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Effectiveness of User Fee Exemption in Accessing Health Care Services among Pregnant Women in Kondoa Town Council

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ABSTRACT

The study assessed the effectiveness of the user fee exemption on accessing healthcare services for pregnant women in Kondoa Town Council using a cross-sectional research design. Quantitative data were collected from 100 pregnant women from the selected health centers in the study area, while qualitative data from health care officers was collected using the interview method. The data were coded and analyzed by the Statistical Package for Social Sciences (SPSS) program. Results showed that, more than 70% of respondents had low awareness of user fee exemption including its service packages and entitlements, health care services provision under user fee exemption mainly included antenatal care, vaccines and some kinds of medicine and postnatal care while services such as complex diagnosis, Doctors' consultation, emergency care and caesarean section required additional cost from patients. Further, there was insufficient budget, staff, and facility infrastructure allocated for the surveyed health facilities. It is concluded based on these findings that there is a low level of awareness of user fee exemption and its services among the majority of pregnant women in the study area, despite various national campaigns, workshops, on-facility training, and briefing sessions. The package of health services under user fee exemption is limited to specific low and moderately costly services. Further, there are limited resources allocated for user fee exemption, including finance, staffing, vaccines and medicines, and infrastructure. The study further recommends that Tanzania's Ministry of Health should adopt a public-private partnership strategy to enhance reliable health services under user fee exemption, involving stakeholder participation in financing.

Keywords: healthcare services, user fee exemption, vaccines and medicines

1.0 INTRODUCTION

1.1 Background

Exemption of health care service to vulnerable groups such as pregnant women, children, disabled and elders remain as a crucial aspect on increasing access to health services to vulnerable groups as well as reducing inequality on accessing health services. However, the burden of health expenditure to the governments especially in developing countries has become high and unbearable, as a result user fees and cost sharing policies has become the best options. Globally, the World Bank, along with USAID, UNICEF, and other development organizations, took the lead in advocating for the implementation of user fees for healthcare services in many developing countries in the middle of the 1980s as user fees was found valuable in developed countries (Mathauer *et al.,* 2017). This came about as a result of the widespread acceptance of the critical role that good health plays in socioeconomic development of the human being.

Internationally, Islam, (2022) undertaken a study in Bangladesh and revealed that socio-economic factors influencing pregnant women to access healthcare services like antenatal care services include), respondent's education, husband's education, wealth index, birth order, working status, and media access. However, Hwang and Park, (2019) carried out a study in Cambodia and revealed the travel time to health centres was related to distance from the health centre, travel time during the rainy season and travel cost.

The developing countries in Africa adopted user fees as one of its crucial health financing means, numerous studies such as Witter *et al.*, (2017) revealed that user fees have negative effect to patients including pregnant women. According to the aforementioned studies, user fees have a detrimental impact on patients' requests for healthcare, healthcare utilization, health outcomes, and an increase in out-of-pocket (OOP) expenses, particularly for low-income groups and the poor. Tanzania employs both user fees and exemption policies depending on the type of clients because both are crucial. Eligible people are given access to health care through exemption, while non-eligible persons must pay user fees or use their health insurance, if they have it (SIKIKA, 2018). Compared to earlier times, Tanzania currently provides a lot more healthcare services (Mujinja and Kida, 2014). Nevertheless, there is not enough funding available from the Ministry of Finance to continue providing services in an efficient manner.

The user-fee policy was first adopted in 1994 in order to mitigate the consequences of the cost sharing policy. To ensure that underprivileged populations have equal access to healthcare, however, exemption and waiver policies have been introduced. For the groups, free access is given to services like

maternity care throughout pregnancy and childbirth, which are regarded as priority health services (Mujinja and Kida, 2014). Other services offered included treatment for diseases like cancer, HIV/AIDS, TB, Leprosy, and TB, as well as preventive and curative care for kids under the age of five. Although a variety of socially disadvantaged groups are given exceptions, the majority of the poor people continues to be left out (Rohregger, 2014).

A good cost-sharing strategy must have clear exemption mechanisms for underprivileged patients, specific conditions, and public services. This is due to the fact that, justification for charging patients who can afford to pay, the major goal is to provide access to healthcare to patients who are members of exempt groups or do not have the means to pay. Children, pregnant and breastfeeding mothers, the elderly, those who are ill, and groups of people who live together in institutions like camps, prisons, hospitals, and colleges are among the special groups that can be classified as such, according to the food and nutrition policy (1992) are not required to pay fees in the health sector. Children under the age of five, MCH/FP service, the elderly, individuals with disabilities, and those with HIV/AIDS are among the patient populations who are exempt from the reservation of health services (SIKIKA, 2018).

Numerous studies such as Ngowi, et al. (2023) revealed that education level and planned pregnancy were the factors influencing maternal healthcare services. Teplitskaya, et al. (2018) added that distance to and time required to reach health facilities may serve as a barrier to healthcare access, particularly in rural areas compared to urban areas. Additionally, cultural factors, such as religious beliefs and fear of stigma, as well as other factors such as household characteristics and household size can also influence healthcare utilization (Teplitskaya, et al. 2018).

According to Rohregger, (2014), exemption and waiver, in particular, are not consistently applied, and are therefore ineffective as a means of protecting vulnerable social groups. The researcher saw the need for more studies on the effectiveness of user fee exemption on accessibility of health services among pregnant women. In order to better understand these issues, this study assessed the awareness on user fee exemption among pregnant women, health care services provision under user fee exemption among pregnant women and financial stability of healthcare services under user fee exemption in Kondoa Town Council

1.2 Statement of the problem

There has been ineffectiveness of user fee exemption in accessing health care services among pregnant women in Tanzania. There are various difficulties such as financial constraints that has a direct impact in actual service delivery, which make patients unhappy with the care they receive and increase citizen complaints (Mathauer *et al.,* 2017).

The exemption policy was developed by the Tanzanian government to guarantee better health care for vulnerable groups including pregnant women. Thus, the goal of the strategy was to increase service accessibility while also ensuring that the health system is more receptive to the requirements of the populace. As, some study by Witter *et al.*, (2017) indicated that, increased utilization of the user charges excluded a large section of the underprivileged groups from accessing proper health care. Exemption policy that became effective in 1991 in Tanzania was a proper response towards inequality in accessing health services, however, people who are eligible for exemptions including pregnant women have less been given such favour (SIKIKA, 2018).

Despite the fact that the government-initiated health basket fund as a mechanism to support health providers in terms of fund and medical supplies, it seems that the costs incurred by health providers in provision of health services under exemption policy are higher than the amount of health basket fund given. As it stands, there is understudy on the awareness of pregnant women on exemption policy, socio-economic factors influencing accessibility of pregnant women on healthcare services through exemption policy and the quality of healthcare services offered to pregnant women through exemption policy. Therefore, in order to close this gap, this study will assess the variables affecting health service accessibility through user fee exemptions. Since no previous research of this kind has been done in the Kondoa Town Council, the study assessed the effectiveness of user fee exemption in accessing health care services among pregnant women in Kondoa Town Council

2.0 Literature Review

2.1 Definition of terms

2.1.1 Exemption

Exemption is a term used to describe when services are automatically provided for free because of the ability to pay (Maluka, 2013). Therefore, it is official permission to do something or pay something that you would normally have to do or pay.

2.1.2 Waivers

Waivers refers to a voluntary relinquishment or surrender of some known right or opportunity (Frumence, 2017). On the other hand, it is the act of choosing not to use or require something that you are allowed to have or that is usually required.

2.1.3 Cost sharing

Are fees imposed for health care or education; often these services were previously provided for free or at normal cost (e.g. School fees, fees for textbooks, and fees for using clinics) (Hamisi, 2016). On the other hand, it is a term used to describe the practice of dividing the cost of health care services between the patient and the insurance plan.

2.1.4 Health care workers

According to WHO, (2004), health workers are people whose job is to protect and improve the health of their communities. Therefore, all people engaged in actions whose primary intent is to enhance health, are regarded as health workers. Example of health care workers is Medical Doctors, Assistant Medical Doctors, Nurses, Laboratory technicians and pharmacists.

2.1.5 Health

In the constitution of 1948, the World Health Organization (WHO) defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

2.1.6 Health Care

Is a consumption of goods as well as an investment, good health care improves welfare, while as an investment commodity health care enhances the quality of human capital by improving and increasing the number of days available for productive activities (Mach, *et al*, 2013).

2.2 Theoretical literature review

This study was guided by Socio-economic theory as it addresses the issue of risk sharing and user fee exemptions.

2.2.1 Socio-economic theory

It is one of the theories which explain the necessity of risk pooling and fee exemption as to reduce health inequalities. This theory was developed by Hsiao (1995). This theory is the social science that study how economic activity affects and is shaped by social processes. The theory account for moral obligation and social influence in addition to the conventional cost and revenues associated with illegal behaviour (Frederickson etal 2018). In his theory, the author incorporated social theory and expected utility theory concepts. Hsiao argues that social capital levels can be applied in to determine or predict voluntary acceptance of risk sharing for health. Voluntary risk sharing can easily emerge in cohesive communities which consider or realize the benefits of pooling in order to create supportive environment for health insurance scheme or exemptions to operate. This implies that it becomes too difficult for health insurance scheme or exemption policy to work in communities which are less socially cohesive.

Trust among health providers entering exemption policy agreement is vast important as some health providers may be afraid to enter into such agreement due to the negative implications. Exemption policy highly depends on the nature of people in the community including the policy makers. The nature of people involved can predict emergence of voluntary risk sharing, for instance if most of people involved in risk sharing agreement have a tendency of risk averse, it becomes difficult for him/her to pool money with others.

2.2.2 Relevance of Social Economic Theory to the study

This research is studying the factors affecting accessibility of healthcare services among pregnant women through user fee exemption. In order to improve access to healthcare services among pregnant women, it is vast important to create a financing mechanism that could attain health for all, meaning that all people have access to health care services regardless their differences in economic status and health conditions. In this context, socio-economic theory is relevant to this study as it defines unity or solidarity as a key towards promoting risk sharing among people through health insurance or exemption policy in order to attain health for all. By motivating people and health providers to forgot the fact of the extent of service utilization and choose unity among the community in order to help people in need opens a way towards access of healthcare services among vulnerable groups like pregnant women. This is because people with different economic status and health conditions and health providers will be willing to support exemption policy.

2.3 Policy Review

2.3.1 Overview of Exemptions Policies in Some Developing Countries

Concerns on the increased vulnerability of the poor people to accessing health services after introduction of the user fees in public health facilities, led some countries to abandon the policy and reverted to providing free universal healthcare (Mushi, 2014), or introducing exemptions and waivers for specially identified groups in order to mitigate with the highlighted situation.

Morocco introduced the free delivery and caesarean section policy in 2009, which was part of the wider national strategy for safe motherhood. The policy covers normal and complicated deliveries in all public facilities, resuscitation, and transportation to a health facility. Besides, the exemption covers as well as care for mothers and newborns while still in the facility (Witter *et al*., 2017).

The policy is highly credited to help minimizing maternal and child mortalities in the country. Moreover, a study conducted in Mali, Benin, Burkina Faso and Morocco on the effects of delivery fee exemptions and staff morality, questioned the health workers about their perception of the impact of the free care policies on various dimensions.

Findings revealed that, majority of staff across all countries felt that the policy significantly helped to widen access to supervised deliveries and largely benefited the poor (Witter *et al*., 2017).

2.3.2 Tanzanian Government Policy on Exemptions and Waivers

In 1980s, the Tanzanian Government introduced user charges in all public health facilities. However, in 1990 it established a policy of exemptions and waivers for the purpose of protecting the poorest and the vulnerable populations, from getting blocked from accessing healthcare services due to their inability to foot the healthcare bills.

The exemption policy explicitly identified people with certain medical conditions as vulnerable groups, hence, eligible for free medical services. On the other hand, the issue of waivers was completely left to be decided at the discretion of local community leaders and health workers (Maluka, 2013).

Partly, this was done as a way of decentralizing decisions to local government authorities, also, this is rationalized based on the argument that, the local leaders and healthcare staff possess in-depth knowledge of the lifestyles, backgrounds and the health conditions of the people surrounding them (Mubyazi, 2004).

According to the government policy, exemptions are targeted to vulnerable groups. Groups include pregnant mothers and children under the age of five years who are susceptible for being affected by diseases, especially the communicable ones (Frumence, 2017).

These are entitled to receive free-of-charge medical services on essential reproductive, maternal and child healthcare services. Other groups constitute people who are suffering from diseases such as diabetes, HIV/AIDS, leprosy, TB, polio, and cancer. In addition, in 1999 the Minister for Health officially included all Tanzanian citizens aged 60 years and above for exemption from user charges at government health facilities (Mubyazi, 2004). Through this policy, the private-health care providers are allowed to administer exemptions and later present their bills to the Ministry for Health, which reimburses them provided that they have administered exemptions through properly outlined procedures (Maluka, 2013).

Overall, The Policy's goal is to lessen the financial burden on people who need access to healthcare services, but who are either unable afford to pay the costs or are affected by types of diseases, which threatens public health and for which no direct charges should be imposed (SIKIKA, 2018).

2.4 Empirical literature review

2.4.1 Awareness on user fee exemption among pregnant women

Warri & George (2020) conducted a study on perceptions of pregnant women of reasons for late initiation of antenatal care. This qualitative interview study revealed pregnant women placed a low value on early antenatal care because they perceived pregnancy to be a normal health condition or to not be a serious issue that required seeking health care. The positive pregnancy outcomes for which women did not access care made them less motivated to initiate antenatal care early. Participants perceived the booking system to be user-friendly and complained of overcrowded conditions, long waiting times and some rude service providers. The cost of services and distance to health facilities that required travel via uncomfortable transport on poor road networks were identified as perceived barriers. A study conducted by Kwarteng etal., (2020) on the state of enrolment on the national insurance scheme in rural Ghana after eight years of implementation. This cross-sectional survey found half of the sampled population were registered with a valid NHIS Card; 53.2% of these were through voluntary subscriptions by payment of premium whilst the remaining 47% pregnant women and formal sector workers were exempt from premium payment. However, studies (Kwarteng etal., 2020;Warri & George 2020) failed to reveal information on awareness on user fee exemption among Pregnant women but rather poited othe issues, therefore this study will cover the gap.

Madhi et al. (2018) conducted a study on Factors influencing access of pregnant women and their infants to their local healthcare system: a prospective, multicentre, observational study. Pregnant women (N=3243) were recruited at ten sites in Panama, the Dominican Republic, South Africa, and Mozambique between 2012 and 2014 for this prospective, multi-center, observational study. It found women who were older and enrolled at a later gestational age had a higher likelihood of giving birth at the study site. Although site-level heterogeneities were noted, women were more likely to return to the study site for delivery if their delivery took less time and they paid more for transportation when they enrolled. 3077 (95.3%) of the 3145 women who gave birth to live babies supplied information for a 90-day follow-up, and 68.9% (range across sites: 25.6–98.9%) of these women visited the study site again for follow-up visits. Women who had more children and had paid less for their delivery were more likely to make follow-up visits to the study site. Of the 666 infants who were reported sick, 94.3% were sent to a hospital, and only 41.9% (ranging from 4.9 to 77.3%) were sent to the research site. Even though there was a high retention rate from enrolment to 90 days following delivery, post-partum surveillance ought to be extended outside of the study sites, and more follow-up appointments ought to be scheduled during the neonatal phase.

Kazaure (2018) conducted a study on the Impact of Free Maternal and Child Health Services on Health Care Utilization in Jigawa State, Nigeria. Chi-square analyses revealed a substantial correlation between ANC and non-participants in the JSFMCHP in terms of education, employment, and employment. Parity did not correlate with the quantity of ANC visits. Pregnant women who did not participate in the program were 5.53 times more likely to have four or more visits than those who did, according to the odds ratio. Furthermore, postsecondary education and employment predicted the recommended number of ANC visits—four or more. Ansu-Mensah etal.(2020) conducted a study on maternal perceptions of the quality of care in the free maternal care policy in sub-Sahara Africa. This systematic review found 8 studies reported that pregnant women perceived the quality of care under the free maternal healthcare policy to be poor. This poor services perception was sought to be due to the long waiting time, ill-attitudes of providers,

inadequate supply of essential drugs and lack of potable water, unequal distribution of skilled birth attendants, out-of-pocket payment and weak patient complaint system.

A qualitative study conducted by Onchonga etal., (2021) on health seeking behavior among pregnant women during the COVID-19 pandemic revealed several issues. These includes the delay in deciding to seek care, delays in reaching health care facilities and delay in receiving quality healthcare services at the healthcare facility were a result of the fear of contracting the virus of COVID-19. The delay was occasioned by participants' personal experiences and uncertainties about COVID-19 pandemic, compulsory quarantines, national cessation of movements, compulsory lockdowns, loss of income to many households and the influence of traditional birth attendants. The health survey by Yaya (2020) on wealth status, health insurance, and maternal health care utilization in Africa from Gabon reveals a disparity in maternal health care service utilization. It revealed that maternal age, geographical region was significantly associated with maternal healthcare service utilization. A high proportion of urban dwellers and Christian women used maternal health care services. Maternal health services utilization was higher in women from wealthy households compared to lower households' wealth index. With regard to health care insurance coverage, women with health insurance were more likely to use antenatal care and facility-based delivery service than those without.

A study by Dahab & Sakellariou (2020) revealed traditional and beliefs influence utilization of maternal healthcare services. In Sudan and Ethiopia some women preferred to give birth at home and were reluctant to attend antenatal care visits and maternal health facilities. In South Sudan women reported to give birth to their baby anywhere naturally without the need for prior preparations. In Tanzania evidence showed there is high awareness of birth preparedness. Ngowi, et al. (2023) conducted a study on Determinants of Focused Antenatal Care Utilization Among Women in Simiyu Region Tanzania. This cross-sectional study found women who made a self-decision had a 30% lower likelihood of finishing four or more ANC visits (APR=0.70; 95%CI=0.501–0.978). Compared to women who visited health centers, dispensary-going women had a 27% lower likelihood of finishing four ANC visits (APR=0.73; 95%CI=0.540–0.982). Nonetheless, focused ANC use was only weakly significantly correlated with both planned pregnancy and educational attainment. Pregnant women in the Simiyu region generally do not make sufficient use of four or more ANC visits. To encourage the use of ANC among women in the study area, it is necessary to improve maternal health services and raise awareness among women and their spouses of the significance of attending four or more visits.

Channa and Ndunguru (2022) conducted a study on Perceptions of the Exemption Policy on Maternal Mothers Healthcare Service Delivery in Iringa Municipality, Tanzania. It found the policy improved maternal mothers' equal access to health care; on the other hand, increased the number of deliveries in medical facilities; decreased the number of maternal deaths and delivery-related anxiety among mothers; and enhanced the chances of survival and general health of mothers and their infants. However, the policy also increased household reliance on government assistance, encouraged illicit payments, increased municipal spending, resulted in a shortage of skilled healthcare workers, beds, and medications, and increased indirect costs. Notwithstanding all of these difficulties, the exemption policy was crucial since it significantly increased maternity moms' access to healthcare services. The study's findings suggest that illegal payments be restricted, that the budget for municipal spending, hospital beds, medications, and qualified healthcare personnel be increased, and that indirect costs be kept to a minimum.

Ntahosanzwe and Rwegoshora, (2021) study evaluated how well Tanzanian public hospitals were able to provide healthcare services for the elderly through exemption measures. The study used a cross-sectional descriptive research design where it found exemption measure was less successful and only partially implemented. Under the exemption measure, elderly patients could not easily access healthcare services in public hospitals. The primary obstacles impacting exemption measures are the scarcity of necessary medications, the bureaucratic processes involved in carrying out the exemption procedure, and informal payments.

Teplitskaya, et al. (2018) conducted a survey on Maternal Health Services in Tanzania: Determinants of Use and Related Financial Barriers from 2015-16 Survey Data. The use of maternal health services has improved somewhat over the past ten years, according to data from Tanzania's Demographic and Health Surveys (TDHS). During the same time period, the use of postnatal care has increased by 165% and facility-based delivery has increased by 34%. Maternal health outcomes in Tanzania are still poor despite this policy focus, suggesting that access increases might not be enough if care quality is still inadequate. With the most recent estimate of 556 deaths per 100,000 live births (2015–16), Tanzania's maternal mortality ratio has stagnated since 2004.

2.4.2 Health care services provision under user fee exemption among pregnant women

Wolderufael (2018) conducted a study on the Factors Influencing Antenatal Care Service Utilization Among Pregnant Women in Pastoralist Community in Menit-Shasha District, Ethiopia. In the Menit-Shasha Woreda Bench Maji zone in southwest Ethiopia, a community-based cross-sectional study was carried out. Both qualitative and quantitative methodologies were used to collect the data. The study found a significant correlation between the use of antenatal care services and the residential distance (AOR=4.214, 95% CI 1.025, 17.325) and ANC visit by health extension workers (AOR=4.042, 95%CI: 1.982, 8.244), respectively ($p<0.05$). Low use of prenatal care services was found in this study. Of those who received prenatal care, the majority began it recently and were only partially served. The residential distance from the health post and a home visit by health extension workers both had an impact on the use of antenatal care. Therefore, it was suggested that home visits be intensified in order to raise community awareness of the significance of using ANCs.

Mandes *et al.,* (2020) conducted a study on changes in perceived knowledge about childbirth among pregnant women participating in the senses of birth intervention in Brazil. This cross-section study found perceived knowledge increased more for low-income women, women without private health insurance, with private prenatal care, experiencing their first pregnancy. Ahmed etal.,(2020) conducted a study on impact of the societal response to covid 19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya,Nigeria and Pakistan. They found stakeholders

described various preventive, diagnostic and treatment services, including well-used antenatal and immunization programmes and some screening for hypertension. Pharmacists and patent medicine vendors were key provides of treatment and advice for minor illnesses. The reduction in access to health care services was reported in all sites including preventive services. Hwang and Park, (2019) carried a study on Factors Influencing the Accessibility of Maternal Health Service in Cambodia. This study set out to look into the variables influencing how easily accessible maternal healthcare services were in Cambodia. Found that travel time to health centers was related to the distance from the health center (ß = 0.031, $p < 0.001$), travel time during the rainy season (ß = 0.166, $p < 0.001$), and travel cost (ß = 0.001, $p < 0.001$).

The study by Kasagama and Renju (2022) examined factors affecting antenatal care visits among pregnant women in Tanzania from 2004 to 2016. The data was analyzed using Stata version 14, and a Poisson regression analysis was performed. Results showed that the majority of women received adequate antenatal care between 2004-2015, with changes in population structure leading to improvements in health-related behaviors. However, 33.8% of the change was due to mother's traits. The study recommends interventions focusing on early antenatal care initiation within the first twelve weeks of pregnancy. Abdu, (2018) studies the challenges of government health services to elderly people in Tanzania: the case of Kinondoni and Ilala district councils. This case study found a severe shortage of medications for senior citizens who are exempt from paying for healthcare services in government-run facilities. This is because the government has a very small budget for financing healthcare services. Of the elderly population, 60% are unaware of the current healthy policy. This resulted from their inability to obtain essential information about the health services provided under their privileges.

2.4.3 Financial stability of healthcare facilities under user fee exemption among Pregnant women

Etemadi and Hajizadeh, (2022) conducted a study on User fee removal for the poor: a qualitative study to explore policies for social health assistance in Iran. This qualitative study was conducted in 2018 using the purposive sampling method. It found disparities in access to financial support for user fee coverage among various impoverished groups as a result in inequalities in access and financial protection. Islam, (2022) conducted a study on the Factors Affecting the Utilization of Antenatal Care Services During Pregnancy in Bangladesh and 28 Other Low- and Middle-income Countries. A Meta-analysis of Demographic and Health Survey Data was employed where it was revealed that factors were associated with higher odds: wealth index (OR 2.715; 95% CI 2.199, 3.352), birth order (OR 1.722; 95% CI 1.388, 2.137), residence (OR 2.041; 95% CI 1.621, 2.570), respondent's age (OR 1.260; 95% CI 1.106, 1.435), respondent's education level (OR 2.808; 95% CI 2.353, 3.351), husband's education (OR 2.267; 95% CI 1.911, 2.690), and media access.

Abredu et al. (2023) conducted a study on Factors influencing the free maternal health care policy under the national health insurance scheme’s provision for skilled delivery services in Ghana. This was a narrative literature review which revealed low household socioeconomic status has an impact on SBA and that the FMHCP under the NHIS does not fully cover the costs of skilled delivery. Furthermore, financing and sustainability are obstacles to the policy's provision of high-quality services. Ghana has to fully rely on the NHIS to pay for skilled delivery in order to meet the above SDGs and advance SBA. The study conducted by Banke-Thomas etal.,(2021)on the cost of utilizing maternal health services in low-and middle-income countries. This systematic review found many studies costed multiple services including costed services for utilization of normal vaginal delivery, caesarean delivery, and antenatal care. The least costed services were post-natal care and post-abortion care. Medicines diagnostics were main cost drivers for antenatal care and post-natal care where the cost drivers were variable for delivery. The women experienced financial burden of utilizing maternal health services and also had to pay some unofficial cost to access care, even where formal exemptions existed.

Nakamura and Seino, (2018) conducted a study on Improving access to healthcare for women in Tanzania by addressing socioeconomic determinants and health insurance. This was a population-based cross-sectional survey which revealed, women without health insurance, those in the wealthiest class as measured by the wealth index, those without formal education, those without a paid job, women getting older every year, and women who were divorced, separated, or widowed were all linked to more difficulties getting access to healthcare. This study demonstrated the cumulative effects of healthcare barriers in low-income nations like Tanzania. These findings suggest that the first steps in lowering women's healthcare access issues are to increase health insurance uptake and address social determinants of health.

2.5 Research gap

The empirical literature review evidenced an existing gap contextually and methodologically. Some of the literatures (Ntahosanzwe & Rwegoshora, 2021; and Abdu, 2018) focused on elderly people and not pregnant women. On the other hand studies like (Abdu, 2018; Ahmed etal.,2020; Ansu-Mensah etal.2020; Banke-Thomas etal.,2021; Dahab & Sakellariou 2020;Fernandes etal., 2020;Kasagama and Renju 2022; Kazaure 2018;Kwarteng etal., 2020; Onchonga etal., 2021;Warri & George 2020;Madhi et al.2018; Yaya 2020) related their studies with women pregnant but did not cover awareness on user fee exemption among pregnant women, Health care services provision under user fee exemption among pregnant women and financial stability of healthcare facilities under user fee exemption. A variety of authors has provided positive arguments on the concept of exemptions in the healthcare services. For instance, SIKIKA (2018) conducted research on Exemptions and Waivers Policy for the purpose of assessing how its beneficiaries enjoy the right to affordable quality health services. On the other side, Ngowi, et al. (2023) conducted a study on determinants of focused antenatal care utilization among women in Simiyu Region Tanzania; however, the study has not addressed the problem of accessibility of healthcare services among pregnant women through user fee exemption.

Therefore, limited information about the problem under study, prompted the current researcher to undertake this subject, considering how vulnerable the pregnant women are in case they lack access to healthcare services. Therefore, this study adopted a mixed approach in answering research questions along with the use of socio-economic theory.

2.5 Conceptual framework

This section describes the relationship between independent and dependent variables of the study. In respect to the study the independent variables include aawareness on exemption policy (Workshops and training, On-facility patient briefing sessions, Education level, Information from media), Healthcare services under user-fee exemption (Antenatal care, Facility-based delivery, Caesarean section, Emergency obstetric care, Postnatal care). Quality of healthcare services under use-fee exemption (Efficiency, Waiting hours for services, Patient satisfaction, Effectiveness. Financial stability(Budget allocation, Health infrastructure). While the dependent variable is the health care services among pregnant women (Doctor's consultation, Diagnosis, Hospitalization services, Medicine and vaccines). The study envisages that awareness on exemption policy, demographic characteristics and the quality of healthcare services under exemption are the factors which influence accessibility of pregnant women on healthcare services. Figure 1 below presents the conceptual framework of the study.

Independent variable **Dependent variable**

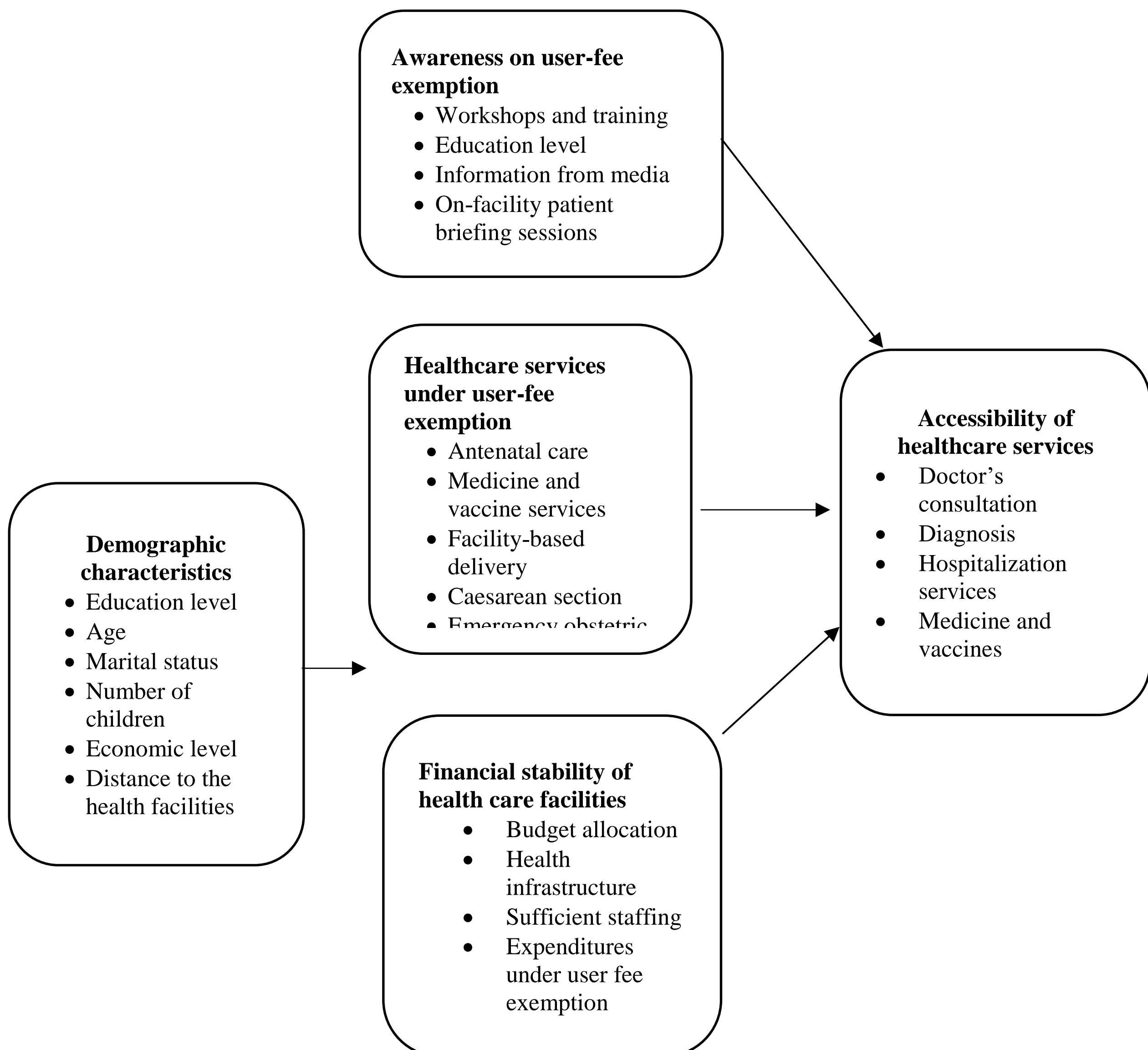

Figure 1: Conceptual Framework

Source: Researcher's own construct (2024)

3.0 Methodology

This is a practical part which highlights how the researcher practically used research methods. Therefore, this chapter covers research approach, research design, study area, study population, sampling procedures and sample size, data collection methods, pilot study, validity and reliability issues, data analysis and ethical consideration.

3.1 Research approach

The mixed research approach was employed in this study where both qualitative and quantitative methods and or techniques were in place. The rationale of choosing this approach base on the fact of gathering information into different angle so as to acquire enough information from respondents and or participants that link to each specific objective of the study was captured in the questionnaire this include awareness on user fee exemption among pregnant women, health care services provision under user fee exemption among pregnant and the financial stability of healthcare facilities towards health care services among Pregnant women in Kondoa Town Council.

3.2 Research design

The researcher will employ a cross-sectional case study design. This was employed so as to generate deep understanding on the effectiveness of user fee exemption in accessing health care services among pregnant women in Kondoa Town Council. Specifically, questionnaire and semi structured interview guide will be used in gathering information on awareness on user fee exemption among pregnant, to examine health care services provision under user fee exemption among pregnant women and to assess the financial stability of healthcare facilities towards health care services among pregnant women in Kondoa Town Council. The rationale of choosing this design is basing on the fact that it was less time consuming than other types of research as well as less expensive (Pawar, 2020).

3.3 Study area

This study was conducted in Kondoa town council. According to the 2022 census the area has a 931 square kilometer population of 80443, 2 division, 8 wards, 36 streets,32 primary schools,13 secondary schools and 3 health centers, and 6 dispensaries and one hospital. In particular, this study was conducted at 5 health facilities available in the district where pregnant women go to seek for health care services. These health facilities include Kondoa Town Council Hospital, Serya Health Center, Kingale Health Center, Kolo Health Center and Bolisa Dispensary. The Kondoa Town Council was chosen based on a number of factors, including the prevalence of health inequalities and financial constraints that prevent pregnant women from accessing free health services, which increases citizen complaints about the ineffective use fee exemption policy (Maluka, 2021).

3.4 Study population

This study mainly included pregnant women available in Kondoa town council who attend the selected health facilities seeking for healthcare services through exemption policy. This study targeted 4939 pregnant women who attended all 4 clinics in health facilities in Kondoa Town Council (Kondoa Town Council, 2023). Additionally, health care workers who attend pregnant women at the selected health facilities were consulted as key informants. The proposed study population is suitable for this study because they possess reliable data concerning the factors influencing accessibility of health care services among pregnant women through user fee exemption.

3.5 Sampling Procedures and Sample Size

3.5.1 Simple random sampling

This study employed simple random technique to select pregnant women who provided data for this study. The names of pregnant women were written in pieces of paper and shuffled, then the researcher will randomly pick 98 pieces of papers with the names of pregnant women that were included in this study. This method was useful as it was fair and provided an equal chance for the samples to be part of this study's exploration.

3.5.3 Sample size

A number of 108 respondents was drawn, in which 10 respondents including health care workers were purposively selected to participate in qualitative data gathering, while 98 pregnant women were drawn for quantitative data gathering with the aid of Slovin's formula (Slovin, 2007) and the workings are as shown below.

n = N / (1+N (e) 2)

Whereas; n = sample size; N = Population of the study; e = Error term; N = … (Estimated number of potential customers); e = 10% error term; n =?

Thus, n = 4939/ (1+ 4939 (0.1)2

n =4939/1+ 4939(0.01)

n = 4939/1+ 49.39

n = 4939/50.39

n = 99.72

n= 100

4.0 Discussion of Findings

4.1 Demographic Information

4.1.1 Age of respondents

Generally, age is a fundamental measure of population structure (Agwanda and Amani, 2014). Demographers and other social scientists have special interest in the age structure of a population because several social relationships within the community depend on age. The significance of age of pregnant women and understanding of user fee exemption in health services has been examined extensively.

Table 1 indicates that age distribution of the surveyed pregnant women ranged from 16 to 45 years with more than 50% concentration between 18 and 28 years. The concentration of the age-cohort of the respondents imply that regardless of some of women being pregnant before 18 years of age, most of the surveyed women had pregnancies at a younger age. The revealed age is expected of having good command and awareness of user fee exemption services in health sector and hence higher possibility of improved maternal health under user fee exemption.

4.1.2 Marital status of respondents

The influence of marital status of pregnant women on their need and utilization of user fee exemption services is significant and can be explained in terms of awareness of the services and willingness to benefit from these services. It is expected that pregnant women who are not married have higher possibility of having a burden of socio-economic responsibilities than those who are married, thus user fee exemption might be very useful to support their weak economies. Table 1 shows that, more than 70% of the surveyed respondents were married, 18% were not married and 9% were divorced. This implies that almost all respondents with various marital backgrounds had weak economic status and depended on user fee exemption to cover their maternal health cost.

Table 1: Characteristics of respondents and their households (n=100)

Characteristics	Categories	f	%
Age	Less than 18 years	4	4
	18 to 28 years	58	58
	29 to 39 years	34	34
	40 and above	4	4
Marital status	Not married	18	18
	Married	73	73
	Divorced	9	9
Education	Never gone to school	21	21
	Primary education	53	53
	Secondary education	22	22
	College education	4	4
Income level	Less than 100,000	17	17
	100,001-200,000	54	54
	200,001-300,000	29	29
	More than 300,000	0	0
Number of children	0 to 1	11	11
	2 to 4	38	38
	5 and above	51	51

4.1.5 Education level

Education level of respondents was one of the social characteristics which were assessed in terms of number of years of schooling. Many studies have revealed that the level of education helps household members to acquire important health information and use them effectively. Table 1 show that more than 50% of respondents had primary education, 22% had secondary education, 21% had no formal education and 4% had college education. This may imply that there was a higher possibility for pregnant women lacking some basic information regarding user fee exemption in health and its services that they would benefit from it. Similarly, the low level of education may also denote the higher degree of household poverty because less educated household members tend to have low capacity to exploit both health and economic activities as compared to the educated members of the households.

4.1.6 Income status

The income level of the surveyed pregnant women was taken into account in terms of amount of money they are capable of accumulating in a monthly basis. Table 1 show that more than 50% of the respondents' income ranged from 100,001 to 200,00 Tsh, 29% of the respondents' income ranged from 200,001 to 300,000 and 17% of the respondents' income was less than 100,000 Tsh. This may simple imply that majority of the surveyed pregnant women were from poor households who hardly meet their basic domestic requirements and health needs using personal or household income. Thus, the observed low economic status may reveal that the majority of pregnant women in the study area wer those that mostly depended on user fee exemption to help cover their health cost.

4.1.7 Number of Children

Likewise, household size is an important determinant of socio-economic status and ability to meet basic home and health requirements by the household heads. Table 1 show that more than 50% of the surveyed pregnant women had more than 5 children, 38% had 2 to 4 children and 11% had 0 to 1 child. This may imply that the majority of the respondents had more than 5 children, thus denoting that their household size was ≥7 members which were higher than the regional and national average of 5 and 4.8 respectively. This further means that majority of households in the study area had a greater burden of high dependency ratio, thus user fee exemption was important to help cover some costs of health services particularly for the pregnant women.

Table 2: Awareness of respondents on user fee exemption in KTC

Statements	SA	A	N	D	SD
I often attend workshops and training sessions about user fee exemption services	22	64	4	10	0
I am conversant with all health services under user fee exemption	4	33	4	59	0
I receive information from various media on use fee exemption	9	11	22	54	4
My education level has enriched my awareness of user fee exemption	0	5	5	59	31
I often attend on-facility patient briefing sessions about user fee exemption	21	77	0	2	0

N=100, SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree and SD=Strongly Disagree

4.2.2 Health care services provision under user fee exemption among pregnant women in Kondoa Town Council

The health care services provision to pregnant women under user fee exemption was assessed in the study area using four indicators which included antenatal care, medicine and vaccine services, facility-based delivery and caesarean section services. These findings are clearly presented and discussed under this section.

Findings from Table 3 show that 82% of the surveyed respondents strongly agreed on the statement that through user fee exemption they access facility-based delivery service, 81% of respondents agreed on the statement that they access antenatal care services through user fee exemption, 68% of respondents agreed on the statement that through user fee exemption they benefit from emergency obstetric care and 48% of respondents agreed on the statement that they access medicines and vaccines under user fee exemption. On the other hand 67% of respondents disagreed on the statement that they access caesarean section service under user fee exemption.

Basing on these findings it imply that the package for health services under user fee exemption is limited to specific low and moderate cost services while some complex services such as emergency and caesarean section services are not covered. This makes pregnant women pay some extra money to cover for the services which are not covered by the user fee exemption. This hampers health equity and increases the health inequality among pregnant women in the study area.

These findings are supported by Mussa *et al.* (2019) who found that user fee exemption covers a good number of health care services in rural areas where there is low number of patients population thus making financial resources allocated to it at least sufficient as opposed to urban setting where there is large number of population which overruns the allocated financial and material resources for user fee exemption.

Table 3: Health care services provision under user fee exemption in KTC

Statements	SA	A	N	D	SD

I access antenatal care services through user fee exemption	12	81	4	3	0
I access medicines and vaccines under user fee exemption	9	48	6	33	4
Through user fee exemption I access facility-based delivery service	82	11	4	3	0
It is through uer fee exemption that I access caesarean section service	0	9	0	67	24
Through user fee exemption I benefit from emergency obstetric care	28	68	0	4	0

N=100, SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree and SD=Strongly Disagree

4.2.3 Financial stability of health care facilities under user fee exemption in Kondoa Town Council

The financial stability of health care facilities under user fee exemption was assessed in the study area using four indicators which included budget allocation, health infrastructure, staffing and expenditure under user fee exemption. Understanding of financial stability was significant measure of effectiveness of user fee exemption because it determines availability of various services and medicines allocated for pregnant women in particular health facility. These findings are clearly presented and discussed under this section.

Findings from Table 4 show that 65% of the surveyed respondents disagreed on the statement that pregnant women are not requested to pay additional fees under user fee exemption services, 48% of respondents disagreed on the statement that there is adequate staff for various health services under user fee exemption, 43% of respondents agreed on the statement that the health facility infrastructures such as beds and rooms are adequate and intact and 51% of respondents disagreed on the statement that the expenditures on user fee exemption are adequate and meets the patients' health needs

Basing on these findings imply that there is limited resources allocated for user fee exemption including finance, staffing, vaccines and medicines and infrastructure. The financing instability makes pregnant women dig out of their pocket to pay some extra fee for covering some cost of health care services which were primarily intended to be covered under user fee exemption.

These findings concur with Ntahosuzwe and Rwegoshora (2021) who found that exemption measure was partially implemented and less effective. Healthcare services in public hospitals were not easily accessible for old people under exemption measure. The major challenges affecting exemption measure is lack of essential medicine, bureaucratic procedures in executing exemption process and unofficial payments.

Table 4: Financial stability of health care facilities under user fee exemption

Statements	SA	A	N	D	SD
Pregnant women are not requested to pay additional fees under user fee exemption services	3	9	4	65	19
There is adequate staff for various health services under user fee exemption	0	10	33	48	9
The health facility infrastructures such as beds and rooms are adequate and intact	4	18	24	43	11
The expenditures on user fee exemption are adequate and meets the patients' health needs	0	2	47	51	0

N=100, SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree and SD=Strongly Disagree

4.2.4 Accessibility of health care services in Kondoa Town Council

Accessibility of health care services was assessed in order to understand the extent of effectiveness and quality of health care services including those offered under user fee exemption. Accessibility of health care services was the dependent variable of the study which in turn determines the effectiveness of the user fee exemption among others. Four indicators of accessibility were used. The indicators were Doctor's consultation, diagnosis, hospitalization services as well as medicine and vaccines.

Findings from Figure 1 show that 88% of the surveyed respondents replied no to the question about whether they access Doctor's consultation through user fee exemption, 77% of respondents replied no to the question about whether they have access to hospitalization and all attached services under user fee exemption. On the other hand, 77% of respondents said yes to the question about whether they access diagnostic services and checkup under user exemption and 68% of respondents said yes to the question about whether user fee exemption cover medicine and vaccine costs.

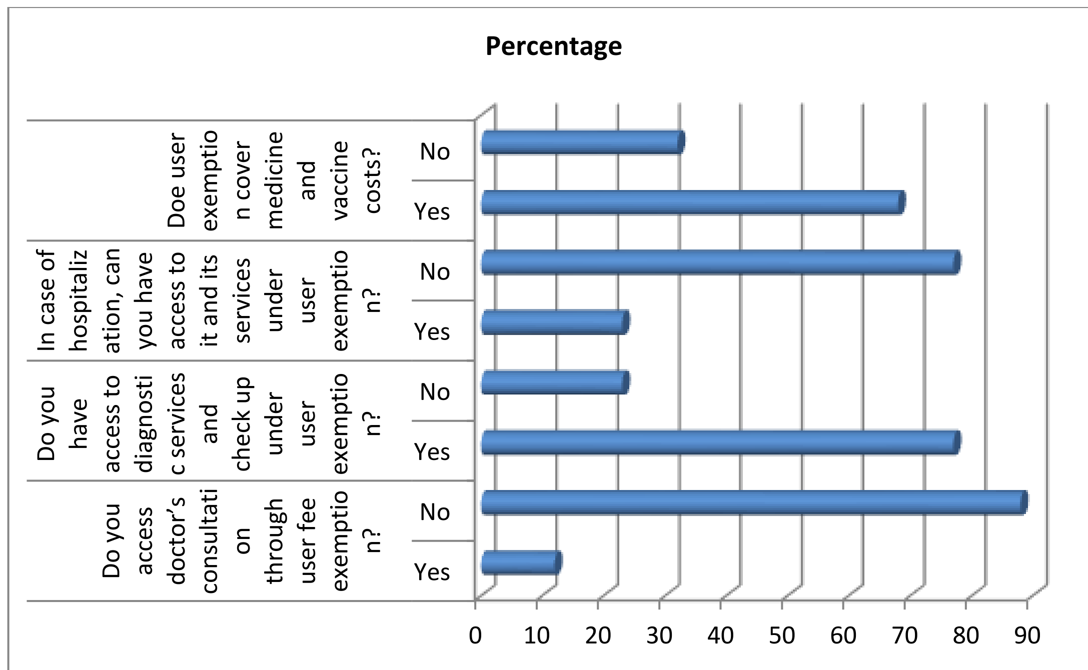

Figure 2: Accessibility of health care services in Kondoa Town Council (n=100)

Source: *Field data (2024)*

The study's findings suggest that user fee exemption mainly covered diagnostic services and checkup and some less costly medicine and vaccines however in terms of Doctors consultations as well as hospitalization and attached services were offered with some additional cost that pregnant women had to dig out of their pockets to cover the additional cost. This may suggest ineffectiveness of user fee exemption in enhancing accessibility of health care services among pregnant women in Kondoa Town Council.

Moreover, the findings of this study complements Hussein *et al* (2019) who found that most of the respondents depended on user fee exemption (81.4%) in financing their health care consumption, majority of them being peasants and it was also the most preferred health financing mechanism. However, in terms of effectiveness and quality of user fee exemption services was low in promoting equitable and quality of health care services particularly to pregnant women, children and elderly people in Lindi and Mtwara Regions.

Conclusion

There were low level of awareness of user fee exemption and its services among the majority of pregnant women in the study area despite various national campaigns, workshops and on-facility training and briefing sessions.

The package of health services under user fee exemption is limited to specific low and moderate costly services while some complex services such as emergency and caesarean section services are not covered. This makes pregnant women pay some extra money to cover for the services which are not covered by the user fee exemption. This hampers health equity and increases the health inequality among pregnant women in the study area.

There are limited resources allocated for user fee exemption including finance, staffing, vaccines and medicines and infrastructure. The financing instability makes pregnant women dig out of their pocket to pay some extra fee for covering some cost of health care services which were primarily intended to be covered under user fee exemption.

Moreover, user fee exemption mainly covered diagnostic services and checkup and some less costly medicine and vaccines however in terms of Doctors consultations as well as hospitalization and attached services were offered with some additional cost that pregnant women had to dig out of their pockets to cover the additional cost. This may suggest ineffectiveness of user fee exemption in enhancing accessibility of health care services among pregnant women in Kondoa Town Council.

Recommendations

Tanzania's Ministry of Health should adopt Public Private Partnership (PPP) strategy to engage various stakeholders in enhancing provision of reliable health services under user fee exemption including stakeholders' participation in financing to ensure that the service packages under user fee exemption are offered equitable and bear zero cost to the patients. Health care centres should increase on-facility trainings, workshops and briefing sessions to patients so as to increase their understanding of user fee exemption and all its services attached to it. Moreover, community members are advised to enroll

and join health insurances of their conveniences so as to enable them cover emergency and all other costs of health care which are sometimes not covered by user fee exemption.

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