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 of visits, source of care, and quality of care. Finally, information is presented on the quality of care with respect to 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 main source of health care according to residence and the standard of living index. A large majority of households (78 percent) normally use the private medical sector when a household member gets sick; only 21 percent use the public medical sector. Overall, four types of health providers are generally used as a source of treatment by 97 percent of households: private hospitals/clinics (42 percent), private doctors (36 percent), and 10 percent each CHCs/rural hospitals/PHCs and government/municipal hospitals. The private medical sector is the most popular source of health care for households in both urban and rural areas, but private hospitals/clinics are used most by rural households (48 percent), while the highest percentage of urban households use the services of private doctors (47 percent). For 15 percent of urban households the main source of health

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, Maharashtra, 1999

Source	Residence		Standard of living index			Total
	Urban	Rural	Low	Medium	High	
Public medical sector	17.3	24.4	30.3	20.6	9.7	21.3
Government/municipal hospital	14.8	5.9	10.2	10.7	6.9	9.7
Government dispensary	0.4	0.4	0.9	0.3	0.0	0.4
UHC/UHP/UFWC	0.2	0.1	0.2	0.2	0.0	0.1
CHC/rural hospital/PHC	1.7	16.0	16.8	8.3	2.5	9.8
Sub-centre	0.0	2.0	2.2	1.0	0.0	1.1
Government mobile clinic	0.1	0.0	0.0	0.1	0.0	0.0
Other public medical sector	0.2	0.0	0.1	0.0	0.2	0.1
NGO or trust						
Hospital/clinic	0.6	0.3	0.4	0.4	0.7	0.5
Private medical sector	81.4	74.9	68.7	78.7	88.9	77.7
Private hospital/clinic	33.6	48.1	43.0	42.0	41.0	41.8
Private doctor	47.2	26.6	25.6	36.3	47.1	35.6
Private mobile clinic	0.1	0.0	0.0	0.0	0.1	0.0
Private paramedic	0.1	0.0	0.0	0.1	0.1	0.0
Vaidya/hakim /homeopath	0.3	0.1	0.1	0.1	0.5	0.2
Pharmacy/drugstore	0.1	0.0	0.1	0.0	0.1	0.1
Other private medical sector	0.1	0.0	0.0	0.1	0.0	0.0
Other source	0.6	0.3	0.6	0.3	0.7	0.5
Shop	0.2	0.0	0.2	0.1	0.0	0.1
Home treatment	0.2	0.2	0.2	0.1	0.2	0.2
Other	0.2	0.1	0.2	0.1	0.5	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	2,532	3,298	1,884	2,560	1,206	5,830

Note: Total includes 180 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

care is government or municipal hospitals, and 16 percent of rural households usually obtain health care from CHCs, rural hospitals, or PHCs.

The type of health care services used is influenced by the standard of living of the household, although the private sector is the dominant health care source for households at all standards of living. As expected, with an increase in the standard of living the use of public-sector medical services decreases and the use of private-sector medical services increases. Thirty percent of households with a low standard of living generally use the public medical sector for treatment, compared with only 10 percent of households with a high standard of living. The use of private doctors increases with an increasing standard of living, from 26 percent for households with a low standard of living to 47 percent for households with a high standard of living, but the use of private hospitals or clinics declines marginally with an increase in the standard of living. These results point to the disproportionate importance of the private medical sector and the marginal role of the public medical sector in providing health care to households with different standards of living and to urban as well as rural households.

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 supposed 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. Twenty-three percent of women in Maharashtra report that they received a home visit from a health or family planning worker during the 12 months preceding the survey (Table 9.2), compared with 13 percent of women in India as a whole. The percentage of women receiving at least one home visit declines with age, from 28 percent among women age 15–24 to 18 percent among women age 35–49. Rural women, scheduled-tribe women, and women using a temporary method of family planning are more likely than other women to have received a visit from a health or family planning worker in the 12 months preceding the survey. Within Mumbai, women living in slum areas are twice as likely to have received a home visit as those living in non-slum areas.

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 visits during the past 12 months and the number of months since the most recent visit. These women, on average, received 2.4 home visits during the year, with the median duration since the most recent visit of two months. The median number of home visits and the duration since the most recent visit did not vary substantially according to any of the background characteristics (Figure 9.1), except the median number of home visits is somewhat higher in slum areas of Mumbai.

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 the 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.

Most of the recent home visits (99 percent) were provided by public-sector health or family planning workers (data not shown). Among women who received services at home, 74 percent received services related to health and only 6 percent received family planning services.

Most women (93 percent) who received health or family planning services at home during the 12 months preceding the survey were satisfied with the amount of time the worker spent with them. Satisfaction with the way the health or family planning worker talked to them was also high, with 84 percent of women who received health or family planning services reporting that the worker talked to them nicely. Only 2 percent said that the worker did not talk to them nicely.

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, Maharashtra, 1999

Background characteristic	Percentage 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	27.8	1,453	2.4	2.1	404
25–34	25.2	2,048	2.3	2.0	517
35–49	18.1	1,890	2.6	1.9	343
Residence					
Urban	17.4	2,229	2.3	2.2	387
Rural	27.7	3,162	2.4	1.9	876
Mumbai	17.7	682	3.1	1.9	120
Slum	22.4	397	3.2	1.9	89
Non-slum	11.0	285	2.8	2.2	31
Education					
Illiterate	20.9	2,405	2.4	2.0	502
Literate, < middle school complete	25.1	1,448	2.5	1.9	363
Middle school complete	31.6	582	2.8	2.0	184
High school complete and above	22.4	956	1.9	1.9	215
Religion					
Hindu	24.3	4,318	2.4	2.0	1,048
Muslim	20.8	531	2.5	1.9	110
Christian	22.7	71	*	*	16
Buddhist/Neo-Buddhist	19.4	368	2.3	1.9	71
Jain	16.5	68	*	*	11
Other	(19.4)	36	*	*	7
Caste/tribe					
Scheduled caste	20.3	728	2.2	1.9	148
Scheduled tribe	31.6	552	2.7	1.7	174
Other backward class	27.1	1,162	2.6	1.9	314
Other	21.4	2,923	2.3	2.2	624
Standard of living index					
Low	24.8	1,639	2.4	1.8	406
Medium	24.7	2,409	2.5	2.1	594
High	19.8	1,176	2.1	2.0	233
Number of children ever born					
0	13.5	555	2.2	1.6	75
1	28.8	740	2.3	2.1	213
2	24.9	1,164	2.1	2.1	289
3	23.0	1,334	2.5	2.1	307
4	25.2	813	2.6	1.8	205
5+	22.2	785	2.7	1.8	174
Family planning status					
Sterilized	22.5	2,591	2.4	2.0	583
Using method other than sterilization	30.9	434	2.4	1.9	134
Nonuser	23.1	2,367	2.4	1.9	546
Total	23.4	5,391	2.4	2.0	1,263

Note: Total includes women with missing information on 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

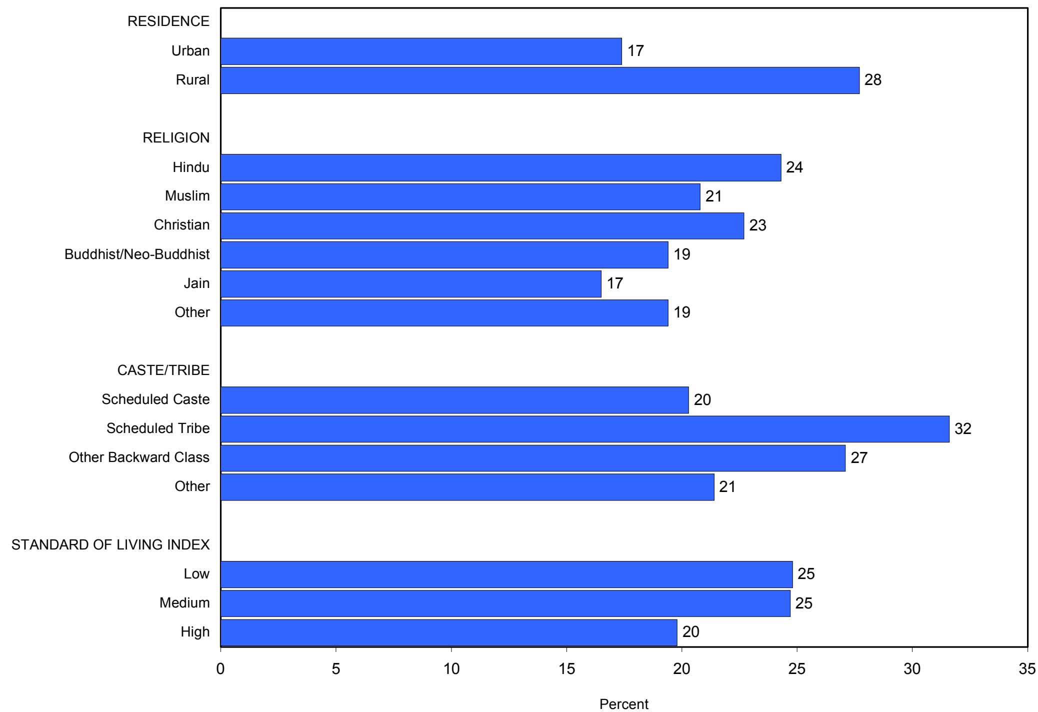

Table 9.3 Quality of home visits

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 services received during the visit, Maharashtra, 1999

	Type of services received			
Quality indicator	Family planning	Health	Family planning or health	Neither family planning nor health
Percentage who said worker spent enough time with them	97.8	92.7	93.0	90.8
Percentage who said worker talked to them:				
Nicely	82.3	84.3	84.3	80.5
Somewhat nicely	17.7	13.5	13.6	18.6
Not nicely	0.0	2.1	2.0	0.9
Missing	0.0	0.1	0.1	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women visited at home	78	933	973	289

Note: The number of women receiving family planning and health services add to more than the number receiving any family planning or health services because some visits were for both family planning and health.

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, percentage who discussed specific topics with the health or family planning worker, Maharashtra, 1999

Topic discussed	Pregnant women or women with children under age 3	Other women: Current contraceptive users	Other women: Current non-users	Total
During home visit				
Family planning	13.8	7.6	6.6	10.2
Breastfeeding	10.8	0.5	0.0	5.1
Supplementary feeding	0.8	0.3	0.0	0.5
Immunization	58.1	15.7	15.9	34.9
Nutrition	6.4	1.5	0.7	3.6
Disease prevention	17.1	25.1	22.7	21.1
Treatment of health problem	26.0	46.1	49.5	37.5
Antenatal care	19.1	1.7	2.5	9.7
Delivery care	5.8	1.4	1.4	3.4
Postpartum care	2.1	0.3	0.9	1.2
Childcare	35.8	14.5	19.5	24.9
Sanitation/cleanliness	1.7	1.0	3.2	1.6
Oral rehydration	0.5	0.5	0.7	0.5
Other	8.4	25.2	20.8	17.0
Number of women	571	502	190	1,263
During visit to health facility				
Family planning	5.4	0.9	0.3	2.5
Breastfeeding	4.9	0.2	0.0	1.9
Supplementary feeding	1.3	0.0	0.0	0.5
Immunization	42.3	1.9	1.2	17.3
Nutrition	4.5	0.5	1.1	2.2
Disease prevention	1.8	1.9	1.5	1.8
Treatment of health problem	50.3	86.8	90.8	73.5
Antenatal care	29.5	0.8	2.5	12.1
Delivery care	12.8	0.6	0.7	5.3
Postpartum care	5.6	0.2	0.4	2.3
Childcare	47.3	29.6	17.2	34.0
Sanitation/cleanliness	0.4	0.3	1.0	0.5
Oral rehydration	0.3	0.3	0.0	0.2
Other	0.6	2.0	1.9	1.4
Number of women	1,537	1,697	760	3,994

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

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 home visits or visits to a health facility during the past 12 months.

The topic discussed most often during home visits by health or family planning workers was treatment of health problems, which was mentioned by 38 percent of women. Other topics commonly discussed were immunization (mentioned by 35 percent of women), childcare (25 percent), and disease prevention (21 percent). Discussions about family planning were mentioned by only 14 percent of pregnant women and women with a child less than three years of age. Among other women, only 8 percent of current users of contraception and only 7 percent

of current nonusers mentioned discussions of family planning. As expected, pregnant women and women who had a child less than three years old were much more likely than other women to report discussions of immunization, childcare, antenatal care, breastfeeding, nutrition, and delivery care.

The topics most frequently discussed during visits to health facilities were treatment of health problems (74 percent) and childcare (34 percent), followed by immunization (17 percent) and antenatal care (12 percent). Only 3 percent of women reported that family planning was discussed during any of their visits to a health facility in the past year. Even among currently pregnant women and women with children under age three (many of whom are potentially in need of family planning), only 5 percent discussed family planning. Among other women, less than 1 percent each of current users and nonusers of contraception mentioned discussing family planning. As expected, pregnant women and women with a child less than three years old were more likely than other women to have discussions about childcare and immunization. Although these women were also more likely to mention antenatal and delivery care, the proportions discussing each of these topics is relatively low—30 percent and 13 percent, respectively. Postpartum care, breastfeeding, and nutrition were also mentioned more often (about 5 percent in each case) by pregnant women and women with children under age three.

These findings suggest that delivery of health and family planning services in Maharashtra is not well integrated. Treatment of health problems, followed by childcare and immunization, is the most discussed matter both during visits to a health facility and during home visits. Family planning is discussed much less frequently, especially during visits to a health facility. This indicates that in the process of providing health and childcare services, health workers 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 provision of advice and information on safe motherhood practices to pregnant women and women with young children is very limited. Finally, many important health-related topics such as oral rehydration, sanitation, and feeding practices are rarely discussed during either home visits or visits to a health facility.

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

NFHS-2 asked women who 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 staff talked nicely to them, and whether the staff respected their privacy, if they needed privacy. Women were also asked to assess the cleanliness of the facility.

Almost all respondents (more than 99 percent) said that they received the services for which they visited the facility (Table 9.5). The median waiting time to receive services was 15 minutes (29 minutes at public facilities and 15 minutes at private facilities). For both public and private facilities, median waiting time was one and half times higher for urban women than for rural women. Satisfaction with the amount of time the staff spent with the woman was quite high

Table 9.5 Quality of care during the 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, Maharashtra, 1999

	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	99.0	98.8	98.8	99.9	99.9	99.9	99.6	99.5	99.6
Median waiting time (minutes)	29.5	19.5	29.1	14.9	10.0	14.5	19.6	14.4	14.9
Percentage who said the staff spent enough time with them	96.5	95.0	95.6	99.1	98.1	98.6	98.4	97.1	97.7
Percentage who said the staff talked to them:									
Nicely	79.2	79.7	79.5	90.1	83.8	86.7	87.3	82.5	84.6
Somewhat nicely	19.6	20.1	19.9	9.8	15.7	13.0	12.3	17.1	15.0
Not nicely	1.2	0.2	0.6	0.1	0.5	0.3	0.4	0.4	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Percentage who said the staff respected their need for privacy[1]	92.6	89.4	90.7	96.4	94.7	95.5	95.4	93.1	94.2
Percentage who rated facility as:									
Very clean	67.9	74.8	72.1	87.5	87.7	87.6	82.5	83.7	83.2
Somewhat clean	31.1	24.9	27.4	12.3	12.1	12.2	17.1	16.1	16.6
Not clean	1.0	0.2	0.5	0.2	0.1	0.1	0.4	0.1	0.2
Missing	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	446	685	1,131	1,294	1,509	2,803	1,740	2,194	3,934
Number of women who said they needed privacy	328	454	781	966	1,050	2,016	1,293	1,504	2,798

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

(98 percent), but slightly lower in the public health sector (96 percent) than in the private health sector (99 percent).

Users also rated the private health sector more positively than the public health sector on all of the other indicators of quality. Eighty-seven percent of women who received services in a private-sector facility said that the staff talked to them nicely, compared with 80 percent of women who received services in a public-sector facility. The proportion who mentioned that the staff did not talk to them nicely was 1 percent or less in all groups of women.

Among women who said they needed privacy during their visit, 94 percent were satisfied that the staff respected their need for privacy. This percentage was somewhat higher for private-sector facilities (96 percent) than for public-sector facilities (91 percent). The extent of urban-rural difference in the proportion who said the staff respected their need for privacy was quite

small. Rural women were slightly less likely than urban women to report satisfaction with the staff in respecting their privacy needs.

Eighty-three percent of the women rated the health facility they visited most recently as very clean. Both women living in urban areas and women living in rural areas rated private-sector facilities as cleaner than public-sector facilities. Overall, 88 percent of women who visited a private-sector facility said that the facility was very clean, compared with 72 percent of women who visited a public-sector facility. Women rarely mentioned that the facility they visited most recently was not clean. These data indicate that private-sector facilities on average appear to provide better quality services than public-sector facilities and that women living in urban areas receive better quality services than women living in rural areas.

9.6 Family Planning Information and Advice Received

To gain a better understanding of the information provided to women about different contraceptive methods, 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, 32 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 9.6). This proportion was about the same in urban and rural areas (31 and 32 percent, respectively). The most frequently discussed method of contraception was female sterilization (54 percent),

Table 9.6 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, Maharashtra, 1999

Method	Urban	Rural	Total
Pill	30.2	29.5	29.8
Condom	22.2	18.0	19.7
IUD	24.2	21.9	22.9
Female sterilization	49.6	56.5	53.7
Male sterilization	6.1	12.1	9.6
Rhythm/safe period	1.5	0.6	1.0
Withdrawal	0.4	0.0	0.2
Other method	0.7	0.3	0.5
No method/no contact	31.1	32.4	31.8
Number of women	2,229	3,162	5,391

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

followed by the pill (30 percent), IUD (23 percent), and condom (20 percent). Only 10 percent of women who discussed contraception discussed male sterilization. Discussions of traditional methods (rhythm or withdrawal) were rare. Urban women reported discussions of spacing methods slightly more often than rural women. On the other hand, rural women reported discussions of sterilization (both male and female) more often than urban women.

9.7 Availability of Pills and Condoms

To explore difficulties faced in the procurement of condoms and pills, NFHS-2 asked current users of these methods if they had been able to get their supply whenever needed. The results are presented in Table 9.7. Only 3 percent of condom users report ever having a problem getting

Table 9.7 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, Maharashtra, 1999

Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Urban	3.1	115
Rural	1.7	84
Total	2.5	199
Pills		
Urban	0.0	50
Rural	(0.0)	36
Total	0.0	87

( ) Based on 25–49 unweighted cases

condoms, and none of the pill users report ever having a problem getting pills. Although obtaining a regular supply of pills and condoms does not appear to be a significant problem, a slightly higher proportion of condom users in urban areas than in rural areas reported having problem in getting the supply.

9.8 Person Motivating Users of a Modern Contraceptive Method

To help understand the dynamics of the adoption of contraceptive methods and the roles that different persons play, NFHS-2 asked current users of modern methods who mainly motivated them to use their current method. In Maharashtra, slightly less than half (45 percent) of the current users of a modern method said that they were not motivated by anyone; rather they adopted the method on their own (Table 9.8 and Figure 9.2). Only 16 percent said that a

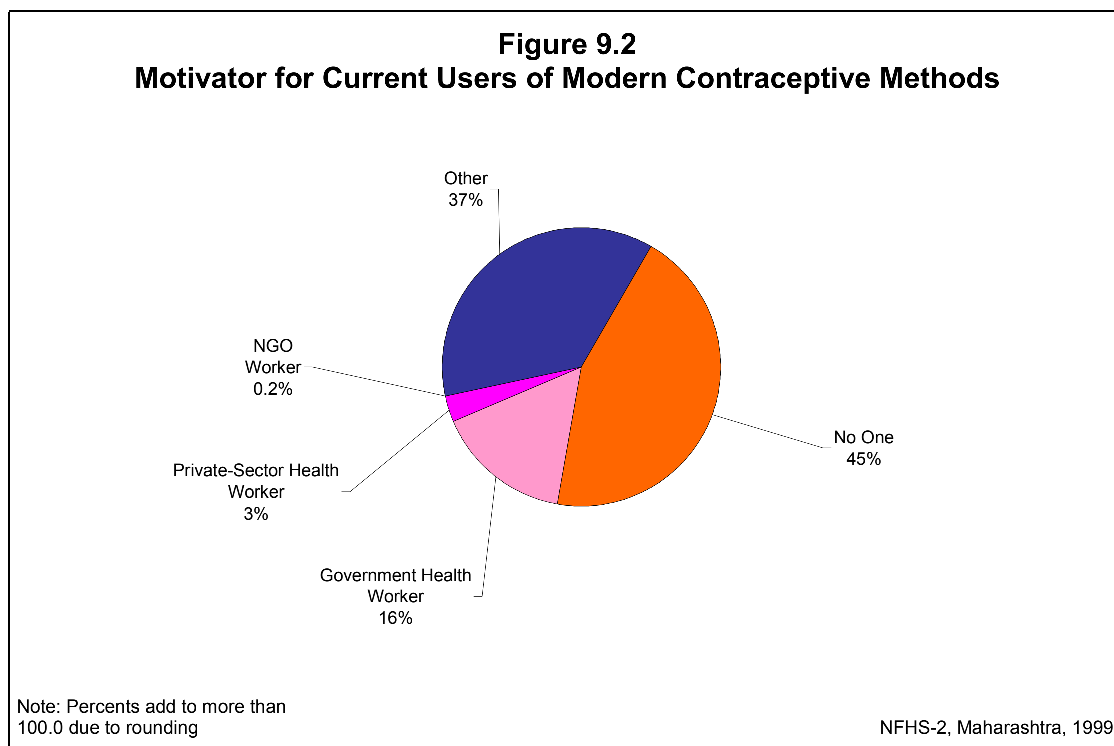

Table 9.8 Motivation to use family planning

Percent distribution of current users of modern contraceptive methods by type of person who motivated them to use the method, according to current method and residence, Maharashtra, 1999

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		
URBAN							
Pill	14.5	32.1	0.0	14.3	39.1	100.0	50
Condom	12.3	13.8	0.3	51.4	22.2	100.0	115
IUD	16.6	12.7	0.0	30.7	40.1	100.0	71
Female sterilization	8.5	2.2	0.0	36.1	53.2	100.0	891
Male sterilization	(9.4)	(2.2)	(0.0)	(44.1)	(44.3)	100.0	31
All modern methods	9.7	5.3	0.0	36.6	48.4	100.0	1,159
RURAL							
Pill	(31.6)	(35.5)	(0.0)	(20.3)	(12.5)	100.0	36
Condom	23.7	5.1	0.0	38.8	32.4	100.0	84
IUD	*	*	*	*	*	100.0	24
Female sterilization	18.0	0.7	0.4	37.9	43.1	100.0	1,514
Male sterilization	27.8	0.0	0.0	30.3	41.9	100.0	154
All modern methods	19.7	1.5	0.3	36.6	41.9	100.0	1,814
TOTAL							
Pill	21.7	33.5	0.0	16.8	28.0	100.0	87
Condom	17.1	10.1	0.2	46.1	26.5	100.0	199
IUD	22.9	9.4	0.0	25.9	41.8	100.0	96
Female sterilization	14.5	1.2	0.2	37.2	46.8	100.0	2,405
Male sterilization	24.7	0.4	0.0	32.6	42.3	100.0	186
All modern methods	15.8	3.0	0.2	36.6	44.5	100.0	2,972

NGO: Nongovernmental organization
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

government health worker was the person who mainly motivated them and only 3 percent said they were motivated by a private-sector health worker. The remaining 37 percent reported that the motivator was someone other than a government or private-sector health worker. More than 40 percent of users of female and male sterilization and the IUD reported that no one motivated them to adopt the method. Among contraceptive users, however, male sterilization users are most likely to have been motivated by a health worker, followed by IUD users. Condom users are most likely to have been motivated by someone other than a government or private-sector health worker. Urban pill users were more likely than rural pill users to mention that they were self motivated. As expected, the role of government workers was more important for motivating women in rural areas than in urban areas. It is noteworthy that among the acceptors of female sterilization, 53 percent of urban users and 43 percent of rural users said that it was their own decision to use the method, and no one else had motivated them.

Table 9.9 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, Maharashtra, 1999

Sector of motivator	Urban	Rural	Total	Number of users
Public health sector	40.5	23.6	27.6	469
Private health sector	44.9	36.3	42.3	89
Other	17.4	9.7	12.7	1,087
Total	24.6	15.0	18.5	1,651

Note: Table excludes women who said that no one motivated them to use their current method. Total includes 6 users of modern methods who were motivated by a nongovernmental organization, who are not shown separately.

9.9 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 her current method at the time she accepted the method; and whether she received any follow-up care after accepting the method either at home or in a health facility. Tables 9.9 and 9.10 present the results of this investigation.

An important indicator of the quality of family planning services is whether women are informed about a variety of available 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 alternative methods that they could use. Overall, only 19 percent of users of modern contraceptive methods who were motivated by someone were informed about at least one alternative method (Table 9.9). Even among women who were motivated by a government health worker, only 28 percent were told about any other method. The overall situation was much better in urban areas (where motivators provided 25 percent of users with information about other methods) than in rural areas (where only 15 percent received such information). However, even in urban areas, three out of four users of modern methods who were motivated by someone to use their method were not told about any other methods of contraception.

Another important element of informed contraceptive choice is being fully informed about any side effects and any other problems associated with the method. Table 9.10 shows the percentage of current users of modern contraception who were told about side effects or other problems by a health or family planning worker at the time they accepted their current method. Women were also asked if they received follow-up services after they accepted the method. In Maharashtra, only 22 percent of users of any modern method were informed about possible side effects or problems associated with their current method at the time of adopting the method. Even in the case of sterilization, only 21 percent of women were told about possible side effects of the method. The proportion is even lower in urban areas than in rural areas. From these results, it is apparent that although some health or family planning workers in Maharashtra are

Table 9.10 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 method by current method and residence, Maharashtra, 1999

Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	17.9	22.1	20.6
Other modern method	26.5	29.9	27.8
Any modern method	19.6	22.7	21.5
Received follow-up			
Sterilization	83.3	69.7	74.6
Other modern method	54.5	44.5	50.7
Any modern method	77.5	67.7	71.5

providing couples with the information they need to make an informed choice about contraceptive methods, there is much scope for improvement.

The situation is much better with respect to follow-up services. Overall, 72 percent of users of modern contraceptives received follow-up services (75 percent of those who were sterilized and 51 percent of those using other modern methods). Among sterilization users, 70 percent in rural areas and 83 percent in urban areas received follow-up services. Even so, these results indicate that about one in every four users of sterilization and about half of the users of other modern methods did not receive follow-up services from any source.