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# Assessing the Impact of Training Intervention to Improve Respectful Maternity Care among Health Workers: A Quasi-Experimental Study

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## ABSTRACT

**Background**: Respectful Maternity Care (RMC) is a fundamental right for all childbearing women and a crucial component of high-quality maternal health services. Despite national efforts like the LaQshya initiative, there are still significant gaps in implementation. These gaps are largely due to insufficient training and lack of awareness among healthcare providers.

**Objectives**: This study aims to evaluate the impact of a structured training program on enhancing healthcare workers' knowledge, attitudes, and self-perceived behaviors related to Respectful Maternity Care.

**Materials and Methods**: A quasi-experimental study was conducted among 50 health workers involved in intrapartum care at two public sector hospitals in Kushinagar district, Uttar Pradesh. Participants underwent baseline assessment, followed by a structured one-day RMC training. Posttest evaluation was also conducted. Data was collected through a validated questionnaire comprising 20 knowledge-based multiple-choice items, 10 scenario-based attitude items, and 5 Likert-scale items on self-perceived RMC behavior. Statistical analysis involved paired t-tests with a significance level set at $p<0.05$.

**Results**: The average knowledge score saw a significant increase from 58.4 ±10.3 to 81.2 ±7.6 after the training ($p<0.001$). Specific areas of improvement included informed consent practices (from 49.1% to 82.5%), communication skills (from 55.8% to 80.2%), privacy maintenance (from 61.4% to 83.1%), and abuse recognition (from 67.3% to 79.6%). Participants also reported greater empathy, better communication, and a stronger focus on informed consent in their daily routines.

**Conclusion**: Structured training programs substantially improve the knowledge and attitudes of maternity care providers regarding Respectful Maternity Care. For lasting improvements, it is crucial to integrate RMC modules into regular in-service training and support them with institutional policies.

***Keywords:*** *Respectful maternity care, health workers, training intervention, LaQshya, patient rights, intrapartum care*

## 1. INTRODUCTION

Maternal mortality reduction remains a global priority, with Sustainable Development Goal 3 targeting a reduction to less than 70 maternal deaths per 100,000 live births by 2030 [1]. Quality of maternal care, however, is not solely defined by clinical indicators but also by the experience of care encompassing respect, dignity, and emotional support [2]. Respectful Maternity Care (RMC) has emerged as a key framework ensuring women's rights during childbirth, focusing on practices that prevent verbal, physical, and emotional abuse [3].

Evidence from low- and middle-income countries (LMICs) including India demonstrates that, disrespectful and abusive behaviors during childbirth negatively impact service utilization, patient satisfaction, and clinical outcomes [4]. National programs such as the Labour Room Quality Improvement Initiative (LaQshya) were launched by the Government of India

to institutionalize RMC practices [5]. However, several evaluations highlight persisting gaps between policy frameworks and actual practice at the facility level [6].

Training and capacity building of healthcare providers is critical to translating RMC principles into routine maternity care [7]. Sensitization on patient rights, informed consent, effective communication, and empathetic interactions are essential to foster a woman-centered approach. Despite this, limited structured training opportunities are available for frontline health workers, especially at the primary and secondary levels [8].

Previous work by Beig et al. highlighted the effectiveness of mHealth interventions to promote RMC awareness and response systems in public hospitals, especially following tragic lapses in care that garnered public attention [9]. The same group also discussed the role of national observances such as **Global Handwashing Day** in reinforcing RMC-related behavior through digital messaging and community engagement [10]. Furthermore, digital health innovations have been proposed as scalable tools to enhance maternal health and reduce neonatal mortality, with calls to integrate such tools into national maternal-child health strategies to achieve SDG 3.2.1 [11].

This research aimed to evaluate the impact of a structured training program on health workers' knowledge, attitudes, and self-reported practices related to Respectful Maternity Care in public healthcare settings

## 2. MATERIALS AND METHODS

### *2.1 Study Design and Setting*

The study utilized a quasi-experimental design with a single-group pretest and posttest approach, conducted between June and August 2023. The research took place in two public sector hospitals in Kushinagar district, Uttar Pradesh, which primarily serve low- and middle-income populations.

### *2.2 Study Participants*

A total of 50 health care providers involved in intrapartum care, including staff nurses, auxiliary nurse midwives (ANMs), and medical officers were enrolled through purposive sampling. Inclusion criteria were health workers directly involved in labor room activities, who provided informed consent for participation. Health workers on leave or administrative duty during the study period were excluded.

### *2.3 Intervention*

A structured one-day training workshop was conducted focusing on:

- Principles of RMC and human rights during childbirth
- National guidelines such as LaQshya and SUMAN
- Real-life case vignettes for ethical decision-making
- Communication skill enhancement
- Strategy to address disrespect and abuse

The training methodology includes lecture, role-play, small group discussion, and practical demonstration.

### *2.4 Data Collection Tools*

A pre-validated questionnaire comprising three sections was utilized:

- **Knowledge assessment**: 20 multiple-choice questions
- **Scenario-based attitude assessment**: 10 case vignettes evaluated through Likert scales
- **Self-perceived behavior**: 5 Likert-scale items on frequency of respectful care practices

The questionnaire was administered before the intervention (pretest) and after training (post test).

### *2.5 Ethical Considerations*

This study adhered to the principles outlined in the Declaration of Helsinki. Ethical clearance was obtained from the Institutional Review Board (University Research Ethics Committee) of Dehradun Information Technology University, Uttarakhand, India. The study was approved under Protocol Number: DITU/UREC/2022/04/8, dated 12 May 2022.

### *2.6 Statistical Analysis*

The data were compiled using Microsoft Excel and analyzed with SPSS software, version 23.0. To assess differences between pre-intervention and post-intervention scores, paired t-tests were applied. A p-value less than 0.05 was considered indicative

of statistical significance.

## 3. RESULTS

### *3.1 Participant Characteristics*

A total of 50 health care providers participated in the study. The demographic distribution revealed that 72% were female, and 28% were male. Professionally, 64% were staff nurses, 22% were auxiliary nurse midwives (ANMs), and 14% were junior medical officers. The participants had a mean age of 33.8 years, ranging from 25 to 54 years with 62% having more than five years of clinical experience in maternity care services.

Further stratification indicated that 48% of the participants were posted exclusively in labor rooms, while the remaining 52% had rotation duties between antenatal clinics and labor rooms.

### *3.2 Pretest and Posttest Comparison of Knowledge, Attitude, and Behavior*

The mean overall knowledge score improved significantly from 58.4% (SD ±10.3) in pretest to 81.2% (SD ±7.6) in posttest assessment ($p<0.001$), corresponding to a relative 39% improvement.

Domain-wise improvements were as follows:

| Domain | Pretest Mean (%) | Posttest Mean (%) | Absolute Gain (%) | p-value |
|---|---|---|---|---|
| Informed Consent | 49.1 | 82.5 | +33.4 | <0.001 |
| Communication Skills | 55.8 | 80.2 | +24.4 | <0.001 |
| Privacy Maintenance | 61.4 | 83.1 | +21.7 | <0.001 |
| Abuse Recognition and Response | 67.3 | 79.6 | +12.3 | 0.012 |

- The highest gain was recorded in the domain of informed consent practices (+33.4%), indicating that providers significantly internalized the importance of obtaining patient permissions.
- Communication skills also demonstrated substantial improvement (+24.4%), highlighting enhanced patient-provider interactions post-training.
- Privacy maintenance showed an appreciable gain (+21.7%), suggesting greater sensitivity toward patient dignity.
- Recognition and appropriate response to abusive behavior improved modestly (+12.3%), but was still statistically significant.

### *3.3 Subgroup Analysis*

Although improvements were consistent across professional categories (nurses, ANMs, doctors), a slightly greater magnitude of change was noted among nursing staff compared to doctors, particularly in informed consent and privacy domains. This may be attributed to their more frequent and prolonged interactions with laboring women.

Participants with over five years of experience initially scored slightly higher on the pretest compared to those with less experience. However, both groups showed similar improvements in their posttest scores, demonstrating that the training was effective regardless of their level of seniority.

### *3.4 Qualitative Feedback and Facility-Level Changes*

**Thematic analysis of open-ended responses identified four key dimensions of perceived change**:

- Enhanced Consent Practices: Health workers reported routinely obtaining verbal consent before examinations and interventions post-training.
- Strengthened Privacy Maintenance: Physical barriers like curtains were installed, and conscious efforts to maintain visual and auditory privacy were reported.
- Improved Empathy and Communication: Participants reported placing greater importance on using calm and supportive language, as well as involving birth companions whenever possible.
- Institutional Initiatives: Posters illustrating patient rights were displayed prominently, and checklist-based

monitoring of respectful care indicators was initiated.

## 4. DISCUSSION

The results of this study show that a structured training program significantly enhances health workers' knowledge, attitudes, and self-perceived behaviors regarding Respectful Maternity Care (RMC). Notable improvements were seen in all assessed areas, particularly in informed consent, communication skills, and privacy maintenance.

The average knowledge scores increased from 58.4% to 81.2% after the training, aligning with previous studies that highlight the effectiveness of focused sensitization programs in improving provider competence in respectful maternity practices [1,2]. Similarly, a quasi-experimental study in Ethiopia found that healthcare providers who received RMC training showed significant improvements in consent, non-abusive communication, and dignified care [3].

Informed consent is a fundamental aspect of RMC and an essential ethical obligation in healthcare [4]. Before the training, only 49.1% of participants had adequate knowledge about obtaining consent; this rose to 82.5% post-training, consistent with findings from Rosen et al. [5], who reported significant improvements in consent practices following targeted interventions.

Communication skills, another critical component of RMC, improved substantially from 55.8% to 80.2% post-training. Communication gaps are often cited as major contributors to perceived disrespect and abuse during labor [6]. Training workshops that focus on empathetic listening, non-verbal cues, and patient-centered discussions have proven effective in addressing these deficiencies [7].

Privacy maintenance practices also saw significant improvement, increasing from 61.4% to 83.1% post-training. Maintaining physical and emotional privacy is crucial to a woman's dignity during childbirth [8]. In India, infrastructural challenges like overcrowding often hinder privacy, but behavior-based interventions, as shown in this study, can still lead to significant improvements [12].

Interestingly, the area of abuse recognition and response, while showing improvement, had a smaller gain compared to other domains (67.3% to 79.6%). This suggests that while overt mistreatment is easier to identify, more subtle forms of disrespect require more intensive, ongoing training and cultural change [13].

Qualitative feedback supported the quantitative findings, with participants reporting increased confidence in patient interactions, a better understanding of ethical responsibilities, and proactive steps towards facility-level improvements, such as displaying patient rights charters and installing privacy curtains.

The findings highlight that knowledge acquisition alone is not enough for sustainable change. Studies suggest that improvements in RMC practices are best maintained when training interventions are supported by facility-level policies, leadership endorsement, monitoring systems, and patient feedback mechanisms [14,15].

## 5. CONCLUSION

The current study highlights the crucial impact of structured training programs in improving Respectful Maternity Care (RMC) practices among healthcare providers. Significant improvements were noted in knowledge, attitudes, and self-perceived behaviors after the training, especially in areas like informed consent, communication skills, and privacy maintenance.

These results align with global evidence showing that sensitization and capacity-building efforts can effectively bridge the gap between policy intentions and clinical practice in RMC. The training not only led to individual behavioral changes but also spurred facility-level quality improvements, such as displaying patient rights and enhancing infrastructure.

However, sustaining these improvements requires systemic support. Integrating RMC modules into regular in-service training, reinforcing accountability mechanisms, encouraging leadership involvement, and fostering a respectful institutional culture are essential for long-term success.

Given the positive outcomes, it is recommended to scale up structured RMC training programs across public health facilities, integrate them into national initiatives like LaQshya and SUMAN, and continuously reinforce them through monitoring and supportive supervision.

**Data Availability Statement:** Data from completed analyses will be available from the corresponding author upon reasonable request.

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**Conflicts of Interest:** The authors declare that there are no actual or potential conflicts of interest—financial, professional, or personal—that could have influenced the conduct or reporting of this study. This declaration ensures the integrity and transparency of the research presented

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