PROMOTING MATERNITY CARE: KNOWLEDGE, PERCEPTION AND CHALLENGES OF MIDWIVES IN SELECTED GOVERNMENT HOSPITALS IN FEDERAL CAPITAL TERRITORY (FCT), ABUJA

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ABSTRACT*: **Introduction:** One major threat to achieving the Sustainable Development Goals is the refusal of about one-third of pregnant and postpartum women to access maternity care from health facilities. Evidence suggests that women who do not access maternity care have reported to have experienced or witnessed disrespectful maternity care at health facilities. The aim of this study is to investigate the knowledge, perception and challenges of promoting respectful maternity care by midwives. **Method:** A descriptive cross-sectional study was carried out in 6 selected government hospitals in FCT. A stratified random sampling technique was used in classifying FCT into 6 strata. The hospitals were selected using simple random sampling from each stratum. Then, the Purposive Non-probability sampling technique was used to select 112 midwives working in the maternity units at the study hospitals. Data were collected using a well-structured questionnaire. **Results:** The percentage of midwives that expressed knowledge of respectful maternity care and its components is 84.6%. 71.2% expressed positive perceptions of respectful maternity care. 58.4% identified challenges related to promotion of respectful maternity care. The average percentage of respondents acknowledging the prospects and opportunities for promoting respectful maternity care is 89.6%. **Conclusion:** Midwives generally exhibit a positive attitude towards respectful maternity care. A significant proportion of midwives have undergone training on RMC, possess a deep understanding of its key components, and feel confident in their ability to apply the principles of respectful care in their daily practice. However, despite this positive outlook, challenges persist in the provision of respectful maternity care.

KEYWORDS: Respectful Maternity Care, Midwives, Childbirth, Knowledge, Challenges.

INTRODUCTION

Respectful Maternity Care (RMC) has been identified as a crucial tactic for raising the standard and usage of maternity care. It is a complicated process that requires healthcare professionals to have both scientific and interpersonal skills (Moridi & Pazandeh, 2020). Respectful care during childbirth is defined as a universal human right that includes moral precepts and regard for the emotions, dignity, and preferences of women. (Pathak & Ghimire, 2020).

Worldwide, pregnancy and childbirth-related causes claim the lives of about 810 women each day (WHO, 2019). Ninety-four percent of maternal deaths worldwide occur in low- and middle-income countries, with nearly two-thirds occurring in sub-Saharan Africa (WHO, 2019). The care that women receive during childbirth in medical facilities has a significant impact on both their overall experience of childbirth and where they choose to give birth.

One major threat to achieving the Sustainable Development Goals is the refusal of about one-third of pregnant and postpartum women to access maternity care from health facilities (Waniala et al., 2020). There is available evidence that suggests that women who do not access maternity care have reported to have ever experienced or witnessed disrespectful maternity care at health facilities (Dzomeku et al., 2020). Consequently, promoting respectful maternity care has grown to be a significant maternal health issue.

Few medical interventions have the potential to have a bigger impact on society's general health than providing pregnant, postpartum, and facility-based women with high-quality care. The experience of women receiving disrespectful treatment is one of the factors that have been demonstrated to affect the utilization of facility-based maternal health care services. Studies have indicated that women who believe they were treated disrespectfully and subparly during birthing are far less likely to look out for facility-based birth care in the future, which puts them and their babies at risk. (Lusambili et al., 2020).

Although midwives are medical professionals who play crucial roles in the advancement of women's health and have the direct ability to impact women's experiences during pregnancy and childbirth, the provision of high-quality birth care depends on their knowledge, competence, interpersonal skills, and professional and personal growth. (Elif Dağlı et al., 2023).

Childbirth is very important and every woman deserves to receive respectful care during labour and childbirth. However, understanding the midwives' knowledge, perception and challenges to implementing respectful maternity care is critical if it must be promoted (Moridi, 2022). Burnett-Zieman et al. (2023) stated that all attempts to achieve respectful maternity care may be ineffective if maternity care providers are unable to identify and treat burnout or exhaustion. Programs designed to accomplish this goal must also be provider-centered if all maternal health providers are to provide care that is courteous and client-oriented.

Respectful maternity care during labor and delivery is a complicated process that requires health care professionals to have both scientific and interpersonal skills. (Ige & Cele, 2022). In this context, determining the possible obstacles and ensuring effective strategies are put in place for putting into practice considerate maternity care are crucial (Moridi & Pazandeh, 2020). This will also help with data collection for the creation of interventions to support RMC in Nigeria, which is why this study intends to investigate midwives' perceptions of the idea of RMC during childbirth.

LITERATURE REVIEW/THEORETICAL UNDERPINNING

Respectful maternity care (RMC) is a person-centered approach that promotes behaviors that take into account women's preferences and the needs of both mothers and newborns. It is founded on ethical principles and respect for human rights (Bulto et al., 2020). According to the World Health Organization (2019), it is the coordinated care provided to all women at the greatest level possible, protecting them from abuse and harm during labor and delivery.

According to Reed-Simpson (2019), Respectful Maternity Care (RMC) is an approach that prioritizes the human element of maternity care; highlights the fundamental rights of the mother, infant, and family, including safeguarding the mother-child unit; and acknowledges that all women who are pregnant or have children require and deserve respectful treatment as well as the defense of their freedom of choice and preferences. Moreover, he said that the following are encouraged by respectful maternity care:

● Respect for cultural, traditional, and belief systems

● The woman and her family are empowered to take an active role in their healthcare

● They also receive ongoing support throughout labor and delivery and have a choice on who they labour and give birth with

● The rights to information and privacy

● Mobility during labour

● Positional choice during delivery

● Effective client-provider communication

● Support for the mother-child pair

● Enhancement of working conditions and courteous

● Cooperative relationships among all health worker cadres

● Preventing institutional violence against women as well as disrespect and abuse.

Though the specific interventions that can enhance respectful maternity care are not well-established, providers have benefited from training in values, attitude transformation and interpersonal communication. Encouraging environments can be established in healthcare facilities through the formation of quality improvement teams, observation of instances of subpar care, staff mentoring, and better working conditions. Health systems and facilities must be designed to honor and support caregivers, as well as to guarantee that the maternity ward is adequately organized and equipped. This will enable them to provide respectful care (Bohren et al., 2020).

THEORETICAL FRAMEWORK

COM-B Model for Behavior Change (Capability–Opportunity–Motivation that leads to Behavior Change) and BCW (Behavior Change Wheel) propounded by Michie et al. (2011).

The COM-B model states that in order for a behavior to be carried out, it must be more desirable or necessary than alternative competing behaviors, feel psychologically and physically capable of being carried out, and have access to social and physical opportunities (Asim et al., 2023). According to these models, a provider's behavior is what matters most when it comes to providing respectful maternity care. Therefore, using a behavior change lens to examine respectful maternity care interventions can aid in filling in knowledge gaps about which interventions are effective, how they work, and which contexts they work best in (Diamond-Smith et al., 2023).

The COM-B (Capability–Opportunity–Motivation that leads to Behavior Change) model is useful in understanding the behavioral factors that lead to mistreatment among maternity care workers during childbirth because it can be used to explain and/or understand what influences implementation outcomes, which is pertinent given the nature of this project.

Capability

The term "capability" refers to psychological capability which involves the knowledge, comprehension, and decision-making processes that providers need to provide RMC, as well as their physical capability, which includes their skills and capacity to do so.

Opportunity

Opportunity is the term used to describe external variables that impact mistreatment during childbirth. These might include **physical opportunities** such as infrastructural and resource deficiencies as well as **social opportunities** such as lacking peer relationships and unclear social norms.

Motivation

The processes that guide or affect clinical staff members' behavior when making decisions for RMC are referred to as motivation. The lack of knowledge on responsibilities, roles, and capabilities on the part of the provider that results in abuse is known as **reflective motivation**, while lack of incentives for treating others with respect and absence of consequences for mistreatment are the main causes of **automatic motivation**. (Asim et al., 2023).

APPLICATION OF THE FRAMEWORK

Given that a large portion of respectful care ultimately rests in the interaction between a provider and the woman, it makes sense that the great majority of respondents concentrate on the provider level. Nonetheless, it is crucial to support providers so they can apply the knowledge they have gained, which calls for a variety of actions. For instance, altering community norms to support women's agency in advocating for the care they want and other gender norms, as well as involving facility supervisors, may help to create the supportive environment required for long-lasting provider behavior change.

Action toward enhancing RMC in Africa and around the world can be facilitated by utilizing current frameworks to encourage behavior change. Implementers of RMC interventions can benefit from having a tool to help them structure their approaches to effectively target behavior change by applying a behavior change framework, like the COM-B model. The model encourages implementers to think about a multi-domain approach that cuts across motivation, opportunity, and capability in order to help elucidate the factors that contribute to the complexity of provider/patient interactions. Indicator selection and monitoring for impact evaluation are guided by the framework as well.

METHODOLOGY

Multistage sampling was used for this study.

Stage 1: A stratified random sampling technique was used in classifying FCT, Abuja into 6 strata. Each stratum represents an Area Council.

Stage 2: Simple random sampling was used to select one hospital from each strata. A total of 6 hospitals were selected.

Stage 3: Purposive non-probability sampling technique was used to select respondents from the units.

Study Setting

The study area is Federal Capital Territory, Abuja. The study was conducted in one government hospital each from the six area councils in FCT. The hospitals include: University of Abuja Teaching Hospital (UATH), Abaji General Hospital, Kwali General Hospital, Kuje General Hospital, Kubwa General Hospital and Gwarimpa General Hospital.

Study Population

The population that was used for this study includes midwives in the antenatal, labour and postnatal units of the selected hospitals.

Exclusion Criteria

1.   Newly-employed midwives in the selected units.

2.   Nurses working in the selected units.

3.   Midwives that are not working in the antenatal, labour and postnatal units.

Sample Size Determination

A total population of 155 midwives were obtained from the selected hospitals. The sample size was calculated using Taro Yamane's formula.

n = $\underline{N}$

1+N $(e)^2$

n = the sample size

N = the population of the study

e = the margin error in the calculation

where N = 155

        e = 0.05

n = $\underline{155}$
         1+155$(0.05)^2$

$\underline{155}$
1+ 155(0.002500000000000000)

$\underline{155}$
1+ 0.387500000000000)

$\underline{155}$
1.387500000000000

n = 111.7117117117117

A total of 112 midwives were recruited to participate in the study.

METHOD OF DATA COLLECTION

The instrument for data collection was a self-structured questionnaire. The structured questionnaires were administered by the researcher and research assistants to the selected midwives. The questionnaire included **Section A** (demographic characteristics of the respondents) and **Section B** (questions structured according to the research objectives) using a 5-point Likert scale of Strongly Agreed (SA), Agreed (A), Undecided (U), Disagreed (D) and Strongly Disagreed (SD) was used for knowledge, perception, challenges and opportunities, while a Likert scale of Always, Often Rarely and Never was used for the existence of disrespectful care.

Ethical Approval: The Research and Ethics Committee of the Africa Centre of Excellence in Public Health and Toxicological Research University of Port Harcourt, as well as the Healthand Human Services secretariat of the Federal Capital Territory Administration, Abuja, provided institutional ethical approvals for this study. The study was not conducted at the University of Abuja Teaching Hospital because the institution did not grant approval.

METHOD OF DATA ANALYSIS

For the socio-demographic variables, as well as the degree of knowledge, perception, and difficulties in promoting respectful maternity care, summary statistics (frequency and percentage) were obtained. A chart was utilized to show which results were appropriate, and all results were analyzed at a significance level of 5%.

RESULTS/FINDINGS

TABLE 1: Response Rate/Completeness of Data

S/N	Hospitals	Number of Questionnaire Administered	Number of Questionnaire Retrieved from respondents	Number of Questionnaire found valid	Response rate %
1	Abaji General Hospital	9	8	8	89%
2	Gwarimpa General Hospital	20	18	18	90%
3	Kuje General Hospital	14	14	14	100%
4.	Kubwa General Hospital	22	21	21	95%
5.	Kwali General Hospital	18	18	18	100%
6.	University of Abuja Teaching Hospital (UATH)	30	0	0	0%
		112	**79**	**79**	**70.5%**

The data provided pertains to a survey conducted across various healthcare facilities, specifically general hospitals and a university teaching hospital in Abuja.

Overall, the cumulative response rate for all surveyed facilities was calculated at 70.5%. This percentage shows the share of valid answers that were obtained out of the total number of surveys that were distributed to all medical facilities. It provides an overview of the overall engagement or participation level in the survey across the different healthcare settings in Abuja.

DESCRIPTIVE ANALYSIS OF BIODATA OF RESPONDENTS

TABLE 2: Gender Distribution

Gender					
		Frequency	Percentage	Valid Percent	Cumulative Percent
Valid	Female	74	93.7	93.7	93.7
	Male	5	6.3	6.3	100.0
	Total	79	100.0	100.0	

The provided data presents the gender distribution among respondents in a survey or study. Of the total 79 respondents, 74 were females, representing 93.7% of the sample. In contrast, only 5 respondents were males, comprising 6.3% of the sample.

In terms of interpretation, this indicates a significant gender disparity in the respondents, with the vast majority being females. Such a gender skew in the sample could have implications for the generalizability or representativeness of the findings, particularly if the study aims to draw conclusions applicable to both genders equally.

TABLE 3: Age of Respondents

Age Group					
		Frequency	Percentage	Valid Percent	Cumulative Percent
Valid	18-25 years	5	6.3	6.3	6.3
	26-35 years	17	21.5	21.5	27.8
	36-45 years	37	46.8	46.8	74.7
	46 years & above	20	25.3	25.3	100.0
	Total	79	100.0	100.0	

The provided data presents the age distribution of respondents in a survey or study, categorized into different age groups.

Among the respondents, the largest age group includes individuals aged 36-45 years, with 37 respondents, constituting 46.8% of the sample. This indicates that a significant portion of the respondents falls within this age bracket.

Following that, the next most prominent age group comprises individuals aged 46 years and above, with 20 respondents, making up 25.3% of the sample. The age group of 26 to 35 years is the third largest, with 17 respondents, accounting for 21.5% of the sample. Lastly, the smallest age group comprises individuals aged 18 to 25 years, with 5 respondents, representing 6.3% of the sample.

TABLE 4: Educational Qualification

Professional/Educational Qualification					
		Frequency	Percentage	Valid Percent	Cumulative Percent
Valid	Bachelor's Degree	26	32.9	32.9	32.9
	Masters Degree	3	3.8	3.8	36.7
	RM	11	13.9	13.9	50.6
	RN/RM	39	49.4	49.4	100.0
	Total	79	100.0	100.0	
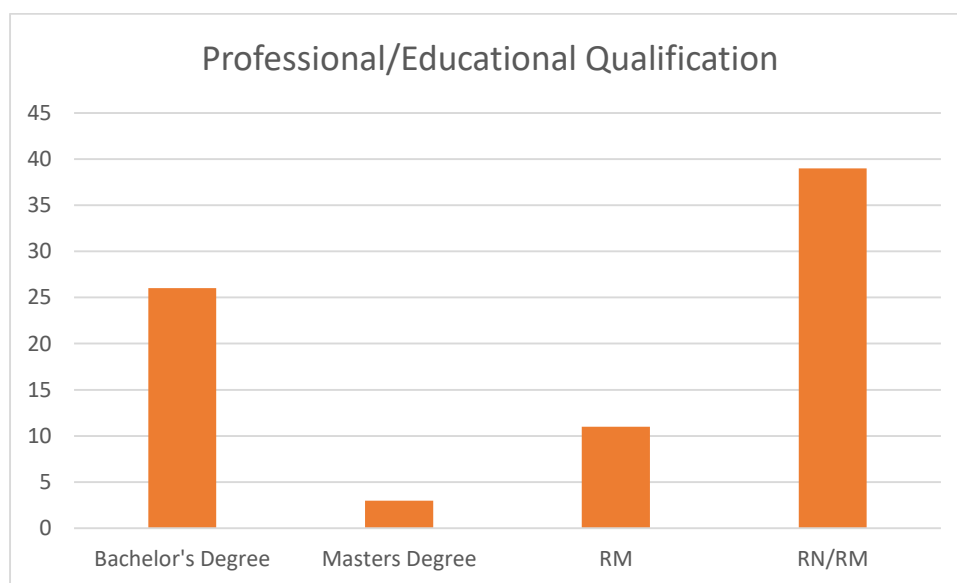
FIGURE 1: Professional/Educational Qualification

The table and chart above offer insights into the professional and educational qualifications of respondents in a survey or study. Among the respondents, a significant proportion hold a Bachelor's Degree, comprising 32.9% of the sample, while a smaller percentage, 3.8%, possess a Master's Degree. Additionally, 13.9% of the respondents are registered midwives (RM), and the largest category consists of registered nurses/registered midwives (RN/RM), accounting for 49.4% of the sample. This breakdown underscores the diverse educational and professional backgrounds within the surveyed population. Furthermore, the cumulative percentages sum up to 100%, indicating a comprehensive representation of respondents' qualifications in the dataset. Such information is invaluable for understanding the expertise and perspectives present among the surveyed individuals.

TABLE 5: Years of Experience

<table>
<tr><th colspan="2">Years of Experience as a Midwife</th><th></th><th></th><th></th><th></th></tr>
<tr><td></td><td></td><td>Frequency</td><td>Percentage</td><td>Valid Percent</td><td>Cumulative Percent</td></tr>
<tr><td>Valid</td><td>1-5 years</td><td>5</td><td>6.3</td><td>6.3</td><td>6.3</td></tr>
<tr><td></td><td>6-10 years</td><td>24</td><td>30.4</td><td>30.4</td><td>36.7</td></tr>
<tr><td></td><td>6 months - 1 year</td><td>2</td><td>2.5</td><td>2.5</td><td>39.2</td></tr>
<tr><td></td><td>More than 10 years</td><td>48</td><td>60.8</td><td>60.8</td><td>100.0</td></tr>
<tr><td></td><td>Total</td><td>79</td><td>100.0</td><td>100.0</td><td></td></tr>
</table>

The table above offers a breakdown of respondents' years of experience as midwives in a survey or study. It categorizes respondents into different groups based on the duration of their professional tenure. Among the respondents, a notable proportion, comprising 6.3% of the sample, falls within the 1-5 years' experience bracket. Meanwhile, a larger segment, accounting for 30.4% of the sample, has accumulated 6 to 10 years of experience as midwives. Additionally, a small percentage of respondents (2.5%) have between 6 months and 1 year of experience in midwifery. The most substantial category consists of respondents with more than 10 years of experience, comprising 60.8% of the sample. The cumulative percentages indicate a comprehensive representation of respondents across all experience levels, summing up to 100%. This breakdown sheds light on the distribution of midwives based on their varying levels of professional experience, reflecting the diverse expertise and tenure within the surveyed population.

Descriptive Analysis of Research Questions

TABLE 6: Knowledge of Midwives on Respectful Maternity Care

S/No	Statements	SA	A	SA+A
1	I have undergone training on Respectful Maternity Care	38 (48.1%)	26 (32.9%)	64 (81.0%)
2	I have a deep understanding of the key components of respectful maternity care	33 (41.8%)	33 (41.8%)	66 (83.6%)
3	I am confident in my ability to apply the principles of respectful maternity care in my daily practice	47 (59.5%)	21 (26.6%)	68 (86.1%)
4	I keep myself updated on the latest guidelines and best practices related to respectful maternity care	32 (40.5%)	37 (46.8%)	69 (87.3%)
5	I believe that my knowledge of respectful maternity care positively influences the care I provide to labouring mothers	46 (58.2%)	20 (25.3%)	66 (83.5%)
6	I feel well-prepared to educate and inform expectant mothers and their families about the importance of respectful maternity care	47 (59.5%)	21 (26.6%)	68 (86.1%)
	AVERAGE			84.6%

The table above displays responses to statements indicating awareness, understanding, confidence, and practice related to respectful maternity care among midwives. When considering the combined responses of strongly agree and agree (SA+A), the overall average percentage of midwives expressing knowledge of respectful maternity care and its components is calculated to be 84.6%. This indicates a high level of awareness and understanding among midwives in the selected hospitals regarding respectful maternity care practices.

TABLE 7: Perception on Respectful Maternity Care

S/No	Statements	SA	A	SA+A
1	I have undergone training on Respectful Maternity Care	38 (48.1%)	26 (32.9%)	64 (81.0%)
2	I have a deep understanding of the key components of respectful maternity care	33 (41.8%)	33 (41.8%)	66 (83.6%)
3	I am confident in my ability to apply the principles of respectful maternity care in my daily practice	47 (59.5%)	21 (26.6%)	68 (86.1%)
4	I keep myself updated on the latest guidelines and best practices related to respectful maternity care	32 (40.5%)	37 (46.8%)	69 (87.3%)
5	I believe that my knowledge of respectful maternity care positively influences the care I provide to labouring mothers	46 (58.2%)	20 (25.3%)	66 (83.5%)
6	I feel well-prepared to educate and inform expectant mothers and their families about the importance of respectful maternity care	47 (59.5%)	21 (26.6%)	68 (86.1%)
	Average			71.2 (90.1%)

Based on the table above, it can be inferred that the perceptions of midwives regarding disrespectful maternity care are generally positive, with a few areas of concern.

While the majority of midwives have undergone training on Respectful Maternity Care (RMC), indicating a proactive approach to addressing disrespectful care, there are still significant proportions who have not received such training. Additionally, although a high percentage of midwives express a deep understanding of the key components of RMC and confidence in their ability to apply its principles in daily practice, there are still a notable number who do not share these sentiments.

Furthermore, while a substantial proportion of midwives report keeping themselves updated on the latest guidelines and best practices related to RMC, there is room for improvement in this aspect, as indicated by the percentage who do not engage in such practices.

However, it is important to remember that the majority of midwives believe that their knowledge of respectful maternity care positively influences the care they provide to laboring mothers. This suggests that despite potential gaps in training and awareness, midwives perceive their actions as contributing positively to respectful maternity care practices.

Overall, the average percentage of midwives expressing positive perceptions of respectful maternity care is calculated to be 71.2%, indicating a generally favorable outlook among the respondents.

TABLE 8: Challenges to Providing Respectful Maternity Care

S/No	Statements	SA (19.0%)	A (30.4%)	SA+A
1	In my workplace, there are adequate staffing levels to ensure respectful maternity care.	15	21	36 (45.4%)
2	Lack of training and awareness about respectful maternity care is a significant challenge in my healthcare setting.	15	24	39 (49.4%)
3	The facility infrastructure in my workplace is well-equipped to support respectful maternity care.	6	30	36 (45.6%)
4	Workload and time constraints often hinder the provision of respectful maternity care.	25	33	58 (73.4%)
5	There are clear guidelines and protocols in place to ensure respectful maternity care.	14	38	52 (65.8%)
6	The lack of sufficient resources, such as essential equipment and supplies, is a barrier to providing respectful maternity care.	24	30	54 (68.4%)
7	Communication barriers among healthcare providers hinder the delivery of respectful maternity care.	17	27	44 (55.7%)
8	Cultural or traditional beliefs in my healthcare setting pose challenges to providing respectful maternity care.	20	21	41 (51.9%)
	Average (SA+A)			**46.3 (58.4%)**

One significant challenge highlighted is the adequacy of staffing levels, with only 45.4% of the respondents indicating that their workplace has sufficient staff to ensure respectful maternity care. This suggests a potential strain on resources and personnel, which might affect the standard of care given to women giving birth. Another notable issue is the lack of training and awareness about respectful maternity care, identified by 49.4% of respondents. This underscores the importance of ongoing education and training initiatives to equip midwives with the necessary knowledge and skills to provide respectful care during childbirth.

Furthermore, concerns about inadequate facility infrastructure are raised by 45.6% of respondents. This indicates a need for improvements in infrastructure and resources to support the delivery of respectful maternity care effectively.

Workload and time constraints emerge as significant barriers, with 73.4% of respondents citing these factors as hindrances to providing respectful maternity care. Addressing workload management and time allocation strategies may help mitigate these challenges and improve the overall quality of care.

Despite efforts to implement guidelines and protocols, 65.8% of the respondents still feel there are gaps in this area. Clear and comprehensive guidelines are essential for standardizing care practices and ensuring consistency across healthcare settings.

Insufficient resources, including essential equipment and supplies, are identified as barriers by 68.4% of respondents. This highlights the need for increased resource allocation to support midwives in delivering optimal care to birthing women.

Communication barriers among healthcare providers are also noted, with 55.7% of the respondents identifying this as a challenge. Effective communication and collaboration are essential for coordinated care delivery and improving patient outcomes.

Lastly, cultural or traditional beliefs present challenges for 51.9% of the respondents. Culturally sensitive approaches to care delivery are necessary to address these challenges and ensure respectful maternity care for all women.

DISCUSSION

It can be inferred from the study that midwives in the selected hospitals are generally knowledgeable about respectful maternity care and its components. The study displays responses to statements indicating awareness, understanding, confidence, and practice related to respectful maternity care among midwives. This aligns with Adinkra et al. (2022) who found that midwives had a high level of awareness regarding respectful maternity care while conducting a study on the attitude, knowledge and practices of respectful maternity care among midwives in Holy Family Hospital, Berekum.

The findings reveal that midwives generally exhibit a positive attitude towards respectful maternity care. The study's findings showed that midwives have favorable perception of RMC, despite the fact that some of its features are limited by challenges. This is in line with the findings of Ngcobo and Bell (2022), which revealed that midwives reported positive attitudes toward providing RMC; however, a significant portion of participants reported experiencing abusive practices.

Lack of training and awareness, inadequate staffing levels, workload constraints, and communication barriers are among the key challenges identified by midwives. These findings underscore the need for targeted interventions and systemic improvements to address the multifaceted challenges faced by midwives in providing respectful maternity care.

Additionally, midwives highlight specific areas where interventions are needed, such as the inclusion of strategies in hospital policies to handle clients who cannot afford to pay, and logistical support for privacy and free movement. This agrees with the study of Daniel et al. (2023) where other strategies, such as system-level changes, were highlighted. These findings provide valuable insights for healthcare policymakers and practitioners to develop targeted interventions aimed at promoting respectful maternity care.

In conclusion, the study highlights the importance of addressing challenges and capitalizing on opportunities to promote respectful maternity care. This agrees with the study of Silver et al. (2023), where healthcare providers indicated that they needed both general and RMC-focused

capacity building, as well as higher salaries and other forms of motivation, in order to provide RMC.

IMPLICATION TO RESEARCH AND PRACTICE

It is imperative for midwives to endeavor to comprehend the perspectives of women and their families regarding matters concerning their care, as this will significantly aid in the creation and execution of suitable interventions.

In addition to strengthening current facilitating practices like assuring confidentiality and consented care, policies and programs aimed at improving RMC delivery should address the various shortcomings.

CONCLUSION

Midwives play a crucial role in delivering maternal healthcare services, and their perceptions provide valuable insights into the current state of maternity care provision. Midwives generally exhibit a positive perception towards respectful maternity care. A significant proportion of midwives have undergone training on RMC, possess a deep understanding of its key components, and feel confident in their ability to apply the principles of respectful care in their daily practice.

However, despite this positive outlook, challenges persist in the provision of respectful maternity care. Training midwives on RMC will not accomplish its intended objectives if inadequacies in the health care system are not addressed.

FUTURE RESEARCH

In order to close the knowledge and practice gap in RMC among health workers and ultimately enhance the perception of RMC among women, rigorous research is required before implementing RMC interventions.

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