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 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. 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 presents the distribution of households by source of health services. Almost two-thirds of households (63 percent) normally use the private medical sector when a household member gets sick. Only one-third (34 percent) normally use public-sector medical services, and 2 percent use nongovernmental or trust services. The pattern of service utilization is similar for rural and urban areas. The most popular single source of health care is private doctors. Private doctors provide health care for about one-third of households in both urban and rural areas. The next most common source of care in both urban and rural areas are private hospitals, followed by government or municipal hospitals. Among households living in urban areas, private hospitals are almost as popular a source of

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, Madhya Pradesh, 1998–99

Source	Residence		Standard of living index			Total
	Urban	Rural	Low	Medium	High	
Public medical sector	32.7	34.5	36.6	32.7	32.1	34.0
Government/municipal hospital	21.7	19.5	21.3	19.5	18.6	20.1
Government dispensary	0.5	1.5	1.6	1.2	0.5	1.2
UHC/UHP/UFWC	0.9	0.5	0.6	0.6	0.6	0.6
CHC/rural hospital/PHC	3.9	10.0	11.2	7.6	4.6	8.4
Sub-centre	0.0	2.3	1.6	2.3	0.1	1.7
Government mobile clinic	0.1	0.1	0.0	0.1	0.1	0.1
Government paramedic	0.1	0.1	0.1	0.1	0.2	0.1
Other public medical sector	5.5	0.7	0.2	1.4	7.4	1.9
NGO or trust	0.7	2.9	3.2	1.9	1.7	2.3
Hospital/clinic	0.6	2.9	3.2	1.9	1.5	2.3
NGO worker	0.1	0.0	0.0	0.0	0.2	0.0
Private medical sector	65.9	62.2	59.8	65.0	65.3	63.1
Private hospital/clinic	32.0	25.8	24.7	27.8	32.1	27.4
Private doctor	32.5	34.8	33.7	35.6	31.4	34.2
Private mobile clinic	0.0	0.1	0.2	0.0	0.0	0.1
Private paramedic	0.5	0.8	0.9	0.6	0.4	0.7
Vaidya/hakim/homeopath	0.6	0.6	0.2	0.7	1.1	0.6
Traditional healer	0.1	0.0	0.0	0.0	0.2	0.1
Pharmacy/drugstore	0.0	0.0	0.0	0.1	0.0	0.0
Other private medical sector	0.2	0.1	0.0	0.1	0.2	0.1
Other source	0.6	0.5	0.5	0.4	1.0	0.5
Shop	0.1	0.2	0.3	0.1	0.0	0.2
Home treatment	0.5	0.3	0.2	0.2	1.0	0.3
Other	0.1	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	1,712	5,037	2,481	3,187	1,061	6,749

Note: Total includes 20 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

health care as are private doctors. Ten percent of households in rural areas normally use community health centres, rural hospitals, or Primary Health Centres.

The source of health-care services varies only slightly by the standard of living of the household. Sixty-five percent of households with a high or medium standard of living use the private medical sector, compared with 60 percent of households with a low standard of living. The likelihood of using services from private hospitals or clinics increases most sharply by standard of living. One-fourth of households with a low standard of living normally use a private hospital or clinic compared with one-third of households with a high standard of living. Yet, even among households with a low standard of living, only 37 percent of households 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 9 percent of women in Madhya Pradesh, 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 13 percent of women received a home visit from a health or family planning worker in the 12 months preceding the survey. The likelihood of receiving a home visit is similar for women age 15–24 (11 percent) and 25–34 (10 percent), but is lower for women age 35 years and older (6 percent). Rural women are almost twice as likely to report a home visit from a health or family planning worker as are urban women. Women from the Malwa Plateau (12 percent) and South Western Regions (13 percent) are more likely to report a home visit than women residing in other regions (7–9 percent).

Home visits were more common among illiterate women (9 percent) and literate women with less than a middle school education (11 percent) than among women with higher levels of education (7 percent). This finding is to be expected because educated women are more likely to live in urban areas, where home visits are less common. Home visits were also more common for Muslims (13 percent), scheduled-tribe women (11 percent), and women from households with a medium standard of living (10 percent). Women with no children were less likely to report a home visit than women with children, and users of temporary family planning methods were more likely to report a home visit than nonusers and users of sterilization.

Women who reported a home visit by 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 two home visits during the year with the median duration since the last visit of 2 months (Table 9.2). The median number of home visits and the duration since the last visit do not vary substantially by any of the background characteristics measured. In other words, although some groups are more likely to be visited by a health worker than others, among women who are 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.

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, Madhya Pradesh, 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	10.8	2,191	1.9	2.3	236
25–34	10.1	2,544	1.7	2.2	258
35–49	5.5	2,206	2.4	2.3	122
Residence					
Urban	5.6	1,756	1.6	3.1	99
Rural	10.0	5,185	1.9	2.1	516
Region					
Chattisgarh	7.0	1,779	1.4	3.3	125
Vindhya	8.1	1,030	1.8	2.0	84
Central	9.4	667	1.8	2.0	63
Malwa Plateau	11.9	1,155	2.1	2.2	137
South Central	7.3	841	2.1	2.2	62
South Western	12.6	620	2.4	1.8	78
Northern	7.8	848	2.2	2.7	66
Education					
Illiterate	8.7	4,753	2.0	2.0	414
Literate, < middle school complete	10.9	1,133	1.9	3.0	124
Middle school complete	7.4	398	(1.4)	(2.5)	29
High school complete and above	7.3	656	1.4	2.1	48
Religion					
Hindu	8.6	6,396	1.9	2.3	552
Muslim	13.4	372	2.0	1.6	50
Jain	5.0	70	*	*	4
Other	9.8	103	*	*	10
Caste/tribe					
Scheduled caste	9.4	1,050	1.8	2.5	99
Scheduled tribe	10.6	1,571	2.3	1.8	167
Other backward class	8.6	2,863	1.8	2.5	247
Other	7.0	1,452	1.8	2.5	102
Standard of living index					
Low	8.4	2,149	1.9	2.2	180
Medium	9.7	3,491	1.9	2.2	340
High	7.4	1,283	1.8	2.3	94

Contd…

Public-sector health or family planning workers provided almost all recent home visits (89 percent). Eighty-two percent of women who were visited at home reported that they received services related to health; only 20 percent reported that they received family planning services.

Irrespective of the type of service received almost all (89 percent) women who received health or family planning services at home were satisfied that the worker had spent enough time with them. Satisfaction was lower among women who received visits from public-sector workers (89 percent) than among women who received visits from private-sector workers (96 percent), however. Only two-thirds of women who received visits from health or family planning workers

Table 9.2 Home visits by a health or family planning worker (contd.)

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, Madhya Pradesh, 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
Number of children ever born					
0	5.4	819	(1.0)	(2.5)	44
1	10.8	865	2.0	2.4	94
2	9.0	1,081	1.8	1.9	97
3	10.1	1,232	1.9	2.4	124
4	8.4	1,067	1.7	2.7	89
5+	8.9	1,878	2.2	2.0	167
Family planning status					
Sterilized	7.5	2,497	2.2	2.1	187
Using method other than sterilization	11.0	416	(1.6)	(1.9)	46
Nonuser	9.5	4,027	1.8	2.4	382
Total	8.9	6,941	1.9	2.2	615

Note: Total includes a small number of women with missing information on education, 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

reported that the worker talked to them nicely. Eighty-two percent of women who received visits from private-sector workers reported that the worker spoke nicely to them, compared with only 64 percent of women who received visits from public-sector workers. 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 immunization (41 percent). Other topics discussed relatively frequently during home visits include treatment of health problems (35 percent), family planning (27 percent), and childcare (23 percent). Ten percent of women also reported having discussions about antenatal care. As expected, a much higher proportion of pregnant women and women with children under age three discussed immunizations during a home visit than did other women. These women were also more likely than other women to have talked about antenatal and delivery care but were less likely to have discussed treatment of a health problem. Women who are not currently using contraception are less likely to have discussed family planning during a home visit than other women, but much more likely to have discussed

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, Madhya Pradesh, 1998–99

	Type of health worker and type of services received											
	Public-sector worker				Private-sector/NGO/trust worker				Total			
Quality indicator	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	81.3	90.5	88.5	*	*	97.4	95.7	*	80.2	91.3	89.3	(81.3)
Percentage who said worker talked to them:												
Nicely	67.2	61.9	63.5	*	*	83.5	82.2	*	67.0	64.6	65.5	(69.5)
Somewhat nicely	29.0	33.5	31.8	*	*	12.3	13.7	*	29.3	30.9	29.8	(26.9)
Not nicely	3.8	4.6	4.7	*	*	4.2	4.1	*	3.7	4.5	4.6	(3.5)
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	121	443	529	20	3	62	65	1	124	506	594	21

Note: Cases where the source of service was neither the public sector nor the private sector or NGO/trust are excluded from the table.
NGO: Nongovernmental organization
( ) Based on 25-49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

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, Madhya Pradesh, 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	27.7	28.0	20.0	26.5
Supplementary feeding	0.6	0.0	1.2	0.5
Immunization	56.0	21.2	18.1	40.8
Nutrition	1.5	1.0	0.0	1.1
Disease prevention	2.6	9.8	2.5	4.4
Treatment of health problem	18.3	55.0	63.8	35.2
Antenatal care	16.3	0.0	3.2	10.0
Delivery care	4.9	0.9	0.6	3.2
Postpartum care	2.4	0.7	0.6	1.7
Childcare	20.3	29.6	20.9	22.7
Sanitation/cleanliness	0.0	0.6	0.0	0.1
Oral rehydration	0.5	0.0	0.0	0.3
Other	0.2	1.5	0.0	0.5
Number of women	357	155	103	615
During visit to health facility				
Family planning	3.9	1.5	0.1	2.3
Breastfeeding	0.1	0.1	0.1	0.1
Supplementary feeding	0.2	0.1	0.0	0.1
Immunization	28.8	4.7	5.0	16.0
Nutrition	0.4	0.4	0.4	0.4
Disease prevention	2.2	3.4	2.8	2.7
Treatment of health problem	42.8	70.5	77.3	59.0
Antenatal care	16.1	0.2	1.8	7.9
Delivery care	7.3	0.2	1.1	3.7
Postpartum care	3.2	0.7	0.1	1.7
Childcare	56.1	51.2	34.5	50.0
Sanitation/cleanliness	0.4	0.7	0.2	0.4
Oral rehydration	0.3	0.3	0.1	0.3
Other	0.1	0.1	0.8	0.3
Number of women	1,659	1,153	743	3,554

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

treatment of a health problem, especially as compared with women who are pregnant or have a child under age three.

Visits to health facilities are largely for treatment of a health problem (59 percent) or for childcare (50 percent). Only 2 percent of the women said that they discussed family planning during any visit in the 12 months preceding the survey. Even among currently pregnant women or women with children under age three, only 4 percent reported having discussed family planning. More than half of these women (56 percent) discussed childcare, 43 percent discussed treatment of a health problem, 29 percent discussed immunization, 16 percent discussed antenatal care, and 7 percent discussed delivery care. These data suggest that delivery of health and family planning services in Madhya Pradesh is not well integrated. Indeed, in the process of providing health and childcare services, health facilities especially, 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.

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 women (99 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 19 minutes. Women who sought services in the private sector waited longer (20 minutes) than did women who sought services in the public sector (15 minutes). The public-private sector difference in median waiting time is even more apparent for facilities visited by rural women. The median waiting time for rural women who visited a private-sector facility (29 minutes) was about twice the median waiting time for rural women who visited a public-sector facility (15 minutes). Satisfaction with the amount of time the staff spent was high for all women, although satisfaction is slightly lower among women who attended public-sector facilities (92 percent) than private-sector facilities (97 percent). As observed with median waiting time, the public-private sector difference in satisfaction with the amount of time the staff spent is slightly larger for facilities visited by rural than by urban women.

The private sector was also rated higher than the public sector on the other indicators of quality. Seventy-two percent of women who received services in a private-sector facility said that the staff talked to them nicely, compared with 56 percent of women who received services in a public-sector facility. Consistent with this, only 2 percent of women who visited a private-sector facility said that the staff did not talk to them nicely, compared with 4 percent of women who visited a public-sector facility. Urban women are more likely than rural women to report, for both public and private health facilities, that the staff talked to them nicely.

Among women who wanted privacy during their visit, 71 percent were satisfied that the staff respected their need for privacy. Eighty percent of urban women who visited facilities said that the staff respected their need for privacy, compared with 67 percent of rural women. Satisfaction with the amount of privacy offered to the client was higher for visits to private-sector facilities (74 percent) than to public-sector facilities (68 percent). Private-sector facilities are also perceived to be cleaner than public-sector facilities. Sixty-seven percent of women who visited a private-sector facility said that the facility was very clean, compared with 43 percent of women who visited a public-sector facility. Urban women are more likely to rate both public and private sector facilities as very clean, than rural women.

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, Madhya Pradesh, 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	98.1	98.8	98.6	99.3	99.6	99.5	98.8	99.3	99.1
Median waiting time (minutes)	14.7	15.0	14.9	14.4	29.2	19.7	14.5	29.0	19.4
Percentage who said the staff spent enough time with them	94.7	90.8	91.9	97.5	96.2	96.6	96.4	94.0	94.7
Percentage who said the staff talked to them:									
Nicely	62.7	53.7	56.3	79.7	69.1	72.3	73.0	62.9	65.9
Somewhat nicely	32.1	42.6	39.5	19.4	28.8	26.0	24.4	34.4	31.4
Not nicely	5.0	3.7	4.1	0.7	2.0	1.6	2.4	2.7	2.6
Missing	0.2	0.1	0.1	0.3	0.0	0.1	0.2	0.0	0.1
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]	73.9	64.7	67.6	83.9	69.1	73.8	80.0	67.4	71.4
Percentage who rated facility as:									
Very clean	48.5	40.8	43.1	71.5	64.3	66.5	62.4	54.8	57.1
Somewhat clean	45.8	54.6	52.0	26.2	33.8	31.5	33.9	42.2	39.7
Not clean	5.7	4.3	4.7	1.6	1.6	1.6	3.2	2.7	2.8
Missing	0.0	0.2	0.2	0.7	0.3	0.4	0.4	0.3	0.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	418	1,003	1,422	640	1,482	2,122	1,058	2,486	3,544
Number of women who said they needed privacy	335	725	1,060	520	1,120	1,639	854	1,845	2,699

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 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 ever had with a health or family planning worker. Overall, 64 percent of women said that they had either no contact or no discussion about any method of family planning with family planning or health personnel (Table 9.6). By far the most frequently discussed method was female sterilization (30 percent). Very few women mentioned discussing pills (7 percent), condoms (5 percent), IUDs (4 percent), or male sterilization (4 percent). Urban women were twice as likely as rural women to have discussed pills, condoms, and IUDs. Discussions about traditional methods such as rhythm or withdrawal were extremely rare. In general, the results for urban and rural women are similar.

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, Madhya Pradesh, 1998–99

Method	Urban	Rural	Total
Pill	10.5	6.0	7.2
Condom	9.2	3.7	5.1
IUD	7.2	2.9	4.0
Female sterilization	30.0	29.6	29.7
Male sterilization	3.7	4.2	4.1
Rhythm/safe period	1.3	1.2	1.2
Withdrawal	0.5	0.3	0.3
Other method	0.4	0.2	0.2
No method/no contact	57.6	65.6	63.5
Number of women	1,756	5,185	6,941

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

9.7 Availability of Pills and Condoms

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 2 percent of users reported that they had problems in getting condoms, but 7 percent of users faced difficulty in procuring pills (Table 9.7). Rural women had more problems in getting condoms and pills than urban women. In rural areas, 13 percent of pill users and 3 percent of condom users report having problems with supply.

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, Madhya Pradesh, 1998–99

Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Urban	1.0	133
Rural	3.0	56
Total	1.6	189
Pill		
Urban	(2.3)	34
Rural	(13.0)	30
Total	7.4	64

( ) 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 different persons play, NFHS-2 asked current users of modern methods who had motivated them to use their current method. About half (52 percent) of current users of modern methods in Madhya Pradesh said that they were not motivated by anyone; rather they adopted the method on their own (Table 9.8 and Figure 9.1). Only 18 percent said that a government health worker was the one who mainly motivated them, and 28 percent reported that the motivator was someone other than a government, private sector, or NGO health worker. As expected, the role of government workers was much more important for motivating users in rural areas than users in urban areas, although even in rural areas only one in every five users was motivated by a government health worker. Urban users are more likely than rural users to be self-motivated.

It is noteworthy that among the acceptors of female sterilization, 55 percent said that it was their own decision to use the method and no one else had motivated them. A higher

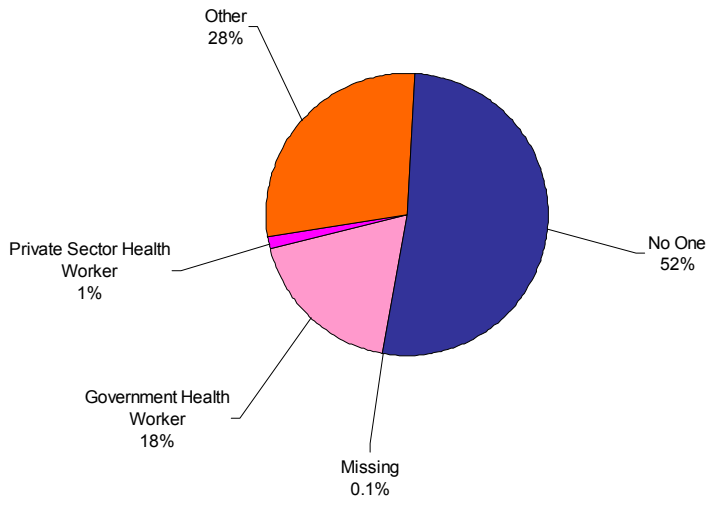
Table 9.8 Motivation to use family planning

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, Madhya Pradesh, 1998–99

	Type of person who motivated the user to use current method							
Current method	Government health worker	Private sector health worker	NGO worker	Other	No one	Missing	Total percent	Number of users
			URBAN					
Pill	(40.5)	(16.6)	(2.2)	(21.9)	(18.8)	(0.0)	100.0	34
Condom	8.6	3.6	0.0	54.9	32.8	0.0	100.0	133
IUD	(14.5)	(8.2)	(0.0)	(37.7)	(39.6)	(0.0)	100.0	35
Female sterilization	11.3	1.4	0.0	24.2	63.1	0.0	100.0	627
Male sterilization	(27.2)	(0.0)	(0.0)	(20.4)	(52.4)	(0.0)	100.0	39
All modern methods	12.9	2.5	0.1	29.2	55.3	0.0	100.0	867
			RURAL					
Pill	(32.3)	(3.9)	(0.0)	(36.1)	(27.7)	(0.0)	100.0	30
Condom	19.8	4.5	0.0	47.7	28.0	0.0	100.0	56
IUD	*	*	*	*	*	*	100.0	17
Female sterilization	20.5	0.6	0.0	27.1	51.5	0.2	100.0	1,723
Male sterilization	25.9	0.0	0.0	25.2	48.9	0.0	100.0	109
All modern methods	20.8	0.8	0.0	27.9	50.3	0.2	100.0	1,935
			TOTAL					
Pill	36.6	10.6	1.1	28.6	23.0	0.0	100.0	64
Condom	12.0	3.9	0.0	52.8	31.4	0.0	100.0	189
IUD	(9.7)	(9.2)	(0.0)	(39.4)	(41.8)	(0.0)	100.0	52
Female sterilization	18.1	0.8	0.0	26.4	54.6	0.1	100.0	2,349
Male sterilization	26.2	0.0	0.0	24.0	49.8	0.0	100.0	148
All modern methods	18.3	1.4	0.0	28.3	51.8	0.1	100.0	2,802

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

Figure 9.1
Motivator for Current Users of Modern Contraceptive Methods



Note: Percents add to less than 100 due to rounding

NFHS-2, Madhya Pradesh, 1998–99

percentage of urban users (63 percent) were self-motivated to get sterilized than of rural users (52 percent). 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 to adopt the method. Fifty-three percent of condom users and 29 percent of pill users reported that they were motivated by someone other than a government, private sector, or NGO health worker to use that method. Condom users were more likely to be self-motivated in urban areas than in rural areas, and pill users were more likely to be self-motivated in rural areas than in urban areas.

9.9 Quality of Care of Family Planning Services

NFHS-2 investigated several other aspects of quality of care such as the choice of methods, information given to users, and follow-up. Each current user of a modern family planning method was asked whether the person who had motivated her to use her current method had informed her about alternative methods of family planning; whether she was told by a health or family planning worker about any possible side effects or problems 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 12 percent of users of modern

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, Madhya Pradesh, 1998–99

Sector of motivator	Urban	Rural	Total	Number of users
Public health sector	28.1	10.6	14.4	514
Private health sector	(51.2)	(27.4)	(41.1)	38
Other	16.0	6.1	9.3	793
Total	21.4	8.4	12.1	1,346

Note: Table excludes women who said that no one motivated them to use their current method. Total includes 1 user of modern methods who was motivated by a worker from a nongovernmental organization, who is not shown separately.
( ) Based on 25–49 unweighted cases

contraceptive methods who were motivated by someone were informed about at least one alternative method (Table 9.9). Twenty-one percent of urban users, but only 8 percent of rural users received information on alternative methods. Fourteen percent of users who were motivated by a worker in the public sector received such information, compared with 41 percent of users who were motivated by a private-sector worker. Only 9 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.

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.

Only 12 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 in Madhya Pradesh, less even than the national average of 22 percent. Fifteen percent of urban users were told about side effects by a health or family planning worker, compared with 11

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 the method by current method and residence, Madhya Pradesh, 1998–99

Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	12.7	10.8	11.3
Other modern method	20.9	14.6	18.8
Any modern method	14.6	11.0	12.1
Received follow-up			
Sterilization	80.7	82.5	82.0
Other modern method	43.4	47.1	44.7
Any modern method	72.0	80.6	77.9

percent of rural users. Thirteen percent of acceptors of sterilization in urban areas and eleven percent in rural areas reported that they were informed about side effects. Among users of modern methods other than sterilization, 21 percent of urban users and 15 percent of rural users were informed about side effects. It is clear that both public and private health and family planning workers in Madhya Pradesh 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. In Madhya Pradesh, 78 percent of users of a modern contraceptive method received follow-up services, compared with the national average of 69 percent. Among sterilization users, 81 percent in urban areas and 83 percent in rural areas received follow-up services. Even so, this implies that one in five users of sterilization had no follow-up. Less than half (45 percent) of users of other modern methods received follow-up services. In all, 81 percent of the users of any modern method in rural areas and 72 percent in urban areas received follow-up services.