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 meet 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 as well as 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. Finally, information is presented on 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. A large majority of households (89 percent) normally use the private medical sector when a household member gets sick. Only 9 percent normally use public-sector medical services. In the private health sector, private doctors are the most popular source of health care for households, whereas in the public medical sector households normally go to hospitals. The pattern of service utilization is similar for rural and urban households. But, contrary to expectation, the use of the private medical sector is higher in rural areas than in urban areas; 90 percent of rural households use private medical sector sources as against 81 percent of urban households. Less than 2 percent of households in Bihar normally use a *vaidya*/*hakim*/ homeopath or a traditional healer, and less than 1 percent use a CHC/rural hospital/PHC. Among

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, Bihar, 1998–99

Source	Residence		Standard of living index			Total
	Urban	Rural	Low	Medium	High	
Public medical sector	16.6	8.2	8.4	9.1	14.1	9.1
Government/municipal hospital	9.3	5.6	6.1	5.4	8.3	6.0
Government dispensary	2.6	0.4	0.4	0.6	2.1	0.6
UHC/UHP/UFWC	0.1	0.1	0.0	0.1	0.2	0.1
CHC/rural hospital/PHC	0.1	0.6	0.6	0.4	1.0	0.6
Sub-centre	0.1	0.8	0.7	0.8	0.0	0.7
Government paramedic	0.0	0.3	0.3	0.3	0.0	0.3
Other public medical sector	4.2	0.4	0.2	1.4	2.5	0.8
NGO or trust	1.2	0.7	0.7	0.3	2.3	0.7
Hospital/clinic	1.2	0.3	0.2	0.2	2.3	0.4
NGO worker	0.0	0.4	0.5	0.1	0.0	0.3
Private medical sector	81.1	89.7	89.4	89.3	81.7	88.7
Private hospital/clinic	20.6	17.5	17.3	18.5	19.0	17.8
Private doctor	55.4	66.9	66.1	66.7	57.8	65.6
Private mobile clinic	0.0	0.4	0.5	0.1	0.2	0.3
Private paramedic	0.4	0.8	0.8	0.8	0.2	0.7
Vaidya/hakim/homeopath	1.3	1.3	1.7	0.6	0.9	1.3
Traditional healer	0.3	0.7	0.8	0.5	0.7	0.7
Pharmacy/drugstore	0.7	0.3	0.4	0.3	0.2	0.3
Other private medical sector	2.3	1.8	1.8	1.8	2.8	1.9
Other source	1.1	1.5	1.5	1.2	1.8	1.4
Shop	0.6	0.4	0.4	0.3	0.9	0.4
Home treatment	0.6	0.8	0.8	0.9	0.5	0.8
Missing	0.0	0.3	0.3	0.1	0.4	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	720	5,625	3,641	2,151	545	6,345

Note: Total includes 8 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

the small proportion of households who normally use a public medical sector source of health care when household members get sick, the majority prefer to use a government or a municipal hospital. Less than 1 percent of households use an NGO or a trust as their main source of health care.

The pattern of use of health-care services is similar for households with low and medium standards of living. The pattern of utilization for these two categories of households is similar to what is observed in the case of rural households. On the other hand, the service utilization pattern of households with a high standard of living is similar to that of the urban households. For example, 82 percent of households with a high standard of living use the private medical sector, compared with 89 percent of households with either a medium or low standard of living.

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 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 2 percent of women in Bihar, 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).

The reporting of home visits by a health or family planning worker is low for women of all ages. Rural women are somewhat more likely to report a home visit than urban women. By region, women in the Jharkhand region are more likely to report receiving a home visit (4 percent) than those in the North Bihar Plain region (2 percent) or in the South Bihar Plain region (1 percent). Home visits are more common among scheduled-tribe women (7 percent) than among other caste/tribe/class groups (2–3 percent). By religion, Christian women and women belonging to 'other' religions are considerably more likely to receive home visits than women belonging to the Hindu or Muslim religion. However, religion differentials should be viewed with caution as the percentages for Christians and 'other' religions are based on small numbers of cases. The variations in home visits by level of education of women, standard of living of the household, number of children ever born, and family planning status are small and do not reveal any specific pattern.

Women who reported a visit by a health or family planning worker during the 12 months preceding the survey were asked the frequency of home visits during the past 12 months and the number of months since the last visit. These women, on average, received only one home visit over the year with the median duration of 2.5 months since the last visit (Table 9.2). The average number of home visits and the duration since the last visit do not vary substantially according to any of the background characteristics measured. In other words, although some groups are 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 to the private or public sector.

Most of the recent home visits were provided by public-sector health or family planning workers; private-sector health workers provided only 16 percent of the most recent home visits. Eighty-six percent of women who were visited at home reported that they received services related to health and 22 percent reported that they received services related to family planning.

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, Bihar, 1998–99

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	2.7	2,244	1.0	2.1	60
25–34	2.0	2,507	(1.2)	(2.8)	50
35–49	2.5	2,274	1.5	2.7	58
Residence					
Urban	1.8	718	*	*	13
Rural	2.5	6,306	1.2	2.5	155
Region					
North Bihar Plain	2.0	3,133	1.4	2.3	64
South Bihar Plain	1.3	2,199	(0.9)	(2.5)	29
Jharkhand	4.4	1,692	1.3	2.8	74
Education					
Illiterate	2.3	5,383	1.3	2.4	122
Literate, < middle school complete	2.4	779	*	*	18
Middle school complete	4.3	267	*	*	12
High school complete and above	2.6	595	*	*	16
Religion					
Hindu	2.4	5,872	1.3	2.4	139
Muslim	1.4	1,038	*	*	14
Christian	10.9	59	*	*	6
Other	13.5	55	*	*	7
Caste/tribe					
Scheduled caste	2.8	1,452	(0.9)	(2.5)	40
Scheduled tribe	7.0	582	(1.5)	(2.5)	41
Other backward class	1.5	3,642	1.5	2.4	55
Other	2.4	1,348	(0.9)	(2.7)	32
Standard of living index					
Low	2.5	3,709	1.3	2.2	92
Medium	1.9	2,595	(1.2)	(3.3)	50
High	3.6	712	(1.3)	(2.4)	26
Number of children ever born					
0	1.8	897	*	*	16
1	2.0	921	*	*	19
2	2.4	1,081	(1.0)	(2.4)	26
3	2.5	1,114	(1.3)	(2.1)	28
4	3.1	1,035	(1.2)	(2.8)	32
5+	2.4	1,977	(1.4)	(2.6)	47
Family planning status					
Sterilized	2.2	1,342	(1.5)	(2.9)	29
Using method other than sterilization	4.1	291	*	*	12
Nonuser	2.4	5,391	1.1	2.4	127
Total	2.4	7,024	1.3	2.5	168

Note: Total includes a small number of women with missing information on 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 health worker and type of services received during the visit, Bihar, 1998–99

Quality indicator	Types of health worker and type of services received								
	Public-sector worker			Private-sector/NGO/trust worker			Total		
	Family planning	Health	Family planning or health	Family planning	Health	Family planning or health	Family planning	Health	Family planning or health
Percentage who said worker spent enough time with them	(82.4)	88.8	87.3	*	*	*	(84.1)	87.6	86.6
Percentage who said worker talked to them:									
Nicely	(78.6)	67.9	68.9	*	*	*	(80.6)	68.2	69.2
Somewhat nicely	(17.9)	26.3	25.4	*	*	*	(16.2)	27.1	26.1
Not nicely	(3.5)	5.8	5.6	*	*	*	(3.2)	4.7	4.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women visited at home	30	106	127	3	24	25	33	130	152

Note: Cases where the source of service was neither the public sector nor the private sector/NGO/trust, and cases where neither family planning nor health services were received are excluded from the table. The number of women receiving family planning and health services add to more than the number receiving any visits because some visits were for both family planning and health.
NGO: Nongovernmental organization
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

Irrespective of the type of service received, the majority of women (82 percent or more) who were visited by a public-sector health or family planning worker were satisfied that the worker had spent enough time with them. In general, women had only a few complaints about the way the worker talked to them. About two-thirds (69 percent) of the women who received family planning or health services reported that the worker talked to them nicely; less than 5 percent said that the worker did not talk to them nicely. Women who received family planning services gave workers a slightly better assessment than did women who received health services.

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 immunizations, treatment of health problems, and childcare. In addition, 21 percent of women mentioned that family planning was discussed during home visits and 6 percent each reported having discussions about antenatal care and delivery care. It seems that family planning is often not discussed during a home visit. Discussions about family planning are more common for current contraceptive users and for women who are either pregnant or have children under age three years than for current nonusers. Women who were pregnant or women with children under age three were also much more likely

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, Bihar, 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	23.6	(23.9)	14.3	20.8
Breastfeeding	3.6	(0.0)	0.0	1.9
Immunization	46.5	(29.0)	26.1	37.1
Disease prevention	3.4	(13.5)	3.9	5.4
Treatment of health problem	14.5	(20.1)	42.3	24.1
Antenatal care	11.0	(3.5)	0.0	6.3
Delivery care	11.4	(0.0)	1.9	6.4
Postpartum care	5.0	(0.0)	0.0	2.6
Childcare	25.7	(13.7)	23.9	23.0
Sanitation/cleanliness	0.0	(3.1)	0.0	0.6
Oral rehydration	0.0	(0.0)	1.8	0.6
Other	0.0	(0.0)	6.0	1.9
Number of women	86	30	52	168
During visit to health facility				
Family planning	2.3	4.0	3.1	2.8
Breastfeeding	0.4	0.2	0.2	0.3
Supplementary feeding	0.2	0.6	0.0	0.2
Immunization	36.2	7.8	12.0	24.9
Nutrition	0.9	0.2	0.3	0.6
Disease prevention	0.4	0.7	0.6	0.5
Treatment of health problem	23.4	60.4	61.9	39.9
Antenatal care	8.0	0.7	0.8	4.8
Delivery care	8.0	0.4	1.1	4.9
Postpartum care	2.0	0.2	0.4	1.3
Childcare	47.3	36.5	29.0	40.7
Sanitation/cleanliness	0.5	0.0	0.3	0.4
Oral rehydration	0.1	0.0	0.2	0.1
Number of women	1,435	452	656	2,543

Note: Percentages add to more than 100.0 because of multiple responses.
( ) Based on 25–49 unweighted cases

than other women to have talked about immunizations and antenatal and delivery care, but less likely to have discussed treatment of health problems. The topic discussed most often during home visits by health or family planning workers with current nonusers was treatment of health problems, which was mentioned by 42 percent of women.

Visits to health facilities are largely for reasons related to childcare (41 percent), treatment of health problems (40 percent), or immunization (25 percent). Only 3 percent of the women say that they discussed family planning during the visits. Even among currently pregnant women or women with children under age three, only 2 percent report having discussed family planning during a visit to health facility. Forty-seven percent of these women discussed childcare, 36 percent discussed immunization, and 23 percent discussed treatment of a health problem. These data on topic discussed during home visits and visits to health facilities suggest that delivery of health and family planning services in Bihar 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 advice and information on safe motherhood practices to pregnant women and mothers with young children is often not provided, and many important health-related topics (feeding practices, nutrition, disease prevention, sanitation, and oral rehydration) are rarely discussed during either home visits or visits to health facilities.

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 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 (99.5 percent) said that they received the services for which they had visited the facility (Table 9.5). The median waiting time to receive services was 29 minutes, which was about 50 percent longer at private facilities (29 minutes) than at public facilities (19 minutes). For those visiting public or private facilities, the median waiting time did not differ by urban-rural residence. Satisfaction with the amount of time the staff spent with the woman was generally high (91 percent), but was considerably lower in the public sector (77 percent) than in the private sector (96 percent).

The private sector was also rated higher than the public sector on all of the other indicators of quality. Eighty-two percent of women who received services in a private-sector facility said that the staff talked to them nicely, compared with 39 percent of women who 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 5 percent for women who visited a public-sector facility. The greatest dissatisfaction was expressed by urban women who visited public-sector facilities (8 percent).

Among women who wanted privacy during their visit, 77 percent were satisfied that the staff respected their need for privacy. The percentage was much higher for private-sector facilities (84 percent) than for public-sector facilities (55 percent). It was also higher for women living in urban areas (83 percent) than for women living in rural areas (76 percent).

Private-sector facilities are also perceived to be much more clean than public-sector facilities, and this is true for both urban and rural areas. Overall, 81 percent of women who visited a private-sector facility said that the facility was very clean compared with only 28 percent of women who visited a public-sector facility.

9.6 Family Planning Information and Advice Received

To gain a better understanding of the information provided to women about different contraceptive methods, all 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, 88 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

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, Bihar, 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	96.4	99.3	98.9	100.0	99.7	99.8	99.0	99.6	99.5
Median waiting time (minutes)	19.0	19.2	19.1	29.1	29.4	29.3	19.7	29.1	29.1
Percentage who said the staff spent enough time with them	80.4	76.5	77.0	96.4	95.5	95.6	91.9	90.4	90.6
Percentage who said the staff talked to them:									
Nicely	49.5	36.8	38.6	86.1	81.8	82.3	75.7	69.7	70.5
Somewhat nicely	42.7	58.7	56.5	12.6	17.2	16.6	21.2	28.3	27.4
Not nicely	7.8	4.5	4.9	1.3	1.0	1.0	3.2	1.9	2.1
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]	64.3	53.2	54.6	89.3	82.8	83.6	83.1	75.8	76.7
Percentage who rated facility as:									
Very clean	47.5	25.4	28.4	78.6	80.8	80.5	69.8	65.9	66.4
Somewhat clean	51.3	68.9	66.5	20.9	18.3	18.7	29.6	31.9	31.6
Not clean	1.2	5.7	5.1	0.4	0.9	0.8	0.7	2.2	2.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	94	590	685	237	1,613	1,850	331	2,204	2,535
Number of women who said they needed privacy	63	415	479	193	1,331	1,524	257	1,746	2,003

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

9.6). Among those who discussed contraception, by far the most frequently discussed method was sterilization, particularly female sterilization. Less than 4 percent of women mentioned ever discussing pills. Discussions about condoms, IUDs, or traditional methods such as rhythm or withdrawal were also rare. The patterns for urban and rural areas are similar, although every method was slightly more likely to be discussed in urban areas than in rural areas.

9.7 Availability of Pills and Condoms

NFHS-2 asked current users of condoms and pills if they ever had a problem in getting their supply. The results are presented in Table 9.7. Nine percent of condom users report ever having a problem in getting their supply of condoms, and only 2 percent of pill users report ever having a problem in getting their supply of pills.

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, Bihar, 1998–99

Method	Urban	Rural	Total
Pill	6.2	3.2	3.5
Condom	2.8	1.6	1.7
IUD	3.1	1.3	1.5
Female sterilization	13.0	9.9	10.2
Male sterilization	2.7	2.4	2.4
Rhythm/safe period	1.3	0.3	0.4
Withdrawal	0.8	0.1	0.2
Other method	0.2	0.2	0.2
No method/no contact	82.6	88.2	87.6
Number of women	718	6,306	7,024

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

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, Bihar, 1998–99

Method	Percentage who had a problem getting supply	Number of users
Condom	(8.7)	47
Pill	1.5	66

( ) Based on 25–49 unweighted cases

9.8 Person Motivating Users of a Modern Contraceptive Method

To help understand the dynamics of adoption of contraceptive methods and the roles that health care providers and others play, NFHS-2 asked current users of modern methods who had motivated them to use their current method. A majority (53 percent) of the current users of a modern method in Bihar said that their motivator was someone other than a government, private, or NGO worker (Table 9.8 and Figure 9.1). Another sizeable proportion (39 percent) said that they were not motivated by anyone, but rather they adopted the method on their own. Only 6 percent of the users said that a government worker was the one who mainly motivated them. Condom users are least likely to be self-motivated and IUD users are most likely to be self-motivated. Even in the case of female sterilization, which is the most popular method, 41 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, 37 percent stated that no one had motivated their husband to get sterilized. The role of different motivators does not differ much between urban and rural users.

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, Bihar, 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		
URBAN							
Pill	*	*	*	*	*	100.0	19
Condom	*	*	*	*	*	100.0	20
IUD	*	*	*	*	*	100.0	8
Female sterilization	4.0	1.7	0.0	50.1	44.2	100.0	180
Male sterilization	*	*	*	*	*	100.0	11
All modern methods	4.3	2.2	0.0	56.4	37.1	100.0	239
RURAL							
Pill	(6.4)	(6.4)	(0.0)	(60.0)	(27.1)	100.0	47
Condom	(0.0)	(4.2)	(0.0)	(88.7)	(7.2)	100.0	26
IUD	(0.0)	(0.0)	(3.9)	(37.9)	(58.2)	100.0	27
Female sterilization	6.0	2.1	0.1	51.4	40.5	100.0	1,097
Male sterilization	18.2	3.9	0.0	44.6	33.2	100.0	53
All modern methods	6.3	2.3	0.2	51.9	39.4	100.0	1,250
TOTAL							
Pill	9.3	7.9	0.0	63.6	19.2	100.0	66
Condom	(0.0)	(2.4)	(0.0)	(91.3)	(6.3)	100.0	47
IUD	(0.0)	(0.0)	(3.0)	(46.8)	(50.3)	100.0	35
Female sterilization	5.7	2.0	0.1	51.2	41.0	100.0	1,277
Male sterilization	15.0	3.2	0.0	45.0	36.8	100.0	65
All modern methods	5.9	2.3	0.1	52.6	39.0	100.0	1,490

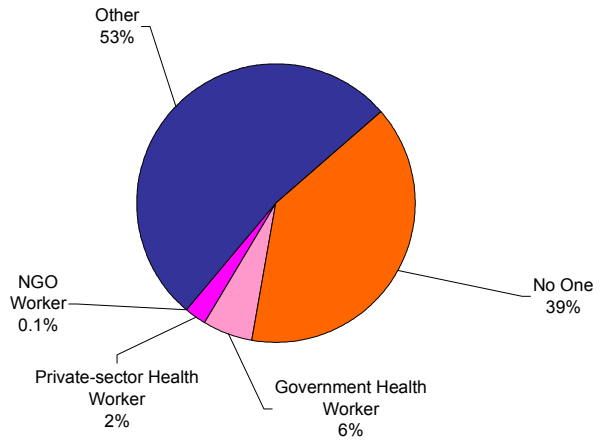
NGO: Nongovernmental organization
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

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 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 9.9 and 9.10 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 alternative method (Table 9.9). Twenty-one percent of users who were motivated by a public-

Figure 9.1
Motivator for Current Users of Modern Contraceptive Methods



Note: Percents add to more than 100.0 due to rounding

NFHS-2, Bihar, 1998–99

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, Bihar, 1998–99

Sector of motivator	Urban	Rural	Total	Number of users
Public health sector	(29.1)	19.5	20.6	89
Private health sector	*	(13.7)	(14.7)	34
Other	22.7	12.9	14.6	784
Total	23.1	13.6	15.2	909

Note: Table excludes women who said that no one motivated them to use their current method. Total includes 2 users of modern contraceptive methods who were motivated by a worker from a nongovernmental organization (NGO), who are not shown separately.
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

sector health worker received such information, compared with 15 percent of users who were motivated by a private-sector worker or someone else. Users in urban areas were more likely than users in rural areas to be told about alternative methods.

Another important element of informed contraceptive choice is being fully informed about any side effects associated with the method. Table 9.10 shows the percentage of current users of modern contraception who were told about side effects 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 had accepted the method.

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 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, Bihar, 1998–99

Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	19.7	15.1	15.8
Other modern method	(17.6)	15.3	16.0
Any modern method	19.2	15.1	15.8
Received follow-up			
Sterilization	84.3	77.4	78.3
Other modern method	(64.0)	66.3	65.5
Any modern method	80.2	76.5	77.1

( ) Based on 25–49 unweighted cases

In Bihar, only 16 percent of users of any modern method were informed about possible side effects of their current method at the time of adopting the method. This percentage is only slightly higher in urban areas (19 percent) than in rural areas (15 percent). It is clear that both public and private health and family planning workers in Bihar 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, 77 percent in rural areas and 84 percent in urban areas received follow-up services. Even so, this implies that one in five users of sterilization had no follow-up. About two-thirds (66 percent) of users of other modern methods received follow-up services.