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Effects of free maternity care on beneficiary satisfaction: Multicentre study conducted in the Binza Météo Health Zone, Kinshasa, Democratic Republic of the Congo

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ABSTRACT

Introduction

The Democratic Republic of Congo (DRC) ranks among the nations with the highest maternal mortality rates in the world, with 846 deaths per 100,000 live births.

Purpose

This study aimed to assess the effects of free maternal health care on access, service quality, and beneficiary satisfaction, while also examining the socio-economic and psychological impact of this policy on women in the field of maternal health.

Methods

The survey employed a phenomenological qualitative approach to data collection and utilised the Donabedian model in the Binza Météo health zone. Data were collected through semi-structured interviews with 43 women who had given birth in selected maternity units. A thematic approach was used to analyse the interview content.

Results

The results show that access to care improved with the elimination of financial barriers. Women expressed overall satisfaction with free antenatal consultations and childbirth. However, many difficulties remain, including indirect costs (e.g., transportation, drugs, and ultrasound scans), overloaded infrastructure and healthcare staff, and challenges related to hygiene and resource availability. Participants also emphasised the importance of healthcare staff's commitment, despite a few reported cases of negligence.

Conclusion

Free maternity care in the DRC has positively impacted both access and satisfaction; however, significant structural improvements are still required, particularly regarding funding, infrastructure, and medical staff working conditions.

INTRODUCTION

Nearly 3 million newborn babies die within the first month of life, and more than a third of these deaths occur within the first 24 hours, making the day of birth the most perilous moment for both newborns and mothers worldwide (Onambele et al., 2023). Maternal mortality remains a serious global public health problem, especially in Africa. According to United Nations (UN) figures, approximately 287,000 women worldwide die each year from maternal complications, representing one death every two minutes (United Nations, 2023).

The Democratic Republic of Congo (DRC) faces similar maternal health challenges. Recent estimates indicate that the country has a maternal mortality rate of between 500 and 700 deaths per 100,000 live births, placing it among the nations with the highest rates globally (Mbongi, 2021; Organisation mondiale de la Santé [OMS], 2023). In the DRC, there is approximately one midwife for every 16,000 people, whereas the World Health Organization (WHO) recommends one midwife per 5,000 individuals. Fewer than 12 out of 100 health facilities meet the criteria for providing basic obstetric and neonatal care, including having the technical infrastructure to manage complications during pregnancy and childbirth (United Nations Population Fund [UNFPA], 2021).

Access to affordable, quality health services remains a challenge in many low-income countries, particularly in sub-Saharan Africa. Many preventable maternal deaths continue to occur due, in part, to the financial difficulties women face in accessing healthcare (Kafumbi et al., 2024). Out-of-pocket payments are a significant barrier to maternal healthcare, especially among poorer populations. These payments can lead to catastrophic expenditure and household impoverishment (Kafumbi et al., 2024).

To address these challenges, some African countries have introduced policies to reduce the costs of childbirth and improve access to maternal healthcare. These initiatives include offering certain childbirth-related services free of charge (Ridde & Mbow, 2021). However, even where childbirth is declared free, indirect costs such as transportation, medication, and ancillary expenses persist. Moreover, the implementation of these policies often varies across regions and communities within the same country (Solene, 2021).

In addition to financial barriers, many African countries face inadequate health infrastructure, with hospitals and clinics often overcrowded, poorly equipped, or located far from rural communities, making care inaccessible for many women (United Nations Children's Fund [UNICEF], 2021). The shortage of qualified health personnel—including doctors, nurses, and midwives—further limits the ability to provide timely and appropriate care (Sahoo et al., 2021).

The implementation of free maternity care in the DRC encounters several challenges. These include inadequate funding for health infrastructure, which undermines the delivery of quality care despite the intent to offer services free of charge. Corruption and fund mismanagement also obstruct women's access to care. Additionally, the shortage of adequately compensated healthcare personnel compromises service quality.

In Kinshasa, free maternity care has improved access and allowed women to choose health facilities more freely, offering financial relief to households and increasing service utilisation. Nevertheless, many maternity units have seen no significant improvements in care conditions, infrastructure, or equipment (Kasongo et al., 2024).

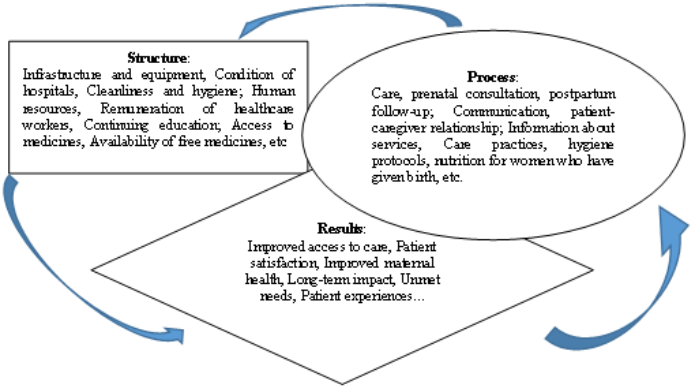
Recent scientific literature presents mixed findings regarding the impact of free maternity care on maternal and child health. While some studies have reported significant positive effects, others found no notable improvement in health indicators or care quality (Ansu-Mensah et al., 2021; Ilboudo & Siri, 2023; Nkoumou, 2020).

This study explores how the introduction of free maternity care in Kinshasa influences healthcare quality and beneficiary satisfaction in a context marked by resource constraints and persistent maternal health challenges in the Binza Météo Health Zone. The general objective is to assess the effects of free maternity care on access, quality of care, and beneficiary satisfaction, as well as to evaluate the policy's socio-economic and psychological effects on women and families.

The study uses the Donabedian model (Donabedian, 1966), which conceptualises healthcare quality through three interrelated dimensions: structure (inputs), process (care

delivery), and outcome (results). This model serves as a widely accepted framework for evaluating healthcare services.

Figure 1:
Conceptual framework for assessing the effects of free maternity care on beneficiary satisfaction, adapted from the Donabedian Model (1966).



METHODS

Study Setting

This study was conducted in the Binza Météo Health Zone in Kinshasa, DRC, across five maternity units: Kinkenda, Ngowa, Bangu, Shalom, and Mwinda. As of 2024, the health zone had an estimated population of 582,208 residents, distributed across 11 health areas: Bangu, Binza Pigeon, Bumba, Congo, Djelo Binza, Kimpe, Kinkenda, Lonzo, Lubudi, Ngombakinkusa, and Punda. The health zone includes 184 health facilities partnered with the BCZS. The local economy is largely driven by micro-commerce, agriculture, livestock farming, and public service, with families in areas like Camp Luka valley, Ngombakinkusa, and Bumba engaged in small-scale livestock farming.

Study Population and Sample

The study targeted women who had delivered during the research period in one of the five maternity units mentioned. To be included, participants needed to have delivered at Bangu, Mwinda, Kinkenda, Shalom, or Ngowa; be present during the survey; and provide informed consent. A non-probability purposive sampling technique was employed. The final sample consisted of 43 women, determined based on the principle of data saturation—that is, data collection continued until no new information emerged from the interviews (Ansu-Mensah et al., 2020).

Data Collection Methods

Fieldwork included interviews conducted in the selected maternity units. Data were collected via semi-structured, face-to-face interviews using an interview guide organised around three main thematic areas relevant to the study objectives.

Data Collection Process

Before data collection began, the researchers obtained all necessary permissions by consulting the Central Office of the Health Zone and the heads of the maternity units to explain the study's objectives. Each participant was interviewed individually in a secure and private location to encourage openness. Interviews were recorded with participants' consent to ensure accuracy in data analysis. A research diary was also maintained to document observations and methodological decisions. Interviews were conducted in both French and Lingala and were immediately transcribed. On average, each interview lasted 26 minutes. Data collection spanned from November 11, 2024, to February 20, 2025.

Data Analysis Techniques

All interviews were recorded using a digital device. Translations from Lingala to French were completed with the help of linguistic experts. Interviews were transcribed into Word documents before analysis. A thematic analysis approach was used to identify, classify, and relate key patterns and themes from the interview data. Manual coding and categorisation helped reveal points of convergence and divergence and the underlying meanings participants attached to their experiences.

Ethical Considerations

The study received ethical clearance from the ISTM-Kinshasa Bioethics Committee (Reference: N°0196/CBE/ISTM/KIN/RDC/PMBBL/2024). All procedures adhered to ethical guidelines for human research in the DRC. Participants were fully informed about the study's aims, methods, and data handling processes and provided free and informed consent. Confidentiality and anonymity were strictly observed, and all data were stored securely with access limited to the research team. Participants were treated with respect and were free to withdraw from the study at any stage without consequence.

RESULTS

Characteristics of Respondents

Table 1:
Characteristics of Respondents by Health Facility

Structures	Education				Parity			Age			Occupations			
	N	*P*	*D*	*Un*	*1-3*	*4-6*	*≥7*	*15-24*	*25-34*	*≥35*	*U*	*C*	*I*	*S*
CS Mwinda	0	7	3	1	6	3	2	5	5	1	1	1	9	0
CS Bangu	1	4	2	0	5	2	0	4	2	1	0	0	6	1
CS Ngowa	1	4	2	0	4	3	0	3	2	2	0	0	7	0
CS Kinkenda	2	5	1	0	5	3	0	4	3	1	0	0	8	0
CS Shalom	1	4	4	1	7	3	0	3	5	2	0	1	9	0
Total	**5**	**24**	**12**	**2**	**27**	**14**	**2**	**19**	**17**	**7**	**1**	**2**	**39**	**1**

Source: Author, 2024

Note: N = None, P = Primary, D = D6, Un = University, U = Unemployed, C = Civil Servant, I = Informal, and S = Student

The profile of respondents indicates that most had primary education and had between one and three children. Most were aged 15–24 and worked in the informal sector.

Presentation of Themes from the Interviews

The findings from the interviews are organised into three main themes, each containing sub-themes, categories, and illustrative verbatim quotes.

- Theme 1: Structural Approach to Free Healthcare
- Theme 2: Process Approach to Free Healthcare
- Theme 3: Outcomes of Free Healthcare

Theme 1: *Structural Approach to Free Healthcare*

Structure refers to the organisational and material aspects of health services, including human resources, infrastructure, and health policies.

This theme, which is the first in this research, is subdivided into sub-themes. Each sub-theme comprises different categories supported by verbatim quotes illustrating participants' comments. The three sub-themes comprising this theme are:

- Access to maternity care since the introduction of free care
- Improvements observed
- Difficulties or obstacles encountered

Sub-theme 1:

Access to Maternity Care Since the Introduction of Free Care

Categories	Verbatim
Improved access to care	RK8: "Free childbirth has made it easier for us to go to hospital for follow-up care." RN1: "The fact that it is free has made things a lot easier for us, because from the start of my pregnancy, from my first consultation right up to my delivery, I did not have to pay anything."
Loss of the notion of free care	RM1: "You have to buy or pay for a lot of little things. At the end of the day, when you add them all up, you realise that in reality there is no such thing as free." RM2: "Nothing here is free except for childbirth, which is effectively free. An ultrasound scan costs 30,000 CFA francs... Sometimes, for a single examination, the medicines prescribed can cost between 50,000 and 80,000 CFA francs. Do you understand?"
Need for residual financial resources despite free health care	RB6: "As far as I am concerned, it will always be necessary to have some money on hand." RK3: "It will always be essential to have some money on hand."

Analysis:

An analysis of the verbatim interviews with women who benefited from free childbirth highlights an ambivalent perception of this policy. On one hand, several beneficiaries acknowledged that free childbirth facilitated hospital access and allowed them to receive follow-up care without incurring direct costs for the delivery itself. However, they also pointed out that additional expenses remain—such as fees for complementary examinations, ultrasound scans, and medicines—sometimes amounting to significant sums. Therefore, although childbirth is officially free of charge, women still need to reserve money for these extra costs, which reduces the overall financial impact of the policy.

Sub-theme 2:

Improvements Observed

Categories	Verbatim
Perception of free care and financial relief	RS2: "The positive change lies in the financial aspect. From the beginning until my delivery, I didn't spend anything." RS8: "What we are most pleased about is that we are not asked for any payment for both antenatal consultations and the birth."
Commitment of healthcare professionals	RS6: "What I'm most pleased about is the way the healthcare professionals supported me, and I benefited from adequate care after the birth." RS5: "I appreciate the quality of the work provided by the healthcare professionals; the follow-up is well done and everything is going favourably."
Persistent problems despite free care	RM2: "Nothing is free. They ask us for a lot of money... Now, after the delivery, they ask me to pay 20,000 CFA francs." RM10: "I don't notice that because in reality, we pay money." RM6: "Today... it already costs you almost 90,000 Fc, not counting the gloves you have to buy regularly."

Analysis:

The testimonies reveal a mixed experience of free childbirth. Some beneficiaries expressed strong satisfaction,

highlighting the lack of payment for prenatal consultations and delivery, as well as the support provided by healthcare professionals. However, others challenged this positive view by noting that they still incurred substantial costs for certain services, medicines, or essential items—casting doubt on the extent to which the service is truly free. While the initiative clearly brings financial relief and improves care for many, it remains incomplete for others who continue to face significant out-of-pocket expenses.

Sub-theme 3:

Difficulties or Obstacles Encountered

Categories	Verbatim
Financial obstacles	RM10: "The drugs I was prescribed cost me 60,000 francs... There are other women who cannot afford them..." RB6: "I was asked to have an ultrasound scan, but I could not do it because I had to pay 28,000 Fc, and I did not have that kind of money..." RM9: "What I find deplorable is that an ultrasound is always charged for... Many women have not been able to have this examination."
Difficulties of access and logistics	RS3: "It's a bit far from here... Sometimes I cannot attend my appointments because I do not have the means to pay for transport." RS10: "We have had some difficulties with transport. We come from a long way away."
General satisfaction and absence of difficulties	RM3: "I have not had any problems. Tomorrow I'll be leaving the hospital to go home." RB1: "I did not encounter any difficulties; everything went really well." RK8: "I did not encounter any difficulties. All the services we have enjoyed here are free."
Disruptions related to the use of the health centre	RS9: "I notice that there are a large number of women attending appointments, which adds to the time it takes me." RB3: "There are a lot of us, but we are also surrounded by a large number of providers, which allows for quick consultations."

Analysis:

The comments gathered illustrate the diversity of women's experiences with free childbirth and access to care. Some report persistent challenges due to the high cost of medications and diagnostic services such as ultrasound scans. Transport costs also hinder full access to medical follow-up and essential services. Conversely, other women stated that they encountered no difficulties and were satisfied with the accessibility and quality of care provided. Several also mentioned overcrowding at health centres, which can increase waiting times, although the presence of sufficient health staff sometimes helps consultations proceed efficiently. Overall, these insights indicate that while the introduction of free care has led to significant improvements, financial and logistical barriers still persist for some beneficiaries, resulting in varied individual experiences.

Sub-theme 4:

Consulting Healthcare Professionals Since the Introduction of Free Healthcare

Categories	Verbatim
Increased frequency of consultations	RM3: "Yes, I've had the chance to meet healthcare professionals several times—nurses, midwives, and doctors—according to the guidelines laid down by the CPN. Everyone does their job; they consult you to follow up on the child's progress." RB1: "Yes, I met them several times. Even after I gave birth, they were there; they visited us regularly."
Satisfaction with reception and care	RM4: "We come every time, and we meet the carers frequently whenever we need them, and they help us." RK4: "Yes, we meet the carers every time we come here for antenatal consultations. They are the ones who give us advice on life as a pregnant woman."
Limited access outside scheduled consultations	RM2: "Outside of ANCs, I have not had the opportunity to meet any carers." RM7: "We have met carers on several occasions during our antenatal consultations [...] Outside of consultations, you can also come and meet the doctor if you have any health concerns."

Analysis:

The testimonies show that the majority of women had regular and repeated contact with healthcare providers, particularly nurses, midwives, and doctors, mainly during antenatal consultations (ANC) and postpartum follow-up. These professionals play a critical role in monitoring pregnancy progress, offering personalised advice to expectant mothers, and providing support after delivery. However, some women reported that access to healthcare professionals outside of scheduled consultations was limited. This variability in access underscores the importance of structured and frequent medical follow-up, while also highlighting disparities in opportunities to consult health workers beyond routine appointments.

Sub-theme 5:

Availability of Services

Categories	Verbatim
Lack of medication and treatment needs	RB6: "We were told that the free programme also includes medicines, but unfortunately, every time you come, there are no medicines." RM1: "...medicines that can cost 1,000 Fc a pack in pharmacies in the city, here you buy them at 12,000 or 15,000, and you can't buy them

Categories	Verbatim
	elsewhere. You're required to buy them here [...] If I had to spend money elsewhere, it would cost me around 6,000 Fc, but here I spent around 30,000 Fc. [...] Medicines are costly. If we have to continue to bear the cost of medicines ourselves, we should be allowed to buy them outside the hospital. [...] It's difficult."
Hygiene and housing conditions	RB7: "As for the cleanliness of the premises, there are so many cockroaches, and that bothers us." RK8: "I found that the health centre is getting dirty, especially the toilets." RS6: "We really need to think about mosquito nets to prevent mosquitoes and protect the children."

Analysis:

The testimonies highlight several issues faced by beneficiaries of the free childbirth programme. Although medicines are supposed to be covered under the free care policy, their availability remains a major problem. Women are often forced to buy medications at inflated prices directly from the hospital, placing a significant financial burden on them. The restriction against purchasing medicines from outside exacerbates their frustration and limits more affordable options.

In addition, the hygiene and infrastructure conditions of some health centres are described as poor. Complaints include unclean toilets, cockroach infestations, and a lack of basic preventive items like mosquito nets. These deficiencies negatively affect the patient experience and compromise the quality of care, especially for vulnerable women and newborns.

Sub-theme 6:

Inequalities in Access to Free Maternity Care and the Reasons for Them

Categories	Verbatim
Fear and mistrust of free care	RB6: "Sometimes she was afraid that we wouldn't see her, and also because of rumours that people are killed in free maternity clinics." RN1: "Women who don't come to hospital are scared. Some think that if they come here, they'll be asked for money." RN7: "When you tell them it's free, they doubt it. They don't believe it's really free."
Perception of neglect of care	RM1: "There are other hospitals that are also in this free maternity programme, but where there is too much neglect." RB4: "They think they will be neglected during childbirth because it's free, even though that's not the case."
Accessibility and transport issues	RM1: "Wherever you come from, transport to get here costs 500 Fc. If the difficulties start with travel, how will you manage when it's time to buy baby items?" RM10: "Those who live in neighbourhoods close by have it easier, but for those who live far away, I don't know." RK1: "Some girls stopped coming here because of the lack of transport. Sometimes it costs 5,000 CFA francs to get here."

Analysis:

The testimonies reveal that, despite the introduction of free childbirth, various factors continue to limit access to maternity care for many women. Mistrust remains a strong barrier: some women fear being poorly treated or deceived into paying hidden fees. Others are influenced by negative rumours, including extreme claims of neglect or danger in free maternity clinics, which discourages them from seeking care.

In addition, perceptions of substandard treatment in certain health facilities that are part of the free care programme contribute to this reluctance. The fear of being neglected during childbirth undermines the credibility of the initiative.

Transport is another major obstacle. For women living far from health centres, transport costs are significant and unaffordable. This logistical challenge compounds the financial and psychological barriers, further hindering equitable access to services. As a result, the impact of free maternity care is uneven, and some vulnerable women remain excluded from its full benefits.

Theme 2: *Process Approach to Free Healthcare*

The process approach focuses on the interaction between healthcare providers and beneficiaries—that is, how care is delivered. This theme captures the perceptions of women who have given birth under the free maternity care programme. It includes five sub-themes:

- Appreciation of the quality of care
- Positive aspects of free maternity care
- Aspects of care to be improved
- Exchanges with health staff
- Obstacles limiting the use of services

Sub-theme 1:

Assessment of the Quality of Care

Categories	Verbatim
General satisfaction with quality of care	RM1: "They looked after me really well. [...] If I say I wasn't well looked after, even God won't be happy." RB4: "As I said earlier, everything is very good here. [...] The carers treat us with great delicacy, as if we were paying money."

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Categories	Verbatim
	RM10: "I'm going to give them 9 out of 10—really well done to them."
Quality of care after childbirth	RM9: "When I see the way they took care of me and the baby [...] I was very satisfied." RM5: "The follow-up went very well. [...] They came in great numbers and regularly." RB5: "They came from time to time to visit me and check I was doing well. Everything is going well."
Criticisms of neglect	RM2: "Some carers tap women in labour, especially when the delivery is difficult [...] but I was very well looked after." RM6: "I would say it's not very good. Before, they looked after us, they heated water for us to wash, they bathed all the babies, they made up our beds, but now that is not the case... When you come back from the delivery room, whether your bed has a sheet or not, you're going to sleep like that... The care isn't as good as it used to be... There's negligence, particularly when it comes to making up the bed, sheets, bathing the children."

Analysis:

The testimonies indicate a generally high level of satisfaction with the medical care and support received during pregnancy and childbirth. Women emphasised the professionalism, regularity, and attentiveness of the healthcare providers. Many expressed gratitude, with some even assigning excellent ratings for the care received.

However, a few women raised concerns about a decline in certain aspects of care. These include diminished attention to hygiene, reduced postnatal support (e.g. bathing of newborns), and neglect in preparing beds. Some mentioned inappropriate behaviours by certain healthcare workers, though these appear to be isolated cases.

This contrast reveals a mixed experience: while the interpersonal and clinical support is often seen as commendable, there remain gaps in material and organisational aspects of care that impact the overall quality.

Sub-theme 2:

Positive Aspects of Free Maternity Care

Categories	Verbatim
Follow-up of pregnant women	RM1: "Pregnant women are monitored very well. The only thing that makes it difficult for us is the medicines that have to be bought." RB3: "Everything has been going well since the antenatal consultations... the health professionals come regularly to monitor my condition." RN4: "Follow-up is perfect for all pregnant women." RS7: "What I appreciate most is, first and foremost, the quality of follow-up for the woman during her antenatal consultation."
Quality of care	RM5: "The way they take care of us... that's what delights us most." RB1: "Really, everything went very well, and I am doing well at the moment. The baby is doing well too." RK4: "I am satisfied with everything they do, from the beginning of the pregnancy to the birth."
Welcome and support from carers	RM2: "Everything they do is good. Their behaviour towards us is good." RS6: "They take it seriously when they examine us... they are very gentle with us." RB7: "I have experienced it personally... everyone started scolding him, calling him to order." RK1: "I welcome the fact that they work very well."

Analysis:

The women's testimonies reflect strong satisfaction with the medical monitoring they received throughout pregnancy and up to childbirth. They appreciated the regular antenatal consultations, the professionalism of the healthcare providers, and the respectful, attentive behaviour of the staff.

This personalised and consistent follow-up enhanced their well-being and that of their babies, fostering trust in the healthcare system. Many respondents highlighted the compassion and seriousness shown by health professionals as key to their positive experience.

Nonetheless, while care quality is praised, the recurring concern about the cost of medicines underscores that financial barriers still exist despite the free maternity care initiative. The satisfaction expressed here mostly relates to interpersonal care and clinical follow-up rather than the broader health system infrastructure.

Sub-theme 3:

Aspects of Care to Be Improved

Categories	Verbatim
Problems linked to the financial aspect and free care	RM2: "We've been told that maternity care is free, so why are we asked for money? For an ultrasound scan, for example, we used to pay 30,000 CFA francs, but when we came to the ANC last week, it was 40,000 CFA francs. When you give birth, you have to pay 15,000 Fc for pampers (disposable nappies) and the little things we use to look after ourselves..." RM9: "If there's something to improve, at least I think it's on the ultrasound side... women can't get it done for lack of money." RB6: "Every time I came for an antenatal consultation and was prescribed medication, as soon as I went to the pharmacy, the drugs were always unavailable, and I had to pay money to buy them. All the medication I took during my pregnancy—whenever I had problems—I bought myself."

Analysis:

The testimonies reveal a disconnect between the official promise of free maternity care and the reality experienced by many women. Despite the policy, they often incur significant costs for services considered essential, such as ultrasound scans, whose prices have reportedly increased.

Moreover, women continue to bear the cost of necessary supplies like disposable nappies and small items required for personal and infant care. Another key issue is the unavailability of prescribed medication at health centres, forcing them to purchase these medicines from external pharmacies.

These financial burdens, though indirect, place a considerable strain on households and compromise the true impact of the free care initiative. They also risk discouraging some women from accessing full antenatal care, thereby undermining the intended outcomes of the policy.

Sub-theme 4:

Exchanges with Healthcare Staff

Categories	Verbatim
Managing emotions	RM2: "There are times when they can be nervous, but what can you do? Sometimes that is their job too." RM9: "Some get angry with us... Nevertheless, some behave very well." RB7: "At first, they can be harsh or firm with us, but then they give us advice."
Attitude of carers	RN2: "Carers have always been kind to us." RK4: "Carers are nice to us, they do not get angry and sometimes they are hilarious." RS5: "I have not seen behaviour like what's seen elsewhere... here that sort of thing doesn't happen."
Variation in interactions	RS1: "He sometimes gets angry and scolds us... But that's not very common among carers." RS9: "The attitude of the carers depended on the person. Some are nice, but others, on the other hand, are nervous." RK7: "Some women come here with childbirth pain; they sometimes scream... but these carers always remained calm."

Analysis:

The testimonies present a generally positive picture of interactions between healthcare professionals and patients. Most women describe carers as kind, respectful, and even humorous at times. They commend the emotional support provided by health staff during a vulnerable period, appreciating their ability to remain calm and professional under pressure.

However, a few women mentioned occasional displays of nervousness or harshness, especially during high-stress moments such as labour. These instances are generally understood by the patients as part of the job, rather than intentional mistreatment.

Overall, the findings highlight the importance of interpersonal communication in shaping patient experience. Trust and empathy from carers play a key role in building a supportive environment, even in the face of systemic or infrastructural challenges.

Sub-theme 5:

Obstacles Limiting the Use of Services

Categories	Verbatim
Financial difficulties	RM1: "The difficulty is money. Some women want to come here for their care, but the things we are asked to buy here make them decide not to come anymore." RM6: "She told me she did not have any money. To come here, she needed transport money, money to pay for the appointment, and money for refreshments." RM9: "The biggest difficulty we have is access to ultrasound scans, which still have to be paid for."
Fears linked to rumours about the quality of care in free hospitals	RM2: "Some women are afraid. They think that if they go to a free hospital, they might die for nothing." RB6: "Many people say that in free maternity hospitals, people are killed." RM1: "...There are other hospitals that are also part of this free maternity programme, but where there is too much neglect. Women arrive there, and even if they are suffering, no one takes care of them." RM7: "...In other hospitals, we've noticed that since the introduction of free maternity care, there has been a certain level of neglect in the follow-up of women."
Difficulties with transport	RB7: "The problem with transport, for example, depends on where each of us lives. If I don't have the means to pay for transport, I may decide to walk to the health centre." RS6: "There were a few obstacles that I was able to overcome. Sometimes I didn't have money for a little refreshment, but I continued to come for antenatal consultations." RK1: "I had difficulties with transport. Sometimes you come and the price of transport has increased. Sometimes you come and you have nothing to eat."

Analysis:

Despite the availability of free maternity care, several significant obstacles continue to limit women's access to services. Chief among these is the financial burden, including costs for transport, refreshments, medications, and essential tests such as ultrasound scans. These hidden expenses deter some women from attending antenatal visits or giving birth in a health facility.

Moreover, fear and mistrust—often fuelled by widespread rumours—undermine the credibility of free care. Stories of neglect or mistreatment in other health centres lead to anxiety and reluctance to seek hospital services, particularly among first-time users or those from distant communities.

Logistical difficulties, such as long distances and unpredictable transport costs, also exacerbate inequalities in access. For many, walking long distances is the only alternative, often while lacking basic necessities like food. These issues reveal a gap between policy intentions and lived experiences, and they suggest that structural and perceptual barriers must be addressed to make free maternity care truly accessible and effective for all.

Theme 3: *Results-Based Approach to Free Healthcare*

The results refer to the effects of care on patient health and beneficiary satisfaction. This theme comprises three sub-themes, namely:

- Beneficial effects of free care
- Influence of free healthcare on the choice to consult a health professional
- Suggestions for improvement

Sub-theme 1:

Beneficial Effects of Free Care

Categories	Verbatim
Overall satisfaction	RS10: "Previously, to get to the hospital and meet the doctors, you had to pay a considerable amount of money, but this time it is not necessary." RS5: "Every time I came, I was never asked for money."
Impact on health behaviour	RK4: "If this was back in the days when maternity care was paid for, I was going to run the risk of giving birth at home." RS6: "You even come to antenatal appointments, you are very well looked after if you have a fever." RN5: "This time, as soon as you give birth, you can go home without having to pay."

Analysis:

The testimonies highlight a significant positive change brought by free maternity care. The removal of previously high costs for antenatal consultations, childbirth, and medical visits has encouraged more women to seek hospital-based care. Women appreciate not having to pay, which reassures them and motivates hospital delivery rather than home births.

This free care also enhances the experience of women by providing timely support in case of complications such as fever, allowing them to return home promptly without incurring extra costs. Overall, free maternity services have improved access, health behaviour, and patient satisfaction in the community.

Sub-theme 2:

Influence of Free Care on the Choice of Consulting a Healthcare Professional

Categories	Verbatim
Greater autonomy in healthcare choices	RN3: "Free healthcare makes it much easier for us to make decisions about our health. Even if my husband does not provide me with any money, I know that I can go to the hospital at any time, where I will be looked after with care." RS2: "Since the introduction of free care, we are now able to make our own decisions about our health, choosing when and where to consult without waiting for our husbands' views." RK1: "We depend on our husbands for other things, but no longer for the costs associated with maternity care, which is now free."
Increased frequency of consultations	RB2: "Being free has influenced our willingness to attend health facilities as and when we need to." RS10: "Today, we choose to go to the hospital when we want; as soon as a small problem arises, we go straight there..."
Reduced financial dependence on husbands	RN4: "We no longer depend on our husbands' decisions to go to the hospital. Everything is free." RS8: "We no longer ask our husbands for money because the consultation and delivery are free."
Increased confidence in access to care	RK7: "This free childbirth initiative has given us, as women, real strength... we know that wherever we go, we will be welcomed." RS10: "Some time ago, the fear of going to the hospital was omnipresent [...], which is no longer the case today." RN2: "We come without any hesitation."

Analysis:

The testimonies demonstrate that free maternity care has empowered women to make autonomous healthcare decisions without financial barriers. Women no longer depend on their husbands for money to access maternity services, giving them increased freedom and confidence to seek care promptly.

This empowerment has resulted in more frequent consultations and timely visits to health facilities at the onset of any health concerns. Furthermore, the perception that care is free has reduced previous fears and apprehensions, encouraging women to use health services more regularly and without hesitation.

The free childbirth initiative has also fostered a sense of being welcomed and respected, reinforcing positive attitudes towards health facilities and providers.

Sub-theme 3:

Suggestions for Improvement

Categories	Verbatim
Plea for better pay and working conditions for carers	RM1: "Midwives and doctors... they need to be paid the state salary... Some neglect... is because carers do not get paid." RM2: "Let the government improve the living and working conditions of carers; let them be paid well so they don't ask us for more money." RM5: "If they are not paid well, they won't do a good job of monitoring pregnant women."
Access to medicines and additional medical care	RM3: "What I can ask is that pregnant women should also be given the opportunity to come for consultations and receive free medication if they are ill." RM10: "That the government also provides medicines to enable every pregnant woman who comes, whether she or the child that has just been born has health problems... that they really review the price of medicines."
Suggestions for improving hygiene and infrastructure conditions	RB1: "Personally, what I didn't like is that in some rooms there are lots of cockroaches and bedbugs." RS4: "The beds are not in good condition, even the mattresses... the table on which newborns are given care is not in good condition." RB7: "We need to improve the accommodation conditions at the hospital: the beds, the mattresses, the hygiene conditions are a bit dirty." RS2: "I'm asking for the beds to be improved as they are not really good."
Request for food	RN6: "What we're asking for is food to be brought to us... sometimes women giving birth don't have things to eat." RK1: "That the government allocates food for the woman, that we have free tea and juice." RK3: "Before, we used to give tea to women giving birth every morning at the maternity hospital, but since the introduction of free food, this breakfast has been abolished."
Improving sanitary conditions, water, and electricity supplies	RK2: "I suggest we improve the water supply, especially for toilet use." RS1: "What I would like to see improved is... the water and electricity supply." RN7: "... That we also improve the water and electricity supply here at the maternity hospital."

Analysis:

The testimonies highlight several important needs to improve the quality of care within the free childbirth programme. Women emphasise that care providers, particularly midwives and doctors, should receive adequate state remuneration to ensure quality care and to prevent them from requesting unofficial payments.

They also call for free medicines for pregnant women and newborns and a reduction in medicine prices. Material conditions in maternity wards are considered inadequate, with hygiene problems, pest infestations, deteriorated beds and mattresses, and insufficient water and electricity supplies.

Additionally, the lack of food provision for women giving birth is noted, with requests to reinstate services such as complimentary breakfast or refreshments.

These comments indicate an urgent need for investment and structural improvements to make free maternity services fully effective and beneficial.

DISCUSSION

Characteristics of Respondents

The profile of the respondents indicates that the majority had a primary level of education, had 1–3 children, and were young individuals aged 15–24 working in the informal sector.

Discussion of the Different Themes Arising from the Interviews

Structural Approach to Free Healthcare

Access to Maternal Care Since the Introduction of Free Care Free childbirth has made it easier for many women to access hospital care and benefit from medical follow-up without having to pay direct costs for delivery. The abolition of delivery charges has significantly increased institutional delivery rates and reduced inequalities in access to maternity care, particularly among the most disadvantaged women (Benjamin et al., 2023; Ilboudo & Siri, 2022). A recent meta-analysis confirmed that free maternity care improves attendance at health facilities and the use of antenatal services, thereby contributing to better maternal and neonatal health (Benjamin et al., 2023).

Despite the removal of delivery fees, women still incur substantial costs for additional services such as ultrasound scans, laboratory tests, and medications, which serve as significant barriers to full access (Ansu-Mensah et al., 2020; Oyugi et al., 2021). Women often report the need to bring money for these services, which diminishes the overall financial benefit of free maternity care. Studies in Africa show that even within a free healthcare framework, families continue to face significant maternal care-related costs,

leading to risks of debt or forgoing care altogether (Mao et al., 2023; Onwujekwe et al., 2019).

Improvements Observed

Several studies confirm that removing fees for delivery and antenatal consultations significantly improves both access to and perceptions of care quality. Research in West and sub-Saharan Africa indicates that free maternity services lead to increased facility attendance and improved patient satisfaction due to better support from healthcare providers (Gitobu et al., 2018; Khalfan & Albert, 2023). Nevertheless, the actual implementation often falls short, as women frequently must pay for medications, essential tests, or necessary equipment (Dahab & Sakellariou, 2020; Mollel et al., 2024).

Difficulties or Obstacles Encountered

Despite the official free status of childbirth care, financial difficulties persist. Ancillary expenses, such as medications, additional examinations (especially ultrasounds), and transport, remain key barriers that may lead to avoidance of antenatal or postnatal services (Arcury et al., 2024; Chakrabarti & Tatavarthy, 2019). Overcrowding in health facilities—a direct result of free services—has increased waiting times, although improved organisation and sufficient staffing can mitigate this issue (Bhorat et al., 2024; Nwagbara et al., 2024).

Consultation of Health Professionals Since the Introduction of Free Healthcare

Evidence indicates that most pregnant women benefit from regular and structured care, mainly during antenatal and postnatal visits, aligning with WHO guidelines on maternal and newborn health (Nguyen, Zombré, et al., 2021; WHO, 2020). Healthcare professionals—nurses, midwives, and doctors—play an essential role in medical follow-up and in providing tailored support. However, recent studies have reported disparities in access. Some women note that interaction with professionals is limited to scheduled appointments, which can hinder continuity of care and access to personalised guidance (Anasel et al., 2024; Azaare et al., 2020; Kruk et al., 2008; Nkoumou Ngoa, 2020; Yaya, 2020).

Availability of Services

The testimonies collected highlight multiple challenges in the free maternity programme. While essential medicines are supposed to be covered, their availability is inconsistent, leading women to purchase them at high prices, often directly from hospitals (Asmamaw et al., 2024; Dinkashe et al., 2022; Hailu & Mohammed, 2020). Additionally, the hygiene conditions in certain facilities are inadequate. Issues include dirty premises, pest infestations, and a lack of critical supplies such as mosquito nets, which compromise care quality and patient well-being (Gnanasekaran et al., 2024; Gon et al., 2020; Guo et al., 2017).

Inequalities in Access to Free Maternity Care and the Reasons for Them

Although childbirth is theoretically free, many women remain hesitant due to concerns over the actual quality of care. Fears of poor treatment or surprise costs, fuelled by rumours and prior experiences, discourage some from seeking institutional care (Dahab & Sakellariou, 2020; Mollel et al., 2024; Ochieng & Odhiambo, 2019). Logistical barriers—notably cost and access to transportation—also persist, especially in remote areas. These combined financial and psychological obstacles diminish the positive effects of free care policies (Kwasi, 2024; Okoli et al., 2020).

Process Approach to Free Healthcare

Assessing the Quality of Care

Studies generally report high levels of satisfaction with medical support during pregnancy and childbirth. Women commend the professionalism, availability, and empathy of healthcare providers (Esan et al., 2022; Jang et al., 2024; Liu et al., 2021; Vyas & Bhardwaj, 2024). Nonetheless, concerns remain about hygiene, the condition of beds, and quality of postnatal care. Some testimonies mention isolated cases of inappropriate behaviour from staff (Dahab & Sakellariou, 2020; Oyugi et al., 2024). This suggests a nuanced reality: strong interpersonal care contrasts with material and organisational deficiencies (Kafumbi et al., 2024; Keshtkar et al., 2024; Laurenzi et al., 2024; Wang et al., 2022).

Positive Aspects of Free Maternity Care

Women reported high satisfaction with the medical attention they received during pregnancy and childbirth (Ameyaw et al., 2024; Amponsah-Tabi et al., 2022; Kare et al., 2021; Tekelab et al., 2019). Regular antenatal consultations and the compassionate approach of caregivers enhanced their confidence and overall experience (Navas et al., 2021; Strong et al., 2021).

Aspects of Care to Be Improved

Despite the policy, indirect costs still hinder access to services. Patients continue to incur informal or hidden fees (Eke et al., 2021; Mollel et al., 2024). While some isolated reports cite impatience or lack of empathy from staff, these are often outweighed by overall positive interactions. Respectful and compassionate care is a critical component of patient satisfaction, although stressful conditions during labour may affect provider behaviour (Hill et al., 2024; Mbidi et al., 2024; Tankeng et al., 2021).

Obstacles Limiting the Use of Services

Financial constraints remain a dominant barrier, with costs associated with transportation, tests, and supplies continuing to affect service access (Agbré-Yacé et al., 2023; Mollel et al., 2024). Additionally, mistrust in public facilities—often linked to rumours of neglect or harm—influences women to opt for private care, thereby exacerbating inequalities (Ansu-Mensah et al., 2021; Mekie et al., 2024). Transport issues, including price fluctuation, distance, and availability, also hinder timely access to care.

Results-Based Approach to Free Care

Beneficial Effects of Free Care

Numerous studies point to significant benefits following the introduction of free maternity services, such as reduced costs for consultations, delivery, and other medical procedures (Braimah et al., 2023; Khalfan & Albert, 2023). The policy has led to greater confidence among women in seeking institutional care, improving maternal outcomes (Lagarde et al., 2022; Samb & Ridde, 2018).

Influence of Free Healthcare on the Choice of Consulting a Healthcare Professional

Free maternity care has bolstered women's autonomy, enabling them to access care independently of their spouses. This has encouraged more spontaneous and regular healthcare visits (Kareem et al., 2021; Olwanda et al., 2024). Women also view the service as a sign of respect and dignity, enhancing their self-esteem and experience (Imo, 2022; Mwana-wabene et al., 2022).

Suggestions for Improvement

Women expressed the need for better remuneration and working conditions for care providers to ensure quality service and prevent informal charges (Binyaruka et al., 2022; Chimhutu et al., 2019). They also advocated for actual free access to medicines for both themselves and their newborns (Dinkashe et al., 2022). Persistent hygiene concerns, poor infrastructure, and the lack of food provisions post-delivery were also raised (Cronk et al., 2021; Wallace et al., 2019; Njeri, 2020; Odiwuor et al., 2020). Structural and organisational improvements are needed to ensure that the policy delivers tangible, equitable benefits.

CONCLUSION AND RECOMMENDATIONS

Free maternity care has made significant strides in improving access and satisfaction among women. However, indirect costs, infrastructure overload, and hygiene issues persist. Despite some reports of negligence, healthcare staff remain committed. In the Democratic Republic of the Congo, free maternity care has positively impacted access and satisfaction, but requires structural enhancements in funding, infrastructure, and staff conditions. Strengthening infrastructure, improving healthcare worker remuneration, and ensuring medicine availability are key to maximising the impact of free maternity care and securing better health outcomes for women and children.

Recommendations

1. To the Ministry of Public Health, Hygiene and Prevention

- Strengthen the free healthcare policy by extending coverage to all essential inputs—such as medicines, diagnostic tests, and equipment—to reduce the hidden costs that persist and limit effective access to care.
- Improve the condition of infrastructure, hygiene, and availability of equipment in maternity units to ensure quality service delivery and patient comfort.
- Implement specific measures to enhance transport access and reduce geographical inequalities, while also conducting public information campaigns to dispel mistrust and misinformation about free healthcare services.
- Promote ongoing training for healthcare workers focusing on patient reception, psychosocial support, and effective communication, while ensuring better work organisation to reduce burnout due to increased demand.
- Increase the availability of healthcare staff outside of scheduled consultations and establish mechanisms to

monitor care quality, including postnatal services and respect for patient dignity.

- Develop systems for regularly assessing beneficiary satisfaction and incorporate feedback into continuous programme improvement.
- Design targeted interventions for vulnerable and remote populations to ensure equity in access and quality of care.

2. To Health Facility Managers

- Enforce strict hygiene protocols within facilities, including pest control measures (e.g., against insects and bedbugs), to maintain a safe and sanitary environment for patients.
- Provide patients with clear, accessible information about available services, especially those involving access to free medicines and complementary care.
- Establish feedback mechanisms to collect women's opinions on maternity services, allowing for the timely identification and resolution of service delivery issues.

3. To Pregnant Women and Women Who Have Recently Given Birth

- Seek information regarding available free maternity services, including antenatal consultations, access to essential medicines, and nutritional support programmes.
- Share concerns, challenges, and experiences with healthcare providers to support the improvement of services and enhance the quality of care.

4. To Researchers

- Conduct in-depth studies on hidden costs and the impact of structural barriers—such as lack of medicines, poor hygiene, and transport difficulties—on access to and utilisation of free maternity services.
- Investigate beneficiaries' experiences with healthcare personnel, focusing on the quality of interactions and how staff workload affects service delivery.
- Evaluate the impact of free maternity care on maternal and neonatal health outcomes over the medium and long term, and analyse factors contributing to satisfaction or dissatisfaction, especially among marginalised or vulnerable populations.

Ethical Approval: The study received ethical clearance from the ISTM-Kinshasa Bioethics Committee (Reference: N°0196/CBE/ISTM/KIN/RDC/PMBBL/2024).

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