

# A Descriptive Study to Assess the Knowledge and Attitude Regarding Birth Companionship during Labor among Nurses and Pregnant Women in Selected Hospitals of Bhopal, (M.P.)

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## Abstract

**Introduction:** Birth companionship involves continuous one-to-one support to women during labor and childbirth, often provided by a female relative, which is a low-cost and beneficial intervention. It includes emotional, informational, and physical support to improve comfort and coping. Recommended by World Health Organization, it enhances maternal outcomes and satisfaction with care. **The current study is** “descriptive study to assess the Knowledge and Attitude Regarding Birth Companionship during Labor Among Nurses and Pregnant Women in Selected Hospitals of Bhopal, (M.P.)”.

**Materials and Methods:** in this study researcher adopted descriptive research design. Study was carried out on 50 nurses and 50 pregnant women. Non-probability convenience sampling technique was used to select the sample. Self-structured questionnaire and Likert scale were used for data collection. Analysis of data was calculated by using descriptive and inferential statistics.

**Results:** Based on specific findings, the study concludes that staff nurses possess adequate knowledge 76% and shows have high level of attitude 62% regarding the birth companionship, while pregnant women maintain a moderate 66% level of awareness and have high level of attitude 100%. This indicates that majority of the participants has a more positive favorable attitude.

**Conclusion:** The study shows that staff nurses had adequate knowledge and high level of attitude, while pregnant women had moderate knowledge and positive favorable attitude, there is no significant association between level of knowledge and attitude of staff nurses and pregnant women.

**Keywords:** Birth companionship, Pregnant Women, Knowledge, Attitude, Hospitals

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## Introduction

Birth companionship is the process of providing continuous one-to-one support to other women who are experiencing the process of labor and childbirth. The presence of a female relative during the period of labor is a low-cost intervention and it has been proved to be beneficial for those women

who are experiencing labor. Birth companions provide information about progress of labor and advice regarding coping techniques, comfort measures (therapeutic touch, massage, encouraging mobility, promoting fluid intake, and output), emotional support (continuous presence and reassurance and praise), instrumental support (providing assistance with needs), and advocacy (helping the woman articulate her wishes to the other). Birth companionship is recommended by the World Health Organization (WHO) to improve labor outcomes and women's satisfaction with care. It has also been found as an important element in the WHO vision of quality of care for pregnant women and newborns.<sup>1</sup>

A study to assess the descriptive cross-sectional study "women's attitudes toward birth companionship during labor and delivery, related factors, and barriers of implementing labor companionship in Saudi Arabia" assessed women's attitudes, associated factors, and barriers to having a birth companion. The study surveyed 418 women attending antenatal and postnatal clinics using a structured questionnaire. Results showed that while 82.8% of women expressed a desire for a birth companion during labor, only 43.2% actually had one present during delivery. Mothers (58%) and husbands (51%) were the most preferred companions. The main barriers identified were restrictive hospital policies (21.5%), lack of privacy, and cultural concerns. Notably, women who received antenatal education demonstrated significantly more positive attitudes toward birth companionship.<sup>2</sup>

A Descriptive Study to Assess the Knowledge and Anxiety Level of Birth Companion in Relation to Their Support during Childbirth and the Influence of Support on the Outcome of Labor among Primipara Women at Selected Hospitals of District Mohali, Punjab” was conducted using a descriptive research design. The study included a sample of 60 birth companions and 60 primipara women, selected through non-probability convenient sampling. Data were collected using a structured knowledge questionnaire, an anxiety rating scale, and a labor outcome checklist. The results showed that 45% of birth companions had moderate knowledge, 35% had adequate knowledge, and 20% had inadequate knowledge regarding childbirth support. Regarding anxiety, 50% had moderate anxiety, 30% had mild anxiety, and 20% experienced severe anxiety. Effective support was observed in 70% of cases, which was associated with shorter labor duration (65%), reduced obstetric interventions (60%), and better maternal outcomes (75%). The study concluded that improved knowledge and reduced anxiety among birth companions positively influenced labor outcomes.<sup>3</sup>

#### **The objectives of this study are to:**

1. To assess the knowledge regarding birth companionship among nurses and pregnant women.
2. To assess the attitude regarding birth companionship among nurses and pregnant women.
3. To determine the association between the level of knowledge regarding birth companionship among nurses and their selected demographic variables.
4. To determine the association between the level of attitude regarding birth companionship among nurses and their selected demographic variables.
5. To determine the association between the level of knowledge regarding birth companionship among pregnant women and their selected demographic variables.
6. To determine the association between the level of attitude regarding birth companionship among pregnant women and their selected demographic variables.

#### **Hypotheses:**

1.  $H_1$  - There will be a significant association between the level of knowledge among nurses regarding birth companionship and their selected demographic variables at 0.05 level.
2.  $H_2$  - There will be a significant association between the level of attitude among nurses regarding

birth companionship and their selected demographic variables at 0.05 levels.

3.  $H_3$  - There will be a significant association between the level of knowledge among pregnant women regarding birth companionship and their selected demographic variables at 0.05 levels.
4.  $H_4$  - There will be a significant association between the level of attitude among pregnant women regarding birth companionship and their selected demographic variables at 0.05 levels.

### **Materials and Methods:**

**Research design:** A Non- Experimental descriptive design was used to assess the Knowledge and Attitude Regarding Birth Companionship during Labor Among Nurses and Pregnant Women in Selected Hospitals of Bhopal, (M.P.)”.

**Setting:** The study was conducted on nurses working in labor rooms and pregnant women attending Gynecological OPD at People's Hospital.

**Sampling Technique:** A convenient sampling technique is used in this study.

**Sample Size:** The sample size was 100 (50 Staff nurses, 50 Pregnant women).

**Data collection:** Data was collected from January to February 2026 over a period of one month.

### **Inclusion Criteria**

#### **For Nurses:**

- A. Nurses who are currently working in labor rooms or maternity wards.
- B. Available at the time of data collection.

#### **For Pregnant Women:**

- A. Pregnant women attending antenatal clinics or admitted in maternity wards.
- B. Pregnant women who are willing to participate and give informed consent.
- C. Pregnant women who are mentally and physically able to respond to the questionnaire.

### **Exclusion Criteria**

#### **For Nurses:**

- A. Nurses who are working in other wards rather than maternity wards.
- B. Nurses who are not willing to participate and give informed consent.

#### **For Pregnant Women:**

- A. Women with known psychiatric illness or cognitive impairment.
- B. Pregnant women who cannot understand the Hindi or English language.

### **Tools used in this study:**

**Tool I:** Demographic Variables which include age, gender, education, marital status, religion, residential area.

**Tool II:** A self-structured questionnaire comprising 25 questions was used to assess the knowledge regarding Birth Companionship.

**Tool III:** Attitude Scale was used to measure attitude of staff nurses and pregnant women. The scale had 15 items for nurses and 10 items for pregnant women measured on a Likert format with 5 points ranging from “5 = Strongly Agree, to “1 Strongly Disagree.

**Results and Interpretation:**

**Section I**

**Table 1- frequency and percentage distribution of demographic variables of staff nurses.**

S.No.	Socio-Demographic Variables	Frequency (%)	
1.	Age in years	Less than 25 Years	10 (20.0)
		26-30 years	18 (36.0)
		30-45 years	9 (18.0)
		More than 55 years	13 (26.0)
2.	Gender	Female	50 (100)
		Male	0 (0)
3.	Marital status	Married	9 (18.0)
		Unmarried	28 (56.0)
		Divorced	6 (12.0)
		Widow	7 (14.0)
4.	Religion	Hindu	22 (44.0)
		Muslim	12 (24.0)
		Christian	16 (32.0)
		Others	0 (0)
5.	Residential location	Urban	35 (70.0)
		Rural	15 (30.0)
6.	Type of family	Nuclear	12 (24.0)
		Joint	22 (44.0)
		Extended	16 (32.0)
		Other	0 (0)
7.	Educational qualification	Graduate	36 (72.0)
		Post Graduate	14 (28.0)
		Other	0 (0)
8.	Total years of experience	Less than 1 Year	15 (30.0)
		1-5 Years	20 (40.0)
		5 – 10 Years	13 (26.0)
		More than 10 Years	2 (4.0)
9.	Training received regarding birth companionship	Pre-service	1 (2.0)
		In-service	21 (42.0)
		Workshop	3 (6.0)
		None	25 (50.0)

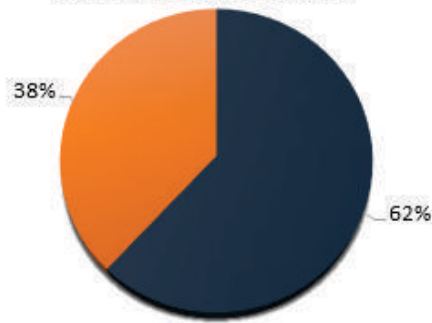
**Table 2: Knowledge regarding birth companionship among staff nurses**

Knowledge	Frequency	Percent
Adequate Knowledge	38	76.0
Moderate Knowledge	12	24.0
Inadequate Knowledge	0	0

**Table 3: Attitude regarding birth companionship among staff nurses**

Attitude	Frequency	Percent
High Attitude	31	62.0
Moderate Attitude	19	38.0
Low Attitude	0	0

**Level of Attitude**



**Fig1. Frequency and percentage distribution of attitude score among nurses regarding birth companionship.**

**Table 4: Attitude regarding birth companionship among pregnant women**

Attitude	Frequency	Percent
High Attitude	50	100.0
Moderate Attitude	0	0
Low Attitude	0	0
Total	50	100.0

N=50

**Table 5 - Mean and SD of knowledge and attitude among staff nurses.**

Nurses	Mean	SD
Knowledge	17.62	2.01
Attitude	54.28	9.84

**Table 6 - Association between socio demographic variables with knowledge regarding birth companionship among nurses.**

	Adequate Knowledge	Moderate Knowledge	Inadequate Knowledge	Total	Chi square value	df	P value	Significance
<b>Age in years</b>								
Less than 25 Years	7	3		10	1.164	3	.762	NS
26-30 years	15	3		18				
30-45 years	6	3		9				
More than 55 years	10	3		13				
<b>Gender</b>								
Female	38	12		50	3.947	1	.047	S
Male								
<b>Marital status</b>								
Married	5	4		9	2.703	3	.440	NS
Unmarried	22	6		28				
Divorced	5	1		6				
Widow	6	1		7				
<b>Religion</b>								
Hindu	16	6		22	.492	2	.782	NS
Muslim	10	2		12				
Christian	12	4		16				
Others								

<b>Residential location</b>								
Urban	27	8		35	.084	1	.773	NS
Rural	11	4		15				
<b>Type of family</b>								
Nuclear	10	2		12	.492	2	.782	NS
Joint	16	6		22				
Extended	12	4		16				
Other								
<b>Educational qualification</b>								
Graduate	29	7		36	1.463	1	.226	NS
Post Graduate	9	5		14				
Other.....								
<b>Total years of experience</b>								
Less than 1 Year	10	5		15	2.563	3	.464	NS
1–5 Years	17	3		20				
5 – 10 Years	9	4		13				
More than 10 Years	2	0		2				
<b>Training received regarding birth companionship</b>								
Pre-service	1	0		1	1.483	3	.686	NS
In-service	16	5		21				
Workshop	3	0		3				
None	18	7		25				

**p>0.05= non significant (NS), p<0.05= significant (S)**

Chi- square value was calculated to find out the association between birth companionship among nurses and their selected demographic variables. The above table reveals that there is significant association between knowledge score with the demographic variable Gender (chi- square value = 3.947, df = 1, p value = .047). and there is no significant association between knowledge with the demographic variable such as, age in year, Marital status, Religion, Residential location, Type of family, educational qualification, Total years of experience, Training received regarding birth companionship regarding birth companionship among nurses.

**H1** - There will be a significant association between the level of knowledge among nurses regarding birth companionship and their selected demographic variables at 0.05 level.

Hence, the alternative hypothesis (H1) is accepted.

### Discussion

The present study revealed that most obstetricians were young (<30 years) with ≤5 years of experience and had conducted deliveries in the presence of a birth companion, while nurses were mainly aged 25–35 years, had less experience, and most had not received formal training on birth companionship. In contrast, other studies reported older and more experienced healthcare providers with limited

implementation of birth companionship. Most pregnant women were aged 20–30 years, educated, and homemakers. Nurses showed higher knowledge compared to obstetricians and pregnant women, although previous studies highlighted gaps in awareness among both providers and mothers. Despite this, the majority of obstetricians, followed by pregnant women and nurses, had a positive attitude toward birth companionship. Common barriers included lack of privacy, overcrowded labor wards, absence of clear policies, cultural factors, and limited space, while personal willingness of staff was least problematic. Pregnant women reported distance from hospital and family consent as key challenges. The study also found no significant association between personal variables and knowledge, but experience influenced obstetricians' attitudes, and age and parity were associated with pregnant women's knowledge and attitude.<sup>4</sup>

The researcher concluded that staff nurse had average level of knowledge and highly favourable attitude, knowledge and attitude having slightly negative correlation, there is no significant association between level of knowledge and attitude of staff nurses regarding respectful maternity care and demographic variable.<sup>5</sup>

Childbirth is a major life event involving physical, emotional, and social aspects, and women deserve supportive, evidence-based care. A descriptive study among 50 primipara women and 50 birth companions in selected hospitals of Mohali, Punjab, assessed knowledge, anxiety, support, and labor outcomes. Most birth companions had average knowledge (70%) and moderate anxiety (88%). Over half (56%) provided high support. Most women (80%) were moderately satisfied with their childbirth experience. The study emphasizes the importance of birth companion support in improving childbirth outcomes.<sup>6</sup>

### **Conclusion:**

Based on specific findings, the study concludes that nurses possess adequate knowledge regarding the clinical and psychological benefits of birth companionship, while pregnant women maintain a moderate level of awareness. Despite this difference in technical understanding, both groups demonstrate a positive attitude, signaling a strong readiness to adopt birth companionship as a standard of care. This alignment suggests that healthcare providers are mentally prepared to support the practice, but mothers require more targeted antenatal education to fully understand their rights and the advantages involved. However, the positive outlook of both groups is often stymied by environmental constraints in Bhopal's hospitals, such as overcrowding and lack of privacy. Ultimately, the study highlights that while the "human element" (attitude) is present, success depends on bridging the knowledge gap for mothers and improving labor room infrastructure.

### **Recommendations:**

1. The same study can be replicated on a larger sample and also at different settings for generalization of findings.
2. Future researchers should conduct comparative studies between public (Government) and private hospitals in Bhopal to identify how institutional resources and policies influence knowledge and attitudes.
3. A follow-up study could be conducted to evaluate if the positive attitudes expressed during the descriptive phase actually translate into practical implementation during labor.
4. An In-depth Interview or Focus Group Discussion approach could be used to explore the specific barriers and cultural beliefs that prevent pregnant women from choosing a birth companion.

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