African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 6, Issue 3, 2023 (pp. 56-73)
www.abjournals.org

DEVELOPING THE PROMOTION OF RESPECTFUL MATERNITY CARE STRATEGIES FOR MIDWIVES IN JOS, AN INTERVENTION MAPPING APPROACH

Grace Daniel[1*], Eunice Ari[2], Cletus Okpe[2], Emmanuel Oyedele[2],

Abraham Ajayi[2] and Grace Onyejekwe[2]

[*1]Department of Nursing, Lincoln University College, Malaysia

Corresponding Email: dgomolade@lincoln.edu.my

[2]Department of Nursing Science, University of Jos, Plateau State

Cite this article:

Grace D., Ari E., Okpe C., Oyedele E., Ajayi A., Onyejekwe G. (2023), Developing the Promotion of Respectful Maternity Care Strategies for Midwives in Jos, an Intervention Mapping Approach. African Journal of Health, Nursing and Midwifery 6(3), 56-73. DOI: 10.52589/AJHNM-RSOUUXZ8

Manuscript History

Received: 8 May 2023

Accepted: 27 July 2023

Published: 14 Aug 2023

ABSTRACT: *This study aimed to describe the development of strategies to promote respectful maternity care strategies for midwives in Jos, Nigeria. An Intervention Mapping approach was used to develop intervention strategies specifically tailored to midwives. This approach entailed conducting semi-structured interviews with 10 midwives and 13 women. Interviews were transcribed and analyzed using NVIVO software version 10. A logic model of the problem of disrespectful maternity care was developed from the needs assessment carried out in step one. Step two was to formulate health-enhancing outcomes and performance objectives for the intervention, while in step three theory-based methods and practical strategies for the intervention were identified. This study demonstrates that promoting respectful maternity care among midwives needs addressing from different angles. There is a need for individual behavioural changes as well as organizational, attitudinal, and management changes.*

KEYWORDS: Maternity Care, Midwives, Jos, Nigeria

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 6, Issue 3, 2023 (pp. 56-73)
www.abjournals.org

INTRODUCTION

Annual deaths of women in Nigeria due to maternal mortality total 59,000 (WHO, 2005; Nigeria Demographic Health Survey (NDHS), 2008; National Human Resources for Health Strategic Plan (NHRFHSP), 2012). Compared to the majority of the world's developed countries, Nigerian women are allegedly 500 times more likely to die when giving birth (Owumi et al., 2002). Given that Nigeria is the second-largest contributor to maternal deaths globally and accounts for 20% of all maternal deaths worldwide, it is still unlikely that Nigeria will be able to meet target 3.1 of Sustainable Development Goal 3, which calls for reducing maternal deaths to less than 70 per 100,000 live births by 2030 United Nations International Children's Emergency Fund (UNICEF, 2005). Many women choose not to use services because they dislike the way care is delivered or because health providers are not providing high-quality treatment (Olonade et al., 2019). Recent research has shown that poor maternal and newborn outcomes are both directly and indirectly related to the disrespectful, abusive, or coercive service provided by trained healthcare professionals at healthcare institutions (Maldie et al., 2021). Many studies have revealed that mistreatment of pregnant and laboring women is common in medical settings (Gebremichael et al., 2018; Orpin, 2018).

Experts in the field of reproductive health care giving RMC much-deserved prominence and attention on a global scale (Maldie et al., 2021). A significant public health issue is disrespect and maltreatment in pregnancy, which has caused women to underutilize maternal healthcare services (Gebremichael et al., 2018; Wassihun & Zeleke, 2018; Sheferaw, 2021; Bowser & Hill, 2021), also connected to postpartum depression (Silveira et al., 2019). In addition, it can diminish patient satisfaction and faith in the medical system and result in unfavorable pregnancy outcomes (Moran et al., 2016; Afulani et al., 2018). Typically, receiving disrespect results in the victim experiencing fear, anger, embarrassment, perplexity, unease, loneliness, self-doubt, sadness, and a variety of physical symptoms, including insomnia, exhaustion, nausea, and hypertension (Leape et al., 2012). A person's capacity to reason rationally, form sound judgments, and voice their opinions is impaired by these sensations. Disrespectful actions have also eroded patient confidence, resulting in patients being less willing to ask inquiries or share crucial information (Grissinger, 2017). According to Orpin (2018), D&A has a number of negative effects on women's health and well-being, including a higher chance of difficulties during childbirth (Rance et al., 2013), self-reported health issues, sleep issues, and symptoms of posttraumatic stress disorder (Swahnberg et al., 2007). Hence, poor maternity care negatively affects the health and well-being of the entire population. Respectful maternity care, on the other hand, can help with timely care delivery, enhanced patient-provider communication, higher adherence to treatments, and increased utilization of maternal health services, all of which can enhance mother and neonatal impacts (Miller et al., 2016; Downe et al., 2018; Molina et al., 2016; Chou et al., 2015).

Every woman has the right to the best maternity care that is humanly possible, which includes the highest degree of health that is respectful (Belizan et al., 2020). Respectful maternity care (RMC) refers to seven domains that have been developed by White Ribbon Alliance and is a universal human right of childbearing women (RMC Charter) (WRA) (Haghdoost et al., 2021). Respectful maternity care may increase a woman's likelihood of giving birth vaginally, increase her satisfaction, and shorten her labor (Bohren et al., 2017). This is due to the fact that consistent midwives' assistance for women throughout labor is a crucial component of respectful maternity care (Bradfield et al., 2019). This assistance comprises emotional support (constant presence, touching, empathy, reassurance, and praise) as well as

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

knowledge about the status of the labor. Together with comfort measures, it might also offer guidance on coping mechanisms (Haghdoost et al., 2021). A number of variables contribute to disrespectful maternity care, among is the provider factors which include work overload/stress, training gaps, the desire for a positive obstetric outcome, under-remuneration and under-appreciation (Okedo-Alex et al., 2020).

To our knowledge, there is no training program for midwives that would encourage respectful maternity care in our setting. For midwives who play a crucial role in the care of women during pregnancy and childbirth, this is significant. A participative approach must be used in the development of the intervention to satisfy the specific needs of midwives and the women they care for. Because it ensures relevance and ownership of risk identification, solution formulation, and change implementation, midwives and women must be involved in the process. The development of this intervention benefited from the use of intervention mapping.

Intervention Mapping

Intervention Mapping is a problem- and theory-driven protocol that involves input from relevant parties as well as knowledge from the literature. It includes six essential steps: There are six steps in developing an intervention plan: identifying the problem's needs; identifying outcomes and change objectives; choosing theory-based methods and useful strategies; developing an intervention plan; creating an adoption and implementation plan; and creating an evaluation plan. The application of intervention mapping in other occupational settings for various outcomes has been well-described in the literature on health promotion (Dalager et al., 2019).

METHODOLOGY

Research Design: The study was based on qualitative research using a descriptive phenomenological strategy.

Population of the Study: The study population consisted of midwives working in the labor ward and postpartum women i.e. women who delivered within 48 hours of data collection.

Sampling and Sampling Techniques: A total of 10 midwives and 13 postpartum women participated in the study. Both midwives and postpartum mothers who took part in this study were chosen using a purposive sampling technique.

Instrument for Data Collection: The interview guide for women was modified from the MCSP in-depth interview guide for women of reproductive age, while the interview guide for midwives was modified from the MCSP Guatemala respectful maternity care formative evaluation instrument for providers of pregnancy and delivery care (WRA). Both guides were modified to fit our group after being pretested by midwives and postpartum patients in another hospital. Changes were then made in response to the results.

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

Procedure for Data collection

In-depth Interviews: We conducted in-depth, semi-structured interviews with the midwives and the women. The purpose of these interviews was to carry out a need assessment of the midwives and postpartum women in terms of respectful maternity care during childbirth. After receiving ethical approval from the hospital's ethical review board for this study, the researcher performed these interviews. The researcher received participants' signed agreement to participate in the study before beginning each interview by explaining the nature and purpose of the investigation as well as the confidentiality of their conversations. The interviews were taped and then transcribed. A questionnaire was used to collect the participant's personal information, including age, education level, employment experience, and the number of years spent in the labor ward. After that, they were asked to share their insights towards giving respectful maternity care throughout labor. English was used for the interviews. Depending on the participants' willingness, each interview lasted anywhere from 40 minutes to an hour, with a mean of 60 minutes.

Data Analysis

The taped interviews were painstakingly transcribed by four people, and NVIVO version 10 was used for analysis. Data that had been transcribed was entered into the NVIVO software, and statements that related to respectful maternity care were chosen using a logical method. The source codes were then extracted from these assertions using an inductive methodology. The word frequency count and word cloud that were created based on these codes illustrate the terms that were often used. Prior to developing subthemes and subsequent themes, all sentences were read and reread.

Ethics Approval

Ethical approval was sought and obtained from the Plateau State Specialist Hospital, Nigeria on 24th September 2021 with reference number NHREC/05/01/2010b. The other hospital gave permission for the study to be conducted. Anonymity and confidentiality of data was ensured through the study. Prior to conducting the in-depth interview, each participant was given oral and written information about the study’s purpose and methods and their informed consent was obtained in both forms.

RESULTS

Socio-demographic Data of Respondents

A total of 10 midwives and 13 postpartum women participated in the study, with an average age of 36.5 years and 29.8 years respectively. Majority of both midwives and women are Christians, 90% and 61.5% respectively. Among the women, the majority (69.2) of them have secondary school education as their highest qualification while (23.1) are diploma holders. Among the nurses, most (80%) of them have diplomas in nursing and midwifery while (20%) are degree holders (Table 1).

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

Table 1: Participant's Characteristics

	Patients (N – 13)	**Midwives (N – 10)**
Characteristics	**N (%)**	**N (%)**
Age Group		
< 20	1 (7.6)	0 (0)
20 - 29	5 (38.5)	1 (10)
30 -39	5 (38.5)	6 (60)
40 – 49	2 (15.4)	2 (20)
>49	0 (0)	1 (10)
Religion		
Christian	8 (61.5	9 (90)
Moslem	5 (38.5)	1 (10)
Highest Qualification		
Primary	0 (0)	0 (0)
Secondary	9 (69.2)	0 (0)
Diploma	3 (23.1)	8 (80)
Tertiary	1 (7.7)	2 (20)

Step 1: Conduct a needs assessment to create logic model of the problem

The first step of the intervention mapping attempted to comprehend postpartum women's and midwives' experiences with respectful maternity care, as well as what both parties' needs were for fostering respectful maternity care. By in-depth interviews and behavioral change theories, potential factors for RMC promotion were discovered (BCT). Thirteen postpartum moms and ten midwives underwent in-depth interviews. Seven primary thematic areas, including four themes for midwives and three themes for postpartum women, serve as a summary of the study's findings. Themes that emerged for midwives include midwives' expectations, the justification of disrespectful treatment, and health system limitations. The themes that emerged for the women were: women want to be respected; women equate respect to having their needs addressed; women associate respectful care with labor pain control.

FINDINGS FROM THE MIDWIVES

Theme 1: Midwives' Expectations

The midwives' expectations of expectant mothers during childbirth were conveyed in line with their commitment to upholding their patients' dignity. The expectations of the midwife are related to those of the patient, other co-workers, management, and even patient relations. They expect that these women should have been attending antenatal classes where they are prepared for labor, that whatever they are taught in those classes and in the labor ward should be put into practice, that the women will cooperate, and that management will provide everything they need for them to work efficiently, according to one of the midwives.

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

...So when you have a proper education and you are following the expected message that has been passed across, I think you'll have a good outcome at the end of the day in the labor room" (Midwife 7)

Another said,

"But once you tell them during antenatal "once you come into the labor room, you are expected to lie on your side, you are expected to give maximum cooperation….." ***(midwife 2)***

Theme 2: Disrespectful Care Justified

However, the midwives' viewpoint suggested that some patients' actions went beyond what was considered appropriate behavior and that this justified their lack of composure during labor.

"I don't want to say … (laughs) toh some women, you have to handle them with iron hand before they listen, we say if you don't comply eh, I will force you" how do we force her, maybe beating her legs "part your legs" but if you comply and your baby is coming out, it will come out smoothly cause I want you to deliver successfully, I don't want you to have any complication but if you refuse ooo, the force I will do is "I have no option but to begin to beat you on your lap to open up, so that your baby will come out" so that's what I normally do ooo, me o, personally" ***(Midwife 3)***

Theme 3: Health System Constraints in Providing Respectful Care

Constraints on the healthcare system were also mentioned as influencing the midwives' experience. *"We have poor infrastructure and lack of working equipment which has to do with drugs, everything. You come to work, you order for this, they say it's not available. Before you know it, when you're sending patients to go and get it, before the patient will travel to where he will go and get it and come back, time has passed by and a person can die within a second. So how do you render that care when the things you need to work are not there. You can't do it"* ***(Midwife 7)***

Although midwives are inclined to give respectful care during childbirth, they are constrained when their expectations are not realized and when the health system has limitations. Changes at the systemic level and a cooperative shared model of care delivery across the antenatal clinic and labor wards are just two methods that could enhance the experiences of midwives.

Findings from the Women

Theme 1: Respectful care is proper labor pain management

The birth of a child is typically painful. The postpartum mothers connected labor pain relief with polite treatment. In other words, the midwife shows them respect by providing them with appropriate labor pain relief.

"When I was in pain, I told them anything they want to do, they should just look for injection and give me, they said "no, they will not do that"...I was just.. the pain was much, I was just

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

begging them to look for any injection that will help, they said "No, that is not right"...." ***(Patient 3)***

Another said:

"I thought they would come and help me and so that thing, rub my back and say good luck. I think I would have been…but they went back and sat down and left me" ***(Patient 6)***

Theme 2: Women linked respect to having their needs met

Women want companionship and attention in addition to the patient-midwife interaction. One woman said:

" you need someone that will say its okay, it's okay at least help you to massage your back or even your leg, something as in show you that if I were to be your sister... the thing is that most of them they don't have that, they don't have that this thing, such character I believe some may have but the ones I encountered yesterday, they did not give me any massage ooo, even though I needed it because I was shouting my back ooo" ***(Patient 4)***

Theme 3: Women want to be respected

Many women who enter the labor room hold the belief that everyone deserves to be respected. According to them, respectful care should be free of abuse, rudeness, and other vices; privacy should be guaranteed; consent should be sought before performing a procedure; and information should be provided.

"They are not supposed to shout at patients, patients are in pain while they, they are not in pain but they know the pain they are going through because they read it, they know, at least they should learn and have a little bit respect for the person that is in pain because we are humans and everybody's level of perception of pain is quite different" ***(Patient 7)***

The findings indicate the need for labor ward facilities to be reorganized to allow for companionship and midwives' training on respectful maternity care to emphasize meeting the needs and expectations of women during childbirth. These findings prompted the development of the problem's logic model, which exposed the human elements and their determinants as well as the environmental factors and their determinants (figure 1).

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 6, Issue 3, 2023 (pp. 56-73)
www.abjournals.org

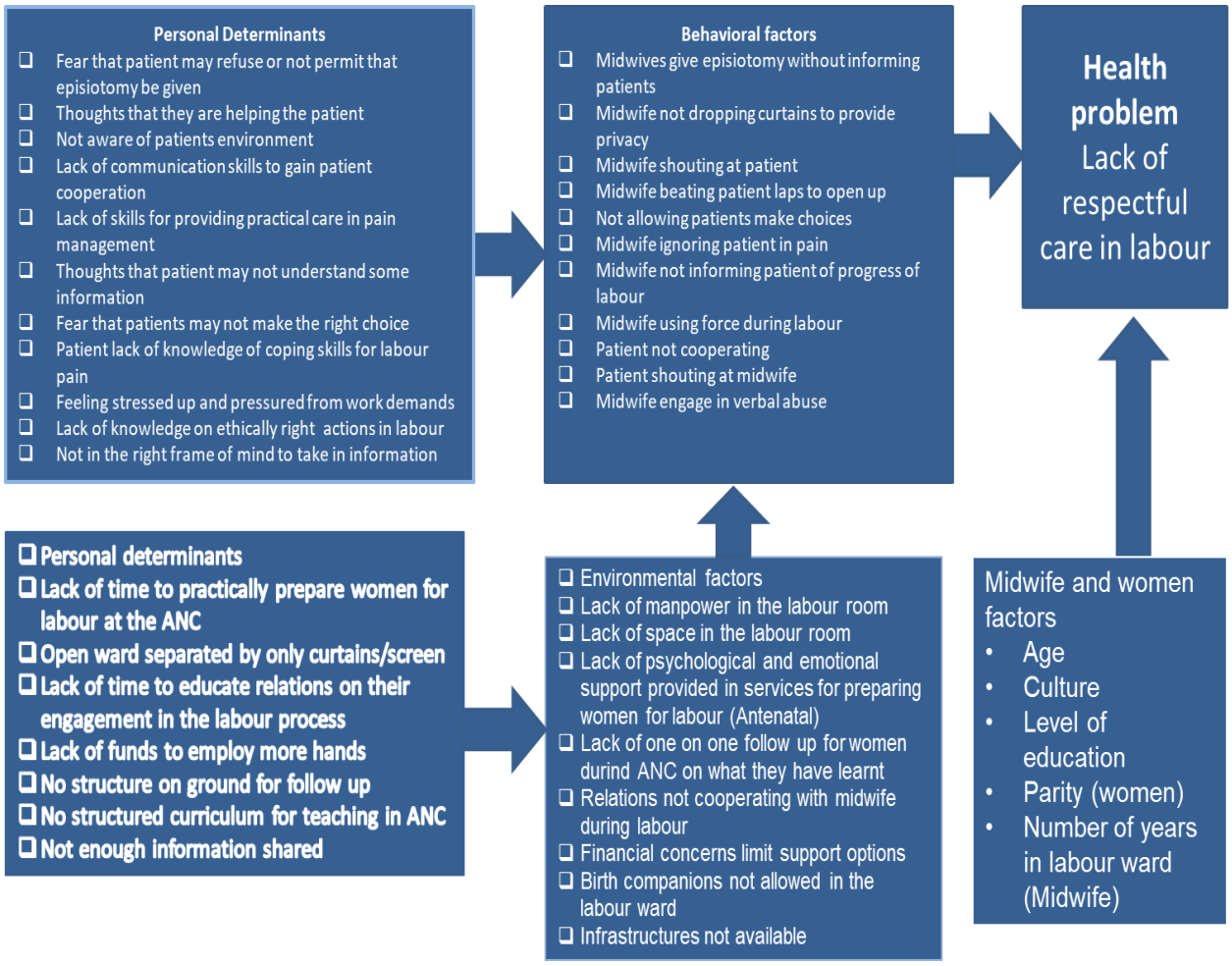

Fig 1: The Logic Model of the Problem

Step 2: Performance objectives and change objectives

The initial objective in step 2 was to define health-improving outcomes for the intervention and to further categorize these into behavioral outcomes and environmental outcomes. This was offset by the logic model of the problem. By developing a logic model of change, step two of IM sought to define the intended change at both the behavioral and environmental levels (table 1). At the level of the individual, the main outcome of the intervention is improved quality care by midwives thereby reducing disrespectful care during childbirth. At the environmental level, the main outcome is to prioritize RMC and be active partners in preventing abuse and maltreatment of women during labor, hence promoting respectful maternity care (Figure 2).

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 6, Issue 3, 2023 (pp. 56-73)
www.abjournals.org

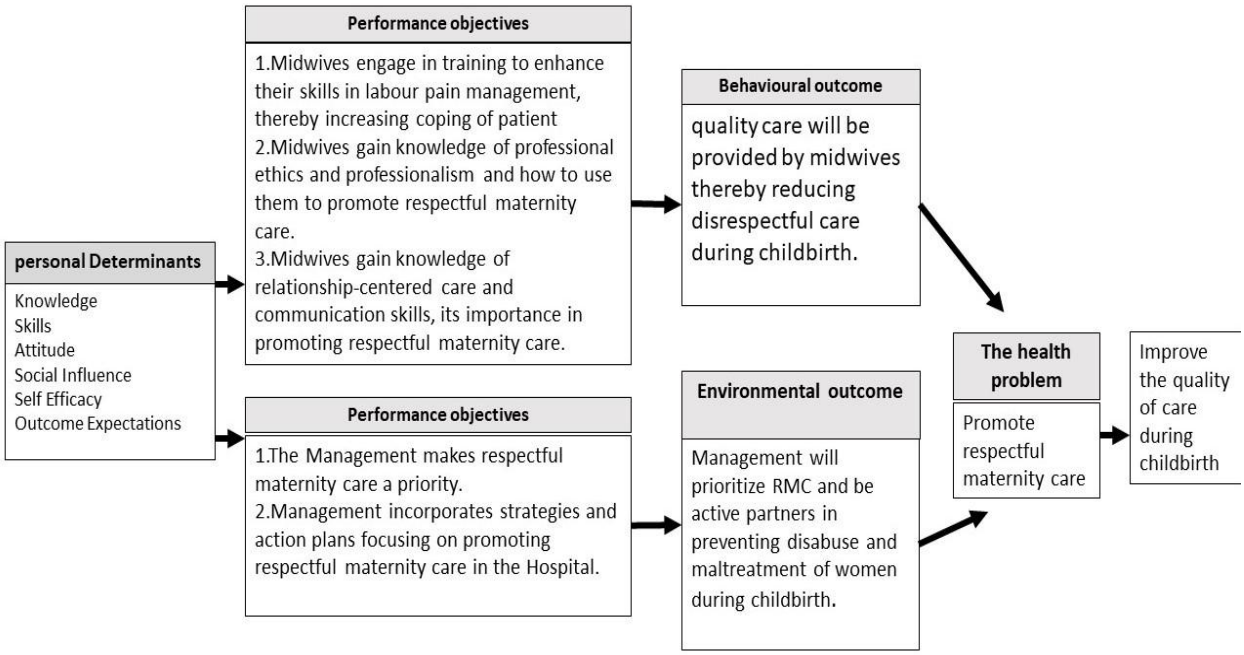

Figure 2: The logic model of change

The final results were broken down into many components using the IM approach. Performance objectives specified how these components should change. Three performance objectives were generated based on the behavioral outcome, they are: Midwives engage in training to enhance their skills in labor pain management; midwives gain knowledge on ethics and professionalism and how to use them to promote RMC and midwives gain knowledge of relationship centered care and communication skills in the promotion of RMC. The performance objectives for the environmental outcomes are two, they include: management will make RMC a priority and management will incorporate strategies and action plans focusing on RMC in the hospital.

To achieve the above performance objectives, we identified six theoretical determinants that were deemed useful in achieving each performance objective and thereby changing the desired outcomes. The six theoretical determinants comprise knowledge, skills, attitude, social influence, self-efficacy, and expected outcomes (Table 2) and originate from Theory of Planned Behavior and Social Cognitive Theory.

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 6, Issue 3, 2023 (pp. 56-73)

www.abjournals.org

Table 2: Matrix of change objectives created by crossing the performance objectives (behavioral performance objectives 1– 3 and environmental outcomes 4 -5 with the theoretical determinants

Behavioral performance objectives	knowledge	Skills	Attitude	Social influence	Self- efficacy	Outcome expectations
1. Midwives engage in training to enhance their skills in labor pain management, thereby increasing coping of patient	Have knowledge about pain management in labor, effects and skills regarding that	Possess the skills to perform pain management	Acknowledge pain management skills as health promoting	Management and midwives give priority to pain management skills training and support each other	Feel confident in performing labor pain management training and believe in own abilities	Expectation that managing labor pain promotes cooperation of the woman in labor
2. Midwives gain knowledge on professional ethics and professionalism and how to use them to promote respectful maternity care	Midwives gain knowledge on ethics and professionalism and the importance to conduct deliveries in an ethical manner	Possess the skills to uphold ethics in the labor ward	Accept that ethics & professional care must be upheld for RMC	Management & midwives build a common understanding of ethically & professionally right care in the labor ward	Believe they are able to provide ethically right care to promoted RMC	Expectation that ethically right care will lead to healthy work environment
3. Midwives gain knowledge of relationship-centered care and communication skills, its importance in promoting respectful maternity care.	Midwives gain knowledge on the importance of caring relationships & good communication skills in promoting RMC	Possess the skills for proper communication with patients during childbirth	Accept that good communication must be upheld in the labor ward.	Management and midwives support relevant strategies to improve relationship and communication between midwives and women in labor	Believe they are able to communicate appropriately with the woman at any given time during labor	Expectation that good communication will lead to healthy relationship between midwife and patient during labor

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

	Environmental outcomes					
4. The management makes respectful maternity care a priority	Have knowledge about RMC and its impact on the overall health care system	Possess the skills to continuously prioritize RMC in the hospital	Make clear the importance of giving priority to RMC	Support relevant strategies eg trainings for pain management	Believes that strategies for promotion of RMC are feasible and effective	If management makes RMC a priority, the midwives will make it a priority too
5. Management incorporates strategies and action plans focusing on promoting respectful maternity care in the Hospital	Have knowledge of strategies set to promote RMC	Possess skills to perform and renew strategies for promotion of RMC	Make clear the importance of giving priority to RMC	Provides support to strategies that allow midwives to perform their Job without experiencing hinderance to RMC	Believes that strategies and action plans can promote RMC	By having strategies and action plans for midwives, the midwives feel more obliged to engage in RMC which will in turn promote RMC

The theory of planned behavior is an expansion of the theory of reasoned action (Ajzen & Fishbein, 1980), necessitated by the limits of the original model in addressing activities over which persons have imperfect volitional control. According to the idea of planned action, there are three fundamentally distinct factors that influence intention. The first factor is a person's attitude toward the activity, which describes how positively or negatively they see the behavior in issue. The perceived social pressure to engage in the action or refrain from doing so is the subject of the second predictor, a social variable known as subjective norm. The third antecedent of intention is the degree of perceived behavioral control, which refers to how easy or difficult it is thought to carry out the behavior and is thought to reflect both prior experiences and predicted obstructions and difficulties. In general, an individual's intention to engage in the action under consideration should be stronger the more positive the attitude and subjective norm with respect to the behavior, as well as the larger the perceived behavioral control. The purpose of an individual to engage in a particular conduct is a key component of the notion of planned behavior. The motivating variables that drive action are thought to be captured by intentions, which also serve as indicators of how much effort a person is prepared to put forth to carry out the conduct. Generally speaking, the more strongly an action is intended to be performed, the more likely its performance should be

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

(Zhang, 2018; Hallbeck et al., 2017). Both of these theories address the factors that influence behavior as well as the influence of the external environment on a person's behavior.

The performance objectives might be influenced by a number of factors. Knowledge, skills, attitude, self-efficacy, and outcome expectations were all modifiable factors for RMC promotion at the individual level, according to a prior study. Social influence is a modifiable determinant at the environmental level. By connecting each performance target with the changeable determinants, according to the IM technique, change objectives matrices were developed (Table 1). The change objectives then outline the requirements for achieving the performance goals.

Step 3: Theory-based intervention methods and practical applications

The third step of IM was to choose theory-based intervention techniques and real-world applications. The behavioral science models recommended by the IM protocol were used to identify the theory-based intervention techniques that sought to alter the factors influencing the performance targets (Eldredge et al., 2016). These behavior change methods (BCMs) are thought of as a theory-based change process. The intervention population and the intervention situation were taken into account while putting theory-based intervention strategies into practice. The BCMs were then translated into usable apps (PAs). A specific plan in which the methodology is used in the intervention is called an application. Table 3 gives a summary of the chosen theoretical approaches and their actual applications, broken down by determinant.

Table 3: Selecting/designing practical applications to deliver change methods

Theoretical Determinants/ change Objectives	Theory based method	Practical applications/strategies to deliver change methods
Knowledge - Pain management in labor/childbirth - Ethics and professionalism in conducting labor - Caring relationships, emphasis on midwife-patient relationship - Good communication - Respectful maternity care, rights of women	Modeling Active Learning	Training workshop is organized for midwives to provide knowledge about how to communicate with women during the childbirth process, how to manage pain and how to be good advocates.
Skills - Perform labor pain management skills in labor - Promote ethics and professionalism in labor - Uphold midwife – patient caring relationships - Promote proper communicating in labor	Guided Practice Active learning Modeling	At the training workshop, skills of managing laborpain is learnt Pamphlets is given to midwives on pain management to improve their skills Poster of pain management is hung in the maternity for women to see and practice the skills of pain management

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

Attitude - Accepts pain management skills and ready to perform it - Prioritize ethics and professionalism in the conduct of labor - Accept to communicate positively with women in labor - Have the intention to care based on caring relationship	Modeling Verbal persuasion	At the training workshop, positive attitude towards managing laborpain is built up. Pamphlets is given to midwives during the training for them to constantly look and desire a positive attitude towards managing laborpain, communicate and build up caring relationships
Social influence - Management, Midwives and women build up a positive and sustainable working environment on the laborwards	Modeling Verbal Persuasion	Midwives and management prioritize and commitment to treating women respectfully. Poster helps to focus on this priority
Self-efficacy - Believe in their ability to manage laborpain - Believe that engaging in caring relationships, ethical and professional care will promote respectful maternity care	Modeling Verbal persuasion	Ward management establish the structures that make it possible for midwives to provide respectful maternity care for women in labor Poster helps in building self-efficacy
Outcome expectations - Increases knowledge of respectful maternity care, rights of women among midwives - Pain management skills training leads to effective laborpain management - Improve communication between midwives and women - Promote caring relationships between midwives and women	Modeling Verbal Persuasion	Training workshop is organized for midwives to provide knowledge about how to communicate with women during the childbirth process, how to manage pain and how to be good advocates.

Theoretical techniques of verbal persuasion and modeling, drawn from the Social Cognitive Theory, were used to alter the determinants of attitude, social influence, self-efficacy, and expected outcomes (Smith et al., 2022). Similar to this, the Social Cognitive Theory's active learning and direction were used to influence the determinants' abilities and self-efficacy. Also, the Precaution - Adoption Process Model's "Personal risk" strategy was used to alter the determinants' expectations for the outcomes. In order for the midwives to understand that others have had success with the same behavior, verbal persuasion and modeling were used. Active learning and mentoring techniques were used to impart knowledge of RMC and equip

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

midwives with the expertise necessary to manage labor pain. For instance, effective massage techniques can assist women manage the discomfort of childbirth. based on these, different modules for training were generated (Table 4).

Table 4: Modules of training for the promotion of RMC for midwives

Modules	Target group	Topics
Caring relationships	Midwives	Listening to women voices; building up caring relationships to promote RMC
Pain management	Midwives, Postpartum women and management	Engaging midwives in skills-based training for laborpain management
Communication skills	Midwives	Effective communication during childbirth, promoting respectful care
Ethics and professionalism	Midwives	The midwife, ethics and her profession
Advocacy	Midwives	The midwife as an advocate

DISCUSSION

This paper described the systematic development of strategies that can promote respectful maternity care of women during childbirth by using an intervention mapping approach. Respectful Maternity Care (RMC) has been recognized as an essential strategy for improving quality and utilization of maternity care. It is defined as a universal human right that encompasses the principles of ethics and respect for women's feelings, dignity, choices and preferences. Indeed, RMC is an approach to care which emphasizes the fundamental rights of women, newborns, and families, and that enhances adequate access to evidence-based care while recognizing the unique needs and preferences of both women and newborns. Intervention mapping proved to be a useful tool in pointing to the needs of the midwives and developing strategies to help promote respectful maternity care during childbirth.

We conducted a needs assessment by carrying out in-depth interviews of midwives and postpartum women. Findings revealed that pain management is key to respectful maternity care and also the knowledge of relationship-based care, effective communication and Advocacy is needed for midwives to effectively provide respectful maternity care. These findings also point to the fact that involving women, and management in care is important to the midwives promotion of respectful maternity care during childbirth.

Concepts from the theory of planned behavior and social cognitive theory were used for the study to draw out how systematically behavior can be changed. Strategies were developed focusing on labor pain management training, effective communication between midwives and women in labor, the midwife as an advocate, caring based relationship and knowledge on respectful maternity care.

Although using the IMP to develop an intervention involved a time-consuming and complicated process, it proved to be a valuable tool in the planning and development of the Promotion of RMC intervention. Since disrespectful maternity care is an issue with multifactorial dimensions to its causality, the promotion of RMC must also be addressed from different points of view. Applying intervention mapping to the promotion of respectful

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

maternity care for midwives has also helped to address a few dimensions affecting it. All the strategies developed in this study came from the need for increased knowledge and pain management skill training. Training modules should be focused on teaching professionalism, ethics of the profession, relationship-based care, effective communication, and commitment to respectful care (Table 3).

We maintained momentum by drawing upon programming materials and tools from the "Heshima" program in Kenya, The BETTER pain management toolkit was adopted as one of the strategies that will be used to train the midwives on pain management. The BETTER Pain Management Toolkit reshapes how providers perceive routine clinical care by incorporating pain management support as a critical component. Frequent and multi-faceted cues prompt providers to give supportive care and, in turn, feel greater empathy with clients. Pain management support directly impacts a client's childbirth experience. The focus of all these strategies is that a culture of respect, professionalism, and friendly, supportive, and caring-based relationships between midwives and patients will be the norm in our maternity wards. The systematic approach used in developing the strategies for the promotion of respectful maternity care in our maternity wards is a key strength of this study, as the experience and information obtained in the process of tailoring and developing the intervention will be captured and, hopefully, benefit the present as well as future studies. Also, the fact that both midwives and postpartum women participated in the in-depth interviews gave strength to the information that was obtained ensuring it was not one-sided hence doing away with bias on the sides of the midwives and the women.

CONCLUSION

This paper demonstrates how the IMP can be used to design and develop a rigorous theory- and evidence-based intervention to promote respectful maternity care. Applying IM helped to bring out different behavioral components to disrespectful care, and selecting theory-based methods to achieve the desired behavioral change in midwives to ensure they provide respectful care during childbirth. The strategies are unique in supporting midwives working in our environment.

FUTURE RESEARCH

This study was limited by the fact that only two secondary hospitals were considered in this study; it would be hard to say if findings can be generalized in relation to tertiary and private hospitals. It is therefore recommended that further research be carried out on a larger scale including both primary, secondary and tertiary health facilities, in order to have a wider outreach and findings generalizable.

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

REFERENCES

WHO, (2005). Maternal mortality in 2005. Estimates developed by WHO, UNFPA, and the World Bank. Retrieved at www.who.org .

Nigeria Demographic Health Survey (NDHS), (2008). Calverton, Maryland: National Population Commission.

National human resources for health strategic plan (NHRFHSP) 2008 to 2012. Abuja: Federal Republic of Nigeria publication.

Owumi BE. Isiugo-Abanihe U.C, Isamah A.N, Adeshina J.A. (2002). The political economy of maternal and child health in Africa. Currents and Perspectives Sociology. Malthouse, Lagos. 212–226.

UNICEF, (2005). https://www.unicef.org/nigeria/situation-women-and-children-nigeria

Olonade O.,Olawande T.I., Alabi O.J., and Imhonopi D. (2019). Maternal Mortality and Maternal Health Care in Nigeria: Implications for Socio-Economic Development, Open Access Maced J Med Sci., 7(5): 849–855

Maldie M., Egata G., Chanie M.G., Muche A.,Dewau R., Worku N., Alemu M.D., Ewunetie E.G., Birhane T., Addisu E., Ayele W.M. and Adne M. (2021). Magnitude and associated factors of disrespect and abusive care among laboring mothers at public health facilities in Borena District, South Wollo, Ethiopia. PLoS ONE, 16(11): e0256951. https://doi.org/10.1371/ journal.pone.0256951

Gebremichael, M. W., Worku, A., Medhanyie, A. A., Edin, K., & Berhane, Y. (2018) Women suffer more from disrespectful and abusive care than from the laborpain itself: A qualitative study from Women's perspective. In BMC Pregnancy and Childbirth,18, (1). BioMed Central Ltd. https://doi.org/10.1186/s12884-018-2026-4

Orpin, J., Puthussery, S., Davidson, R., & Burden, B. (2018). Women's experiences of disrespect and abuse in maternity care facilities in BenueState, Nigeria. BMC Pregnancy and Childbirth, 18(1). https://doi.org/10.1186/s12884-018-1847-5

Wassihun B. and Zeleke S. (2018). Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia, BMC Pregnancy and Childbirth, 18:294 https://doi.org/10.1186/s12884-018-1909-8

Sheferaw, E. (2021). Improving Respectful Maternity Care in Ethiopia. University of Groningen. https://doi.org/10.33612/diss.182129166

Bowser D. and Hill K. (2010). Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth; Report of a landscape analysis. USAID-TRAction Project, Harvard School of Public Health University Research Co., LLC. 1 – 57

Silveira, M. F., Mesenburg, M. A., Bertoldi, A. D., De Mola, C. L., Bassani, D. G., Domingues, M. R., Stein, A., & Coll, C. V. N. (2019). The association between disrespect and abuse of women during childbirth and postpartum depression: Findings from the 2015 Pelotas birth cohort study. Journal of Affective Disorders, 256(February 2020), 441–447. https://doi.org/10.1016/j.jad.2019.06.016

Moran AC, Jolivet RR, Chou D, Dalglish SL, Hill K, Ramsey K, Rawlins B and Say L. (2016). A common monitoring framework for ending preventable maternal mortality, 2015–2030: phase I of a multi-step process. BMC Pregnancy Childbirth, 16 (250), 1–13. DOI 10.1186/s12884-016-1035-4

Afulani PA, Phillips B, Aborigo RA, Moyer CA. (2019). Articles Person-centred maternity care in low-income and middle-income countries: analysis of data from Kenya,. Lancet Glob Heal, 7(1):e96–109, doi: 10.1016/S2214-109X(18)30403-0. PMID: 30554766;

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

PMCID: PMC6293963.
Leape L.L., Shore M.F., Dienstag J.L., Mayer, R.J., Levitan, S.E., Meyer, G.S. and Healy, G.B. (2012). Perspective: a culture of respect, part 1: the nature and causes of disrespectful behavior by physicians. Acad Med; 87(7):845–852. doi: 10.1097/ACM.0b013e318258338d. PMID: 22622217
Grissinger M. (2017). Disrespectful Behavior in Health Care Its Impact, Why It Arises and Persists, And How to Address It—Part 2, Pharm Therapeut. 2017;42(2): 74 -77
Rance S., McCourt C., Rayment J., Mackintosh N., Carter W., Watson K., Sandal J. (2013). Women's safety alerts in maternity care: is speaking up enough? BMJ Qual Saf, 22 (4):348–55. doi: 10.1136/bmjqs-2012-001295. Epub 2013 Feb 15. PMID: 23417732.
Swahnberg K, Schei B, Hilden M, Halmesmäki E, Sidenius K, Steingrimsdottir T, Wijma B. (2007). Patients' experiences of abuse in health care: a Nordic study on prevalence and associated factors in gynaecological patients. J Psychosom Obstet Gynaecol. 86(3): 349–56. doi: 10.1080/00016340601185368. PMID: 17364312
Miller S, Abalos E, Chamillard M, Ciapponi A, Colaci D, Comandé D, Diaz V, Geller S, Hanson C, Langer A, Manuelli V, Millar K, Morhason-Bello I, Castro CP, Pileggi VN, Robinson N, Skaer M, Souza JP, Vogel JP, Althabe F. (2016). Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide. Lancet. 388(10056):2176-2192. doi: 10.1016/S0140-6736(16)31472-6. Epub 2016 Sep 16. PMID: 27642019.
Downe S, Lawrie TA, Finlayson K, Oladapo OT. (2018). Effectiveness of respectful care policies for women using routine intrapartum services: A systematic review. Reprod Health. 15(1):1–13. https://doi. org/10.1186/s12978-017-0439-6 PMID: 29304829
Molina RL, Patel SJ, Scott J, Schantz-Dunn J, Nour NM. (2016). Striving for Respectful Maternity Care Everywhere. Matern Child Health J. 12(23):1–7. https://doi.org/10.1007/s10995-016-2004-2 PMID: 27095032
Chou D, Daelmans B, Jolivet RR, Kinney M, Say L. (2015). Ending preventable maternal and newborn mortality and stillbirths. BMJ. 351:19–22. https://doi.org/10.1136/bmj.h4255 PMID: 26371222
Belizán, J. M., Miller, S., Williams, C., & Pingray, V. (2020). Every woman in the world must have respectful care during childbirth : a reflection, 17(7): 7–9. https://doi.org/10.1186/s12978-020-0855-x
Haghdoost S., Abdi F and Amirian A. (2021). Iranian midwives' awareness and performance of respectful maternity care during labor and childbirth, European Journal of Midwifery, 5(59): 1 – 9. doi: 10.18332/ejm/143873. PMID: 35083427; PMCID: PMC8711250.
Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. (2017). Continuous support for women during childbirth. Cochrane Database Syst Rev. 7(7):CD003766. doi: 10.1002/14651858.CD003766.pub6. PMID: 28681500; PMCID: PMC6483123
Bradfield Z, Kelly M, Hauck Y, Duggan R. (2019). Midwives 'with woman' in the private obstetric model: Where divergent philosophies meet. Women Birth. 32(2):157-167. doi: 10.1016/j.wombi.2018.07.013. Epub 2018 Aug 6. PMID: 30093349.
Ajzen I. (1991) Theory of Planned Behaviour in organizational behavior and human decision processes 50, 179-211. DOI: 10.1016/0749-5978(91)90020-T
Okedo-Alex, I. N., Akamike, I. C., Nwafor, J. I., Abateneh, D. D., & Uneke, C. J. (2020). Multi-stakeholder perspectives on the maternal, provider, institutional, community, and policy drivers of disrespectful maternity care in Southeast Nigeria. International Journal of Women's Health, 12, 1145–1159. https://doi.org/10.2147/IJWH.S277827

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8

Dalager T , Hojmark A. , Jensen P.T. , Sogaard K. and Andersen L.N (2019). Using an intervention mapping approach to develop prevention and rehabilitation strategies for musculoskeletal pain among surgeons. BMC Public Health, 19:320. https://doi.org/10.1186/s12889-019-6625-4

Ajzen, I., & Fishbein, M. (1980). Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice-Hall.

Fishbein, M., & Ajzen, 1. (1975). Belief, attitude, intention, and behavior: An introduction to theory and research. Reading, MA: Addison-Wesley

Zhang, K. (2018). Theory of Planned Behavior:Origins, Development and Future Direction. International Journal of Humanities and Social Science Invention (IJHSSI), 7(5): 76 - 83

Hallbeck MS, Lowndes BR, Bingener J, Abdelrahman AM, Yu D, Bartley A, Park AE. (2017). The impact of intraoperative microbreaks with exercises on surgeons: a multi-center cohort study. Appl Ergon, 60:334–41.

Eldredge LKB, Markham CM, Ruiter RAC, Kok G, Parcel GS. (2016). Planning health promotion programs: an intervention mapping approach. 4th edition ed: John Wiley & Sons.

Smith J, Schachter A, Banay R, Zimmerman E, Vargas A, Sellman A and Kamanga A. (2022). Promoting Respectful maternity care using a behavioural design approach in Zambia: results from a mixed-methods evaluation. Reproductive Health, 19: (141), 1 - 13. https://doi.org/10.1186/s12978-022-01447-1.

Article DOI: 10.52589/AJHNM-RSOUUXZ8
DOI URL: https://doi.org/10.52589/AJHNM-RSOUUXZ8