Scientific Research Publishing

Open Journal of Obstetrics and Gynecology, 2025, 15(8), 1233-1242
https://www.scirp.org/journal/ojog
ISSN Online: 2160-8806
ISSN Print: 2160-8792

Knowledge and Practices of Healthcare Professionals on Respectful Maternity Care in Two University Hospitals of Cotonou in 2024

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How to cite this paper: Aboubakar, M., Olowo, I., Vodouhe, T.Y.S., Aguemon-Tshabu, C., Tonato Bagnan, J.A. and Denakpo, J.L. (2025) Knowledge and Practices of Healthcare Professionals on Respectful Maternity Care in Two University Hospitals of Cotonou in 2024. *Open Journal of Obstetrics and Gynecology*, **15**, 1233-1242.
https://doi.org/10.4236/ojog.2025.158099

Received: June 25, 2025
Accepted: August 5, 2025
Published: August 8, 2025

Abstract

Introduction: Respectful maternity care is a model of care based on the values, attitudes and behaviors of health professionals with the aim of eradicating obstetric violence and positively impacting women's experience during labor and childbirth. **Objective:** Assess the knowledges and practices of health professionals on Respectful Maternal Care in the delivery rooms of two university hospitals in Cotonou in 2024. **Method:** This was a descriptive cross-sectional study with prospective data collection by interview and observation from July 12 to October 6, 2024. **Results:** The study involved 48 health professionals. Of the 48 health professionals recruited, 45.8% had an insufficient level of knowledge, 39.6% had an average level and 14.6% had a poor level. All the parturient women in the study experienced at least one type of mistreatment by health professionals. The most observed forms of mistreatment were the refusal of the patient to have an accompanying person during labor and delivery (100%), physical violence including episiotomies without anesthesia (20.2%), lack of confidentiality in the management of patient information (14.4%), failure to explain to patients their state of health (12.5%) and failure to respect the dignity of patients (shouting at the patient, mocking, disrespectful greetings) in the care provided. **Conclusion:** This study highlights the existence of serious shortcomings in terms of knowledge and practices of health workers in RMC. The reasons are multifactorial, linked to both the workers and the infrastructure. It is urgent that actions be taken in these two areas (for example, private delivery rooms, free provision of anesthetics, formative assessment, etc.).

Keywords

Respectful Maternity Care, Health Professionals, Benin

1. Introduction

Disrespect, mistreatment, and violence against women during childbirth continue to exist and are particularly worrying in many countries, particularly low-income ones [1] [2].

To address this problem, several interventions have emerged over the years [3]. These include movements aimed at promoting Respectful Maternity Care (RMC) in our services [4]. This is a model based on the values, attitudes, and behaviors of health professionals with the aim of eradicating obstetric violence during labor and childbirth [5]. In recent years, thanks to the support of the World Health Organization (WHO) and various international organizations, the concept of RMC has spread to all maternity services worldwide [2].

In Benin, the literature on this issue is sparse. Our study aimed to assess the knowledge and practices of healthcare professionals in delivery rooms at two referral hospitals in Benin regarding maternal and neonatal health. More specifically, it aimed to determine the level of knowledge and describe practices on respectful maternity care in 2024.

2. Methodology

Our study was conducted at the University Clinic of Gynecology and Obstetrics (CUGO) of the Hubert Koutoukou Maga National University Hospital (CNHU-HKM) and in the Gynecology-Obstetrics Department of the University Hospital of Mother and Child Lagoon (CHU-MEL). This was a cross-sectional study with a descriptive and evaluative design, with prospective data collection over a three-month period from July 12 to October 6, 2024.

The study population consisted of staff working in the delivery room of both centers during the study period. Midwives and obstetricians-gynecologists who provided their consent were included. The sampling method was non-probability-based, with a convenience-based selection technique for all midwives and obstetricians-gynecologists who met the inclusion criteria.

Knowledge and practice were assessed based on the seven (7) respectful maternity rights:

- Right to freedom from harm and mistreatment (including abuse and withdrawal or denial of treatment).
- Right to free and informed consent/refusal.
- Right to privacy and confidentiality.
- Right to dignity and respect.
- Right to equality and fair care.
- Right to health care and the highest attainable standard of health.
- Right to liberty, autonomy, self-determination, and freedom from coercion.

Healthcare professionals' knowledge was assessed through a structured face-to-face interview, with responses entered directly into the KoboCollect application. Knowledge levels were quantified and categorized into four levels (poor, insufficient, average, and good) based on the KAP survey in medical research by ESSI *et al.* [6].

- Less than 50% correct answers = poor.
- [50% - 65%] correct answers = insufficient.
- [65% - 85%] correct answers = average.
- superior or equal to 85% correct answers = good.

Practice was assessed through direct observation, with data recorded in a digital observation grid via the same application.

Data analysis was performed using R software, version 4.3.3. Quantitative variables were presented either as mean and standard deviation, or as median and interquartile range, depending on the observed distribution. Qualitative variables were expressed as numbers and proportions. In accordance with the principles of medical ethics and the code of ethics and professional conduct for health research in the Republic of Benin, the anonymity and confidentiality of the information collected were respected.

3. Results

We identified a total of 48 healthcare professionals from both centers during our study.

3.1. Socio-Professional Characteristics

Table 1 shows the distribution of the socio-professional characteristics of healthcare professionals surveyed.

The mean age of participants was 38.1 ± 9.4 years, with a range from 22 to 61 years. The most common age groups were 25 - 35 and 35 - 45, each representing 31.2% of the sample.

The majority of participants were female (79.2%), with a sex ratio of 0.26 (male/female). In terms of professional category, 77.1% of respondents were midwives, and 22.9% were obstetrician-gynaecologists. The majority of participants had between 10 and 20 years of professional experience.

Table 1. Socio-professional characteristics of healthcare professionals surveyed at CNHU-HKM and CHU-MEL in 2024.

	Number (n= 48)	Percentage (%)
Age range (years)		
<25	4	8.3
[25 - 35]	15	31.2
[35 - 45]	15	31.2
≥45	14	29.2

Continued

Sex		
Female	38	79.2
Male	10	20.8
Professional category		
Obstetrician-gynaecologist	11	22.9
Midwife	37	77.1
Professional experience (years)		
<5	9	18.8
[5 - 10]	14	29.2
[10 - 20]	18	37.5
≥20	7	14.6

3.2. Healthcare Professionals' Knowledge of Respectful Maternity Care

The majority (93.8%) of healthcare professionals surveyed had already heard of respectful maternity care, and 72.9% of participants had already received training on respectful maternity care, including 35.4% during their initial training (school) and 37.5% during continuing education.

Of the healthcare professionals, 93.8% understood its main objective. Regarding the WRA Charter for Respectful Maternity Care, 41.7% were unable to specifically name the number of categories of rights.

The key principles of respectful maternity care, such as confidentiality, autonomy, and informed consent, were understood by 79.2% of participants, and 91.7% recognized the importance of respecting women's dignity in the charter. Furthermore, 97.9% of respondents emphasized the value of respectful communication in the care relationship. Finally, 97.9% of participants stated that the application of the principles of the WRA Charter promotes a positive and respectful birth experience, and 83.3% had well integrated the concept of non-discrimination, emphasizing the importance of equal treatment for all women.

3.3. Overall Knowledge Levels of Healthcare Professionals

Figure 1 shows the overall knowledge levels of healthcare professionals regarding SMR.

It appears that 45.8% of participants had an insufficient level of knowledge, constituting the largest group.

3.4. Practice of Respectful Maternity Care by Healthcare Professionals

3.4.1. Disrespect and Abuse Observed in Delivery Rooms

Table 2 shows the distribution disrespect or abuse observed in delivery rooms.

Refusal to have an accompanying person present during labor and delivery was the most common incident. 20.2% of patients underwent an episiotomy without anesthesia, 14.4% of patients had their medical information discussed within earshot of other patients (non-confidential care), and 6.7% of patients were subjected to shouting by healthcare staff (undignified care).

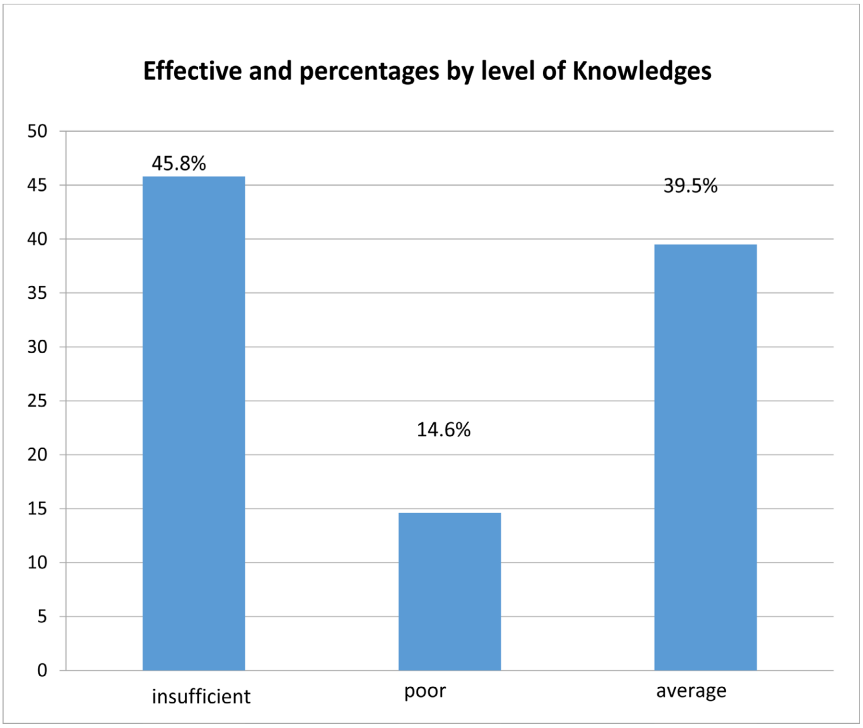

Figure 1. Distribution of overall knowledge levels on SMR among healthcare professionals surveyed at CNHU-HKM and CHU-MEL in 2024.

Table 2. Distribution of disrespect or abuse observed in delivery rooms at CNHU-HKM and CHU-MEL in 2024.

	Yes	No
	n (%)	n (%)
Physical Violences		
Épisiotomy without anesthesia	21 (20.2)	83 (79.8)
Tear repaired without anesthésia	2 (1.9)	102 (98.1)
Non-consensual care		
Lack of information on care procedures	1 (1.0)	103 (99.0)
Asking the parturient about their concerns	12 (11.5)	92 (88.5)
Non-confidential care		
Patient health information discussed within earshot of other patients	15 (14.4)	89 (85.6)

Continued

Undignified care		
Respectful greeting of patient	3 (2.9)	101 (97.1)
Yelling at the patient	7 (6.7)	97 (93.3)
Mocking the patient (laughing. insulting name…)	1 (1.0)	103 (99.0)
Abandoning or refusing care		
Refusing to have an accompanying person during labor and delivery	104 (100.0)	0 (0.0)

3.4.2. Disrespectful Practices by Type of Obstetric Violence

It was noted that 100% of patients experienced abandonment or refusal of care, constituting the largest category of inappropriate practices. In comparison, 22.1% of patients were victims of physical violence. Non-confidential care and non-consensual care affected 14.4% and 12.5% of patients, respectively, while 10.6% of practices constituted undignified care.

4. Discussion

4.1. Socio-Professional Characteristics of Healthcare Professionals

4.1.1. Age

In our study, the average age of healthcare professionals was 38.1 years, ranging from 22 to 61 years. The most represented age groups were (25 - 35) and (35 - 45), each constituting 31.2% of the sample. These figures are similar to those of Aguemon *et al*. (Benin), who found an average age of 39.44 years [7]. Shimoda *et al*. (Tanzania) and Uwamahoro *et al*. (Rwanda) had average ages of 33.9 in 2018 and 31.3 in 2023, respectively [8] [9].

4.1.2. Professional Experience

The majority of healthcare professionals in our study had between 10 and 20 years of professional experience (37.5%). In Benin in 2022, Aguemon *et al*. reported a 50% incidence of healthcare professionals with more than 10 years of experience [7].

According to a study conducted in Tanzania in 2018, the average number of years of professional experience was 7.7 years [8].

This situation can be explained by the fact that the study centers are reference hospitals, where expertise is crucial.

4.2. Knowledge Level of Healthcare Professionals

In our study, no healthcare professional's level of knowledge was rated as good. Indeed, only 39.6% of healthcare professionals had an average level of knowledge. In other words, more than 60% have a poor or insufficient level of knowledge. This seems paradoxical considering that 72.9% of staff reported having been trained. Several reasons could explain this situation: an oversight (35.4% during

their initial training (school), a lack of interest among participants in continuing training or a purely financial motivation. This highlights the need to review the ways to promote RMS among healthcare professionals.

In their study, Aguemon *et al*. reported that the majority of healthcare professionals had a poor level (83.33%) [7]. A study conducted by Mirzania *et al*. in Iran in 2021 also reported a high frequency of healthcare professionals with a poor level of knowledge (82.7%) [10].

This difference in level could be related to the presence of physicians in our sample, which contributes to improving the overall level of knowledge, unlike other studies that only considered midwives.

4.3. Application of Respectful Maternity Rights

4.3.1. Prevalence of Respectful Maternity Care

Our study revealed that all women experienced at least one form of disrespect or abuse, resulting in a zero prevalence (0%) of SMR. Many authors around the world have reported figures similar to ours. These include Bigot *et al*. in Benin in 2023 (0%) [11], Adinew *et al*. in Ethiopia in 2021 (0%) [12], and Okafor *et al*. in Nigeria in 2015 (2%) [13]. Other authors have found a higher prevalence of SMR. In Ethiopia, Bekele *et al*. in Ethiopia in 2020 reported a prevalence of 21.8% [14], comparable to the result of Usso *et al*. in 2023 in the same country with a prevalence of 23% of SMR. This difference can be explained by the difference in the study method, with our study being much more objective, observational, as opposed to the method used in these studies, which relied exclusively on women's own statements.

4.3.2. Right to Freedom from Harm and Mistreatment

Physical violence was observed in 21.1% of women in our study, with the majority of women having undergone episiotomies without anesthesia (20.2%). These results are similar to those obtained in Ethiopia by Anteneh *et al*. in 2018 (25.9%), Bekele *et al*. in 2020 (21.5%) [14], and Usso *et al*. in 2023 [15] (26.8%), with the difference that in these cases, the women were mostly tied up, beaten, or slapped. On the other hand, the high frequency of 88.44% of physical violence reported by Atade *et al*. in the North of Benin in 2021 [16], suggests a greater presence of physical violence at the peripheral level of the Beninese health pyramid.

4.3.3. Right to Information, Informed Consent and Refusal

During our study, free and informed consent was obtained from 87.5% of women. Only 10.5% of women were not encouraged to ask questions about their medical conditions. In Ethiopia, Usso *et al*. also reported in 2023 that 16.2% of women were not encouraged to ask questions. [15]. However, these results are contrary to those of other authors who have reported a low prevalence of consented care [15] [17] [18]. The data collection and evaluation method, particularly the observation effect, may lead professionals to modify their behaviors in order to move towards norms; this potentially implies additional effort in requesting consent.

4.3.4. Right to Preferred Companionship

No patient was allowed to have a support person during labor and delivery during our study. Kwame *et al*. reported a similar situation in Ghana in 2022 [19]. The presence of a support person is recommended by the WHO in its guidelines on intrapartum care for a positive childbirth experience [20]. Respecting this right remains difficult due to the configuration of delivery rooms and the lack of human resources. Indeed, these are most often common rooms or, at best, adjoining cubicles, but not private rooms for the women in labor. The need for a level of asepsis to prevent maternal and neonatal infections, to protect the privacy of the women present, and to allow the often reduced staff to monitor several women in labor at once explains this situation.

4.3.5. Right to Privacy and Confidentiality

Confidentiality was observed with a prevalence of 85.6% during our study. The violation observed in this category was the discussion of a patient's information within earshot of other patients. These results are similar to those reported by Aguemon *et al*. and Bigot *et al*., who found a respective prevalence of confidential care of 88.58% and 91.2% in Benin. Ukke *et al*. in Ethiopia in 2019 and Atai *et al*. in Kenya in 2018 also reported high prevalences of 82.9% and 78%, respectively [21] [22]. This prevalence of confidentiality could be linked to the growing awareness among healthcare professionals of the need to respect the confidentiality of patient information. Furthermore, the boxes, when they exist, offer professionals the opportunity to respect confidentiality.

4.3.6. Right to Dignity and Respect

During our study, 89.4% of women received maternal care with respect and dignity. Disrespectful acts were observed in 10.6% of cases and included yelling at the patient (6.7%), not greeting the patient respectfully (2.9%), and mocking the patient (1%).

These observed acts of disrespect can be explained by emergency situations during which healthcare professionals may raise their voices to ensure the survival of the mother and baby and avoid serious complications that could arise.

4.3.7. Right to Equal Care, Freedom from Discrimination, and Equitable Care

The prevalence of respect for this right in our study was 100%. These results are similar to those reported by Usso *et al*. [15] in Ethiopia in 2023 (94.5%). Aguemon *et al*. in 2022 [7] found a prevalence of 94.74%.

These high prevalences may be explained by the difficulty of assessing this aspect, which can be subtle; discrimination can take forms that are difficult to identify, especially in our case where the observation was of short duration.

5. Conclusion

This study highlights the existence of serious shortcomings in terms of knowledge and practices of health workers in RMC. The reasons are multifactorial, linked to

both the workers and the infrastructure. It is urgent that actions be taken in these two areas (for example, private delivery rooms, free provision of anesthetics, formative assessment, etc.).

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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