

Social Economic Inequalities and Adherence to MNCH Regimens; Can We Do More to Help the Poor

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Introduction: Adherence to MNCH regimens is a critical factor in reducing complications and death ratios for mothers and infants during the maternal journey. In collaboration with stakeholders, the Government of Tanzania has done much to improve access to maternal services and the availability of related commodities. Despite the efforts, underutilization is still high. Social-economic inequalities are not among indicators routinely tracked by clinics despite their role in influencing MNCH adherence. MomCare project implemented in Northern regions of Kilimanjaro and Manyara incorporates surveys on the social-economic status of mothers participating in the project. The project addressed mothers' specific needs. Methodology and Analysis were done on 155 MomCare project mothers who had completed their pregnancy journeys by July 2020 and had their poverty-related information collected at enrolment. Their distribution into the five World bank determined poverty quantiles was established, where quantile 1 and 2 being considered below the poverty line and quantile 3 to 5 above the poverty line. Then, mothers' adherence to MNCH care was determined by looking at the pattern of relationship for a number of mothers from each poverty quantile and average visits for ANC, delivery, and PNC they attained during their pregnancy journeys.

Results: Mothers fall under categories of poverty quantile 2 to 5. Mothers in poverty quantile 2 considered below the poverty line had low average ANC visits compared to those in other Quantiles. There was a clear pattern of increase in ANC adherence with increasing poverty quantile levels. There was no clear relationship between poverty quantiles and average visits for facility delivery and post-natal care.

Conclusion: The challenge of improving maternal care uptake in Tanzania goes beyond improving access and maternal commodity availability at health facilities. Addressing social-economic inequalities is central to achieving equity in access to maternal care, especially for ANC services. Efforts must be made to identify and support the poorest to access the available maternal interventions.

