by the medical staff (14).

Safety and security are definitions often mentioned in relation to respectful maternal care. It should be known that safety and security measures should be implemented and evaluated in health centers. Lack of health care professionals, miscommunication among health care providers and lack of experience are key factors in unsafe care (15).

The concerns over the maternal security and privacy in healthcare system are increased to create greater efficiencies and help improve patient flow, safety, quality of care and the overall patient experience (16).

The substantive meanings of human rights principles (i.e. dignity, autonomy, safety, and equality) are interrelated (17). Stanton et al. (2022) were investigated the incidence of treatment abuse and impact of it on women during vaginal examination, including non-consented examinations and lack of privacy in their study. The most important items of mistreatment and abuse to women's rights during delivery, were exposure of genitalia and breasts (28% and 25%, respectively) during examinations (18). Dignity is an important aspect of mother's

physical and mental health, in the whole period, from pregnancy to the post-pregnancy period (11). The Universal Declaration of Human Rights (UDHR) has placed dignity as a basic human right principle (15, 19).

The postpartum period is the most critical period for mental problems. During this period, due to the loss of the mother's stored energy due to fatigue, length of delivery, problems created during the delivery process mother is more prone to suffering from emotional and mood crises, including depression (20). According to Guure et al. (2023) (21) PPD was significantly prevalent among women who experienced mistreatment and disrespect during childbirth. These factors can also influence quality of life in mothers.

In this regard and the low level of respect for the mother, in the researches of Ebrahimi et al. (2012) (22) and Gallagher et al. (2008) (23) from the patients' point of view, their respect and honor are not observed by the treatment staff. Regarding the dimensions of respect, in the research of Rezaei et al. (2022), it was stated that out of the three dimensions of respect (quality, security, and respect for rights), the "quality" dimension has a higher level (3) and this difference can be due to a different reason like the place of research.

Rezaei et al. (2022) (3) and Mohaddesi et al. (2015) (24) showed in their research that there is a significant relationship between the amount of income and respect of the mother, so that with the increase in the amount of income, the amount of respect for the mother also increased. which was consistent with the results of our study. In the study of Shahhosseini et al. (2017), it was seen that clients who had a suitable and high income felt less stress (25). In fact, the client's economic well-being reduces his mental worries. So, these cases lead to better communication with hospital agents and better use of hospital training. The

research of Ghobadi et al. (2018) did not show a significant relationship between respect and the income level of people (26), which was not consistent with our study, which could be due to the difference in the economic status of the research samples. In addition, the number of samples in our research is more than theirs.

Mothers reported better treatment outcomes and good experiences in care provided by midwives than by physicians In Niles et al.'s (2023) study. For those whose care was provided by midwives, the quality of experimental results in social and non-hospital environments was higher and better than in hospital environments significantly (27).

Self-esteem and dignity can only be increased through respectful relationships. This suggests that increased integration of midwifery care in all dominion including: home care, independent birth centers, and hospitals can ensure midwives' ability to provide high quality care to all mothers.

Women do not receive enough education about their rights to have information, knowledge and respect about their decisions and preferences (28). In this way the woman herself has perfect influence in preserving her own dignity (29). All mothers should be aware and empowered about their health rights (21). There are different ways to enhance maternal respect by midwives and health care providers such as as Conducting a training workshop for midwives and gynecologists can be a suitable method to improve the knowledge and awareness and performance of them in the field of honoring pregnant mothers and can be a suitable method to improve respectful pregnancy care (14).

There may be factors other than awareness involved in respecting the client's rights by healthcare service providers. These factors can be divided into three groups of organizational factors (facilities and equipment), factors related to employees

(attitude of healthcare workers, economic-social pressures and high workload of care providers) and factors related to service recipients (people's culture) which can affect the results of studies (14,27). Preserving maternal dignity requires a woman have a friendly, Free and reliable relationship with her health care team. Women feel valued and respected when they are treated as individuals but not as any objects. Many women emphasize on the importance of human contact (such as, being spoken face-to-face) with the absence of physical or emotional contact. Decision-making: Women are very different in the level of control that they want to have on others, but all like to be invited to participate in decisions making (29).

Continuous supportive supervision and monitoring caregivers. Create mechanisms for patients to complain (11).

Due to the fact that there was a significant relationship between mother's respect and some demographic characteristics (mother's age and household income) which can be increased by providing suitable economic conditions in the society and a better income.

Progress has been made to improve the care quality during delivery and postpartum in order to increase RMC in health and treatment organizations and it promotes dignity and respect.(18).

Overall we can say participants who were cared by midwives in community and non-hospital environments, such as home or independent birth centers, reported better care experiences than those cared by physicians in hospitals, however, mothers who cared by midwives in hospitals had more autonomy and spent more time during care compared to physicians, but there was no difference in reported respectful care levels or misbehavior.

According to the results of this research and talking to mothers, they expect Careful listening and more Explanations for each

procedure. They said caregivers with poor communication skills, who shout or act rudely and indicated that some midwives who are easily irritated and do not have a "caring heart". Patients desire the midwife's availability during labour and child birth. Some postnatal mothers said they were not given assistance as soon as they needed the help.

One of the issues is that there are an inadequate number of midwives. The shortage of staff leads to high workload; exhaustion; pressure of work or working many hours. These have negative effects on the midwives and consequently they end up compromising the way they deliver care to their patients. It also leads to overstaying (being at one facility for more years) of a midwife at a health center and midwives get used to the environment and start behaving in an unacceptable way.

Considering that respect for human dignity, especially in pregnant mothers and considering their existing conditions, deserves more research. Due to that dignity can play an important role in improving the quality of care and maintaining patient's dignity, a deep understanding of the factors that threaten patients' dignity is needed (30). It is suggested to conduct other studies in other hospitals of the country. A comparative study with cesarean mothers is also suggested.

One of the strengths of this study is large sample size of it which increases its power of generalization, it should be noticed that the research on respect in maternal health care in delivery been limited in Iran has, and there has been no study conducted in Mashhad.

One of the limitations of this research was the inaccuracy and patience of the researched samples in answering that the researcher tried to fully explain the importance of the work to them at the beginning and if they did not complete the questionnaires completely, they would be

removed from the sample and replaced by another person.

## 5. Conclusion

The results of this research showed that the general level of respect for mothers who have given birth in educational hospitals in Mashhad is low. Based on the results of this research, the position and role of birth attendants, especially midwives, in respecting the dignity and honoring the rights of mothers has been shown. Evidence obtained from this study can be used for planning and policy making to improve mothers' experiences of pregnancy, childbirth and postpartum with the support of health care providers. Health care providers should be trained and thoughtful about respectful maternal care, and also all mothers should be informed of their health rights.

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**Availability of data and materials:** The data that support the review findings of current study are available from the corresponding author on reasonable request.

**Conflicts of interests:** The authors declare that they have no competing interests.

**Consent for publication:** Not applicable

**Ethics approval and consent to participate:** In order to comply with ethics in the research, the ethics code IR.MUMS.NURSE.REC.1401.074 was obtained from Mashhad University of Medical Sciences. Written informed consents were obtained from all participants.

Participation was entirely voluntary, and they were allowed to terminate the survey at any time they desired. All survey responses were entirely and all methods were carried out in accordance with relevant guidelines and regulations. The study was conducted according to the guidelines of the Declaration of Helsinki.

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**Author contributions:** Karimi FZ and Rastegar M: Conceptualization and designed the study and directed its implementation, including quality assurance and control And review And editing assisted in the interpretation of data and critically reviewed the manuscript. Ahmadinezhad G: assisted in the interpretation of data, review and editing. Khadivzadeh T and Nouravaran Feizabadi M: Literature search, Data acquisition, Analysis and interpretation of data. Critical revision of the manuscript: All authors

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