CHAPTER 9

QUALITY OF CARE

The historic International Conference on Population and Development in Cairo in 1994 brought about a paradigm shift in population-related policies. The conference helped focus the attention of governments on making programmes more client-oriented with an emphasis on the quality of services and care. In line with the conference recommendations, the Government of India acknowledged the need to abandon the use of targets for monitoring its family welfare programme. It recognized that the top-down target approach does not reflect user needs and preferences and de-emphasizes the quality of care provided (Ministry of Health and Family Welfare, 1998b). Recent research on the different aspects of service delivery, especially at the grass-roots level, including programme coverage, client-provider interactions, and informed choice, also endorses the need to take a different approach to meeting the reproductive and health needs of the Indian population (Koenig and Khan, 1999). This research suggests that inadequate attention to the quality of care has contributed to the inability of the government's family welfare programme to meet its goals.

In 1996, the existing family welfare programme was transformed into the new Reproductive and Child Health (RCH) Programme. This new programme integrates all family welfare and women and child health services with the explicit objective of providing beneficiaries with 'need based, client centred, demand driven, high quality integrated RCH services' (Ministry of Health and Family Welfare, 1998b:6). The strategy for the RCH Programme shifts the policy emphasis from achieving demographic targets to meeting the reproductive needs of individual clients (Ministry of Health and Family Welfare, 1996).

NFHS-2 included several questions on the quality of care of health and family welfare services provided in the public sector and the private sector. In this chapter, sources of health care for households are described first. The chapter then examines different aspects of home visits by health and family planning workers and visits by respondents to health facilities, including frequency, source, and quality for each state and for all-India. Finally, information is presented on state differentials in the quality of care for family planning services.

9.1 Source of Health Care for Households

To examine the role of different health providers in meeting the health-care needs of households, the NFHS-2 Household Questionnaire included the question, 'When members of your household get sick, where do they generally go for treatment?' Table 9.1 shows the use of services from various types of health providers. More than two-thirds of households (69 percent) normally use the private medical sector when a household member gets sick. Only 29 percent normally use public-sector medical services. Reliance on the private medical sector is higher in urban areas than in rural areas. In the public medical sector, hospitals are the most popular source of health care, whereas in the private medical sector, private doctors are visited slightly more often than hospitals for health care.

Use of health-care services is strongly influenced by the standard of living of the household. As the standard of living increases, use of private-sector services increases. Seventy-

Table 9.1 Source of health care

Percent distribution of households by main source of health care when household members get sick, according to residence and the standard of living index, India, 1998–99

	Residence		Standard of living index			
Source	Urban	Rural	Low	Medium	High	Total
Public medical sector	23.5	30.6	34.0	28.3	19.0	28.7
Government/municipal hospital	17.0	11.3	13.5	13.2	10.9	12.9
Government dispensary	1.3	1.4	1.1	1.5	1.5	1.3
UHC/UHP/UFWC	0.9	0.2	0.3	0.5	0.4	0.4
CHC/rural hospital/PHC	2.6	15.4	16.7	11.0	4.5	11.9
Sub-centre	0.1	1.9	2.0	1.4	0.4	1.4
Government mobile clinic	0.0	0.0	0.0	0.0	0.0	0.0
Government paramedic	0.0	0.1	0.1	0.1	0.0	0.1
Other public medical sector	1.5	0.3	0.3	0.7	1.3	0.6
NGO or trust	0.8	0.6	0.7	0.6	0.8	0.7
Hospital/clinic	0.8	0.6	0.6	0.6	0.8	0.6
NGO worker	0.0	0.0	0.1	0.0	0.0	0.0
Private medical sector	74.8	66.2	62.5	69.3	78.8	68.6
Private hospital/clinic	34.1	27.3	24.0	30.0	37.8	29.2
Private doctor	38.4	35.0	33.7	36.3	38.7	35.9
Private mobile clinic	0.2	0.2	0.2	0.1	0.2	0.2
Private paramedic	0.3	1.0	1.0	0.7	0.5	0.8
Vaidya/hakim /homeopath	1.1	1.1	1.2	0.9	1.1	1.1
Traditional healer	0.0	0.6	0.7	0.4	0.1	0.4
Pharmacy/drugstore	0.3	0.3	0.3	0.3	0.1	0.3
Dai (TBA)	0.0	0.0	0.0	0.0	0.0	0.0
Other private medical sector	0.5	0.9	1.3	0.5	0.3	0.8
Other source	1.0	2.5	2.8	1.7	1.3	2.1
Shop	0.3	0.3	0.5	0.3	0.2	0.3
Home treatment	0.5	0.4	0.4	0.3	0.7	0.4
Other	0.2	1.8	1.9	1.2	0.5	1.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	25,243	65,953	33,064	40,434	16,640	91,196

Note: Total includes 1,057 households with missing information on the standard of living index, which are not shown separately.
UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; NGO: Nongovernmental organization; TBA: Traditional birth attendant

nine percent of households with a high standard of living use the private medical sector compared with 63 percent of households with a low standard of living. Yet, even among households with a low standard of living, only one-third typically use public-sector services for their health care.

9.2 Contacts at Home with Health and Family Planning Workers

Under the family welfare programme, health or family planning workers are required to regularly visit each household in their assigned area. During these contacts the female health or family planning worker is required to monitor various aspects of the health of women and children, provide information related to health and family planning, counsel and motivate women to adopt appropriate health and family planning practices, and deliver other selected services. These contacts are also important for enhancing the credibility of services and establishing necessary rapport with the clients. Only 13 percent of women in India, however, report that they received a

home visit from a health or family planning worker during the 12 months preceding the survey (Table 9.2).

Differentials in home visits by background characteristics are generally small. In fact, among all the subgroups shown in Table 9.2, there is no group in which more than one-fifth of women received a home visit from a health or family planning worker in the 12 months preceding the survey. Younger women are slightly more likely to report a home visit than are older women. Rural women (14 percent) are more likely than urban women (10 percent) to have had a home visit from a health or family planning worker. Women who have a moderate level of education were more likely to have a home visit than women who are illiterate or have completed at least high school. The likelihood of a home visit from a health or family planning worker decreases as the standard of living of the household increases. Only 2 percent of Sikh women received a home visit, whereas between 11 to 19 percent of women belonging to all the other religions reported a home visit during the past 12 months. Home visits are more common among scheduled-tribe women than among scheduled-caste or other backward class women and least common among other women. Women without any children are least likely and women with one child are most likely to receive a home visit. As the number of children increases the likelihood of a home visit declines. Home visits are slightly less common for nonusers of contraception than for users.

Women who reported a home visit from a health or family planning worker during the 12 months preceding the survey were asked the frequency of the visits during the past 12 months and the number of months since the most recent visit. These women, on average, received three home visits during the year with the median duration since the last visit of 1.8 months (Table 9.2). The median number of home visits and the duration since the last visit do not vary substantially according to the background characteristics measured, except for religion. For example, the median number of home visits reported by Sikh women is less than two compared with five reported by women belonging to 'other' religions. Similarly, the median duration since the visit was 3.2 months for Sikh women and only 1.1 months for women belonging to 'other' religions. These results should be interpreted carefully because of the small sample size of these groups. Nevertheless, although some groups are much more likely to be visited by a health or family planning worker than others, among women who were visited the frequency of visits does not vary widely.

9.3 Quality of Home Visits

The quality of the care provided during home visits can be assessed in terms of client satisfaction with the services received during the visit. Each woman who reported that a health or family planning worker had visited her during the 12 months preceding the survey was asked about the quality of care received. Questions were asked with reference only to the most recent home visit. The questions covered how the worker talked to the woman during the visit and whether the worker spent enough time with her. Table 9.3 provides this information by the type of services received and whether the worker was from the private or public sector.

Public-sector health or family planning workers provided almost all recent home visits (96 percent). A large majority of women who were visited at home (82 percent) reported that they received services related to health; only 11 percent reported that they received family planning services.

Table 9.2 Home visits by a health or family planning worker

Percentage of ever-married women who had at least one home visit by a health or family planning worker in the 12 months preceding the survey and, among women who had home visits, median number of visits and median number of months since the most recent visit by selected background characteristics, India, 1998–99

Background characteristic	Percent-age with at least one visit	Number of women	Median number of visits[1]	Median months since the most recent visit[1]	Number of women with home visit
Age					
15–24	16.5	24,571	2.6	1.7	4,054
25–34	14.0	32,839	2.7	1.8	4,599
35–49	9.1	31,789	3.0	1.8	2,909
Residence					
Urban	10.0	23,370	2.6	2.0	2,338
Rural	14.0	65,829	2.8	1.7	9,223
Education					
Illiterate	11.5	51,871	2.8	1.7	5,961
Literate, < middle school complete	15.9	17,270	2.7	1.8	2,747
Middle school complete	17.0	7,328	2.7	1.9	1,246
High school complete and above	12.6	12,719	2.4	1.9	1,606
Religion					
Hindu	13.3	72,903	2.8	1.7	9,709
Muslim	11.3	11,190	2.3	2.1	1,262
Christian	15.1	2,263	2.4	2.1	343
Sikh	1.7	1,427	(1.7)	(3.2)	24
Jain	12.0	331	(2.0)	(2.7)	40
Buddhist/Neo-Buddhist	17.4	676	2.3	1.9	118
Other	18.7	285	(4.5)	(1.1)	53
No religion	12.4	44	*	*	5
Caste/tribe					
Scheduled caste	13.4	16,301	2.8	1.6	2,189
Scheduled tribe	17.9	7,750	3.3	1.5	1,386
Other backward class	13.6	29,383	2.8	1.8	4,004
Other	11.3	34,904	2.5	1.9	3,931
Standard of living index					
Low	14.2	29,033	2.8	1.7	4,114
Medium	13.3	41,289	2.8	1.8	5,498
High	10.3	17,845	2.6	1.9	1,845
Number of children ever born					
0	7.0	9,807	2.4	1.6	686
1	17.3	12,752	2.6	1.8	2,211
2	15.8	18,720	2.6	1.8	2,955
3	14.0	17,139	2.9	1.8	2,401
4	12.1	12,116	2.8	1.8	1,469
5+	9.9	18,666	2.9	1.7	1,841
Family planning status					
Sterilized	14.1	30,167	3.0	1.7	4,251
Using method other than sterilization	14.2	10,160	2.6	1.8	1,439
Nonuser	12.0	48,872	2.6	1.8	5,872
Total	13.0	89,199	2.7	1.8	11,561

Note: Total includes women with missing information on education, religion, caste/tribe, and the standard of living index, who are not shown separately.
( ) Based on 25–49 unweighted cases
*Median not shown; based on fewer than 25 unweighted cases
[1]For women who received at least one visit

Table 9.3 Quality of home visits

Quality of care indicators for the most recent home visit by a health or family planning worker during the 12 months preceding the survey, according to type of worker and type of services received during the visit, India, 1998–99

Quality indicator	Type of worker and type of services received											
	Public-sector worker				Private-sector/NGO/trust worker				Total			
	Family planning	Health	Family planning or health	Neither family planning nor health	Family planning	Health	Family planning or health	Neither family planning nor health	Family planning	Health	Family planning or health	Neither family planning nor health
Percentage who said worker spent enough time with them	89.7	90.4	90.2	85.8	*	92.9	91.9	*	89.4	90.5	90.2	85.9
Percentage who said worker talked to them:												
Nicely	77.4	79.0	78.9	77.6	*	69.8	69.8	*	77.0	78.6	78.6	77.3
Somewhat nicely	21.4	19.3	19.4	18.8	*	27.6	27.2	*	21.7	19.7	19.7	19.2
Not nicely	1.2	1.6	1.6	3.6	*	2.0	2.4	*	1.3	1.6	1.6	3.6
Missing	0.0	0.1	0.0	0.0	*	0.6	0.6	*	0.0	0.1	0.1	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women visited at home	1,258	8,919	9,636	1,326	25	393	405	19	1,284	9,312	10,041	1,345

Note: Cases where the source of service was neither the public sector nor the private sector/NGO/trust are excluded from the table.
*Percentage not shown; based on fewer than 25 unweighted cases
NGO: Nongovernmental organization

Irrespective of the type of service received, 90 percent of the women who received health or family planning services at home were satisfied that the worker had spent enough time with them. The proportion of women satisfied with the time the worker spent with them was slightly lower for visits by a public-sector health or family planning worker (90 percent) than a private-sector worker (92 percent). In general, women had only a few complaints about the way that the worker talked to them. About four-fifths (79 percent) of the women who received family planning or health services reported that the worker talked to them nicely; and less than 2 percent said that the worker did not talk to them nicely. A higher proportion of women who received the services from the public sector (79 percent) than from the private sector (70 percent) reported that the worker talked to them nicely.

9.4 Matters Discussed during Home Visits or Visits to Health Facilities

Women who were visited at home by a health or family planning worker, as well as those who visited a health facility during the 12 months preceding the survey, were asked about the different topics discussed with the workers during any of these visits. Table 9.4 shows the percentage of women who discussed specific topics during all home visits or visits to a health facility during the past 12 months.

The major focus of home visits was immunization and treatment of health problems. In addition, 21 percent of women reported that childcare was discussed, 15 percent mentioned that family planning was discussed, 14 percent discussed disease prevention, and 11 percent reported having discussions about antenatal care during home visits. Although family planning is not often discussed during a home visit, discussions about family planning are more common for women who were pregnant or had children under age three years than for other women. Eighteen percent of these women mentioned having discussions about family planning during home visits. Women who were pregnant or women with children under age three were also much more likely than other women to have talked about immunizations and somewhat more likely to have talked about antenatal, delivery, postpartum, and childcare, but less likely to have discussed health problems or disease prevention.

Visits to health facilities are largely for treatment of health problems (66 percent) or for childcare (36 percent). Only 3 percent of the women said that they discussed family planning during the visits. Even among currently pregnant women or women with children under age three, only 4 percent reported having discussed family planning. Nearly half of these women (47 percent) discussed childcare, 44 percent discussed treatment of a health problem, 33 percent discussed immunization, 22 percent discussed antenatal care, and 11 percent discussed delivery care. These data suggest that delivery of health and family planning services in India is not well integrated. Indeed, health facilities and workers in the process of providing health and childcare services are missing the opportunity to discuss family planning with even the women who may be most in need of such services. It is also evident that many important health-related topics (feeding practices, nutrition, disease prevention, sanitation, and oral rehydration) are rarely discussed during either home visits or visits to a health facility.

India's family planning programme is applicable to all parts of the country, but implementation of the programme is not uniform in all the states. Substantial differentials by state are evident in all of the NFHS-2 measures of quality of care (Table 9.5). More than 98 percent of women did not receive any home visit from a health or family planning worker in the

Table 9.4 Matters discussed during contacts with a health or family planning worker

Among ever-married women who had at least one contact with a health or family planning worker in the 12 months preceding the survey, the percentage who discussed specific topics with the health or family planning worker, India, 1998–99

Topic discussed	Pregnant women or women with children under age 3	Other women		Total
		Current contraceptive users	Current nonusers	
During home visit				
Family planning	18.2	10.8	9.9	14.5
Breastfeeding	3.4	0.3	0.2	1.9
Supplementary feeding	0.9	0.2	0.5	0.6
Immunization	62.8	20.0	19.0	42.1
Nutrition	6.4	2.1	1.0	4.2
Disease prevention	8.2	20.7	17.0	13.6
Treatment of health problem	24.5	48.0	52.9	36.5
Antenatal care	18.9	0.9	3.5	10.7
Delivery care	8.4	0.8	1.2	4.8
Postpartum care	3.6	0.2	0.5	2.0
Childcare	24.3	18.2	15.4	20.9
Sanitation/cleanliness	1.6	4.4	3.8	2.8
Oral rehydration	0.4	0.4	0.5	0.4
Other	3.9	12.6	9.9	7.7
Number of women	6,028	3,657	1,876	11,561
During visit to health facility				
Family planning	4.4	1.4	0.6	2.5
Breastfeeding	1.3	0.0	0.1	0.6
Supplementary feeding	0.4	0.0	0.0	0.2
Immunization	33.4	2.9	2.8	15.6
Nutrition	2.4	0.3	0.4	1.2
Disease prevention	2.4	3.8	3.7	3.2
Treatment of health problem	43.6	81.0	83.1	65.8
Antenatal care	22.4	0.4	1.5	9.8
Delivery care	11.3	0.4	1.0	5.1
Postpartum care	4.7	0.2	0.3	2.1
Childcare	46.5	32.4	23.1	36.2
Sanitation/cleanliness	0.4	0.4	0.3	0.4
Oral rehydration	0.3	0.2	0.1	0.2
Other	0.3	1.1	1.0	0.7
Number of women	21,824	18,698	11,711	52,232

Note: Percentages add to more than 100.0 because of multiple responses.

12 months preceding the survey in six states (Jammu and Kashmir, Delhi, Nagaland, Punjab, Arunachal Pradesh, and Haryana). There are only four states in which about one-quarter or more of women received at least one home visit (Gujarat, Mizoram, Tamil Nadu, and Maharashtra). Among women who received a home visit, all the women in Punjab and almost all (more than 98 percent) in Mizoram and Haryana said that the worker spent enough time with them. On the other hand, only 65 percent women in West Bengal and about 70 percent in Sikkim and Goa reported that the worker spent enough time with them. The proportion of women who reported that the worker talked to them nicely varies from slightly more than 50 percent in Jammu and Kashmir and Delhi to 98 percent in Kerala.

Table 9.5 also shows the percentage of women who discussed family planning with the workers during their home visits. Although family planning was not discussed with more than one-third of the women in any state except Sikkim, the situation is worst in Karnataka, Mizoram,

Table 9.5 Quality of care indicators for home visits by state

Among ever-married women, quality of care indicators for the most recent home visit by a health or family planning worker during the 12 months preceding the survey, according to state, India, 1998–99

State	Quality of care indicators for home visits			
	Percentage with no home visit	Percentage who said worker spent enough time with them[1]	Percentage who said worker talked to them nicely[1]	Percentage who discussed family planning during a home visit[1]
India	87.0	89.5	78.4	14.5
North				
Delhi	98.8	83.6	52.7	23.1
Haryana	98.2	98.1	78.4	17.4
Himachal Pradesh	96.3	91.5	75.9	17.8
Jammu & Kashmir	99.0	76.7	51.3	8.0
Punjab	98.4	100.0	75.7	27.3
Rajasthan	88.2	95.5	56.0	22.0
Central				
Madhya Pradesh	91.1	88.9	65.7	26.5
Uttar Pradesh	96.8	85.0	56.7	25.4
East				
Bihar	97.6	85.3	68.2	20.8
Orissa	91.0	84.8	73.4	12.2
West Bengal	81.9	65.4	68.3	14.2
Northeast				
Arunachal Pradesh	98.3	93.7	59.5	20.9
Assam	96.3	81.1	81.7	11.0
Manipur	96.3	92.4	60.3	18.5
Meghalaya	94.9	85.5	85.0	23.3
Mizoram	69.0	99.1	82.0	6.9
Nagaland	98.8	88.8	76.9	32.4
Sikkim	95.6	69.6	66.5	33.9
West				
Goa	82.4	71.2	86.7	17.9
Gujarat	66.8	94.1	90.1	14.2
Maharashtra	76.6	92.4	83.4	10.2
South				
Andhra Pradesh	82.6	95.1	71.8	14.0
Karnataka	82.8	88.8	79.1	6.4
Kerala	82.0	97.3	97.8	12.2
Tamil Nadu	74.0	95.9	89.7	15.2

[1]For women who received at least one visit

and Jammu and Kashmir, where workers rarely discuss family planning with women during home visits.

9.5 Quality of Services Received at the Most Recent Visit to a Health Facility

NFHS-2 asked women who had visited a health facility in the 12 months preceding the survey a number of questions to ascertain their perception of the quality of care they received during their most recent visit. Specific dimensions covered were whether women received the service they went for, the waiting time before receiving the service (or before finding out that the service was not available), whether the staff at the health facility spent enough time with them, whether the

Table 9.6 Quality of care during most recent visit to a health facility

Among ever-married women, indicators of quality of care during the most recent visit to a health facility in the 12 months preceding the survey by sector of most recent visit and residence, India, 1998–99

	Public sector			Private sector/NGO/trust			Total		
Quality indicator	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Percentage who received the service they went for	98.9	98.8	98.9	99.7	99.7	99.7	99.5	99.4	99.4
Median waiting time (minutes)	29.4	29.3	29.3	19.1	29.1	29.0	19.8	29.2	29.1
Percentage who said the staff spent enough time with them	91.3	89.9	90.3	98.2	97.1	97.5	96.2	94.4	94.9
Percentage who said the staff talked to them:									
Nicely	65.9	61.6	62.7	84.7	75.3	78.4	79.1	70.1	72.9
Somewhat nicely	30.6	35.8	34.5	14.9	23.9	20.9	19.6	28.4	25.7
Not nicely	3.4	2.6	2.8	0.3	0.8	0.6	1.3	1.5	1.4
Missing	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Percentage who said the staff respected their need for privacy[1]	73.7	66.2	68.2	89.6	81.0	83.9	85.0	75.4	78.4
Percentage who rated facility as:									
Very clean	57.1	50.4	52.1	81.8	72.1	75.3	74.5	63.9	67.1
Somewhat clean	39.6	47.0	45.1	17.5	27.0	23.8	24.1	34.5	31.3
Not clean	3.2	2.4	2.6	0.5	0.8	0.7	1.3	1.4	1.3
Missing	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Number of women	4,686	13,621	18,306	11,085	22,426	33,511	15,771	36,046	51,817
Number of women who said they needed privacy	3,416	9,420	12,836	8,238	15,651	23,889	11,655	25,071	36,726

Note: Cases where the source of service was neither the public sector nor the private sector/NGO/trust are excluded from the table.
NGO: Nongovernmental organization
[1]Among women who said they needed privacy

staff talked nicely to them, and whether the staff respected their privacy, if they needed privacy. Women were also asked their opinion regarding the cleanliness of the facility.

Almost all respondents (99 percent) said that they received the services for which they had visited the facility (Table 9.6). The median waiting time to receive services was about 30 minutes. The waiting time did not differ between public and private facilities, or between urban and rural areas for the public sector. However, for the private sector, the median waiting time is 10 minutes longer for rural women than for urban women. Satisfaction with the amount of time the staff spent with the woman was generally high (95 percent), but was slightly lower for the public sector (90 percent) than for the private sector (98 percent).

The private sector was also rated higher than the public sector on all of the other indicators of quality. Seventy-eight percent of women who received services in a private-sector facility said that the staff talked to them nicely compared with 63 percent of women who

Table 9.7 Quality of care indicators for facility visits by state

Among ever-married women who visited a health facility in the 12 months preceding the survey, quality of care indicators during the most recent visit, by state, India, 1998–99

State	Quality of care indicators for facility visits				
	Median waiting time	Percentage who said staff spent enough time with them	Percentage who said staff talked to them nicely	Percentage who said staff respected their need for privacy[1]	Percentage who rated facility as very clean
India	29.1	94.9	72.9	78.4	67.1
North					
Delhi	14.9	95.3	71.3	81.8	62.2
Haryana	14.6	99.0	78.4	87.6	67.9
Himachal Pradesh	14.6	98.3	80.1	89.1	59.4
Jammu & Kashmir	29.4	94.9	66.3	69.8	56.8
Punjab	14.4	98.6	79.5	84.0	64.4
Rajasthan	9.5	96.0	45.9	85.8	39.3
Central					
Madhya Pradesh	19.4	94.7	65.9	71.4	57.1
Uttar Pradesh	24.9	95.5	54.6	69.9	51.3
East					
Bihar	29.1	90.6	70.5	76.7	66.4
Orissa	19.2	90.8	62.9	57.0	46.8
West Bengal	29.8	84.8	63.7	24.4	54.9
Northeast					
Arunachal Pradesh	29.2	90.5	48.0	62.4	19.1
Assam	29.7	91.3	65.8	84.4	50.0
Manipur	29.1	97.5	60.6	93.0	25.4
Meghalaya	59.3	96.1	90.9	87.7	78.5
Mizoram	29.8	96.0	72.4	98.3	55.9
Nagaland	30.0	96.8	49.5	86.9	34.0
Sikkim	29.4	85.4	57.5	28.0	38.1
West					
Goa	29.3	96.3	89.7	97.1	79.6
Gujarat	13.0	98.1	93.2	91.9	90.0
Maharashtra	14.9	97.7	84.6	94.2	83.2
South					
Andhra Pradesh	29.4	97.1	69.3	84.4	68.2
Karnataka	29.4	95.1	75.8	89.0	70.2
Kerala	29.8	98.1	95.2	96.5	88.1
Tamil Nadu	29.7	93.5	83.1	85.8	79.4

[1]Among women who said they needed privacy

received services in a public-sector facility. Consistent with this, only 1 percent of women who visited a private-sector facility said that the staff did not talk to them nicely compared with 3 percent of women who visited a public-sector facility. Urban women are more likely than rural women to report that the staff talked to them nicely both for public and private health facilities.

Among women who wanted privacy during their visit, 78 percent were satisfied that the staff respected their need for privacy. Eighty-five percent of urban women said that the staff respected their need for privacy compared with 75 percent of rural women. Satisfaction with the amount of privacy offered to the client was much higher for visits to private-sector facilities (84 percent) than public-sector facilities (68 percent).

Private-sector facilities are also perceived to be cleaner than public-sector facilities. Seventy-five percent of women who visited a private-sector facility said that the facility was very clean compared with 52 percent of women who visited a public-sector facility. Women in urban areas rated the facility as cleaner than did women in rural areas.

Table 9.7 shows state differentials in the quality of services provided to women during their most recent visit to a health facility in the past 12 months. In terms of waiting time at the facilities, services seem to be quite efficient in Rajasthan, where the median waiting time to receive the required services was less than 10 minutes, and poorest in Meghalaya, where it took nearly one hour. The median waiting time is 15 minutes or less in all the northern states except Jammu and Kashmir and all the western states except Goa. The median waiting time is about half an hour in almost all of the remaining states.

A large majority of women (85 percent or more) in every state feel that the staff spent enough time with them, however, there are large interstate variations in the behaviour of staff at the health facilities. In Kerala, Gujarat, Meghalaya, and Goa, at least 90 percent of women report that the staff talked to them nicely, whereas in Rajasthan, Arunachal Pradesh, and Nagaland not even half of the women feel that the staff talked to them nicely.

Among women who said they needed privacy during their visit to the health facility, a large majority in most parts of the country were satisfied that the staff respected their need for privacy. In West Bengal and Sikkim, however, about three out of four women said that the staff did not respect their need for privacy.

The perception of women about the cleanliness of health facilities varies from place to place. The proportion of women who rate the facility they went to as very clean ranges from only 19 percent in Arunachal Pradesh to 90 percent in Gujarat. The majority of women in Manipur, Nagaland, Sikkim, Rajasthan, and Orissa (in addition to Arunachal Pradesh) reported that the health facilities are not kept very clean.

9.6 Family Planning Information and Advice Received

To gain a better understanding of the information provided to women about different contraceptive methods, eligible women were asked to recollect all the specific methods that had ever been discussed during any of the contacts they had ever had with a health or family planning worker. Overall, 60 percent of women said that they had either no contact or no discussion about any method of family planning with health or family planning personnel (Table 9.8). By far the most frequently discussed method was female sterilization (32 percent). Ten percent of women mentioned ever discussing pills, 9 percent IUDs, and 7 percent condoms. Male sterilization was discussed with only 4 percent of women. Discussions about traditional methods such as rhythm or withdrawal were rare. The results for urban and rural areas are very similar, with a higher proportion of urban women reporting discussions about every method of family planning except for male sterilization.

To explore the difficulties faced in the procurement of the supply of pills or condoms, women using these methods were asked if they faced any problem in getting the supply of pills or condoms whenever needed. Only 3 percent of the women reported that they had some problems in getting pills and only 2 percent faced difficulty in procuring condoms (Table 9.9). Rural women had slightly more problems in getting condoms and pills than urban women.

Table 9.8 Family planning discussions with a health or family planning worker

Percentage of ever-married women who reported ever discussing specific contraceptive methods with health or family planning workers by residence, India, 1998–99

Method	Urban	Rural	Total
Pill	13.3	9.4	10.4
Condom	11.9	5.5	7.2
IUD	14.1	7.3	9.1
Female sterilization	34.2	31.0	31.8
Male sterilization	4.2	4.3	4.3
Rhythm/safe period	1.7	0.9	1.1
Withdrawal	0.9	0.4	0.5
Other method	0.7	0.3	0.4
No method/no contact	52.1	62.2	59.6
Number of women	23,370	65,829	89,199

Note: Percentages add to more than 100.0 because more than one method may have been discussed.

Table 9.9 Availability of regular supply of condoms/pills

Percentage of current condom or pill users who ever had a problem getting a supply of condoms/pills by residence, India, 1998–99

Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Urban	1.7	1,580
Rural	2.9	988
Total	2.2	2,568
Pill		
Urban	1.5	584
Rural	3.6	1,151
Total	2.9	1,735

9.7 Person Motivating Users of a Modern Contraceptive Method

To help understand the dynamics of adoption of contraceptive methods and the roles that different persons play, NFHS-2 asked current users of modern methods who motivated them to use their current method. More than two-fifths (43 percent) of the current users of a modern method in the country said that they were not motivated by anyone; rather they adopted the method on their own (Table 9.10 and Figure 9.1). Only 21 percent said that a government health worker was the one who mainly motivated them and 34 percent reported that the motivator was someone other than a government, private, or NGO worker. As expected, the role of government health workers was much more important for motivating users in rural areas than in urban areas, although even in rural areas only one in every four users was motivated by a government health worker. Users in urban areas are more likely than rural users to be self-motivated. It is noteworthy that among the acceptors of female sterilization, 45 percent said that it was their own decision to use the method, and no one else had motivated them. Among women whose husbands had accepted sterilization, 50 percent stated that no one had motivated them to get sterilized. Forty-two percent of IUD users reported that they were not motivated by anyone, whereas 63 percent of condom users and 42 percent of pill users reported that they were motivated by someone other than a government, private, or NGO worker to use that method.

Table 9.10 Motivation to use family planning

Percent distribution of current users of modern contraceptive methods by type of person who motivated them to use the method according to residence, India, 1998–99

Current method	Type of person who motivated the user to use current method						Total percent	Number of users
	Government health worker	Private-sector health worker	NGO worker	Other	No one	Missing		
				URBAN				
Pill	17.0	19.4	0.1	34.5	28.8	0.1	100.0	584
Condom	6.7	5.7	0.0	64.1	23.4	0.1	100.0	1,580
IUD	14.2	9.8	0.3	31.1	44.6	0.0	100.0	765
Female sterilization	14.0	2.4	0.0	29.1	54.4	0.0	100.0	7,887
Male sterilization	13.0	3.3	0.0	28.7	54.8	0.1	100.0	398
All modern methods	13.1	4.3	0.1	34.5	48.0	0.1	100.0	11,213
				RURAL				
Pill	20.8	10.2	0.2	45.5	23.1	0.2	100.0	1,151
Condom	17.6	3.6	0.2	62.4	16.2	0.0	100.0	988
IUD	22.1	6.9	0.2	31.8	39.0	0.0	100.0	606
Female sterilization	24.6	1.3	0.1	32.2	41.7	0.1	100.0	20,693
Male sterilization	24.1	1.2	0.3	26.4	47.7	0.4	100.0	1,189
All modern methods	24.0	2.0	0.1	33.7	40.1	0.1	100.0	24,628
				TOTAL				
Pill	19.5	13.3	0.2	41.8	25.1	0.1	100.0	1,735
Condom	10.9	4.9	0.1	63.4	20.6	0.0	100.0	2,568
IUD	17.7	8.6	0.3	31.4	42.1	0.0	100.0	1,371
Female sterilization	21.7	1.6	0.1	31.3	45.2	0.1	100.0	28,580
Male sterilization	21.3	1.7	0.2	27.0	49.5	0.3	100.0	1,587
All modern methods	20.6	2.7	0.1	34.0	42.6	0.1	100.0	35,841

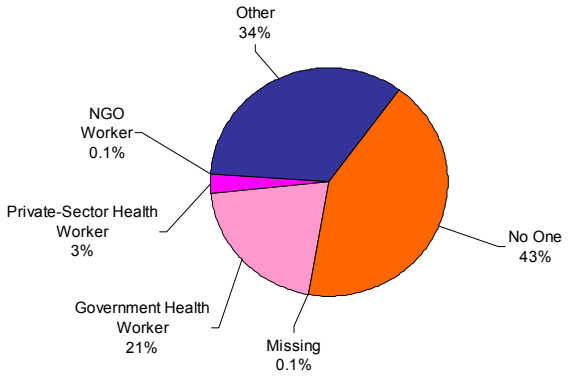
NGO: Nongovernmental organization

9.8 Quality of Care of Family Planning Services

NFHS-2 investigated several other aspects of quality of care. Each current user of a modern family planning method was asked whether the person who motivated her to use her current method informed her about alternative methods of family planning; whether she was told by a health or family planning worker about the possible side effects of the method at the time that she accepted the method; and whether she received any follow-up care either at home or in a health facility after she accepted the method. Tables 9.11 and 9.12 present the results of this investigation.

An important indication of the quality of family planning services is whether women are informed about a variety of methods and are allowed to make an informed choice about the method most suited to their family planning and reproductive health needs. Women who reported that someone had motivated them to use family planning were asked whether the motivator told them about alternate methods that they could use. Only 15 percent of users of modern contraceptive methods who were motivated by someone were informed about at least one

Figure 9.1
Motivator for Current Users of Modern Contraceptive Methods



Note: Percents add to more than 100 due to rounding

NFHS-2, India, 1998–99

Table 9.11 Discussions about alternative methods of family planning

Percentage of current users of modern contraceptive methods who were told about at least one other method by the person who motivated them to use the current method, according to the sector of the motivator and residence, India, 1998–99

Sector of motivator	Urban	Rural	Total	Number of users
Public health sector	26.5	17.3	19.1	7,388
Private health sector	37.3	18.8	28.0	967
NGO or trust	(45.7)	(23.7)	(27.4)	40
Other	15.1	9.0	10.9	12,169
Total	19.8	12.7	14.7	20,563

Note: Table excludes women who said that no one motivated them to use their current method.
NGO: Nongovernmental organization

alternative method (Table 9.11). Nineteen percent of users who were motivated by a worker in the public sector received such information compared with 28 percent of users who were motivated by a private-sector worker. Only 11 percent of the users who were motivated by a person not working in the public or private health sector or for an NGO or trust were told about alternative methods. Users in urban areas were more likely than users in rural areas to be told about other methods, especially if the person who motivated them was from the private health sector.

Another important element of informed contraceptive choice is being fully informed about any side effects associated with the method. Table 9.12 shows the percentage of current users of modern contraception who were told about side effects by a health or family planning

Table 9.12 Information on side effects and follow-up for current method

Percentage of current users of modern contraceptive methods who were told about side effects or other problems of the current method by a health or family planning worker at the time of accepting the method and percentage who received follow-up services after accepting the method by current method and residence, India, 1998–99

Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	22.0	21.9	21.9
Other modern method	21.0	20.1	20.6
Any modern method	21.8	21.7	21.7
Received follow-up			
Sterilization	77.0	73.8	74.6
Other modern method	40.1	39.7	39.9
Any modern method	67.4	70.0	69.1

worker at the time they accepted their current method. Women were also asked if they received follow-up services after they had accepted the method.

In India, only 22 percent of users of any modern method were informed about possible side effects of their current method by a health or family planning worker at the time of adopting the method. Twenty-two percent of acceptors of sterilization in both urban and rural areas reported that they were informed about side effects. Among users of modern methods other than sterilization, 21 percent of urban users and 20 percent of rural users were informed about side effects. It is clear that both public and private health and family planning workers in India are not providing couples with the information they need to make an informed choice about contraceptive methods.

The situation is much better with respect to follow-up services. Among sterilization users, 74 percent in rural areas and 77 percent in urban areas received follow-up services. Even so, this implies that one in four users of sterilization had no follow-up. Two-fifths of users of other modern methods received follow-up services. In all, 70 percent of the users of any modern method in rural areas and 67 percent in urban areas received follow-up services.

Table 9.13 shows interstate variations in the percentage of users of modern contraceptive methods who were told about alternative methods and about side effects or other problems related to the current method, and the percentage of users who received the follow-up services. The percentage of women who were told about other methods by the person who motivated them to use their current method is lowest in the Southern Region and highest in most states in the Northern Region. The gap between the public sector and the private sector in the information provided is widest in Punjab, where 73 percent of women who were motivated by private sector workers were told about other methods compared with 37 percent of women motivated by public sector workers. There are only seven states (Arunachal Pradesh, Meghalaya, Mizoram, Rajasthan, West Bengal, Bihar, and Kerala) in which motivators from the public sector are doing a better job than motivators from the private sector in giving clients information about alternative methods.

There are also large-scale interstate variations in the percentage of users of modern contraceptives that were told about the side effects of the method at the time of its acceptance. In the case of sterilization, the proportion varied from a low of 8 percent in Jammu and Kashmir to

Table 9.13 Quality of care indicators for contraceptive users by state

Among currently married women who are current users of modern contraceptive methods, quality of care indicators related to the use of their current contraceptive method by state, India, 1998–99

State	Percentage told about other methods by the person who motivated them[1]		Percentage told about side effects or other problems with method[2]		Percentage who received follow-up[3]	
	Motivator from public sector	Motivator from private sector	Sterilization	Other modern method	Sterilization	Other modern method
India	19.1	28.0	21.9	20.6	74.6	39.9
North						
Delhi	58.4	63.7	27.8	26.7	67.9	54.8
Haryana	51.6	54.2	61.9	40.0	99.8	33.7
Himachal Pradesh	43.9	71.6	35.8	23.0	97.8	25.2
Jammu & Kashmir	22.5	31.6	7.8	12.7	88.4	54.5
Punjab	36.8	72.7	55.6	30.9	99.4	29.6
Rajasthan	25.9	10.2	13.1	14.2	73.6	49.2
Central						
Madhya Pradesh	14.4	41.1	11.3	18.8	82.0	44.7
Uttar Pradesh	15.1	31.1	15.5	11.3	54.3	41.4
East						
Bihar	20.6	14.7	15.8	16.0	78.3	65.5
Orissa	18.2	38.5	35.7	28.9	62.9	34.3
West Bengal	25.0	14.9	10.1	9.9	38.8	12.6
Northeast						
Arunachal Pradesh	24.9	0.0	31.0	34.2	79.9	84.2
Assam	23.4	27.7	10.6	17.1	91.1	74.3
Manipur	40.9	51.2	41.0	47.4	63.8	36.5
Meghalaya	29.6	5.8	16.4	25.3	94.3	86.1
Mizoram	28.0	9.9	47.6	49.8	73.8	61.1
Nagaland	24.5	50.9	18.5	15.9	58.0	45.6
Sikkim	35.1	42.2	23.8	29.5	95.2	55.4
West						
Goa	23.0	45.3	16.3	16.5	83.0	26.5
Gujarat	13.9	31.5	9.5	9.9	78.5	27.7
Maharashtra	27.6	42.3	20.6	27.8	74.6	50.7
South						
Andhra Pradesh	10.4	18.1	13.2	16.7	80.7	55.9
Karnataka	8.9	19.5	35.9	47.3	83.8	62.3
Kerala	19.1	13.9	9.2	14.9	91.1	26.2
Tamil Nadu	7.4	21.5	54.8	43.7	73.3	50.4

[1]Excludes women who said that no one motivated them to use their current method
[2]By a health or family planning worker at the time of accepting the current method
[3]After accepting the current method

a high of 62 percent in Haryana. In most of the states less than one-fifth of sterilization acceptors were told about its side effects. For other modern contraceptive methods, a maximum of 50 percent of users in Mizoram and a minimum of 10 percent of users in West Bengal and Gujarat were told about the side effects of the method. These results clearly show that throughout India there is very little informed choice about contraceptive methods before they are accepted. Users are typically not given any information about either the side effects of the method accepted or the availability of alternative contraceptive methods.

Follow-up services are much better for sterilization than for other modern methods. In West Bengal, only 39 percent of sterilization acceptors received the follow-up services, but a majority of women in all other states received such services. Almost all of the sterilization acceptors in Haryana, Punjab and Himachal Pradesh (98 percent or more) received follow-up services. State differentials in follow-up services are much larger for other modern methods, varying from a low of 13 percent in West Bengal to a high of 86 percent in Meghalaya.

Overall, although the quality of care for family planning and health services is far from satisfactory in any of the states, some states need to work much more than other states to improve their health and family planning services, particularly services that are provided by the public sector. A review of all the quality of care indicators shown in Tables 9.5, 9.7, and 9.13 suggests that the quality of care is relatively poor in West Bengal, Uttar Pradesh, Orissa, and Arunachal Pradesh. The states with relatively good performance on the quality of care indicators overall are Haryana, Maharashtra, and Tamil Nadu, followed closely by Himachal Pradesh, Punjab, Meghalaya, and Mizoram.