Journal of Advanced Nursing and Health Sciences
Universitas Kusuma Husada Surakarta
Volume 7 No 2, Hal 46-55, Agustus 2026
E-ISSN: 2774 – 5821
https://doi.org/10.34035/kn.v7i2.2160

MIDWIVES' KNOWLEDGE ABOUT RESPECTFUL MATERNITY CARE (RMC) IN CHILDBIRTH SERVICES

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ABSTRACT

Background: *Respectful Maternity Care* (RMC) is childbirth care that respects the dignity, rights, privacy, and choices of mothers giving birth. Midwives' knowledge is important in supporting the implementation of RMC.
Methods: This descriptive quantitative study was conducted as a sub-study within a broader research project at the B-31 Obstetrics Unit of Dr. Kariadi General Hospital, Semarang, from December 2025 to August 2026. Data were collected from December 31, 2025, to January 4, 2026. A total of 34 midwives were recruited using total sampling. Knowledge was measured using the 23-item knowledge section of the MKP-RMC and analyzed using univariate analysis.
Results: All respondents (100%) demonstrated good knowledge, with scores ranging from 21 to 23, a mean of 22.82 ± 0.46, and a median of 23.00. Five RMC indicators achieved 100% correct responses, while Freedom from Harm and Ill Treatment and Timely and High-Quality Care reached 98.0% and 96.1%, respectively.
Conclusion: Midwives demonstrated good knowledge of RMC, although several aspects require further strengthening. The findings are setting-specific and do not indicate actual implementation of RMC. Further research should examine clinical practice and women's care experiences.
Keywords*:* childbirth, knowledge, midwives, respectful maternity care

INTRODUCTION

Maternal healthcare should address both clinical safety and the quality of women's childbirth experiences. Respectful Maternity Care (RMC) emphasizes dignity, privacy, confidentiality, informed choice, protection from harm and mistreatment, and continuous support throughout labor and childbirth (World Health Organization , 2021). In maternal healthcare, WHO emphasizes the importance of respecting women's dignity, privacy, and confidentiality, protecting them from harm and mistreatment, providing opportunities to make informed choices, and ensuring continuous support throughout the childbirth process (WHO, 2021). This is important because the quality of childbirth care is reflected not only in clinical outcomes but also in women's experiences while receiving care (Bohren et al., 2019). Therefore, high-quality maternal healthcare should integrate clinical safety with the fulfillment of women's rights and respect for their experiences throughout the childbirth process (WHO, 2021).

Challenges in childbirth care continue to occur in various forms of disrespectful treatment toward women, including physical or verbal abuse, humiliation, discrimination, neglect, and medical procedures performed without informed consent (Rajat Khosla et al., 2016). A WHO study conducted in Ghana, Guinea, Myanmar, and Nigeria found that more than one-third of women experienced at least one form of *mistreatment* while giving birth in health facilities (Bohren et al., 2019). These findings indicate that the availability of skilled healthcare providers does not necessarily guarantee a positive childbirth

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E-ISSN: 2774 – 5821
https://doi.org/10.34035/kn.v7i2.2160

experience that meets women's needs (Ashari et al., 2019). In addition, the quality of childbirth care is influenced by the healthcare facility environment, resource availability, the quality of communication between healthcare providers and women, and the healthcare system's ability to respond to women's needs in a timely manner (Bohren et al., 2019). WHO emphasizes that every woman has the right to receive childbirth care that respects her dignity, privacy, and confidentiality and protects her from violence, discrimination, and mistreatment (WHO, 2019). Fulfilling these rights is an essential component of high-quality maternal healthcare and should be consistently implemented in every interaction between women and healthcare providers (WHO, 2020).

Respectful Maternity Care (RMC) is an approach to childbirth care that places the fulfillment of women's rights and respect for their dignity, needs, and choices at the center of care provision (Moridi et al., 2022). It encompasses protection from mistreatment as well as effective communication, support, informed decision-making, privacy, autonomy, and equitable care (Shakibazadeh et al., 2018). RMC is grounded in seven fundamental rights: freedom from harm and mistreatment; information and informed consent; privacy and confidentiality; dignity and respect; equality, freedom from discrimination, and equitable care; timely healthcare; and freedom, autonomy, self-determination, and freedom from coercion (Jolivet et al., 2021). These domains provide a useful framework for assessing understanding of the principles of respectful care. This framework demonstrates that RMC is an integral component of efforts to improve the quality of maternal healthcare, with its implementation reflected in observable and assessable healthcare provider behaviors that can be applied in maternal care practice (Samsami et al., 2025).

Midwives' knowledge of *Respectful Maternity Care* (RMC) has been examined as an important aspect in previous research (Pazandeh, 2020). Moridi et al. (2020) developed the *Midwives' Knowledge and Practice Scale on Respectful Maternity Care* (MKP-RMC) as an instrument to assess midwives' knowledge and practices in providing childbirth care that respects women. Research among Iranian midwives reported generally good knowledge and practice, although prevention of mistreatment showed comparatively lower performance (Moridi et al., 2020). Other studies have also indicated that awareness of RMC does not necessarily result in consistent implementation in practice (Haghdoost et al., 2021)

However, evidence specifically describing midwives' RMC knowledge in the study setting was not available. Preliminary observations documented in the underlying study also suggested that understanding and application of some RMC principles were not fully consistent. This gap supports the need for a focused description of midwives' knowledge, including the specific RMC components that may require reinforcement. Accordingly, this study aimed to describe midwives' knowledge of RMC in childbirth care across seven conceptual indicators: freedom from harm and mistreatment; rights to information and choices; privacy and confidentiality; dignity and respect; equality and equitable care; timely and high-quality care; and freedom, autonomy, self-determination, and freedom from coercion.

RESEARCH METHOD

This study employed a quantitative, descriptive research design to describe midwives' knowledge of *Respectful Maternity Care* (RMC) in childbirth care. It was conducted as a sub-study within a broader research project at the B-31 Obstetrics Unit of Dr. Kariadi General Hospital, Semarang. The study was conducted from December 2025 to August 2026, with data collection over five days from December 31, 2025, to January 4, 2026. Ethical approval was obtained from the Bioethics Commission for Medical and Health

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Research, Universitas Islam Sultan Agung Semarang, under Ethical Clearance No. 590/XI/2025/Komisi Bioetik. The broader ethical approval covered a research project examining knowledge, attitudes, self-efficacy, and midwives' practice of RMC, with this study focusing specifically on knowledge. The study setting was a childbirth care unit, and the accessible population comprised 34 midwives providing childbirth services.

All 34 midwives in the accessible population were eligible for participation. Inclusion criteria were midwives assigned to the B-31 Obstetrics Unit who were willing to participate and provide informed consent. Exclusion criteria were midwives who were on leave during the data-collection period or absent when the study was conducted. Because the accessible population was small, all eligible midwives were included through total sampling, yielding a final sample of 34 respondents, with no eligible respondents excluded or refusing to participate.

Data were collected directly using the *Midwives' Knowledge and Practice Scale on Respectful Maternity Care* (MKP-RMC), which consists of 23 items. The questionnaire was used to assess knowledge of RMC, and the 23 items were conceptually mapped onto seven RMC indicators for descriptive analysis. The original MKP-RMC instrument has previously demonstrated adequate construct validity and reliability, while the version used in this study was adapted through wording adjustments and conceptual mapping to the seven RMC indicators.

The collected data were checked for completeness and consistency, then processed through coding, scoring, entry, cleaning, and tabulation. Univariate analysis was performed using frequency and percentage distributions, along with descriptive statistics (minimum, maximum, mean, and standard deviation) to provide an overview of respondents' knowledge levels.

RESULTS

The interpretation of midwives' knowledge regarding Respectful Maternity Care (RMC) should be considered in relation to the respondents' demographic and professional backgrounds. Therefore, an overview of the participants' characteristics was first conducted to describe the study population. The distribution of respondents by age, educational level, and years of professional experience is presented in Table 1.

Table 1. Respondent Characteristics (n=34)

Respondent Characteristics	Frequency (n)	Percentage (%)
Age		
21-24 Years	0	0
25-34 Years	10	29,4
35-44 Years	22	64,7
45-54 Years	2	5,9
55-65 Years	0	0
Education		
D1/D2/D3	26	76,5
D4/S1	2	5,9
Profession	6	17,6
Master/Doctor	0	0
Years of Service		
< 6 Years	1	2,9
6-10 Years	1	2,9
> 10 Years	32	94,1

Table 1 shows that the largest age group was 35–44 years, comprising 22 respondents (64.7%), followed by 25–34 years with 10 respondents (29.4%) and 45–54 years with 2

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E-ISSN: 2774 – 5821
https://doi.org/10.34035/kn.v7i2.2160

respondents (5.9%). Most respondents had a D1/D2/D3 educational background (26 respondents; 76.5%), followed by professional midwifery education (6 respondents; 17.6%) and D4/S1 education (2 respondents; 5.9%). Regarding work experience, 32 respondents (94.1%) had worked for more than 10 years, 1 respondent (2.9%) for less than 6 years, and 1 respondent (2.9%) for 6–10 years. These characteristics describe the respondent profile and were not tested as determinants of knowledge.

Following the description of respondent characteristics, an assessment of overall knowledge regarding Respectful Maternity Care (RMC) was performed. This analysis aimed to assess the overall understanding of RMC principles among the participating midwives before exploring specific knowledge domains. The distribution of respondents by overall knowledge level is shown in Table 2.

Table 2. Distribution of Midwives' Knowledge about Respectful Maternity Care (RMC) (n=34)

Knowledge	Frequency (n)	Percentage (%)
Good	34	100
Moderate	0	0
Poor	0	0

Based on Table 2., all respondents had a good level of knowledge, with 34 respondents. All 34 respondents (100%) were classified as having good knowledge, with no respondents in the moderate or poor categories. Descriptive statistics showed scores ranging from 21 to 23, with a mean of 22.82, a median of 23.00, and a standard deviation of 0.46. The narrow score range indicates that the respondents' knowledge scores were concentrated near the theoretical maximum of 23.

While the overall knowledge categories indicate the general level of respondents' understanding of RMC, a more detailed examination is needed to identify potential variations across specific dimensions of RMC. Therefore, knowledge was further analyzed according to the seven conceptual indicators of RMC to determine which aspects were most consistently understood and which areas may require further reinforcement. The results are presented in Table 3.

Table 3. Midwives' Knowledge Based on Seven Indicators of Respectful Maternity Care (RMC) (n=34)

Indicator	Number of Items (n)	Average Percentage of Correct Responses (%)
Freedom from Harm and Mistreatment	3	98,0
Rights to Information and Choices	6	100
Privacy and Confidentiality	2	100
Dignity and Respect	5	100
Equality, Freedom from Discrimination, and Equitable Care	2	100
Timely and High-Quality Care	3	96,1
Freedom, Autonomy, Self-Determination, and Freedom from Coercion	2	100

Note: Percentages represent the average proportion of correct responses across the items mapped to each indicator. The seven indicators were used for descriptive conceptual mapping and should not be interpreted as psychometric subscales of the MKP-RMC.

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E-ISSN: 2774 – 5821
https://doi.org/10.34035/kn.v7i2.2160

Based on Table 3., Correct responses were high across all seven conceptual indicators. Rights to Information and Choices, Privacy and Confidentiality, Dignity and Respect, Equality, Freedom from Discrimination and Equitable Care, and Freedom, Autonomy, Self-Determination, and Freedom from Coercion each reached 100%. Freedom from Harm and Ill Treatment reached 98.0%, while Timely and High-Quality Care had the lowest proportion of correct responses at 96.1%.

Although all respondents were classified as having good knowledge, several aspects still showed incorrect responses. In the Freedom from Harm and Mistreatment indicator, 2 respondents (5.9%) provided incorrect answers regarding the aspect of refraining from physical violence when faced with a woman's refusal to cooperate. In the Timely and High-Quality Care indicator, 2 respondents (5.9%) also provided incorrect answers regarding the aspects of being continuously or promptly present at a woman in labor's side and providing childbirth care based on the latest scientific evidence. Meanwhile, all respondents provided correct answers on the remaining items.

Overall, this study showed that the respondents' knowledge of *Respectful Maternity Care* (RMC) was categorized as good, as indicated by the high mean score and percentage of correct responses across all indicators. Nevertheless, several aspects were not answered correctly by all respondents, particularly those related to the prevention of violence, continuity and timeliness of support, and the implementation of evidence-based childbirth care.

DISCUSSION

The findings demonstrate that the respondents had a good overall level of knowledge regarding *Respectful Maternity Care* (RMC). This indicates that the core principles of RMC, including dignity, privacy, confidentiality, informed choice, autonomy, equality, and freedom from harm, were generally well understood. RMC represents an important component of quality maternity care because quality extends beyond the provision of appropriate clinical interventions to include women's experiences throughout childbirth. The World Health Organization emphasizes that respectful maternity care should uphold women's dignity, privacy, and confidentiality, protect them from harm and mistreatment, and support informed decision-making and continuous care during labor and childbirth (WHO, 2018). The high level of knowledge identified in this study is also consistent with the International Confederation of Midwives, which recognizes knowledge, skills, and professional behaviors related to respectful care as essential competencies in global midwifery practice (Michelle et al., 2020).

Most respondents were aged 35–44 years, had D1/D2/D3 educational backgrounds, and had more than 10 years of professional experience. Extensive work experience may expose midwives repeatedly to childbirth care and clinical decision-making, but the present study did not examine whether experience was associated with knowledge. It should therefore be treated only as a descriptive characteristic of the sample, rather than as an established determinant of RMC knowledge. Previous evidence showing differences between providers' awareness and their actual performance further supports the need to distinguish knowledge from practice (Haghdoost et al., 2021a).

All respondents answered correctly on the indicators concerning Rights to Information and Choices, Privacy and Confidentiality, Dignity and Respect, Equality, Freedom from Discrimination and Equitable Care, and Freedom, Autonomy, Self-Determination, and Freedom from Coercion. These findings are broadly consistent with the multidimensional framework of the MKP-RMC, which incorporates respectful communication, safe care, emotional support, and the prevention of mistreatment (Moridi et al., 2020). The instrument was developed specifically to assess midwives' knowledge and practice of

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E-ISSN: 2774 – 5821
https://doi.org/10.34035/kn.v7i2.2160

RMC and demonstrated acceptable validity and reliability. Therefore, the high level of knowledge observed in the present study may indicate that respondents had established a strong understanding of several fundamental principles of respectful and woman-centered maternity care (Moridi et al., 2022). However, the seven indicators in the present study were created through conceptual mapping for descriptive purposes; consequently, their percentages should not be interpreted as scores from independently validated subscales.

The Freedom from Harm and Ill Treatment indicator yielded 98.0% correct responses. Two respondents (5.9%) answered incorrectly on the item addressing the avoidance of physical violence when a woman refuses to cooperate, whereas all respondents answered correctly on the item concerning not shouting at an uncooperative woman. Thus, the less consistent response concerned physical violence rather than verbal mistreatment. Although the proportion was small, the finding suggests that prevention of physical violence remains worth reinforcing. This is also relevant to previous evidence indicating that aspects of mistreatment may remain less consistent even when overall RMC knowledge and practice are good (Moridi et al., 2022). Furthermore, qualitative research involving healthcare providers in Nigeria found that providers understood the principles of respectful maternity care but also recognized the complexity of disrespectful and abusive practices within maternity settings (Joy Orpin, 2019). Taken together, these findings suggest that preventing mistreatment may be one of the more complex dimensions of RMC, as it requires integrating professional attitudes, effective communication, emotional regulation, and appropriate responses to women in stressful clinical circumstances.

Timely and High-Quality Care showed the lowest proportion of correct responses, at 96.1%. Two respondents (5.9%) answered incorrectly on the item concerning continuous or timely presence with a woman in labor. This aspect is important because respectful childbirth care involves more than the delivery of clinical procedures; women also require appropriate emotional and interpersonal support throughout labor. Qualitative evidence has emphasized communication, emotional support, and respectful interaction as central elements of childbirth care (Shakibazadeh et al., 2018). Studies of midwives' experiences have likewise indicated that companionship, privacy, and informed consent may not always be applied consistently in practice (Ige & Cele, 2021). Continued attention to timely, ongoing support is therefore warranted.

The Timely and High-Quality Care indicator also included an item on providing childbirth care in accordance with the latest scientific evidence; 2 respondents (5.9%) answered this item incorrectly. This result highlights the importance of linking respectful care with clinically appropriate, evidence-based practice. The AWHONN *Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline* emphasizes that respectful maternity care should be integrated with evidence-based practice, effective communication, shared decision-making, and consideration of each woman's individual needs (Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN, 2022). Therefore, this finding is better interpreted as a specific area for continuing professional development rather than as evidence of generally inadequate RMC knowledge.

A central implication of this study is the distinction between knowledge of RMC principles and their implementation in clinical practice. Although all respondents had good knowledge, this study did not directly observe care practices or assess women's experiences. Previous research indicates that RMC implementation is influenced not only by individual knowledge but also by interpersonal, environmental, and organizational conditions (Dzomeku et al., 2022). Similarly, found that the implementation of respectful maternity care is shaped by multiple factors involving midwives, women, the healthcare

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environment, and organizational conditions. Therefore, the present findings suggest that knowledge provides an important foundation for RMC, but further assessment of clinical practice and women's experiences is needed to determine the extent to which this knowledge is consistently translated into respectful maternity care (Lunda et al., 2024).

The practical implications of these findings suggest that efforts to strengthen RMC need not focus on basic conceptual education across all domains. Instead, continuing professional development may be targeted toward areas where knowledge is less consistent, particularly the prevention of mistreatment, appropriate and continuous companionship, and evidence-based maternity care. A mixed-methods systematic review by previous study, found that educational interventions can improve knowledge and perceptions of RMC, while continuous education may be more effective than one-time training in supporting the sustained provision of respectful care (Dhakal et al., 2022). Furthermore, a systematic review by previous study, indicated that multi-component interventions may be more appropriate for addressing mistreatment and promoting RMC, given that the determinants of respectful care extend beyond individual providers' knowledge (Kasaye et al., 2023). More recently, demonstrated that moral case deliberation could improve midwives' knowledge and practice related to RMC, suggesting that reflective and case-based approaches may support the translation of RMC principles into clinical decision-making (Samsami et al., 2025). Therefore, the contribution of the present study extends beyond demonstrating good RMC knowledge among respondents; it also highlights the need for future improvement efforts to focus on translating strong conceptual knowledge into consistent, evidence-based, non-violent, and continuous respectful maternity care.

Several limitations should be considered when interpreting these findings. The study involved only 34 midwives from a single childbirth-care setting, which limits the generalizability of the findings to other populations or settings. In addition, although the MKP-RMC was adapted through wording changes and conceptual mapping, comprehensive psychometric testing was not repeated for the adapted version. The clustering of scores near the maximum also suggests a possible ceiling effect, which may reduce the instrument's ability to discriminate among different levels of knowledge. Because some items reflect professionally desirable responses, social desirability or normative response bias may also have affected responses. Some items may further overlap conceptually with normative awareness or self-reported practice. Finally, the questionnaire was administered through Google Form, which limited direct supervision of respondents during completion.

CONCLUSION

The results highlight that a solid understanding of Respectful Maternity Care (RMC) is essential for midwives to deliver woman-centred and rights-based childbirth care. Yet, merely possessing knowledge may not be enough to ensure respectful interactions consistently occur in clinical settings. Key areas that need improvement include preventing mistreatment, ensuring continuity and timeliness of support, and applying evidence-based practices. These represent vital opportunities to enhance maternity care quality. Therefore, efforts to promote RMC should go beyond just learning; they must focus on applying these principles regularly during childbirth. This can be achieved through ongoing professional development, reflective practice, and fostering an encouraging clinical environment.

RECOMMENDATIONS

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https://doi.org/10.34035/kn.v7i2.2160

Healthcare institutions should incorporate RMC into their standard quality-improvement efforts through ongoing professional development, case-based learning, reflective practices, and regular supervision of maternity care. Special focus should be on preventing physical and verbal mistreatment, providing timely and continuous support during labor, and applying current evidence to clinical decisions. These initiatives should be supported by frequent feedback from women receiving maternity care, enabling institutions to pinpoint gaps between expected respectful treatment and actual patient experiences. Midwives should integrate RMC principles into daily clinical decisions and communication. Additionally, future research should investigate how improved knowledge and training lead to real-world changes in practice and women's experiences.

ACKNOWLEDGMENTS

The authors would like to express their sincere gratitude to the academic supervisors and lecturers of the Midwifery Program for their guidance, valuable suggestions, and support throughout the research process. The authors also extend their appreciation to the management and midwives who participated in this study for their willingness, time, and cooperation during data collection. Special thanks are also given to the Bioethics Commission for granting ethical approval for this study. The authors are grateful to all parties who contributed to the completion of this research and the preparation of this manuscript.

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