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. The majority of households (61 percent) normally use the private medical sector when a household member gets sick; 38 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 or clinics (55 percent), government/municipal hospitals (26 percent), CHCs/rural hospitals/PHCs (11 percent), and private doctors (5 percent). Private hospitals or clinics are the most popular source of health care for households in both urban and rural areas, but they are used by a higher proportion of urban households (58 percent) than rural households (54 percent). Hospitals—both private

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, Tamil Nadu, 1999

Source	Residence		Standard of living index			Total
	Urban	Rural	Low	Medium	High	
Public medical sector	30.9	41.5	53.5	32.9	6.9	37.9
Government/municipal hospital	25.7	25.4	34.6	23.0	5.4	25.5
Government dispensary	0.3	0.1	0.1	0.3	0.2	0.2
UHC/UHP/UFWC	2.8	0.0	0.8	1.3	0.3	0.9
CHC/rural hospital/PHC	2.0	15.5	17.2	8.1	1.0	10.9
Sub-centre	0.0	0.5	0.7	0.1	0.0	0.3
Government paramedic	0.1	0.0	0.0	0.0	0.0	0.0
Other public medical sector	0.1	0.0	0.1	0.0	0.0	0.0
NGO or trust hospital/clinic	0.4	0.5	0.5	0.5	0.3	0.5
Private medical sector	68.0	57.6	45.4	66.5	91.8	61.1
Private hospital/clinic	57.7	54.2	41.2	61.2	80.5	55.4
Private doctor	9.4	3.1	3.8	5.0	10.1	5.2
Private mobile clinic	0.5	0.1	0.1	0.1	0.8	0.2
Private paramedic	0.1	0.0	0.0	0.0	0.2	0.0
Vaidya/hakim /homeopath	0.1	0.1	0.1	0.1	0.0	0.1
Traditional healer	0.1	0.0	0.1	0.0	0.2	0.1
Pharmacy/drugstore	0.1	0.1	0.2	0.1	0.0	0.1
Other source	0.8	0.4	0.6	0.2	1.0	0.5
Shop	0.2	0.1	0.3	0.1	0.0	0.2
Home treatment	0.4	0.1	0.3	0.0	0.3	0.2
Other	0.2	0.1	0.1	0.0	0.7	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	1,797	3,484	2,191	2,324	712	5,281

Note: Total includes 55 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

hospitals/clinics and government/municipal hospitals—are the usual source of treatment for a large majority of urban households (83 percent) and rural households (80 percent).

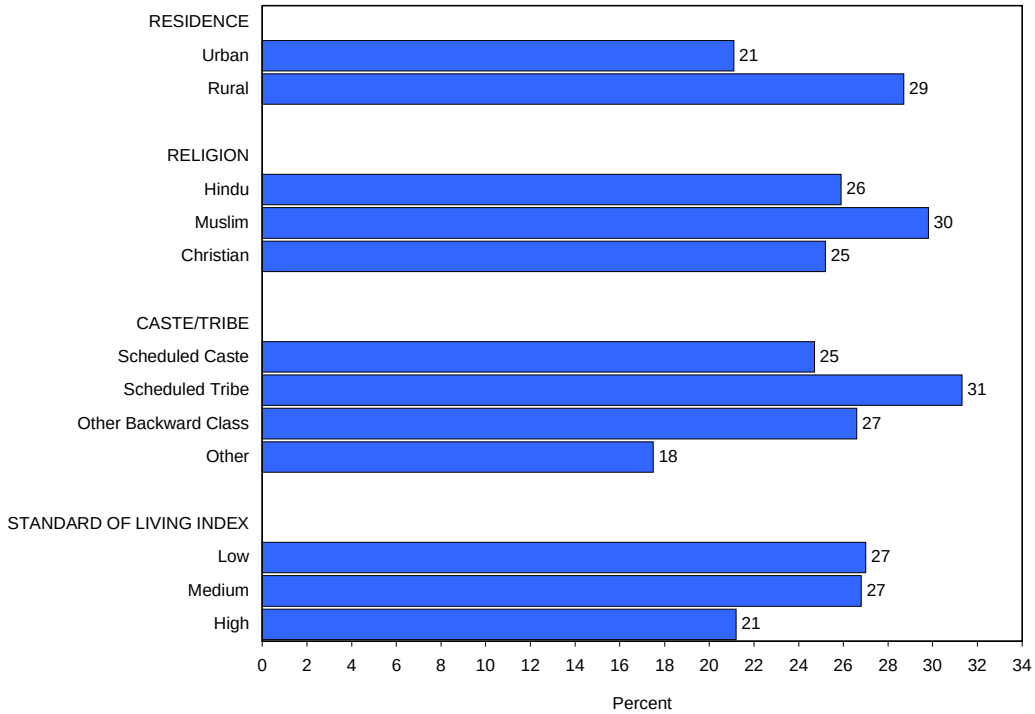
The type of health care services used is influenced by the standard of living of the household. For households with a low standard of living, the public medical sector is a more important source of health care. As the standard of living increases, the use of public-sector medical services decreases and the use of private-sector medical services increases. Fifty-four percent of households with a low standard of living generally use the public medical sector for treatment, compared with only 7 percent of households with a high standard of living. The use of private-sector services increases with the standard of living, from 45 percent of households with a low standard of living to 92 percent of households with a high standard of living. It is notable that use of the public medical sector for health care is much higher in Tamil Nadu (38 percent) than in India as a whole (29 percent), especially in poor households (54 percent in Tamil Nadu, compared with 34 percent in the whole country).

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.

Twenty-six percent of women in Tamil Nadu 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. Differentials in home visits by background characteristics vary considerably. Younger women are much more likely to report a home visit than are older women. Rural women (29 percent) are more likely than urban women (21 percent) to have had a home visit from a health or family planning worker (Figure 9.1). Women who have a moderate level of education are more likely to have had a home visit than women who are illiterate or have completed at least high school. The likelihood of a home visit decreases as the standard of living of the household increases. Home visits are more common among scheduled-tribe women than among scheduled-caste or other backward class women and least common among other women. Women without any children are least likely and women with one child are most likely to have received a home visit. Home visits are less common for users of sterilization than either nonusers of contraception or users of other methods.

Figure 9.1
Home Visit by a Health or Family Planning Worker by Selected Background Characteristics



NFHS-2, Tamil Nadu, 1999

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 background characteristics, Tamil Nadu, 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	47.2	1,018	3.0	1.5	480
25–34	27.8	1,789	2.7	1.9	496
35–49	12.9	1,869	2.8	1.5	241
Residence					
Urban	21.1	1,620	2.6	1.9	341
Rural	28.7	3,056	2.9	1.6	876
Chennai	17.4	289	3.4	1.4	50
Education					
Illiterate	23.5	2,221	2.8	1.6	522
Literate, < middle school complete	28.0	1,085	3.0	1.7	304
Middle school complete	31.0	629	3.1	1.5	195
High school complete and above	26.6	741	2.6	1.8	197
Religion					
Hindu	25.9	4,145	2.8	1.7	1,073
Muslim	29.8	277	3.3	1.5	83
Christian	25.2	242	2.5	1.7	61
Caste/tribe					
Scheduled caste	24.7	1,089	3.0	1.4	269
Scheduled tribe	(31.3)	39	*	*	12
Other backward class	26.6	3,469	2.8	1.7	922
Other	17.5	79	*	*	14
Standard of living index					
Low	27.0	1,756	2.8	1.6	475
Medium	26.8	2,168	2.9	1.7	580
High	21.2	704	2.5	1.7	149
Number of children ever born					
0	13.7	479	2.1	1.1	65
1	37.9	902	2.8	1.8	342
2	29.5	1,343	2.8	1.7	396
3	25.3	946	3.1	1.6	239
4	17.5	524	3.0	1.6	92
5+	17.3	481	2.8	1.6	83
Family planning status					
Sterilized	20.2	1,951	2.9	1.6	395
Using method other than sterilization	35.7	262	2.6	2.3	94
Non-user	29.6	2,463	2.8	1.6	729
Total	26.0	4,676	2.8	1.6	1,217

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

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 three home

visits during the preceding year, with a median duration since the most recent visit of 1.6 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 measured.

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.

Public-sector health and family planning workers provided almost all recent home visits (99 percent); consequently, the table does not show data separately by public/private workers. Almost all women who were provided with health or family planning services at home (98 percent) reported that they received services related to health and only 8 percent reported that they received family planning services. Irrespective of the type of services received, 96 percent of the women who received health or family planning services at home 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. Ninety percent of the women who received family planning or health services reported that the worker talked to them nicely; and only a negligible proportion (less than 1 percent) said that the worker did not talk to them nicely.

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, Tamil Nadu, 1999

Quality indicator	Type of services received			
	Family planning	Health	Family planning or health	Neither family planning nor health
Percentage who said worker spent enough time with them	95.2	96.1	96.1	(91.6)
Percentage who said worker talked to them:				
Nicely	85.2	89.7	89.6	(91.6)
Somewhat nicely	14.8	9.9	9.9	(5.6)
Not nicely	0.0	0.5	0.5	(2.8)
Total percent	100.0	100.0	100.0	100.0
Number of women visited at home	99	1,151	1,174	43

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.
( ) Based on 25–49 unweighted cases

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.

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, Tamil Nadu, 1999

Topic discussed	Pregnant women or women with children under age 3	Other women		Total
		Current contraceptive users	Current non-users	
During home visit				
Family planning	20.7	4.2	8.0	15.2
Breastfeeding	5.1	0.5	0.0	3.3
Supplementary feeding	1.5	0.6	0.6	1.2
Immunization	85.9	28.2	25.6	64.1
Nutrition	19.8	4.8	1.9	13.8
Disease prevention	5.3	21.2	11.0	9.4
Treatment of health problem	36.0	59.6	67.7	46.1
Antenatal care	27.5	0.9	4.3	18.2
Delivery care	12.1	0.5	0.8	7.8
Postpartum care	5.8	0.0	0.2	3.7
Childcare	25.5	13.7	9.4	20.4
Sanitation/cleanliness	0.8	1.4	1.2	1.0
Oral rehydration	0.2	0.0	0.0	0.1
Other	1.4	1.1	4.1	1.8
Number of women	767	247	203	1,217
During visit to health facility				
Family planning	10.6	0.4	0.4	3.8
Breastfeeding	5.6	0.0	0.2	1.9
Supplementary feeding	1.1	0.0	0.0	0.4
Immunization	43.9	2.4	2.6	16.1
Nutrition	9.9	0.2	0.3	3.4
Disease prevention	2.2	1.9	2.1	2.0
Treatment of health problem	71.0	93.6	94.5	86.4
Antenatal care	31.3	0.1	1.1	10.6
Delivery care	21.1	0.2	0.7	7.2
Postpartum care	12.7	0.1	0.3	4.3
Childcare	44.7	20.3	11.9	25.9
Sanitation/cleanliness	0.4	0.3	0.0	0.2
Oral rehydration	0.3	0.0	0.0	0.1
Other	0.4	0.8	0.8	0.7
Number of women	1,306	1,499	1,168	3,973

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

The topics discussed most often during home visits by health or family planning workers were immunization and treatment of health problems, which were mentioned by 64 percent and 46 percent of women, respectively. In addition, 20 percent of women reported that childcare was discussed, 18 percent reported having discussions about antenatal care, 15 percent mentioned that family planning was discussed, and 14 percent discussed nutrition. Although family

planning is not often discussed during home visits, discussions about family planning are more common for women who were pregnant or had children under age three years (21 percent) than for other women who were current nonusers (8 percent) or users of contraception (4 percent). As expected, pregnant women and women who had a child less than 3 years old were much more likely than other women to report discussions of immunization, antenatal care, childcare, and delivery care.

The topics most frequently discussed during visits to health facilities were treatment of health problems (86 percent) and childcare (26 percent), followed by immunization (16 percent). Only 4 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 11 percent discussed family planning. Less than 1 percent of other women who were current users or nonusers of contraception mentioned discussing family planning. Besides treatment of health problems, pregnant women and women with a child less than three years old were most likely to have discussions about childcare and immunization. Although these women were also more likely than other women to mention antenatal and delivery care, the proportions discussing each of these topics are relatively low—31 percent and 21 percent, respectively. Moreover, only negligible proportions of these women discussed such topics as oral rehydration, supplementary feeding, and breastfeeding. These findings suggest that delivery of health and family planning services in Tamil Nadu is not well integrated. Indeed, 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 the provision of advice and information on safe motherhood practices to pregnant mothers and mothers with young children is very limited. Finally, 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 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 said that they received the services for which they visited the facility (Table 9.5). The median waiting time to receive services was 30 minutes both at public facilities and private facilities and there was no difference in the median by urban-rural residence. Satisfaction with the amount of time the staff spent with the woman was generally high, but lower in the public sector (85 percent) than in the private sector (98 percent).

Users rated the private sector much more positively than the public sector on all of the other indicators of quality. Ninety-three percent of women who received services in a private-sector facility said that the staff talked to them nicely, compared with 64 percent of women who received services in a public-sector facility.

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, Tamil Nadu, 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	99.7	99.5	99.6	100.0	100.0	100.0	99.9	99.8	99.9
Median waiting time (minutes)	30.0	29.9	29.9	29.4	29.6	29.5	29.6	29.7	29.7
Percentage who said the staff spent enough time with them	80.1	86.9	84.8	97.8	97.9	97.9	92.6	93.9	93.5
Percentage who said the staff talked to them:									
Nicely	58.3	66.7	64.2	93.2	92.6	92.8	83.0	83.2	83.1
Somewhat nicely	35.2	30.1	31.6	6.6	7.1	6.9	15.0	15.4	15.3
Not nicely	6.5	3.2	4.2	0.2	0.3	0.3	2.1	1.3	1.6
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]	68.3	69.1	68.8	95.2	93.3	94.0	88.0	84.5	85.8
Percentage who rated facility as:									
Very clean	53.0	57.0	55.8	91.5	92.6	90.8	91.7	91.4	81.0	78.6	79.4
Somewhat clean	43.3	40.4	41.3	8.0	6.9	9.0	8.4	8.2	17.6	20.4	19.4
Not clean	3.7	2.6	2.9	0.2	0.3	0.1	0.2	0.2	1.3	1.0	1.1
Missing	0.0	0.0	0.0	0.4	0.2	0.1	0.4	0.2	0.0	0.1	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	405	935	1,340	976	1,650	2,626	1,381	2,585	3,966
Number of women who said they needed privacy	254	616	871	693	1,083	1,776	947	1,700	2,647

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

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, Tamil Nadu, 1999

Method	Urban	Rural	Total
Pill	85.4	94.5	91.0	84.8	85.8
Condom	6.9	3.7	4.8
IUD	20.7	13.9	16.2
Female sterilization	46.5	47.7	47.3
Male sterilization	1.5	1.7	1.6	0.6	1.0
Rhythm/safe period	10.5	6.9	8.4	8.2	9.4	8.4	8.6	8.5
Withdrawal	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2
Other method	0.4	0.2	0.4	0.2	0.4	0.2	0.4	0.2
No method/no contact	45.9	47.5	46.9
Number of women	1,620	3,056	4,676

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

Among women who said they needed privacy during their visit, 86 percent were satisfied that the staff respected their need for privacy. This percentage was higher for private-sector facilities (94 percent) than for public-sector facilities (69 percent). It was also slightly higher for women living in urban areas (88 percent) than for women living in rural areas (85 percent).

Four out of five women rated the health facility they visited most recently as very clean. Generally, women rated private-sector facilities as cleaner than public-sector facilities. Overall, 91 percent of women who visited a private-sector facility said that the facility was very clean, compared with 56 percent of women who visited a public-sector facility. These data indicate that private-sector facilities on average appear to provide better quality services than public-sector facilities.

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, 47 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 slightly higher in rural areas (48 percent) than in urban areas (46 percent). By far the most frequently discussed method was female sterilization (47 percent), followed by the IUD (16 percent). Discussions of the pill and condom were each mentioned by 5 percent of women. Discussions of traditional methods (rhythm or withdrawal) were rare. Urban women reported discussions of each method except female and male sterilization more often than rural women, with particularly large differentials for discussions of condoms and IUDs.

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. Only 1 percent of condom users report ever having a problem getting condoms (data not shown). The number of pill users is too small to produce reliable estimates of the availability of pill supplies.

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 Tamil Nadu, 39 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 9.7 and Figure 9.2). Thirty-six percent said that a government health worker was the person who mainly motivated them and only 4 percent said they were motivated by a private-sector health worker. The remaining 21 percent reported that the motivator was someone other than a government or private-sector health worker. Users of female sterilization are most likely

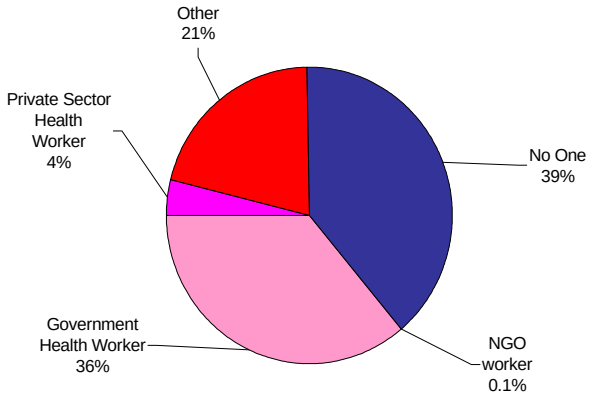
Table 9.7 Motivation to use family planning

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, Tamil Nadu, 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							
Condom	6.9	17.8	0.0	62.1	13.2	100.0	46
IUD	18.5	18.0	1.5	30.9	31.2	100.0	75
Female sterilization	26.4	3.8	0.0	21.6	48.2	100.0	689
Male sterilization	*	*	*	*	*	100.0	9
All modern methods	24.4	6.4	0.1	24.8	44.2	100.0	825
RURAL							
Condom	*	*	*	*	*	100.0	19
IUD	(16.0)	(35.9)	(0.0)	(16.0)	(32.0)	100.0	30
Female sterilization	45.3	1.0	0.0	17.0	36.8	100.0	1,229
Male sterilization	*	*	*	*	*	100.0	24
All modern methods	43.5	2.2	0.0	18.5	35.8	100.0	1,309
TOTAL							
Condom	8.5	16.3	0.0	65.9	9.3	100.0	65
IUD	17.8	23.1	1.1	26.7	31.4	100.0	105
Female sterilization	38.5	2.0	0.0	18.7	40.9	100.0	1,918
Male sterilization	(14.5)	(7.9)	(0.0)	(48.2)	(29.3)	100.0	32
All modern methods	36.1	3.8	0.1	20.9	39.1	100.0	2,134

Note: Total includes pill users who are not shown separately because there are fewer than 25 unweighted cases.
NGO: Nongovernmental organization
( ) Based on 25–49 unweighted cases
*Percentage not shown; based on fewer than 25 unweighted cases

Figure 9.2
Motivator for Current Users of Modern Contraceptive Methods



Note: Percents add to more than 100.0 due to rounding

NFHS-2, Tamil Nadu, 1999

to be self-motivated (41 percent), followed by IUD users (31 percent). Condom users are most likely to have been motivated by someone other than a government or private-sector health worker. Urban users of most modern methods were more likely than rural users to say 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, especially for adoption of female sterilization. It is noteworthy that among the acceptors of female sterilization, 48 percent of urban users and 37 percent of rural users said that it was their own decision to use the method, and no one else had motivated them.

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 9.8 and 9.9 present the results of this investigation.

Table 9.8 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, Tamil Nadu, 1999

Sector of motivator	Urban	Rural	Total	Number of users
Public health sector	12.2	5.6	7.4	771
Private health sector	28.7	8.3	21.5	82
Other	2.5	1.5	1.9	447
Total	10.0	4.5	6.5	1,301

Note: Table excludes women who said that no one motivated them to use their current method. Total includes 1 user of a modern method who was motivated by a worker from a nongovernmental organization, who is not shown separately.

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 7 percent of users of modern contraceptive methods who were motivated by someone were informed about at least one alternative method (Table 9.8). Only 7 percent of users who were motivated by a worker in the public health sector were told about another method, compared with 22 percent of users who were motivated by a worker in the private health sector. The overall situation was slightly better in urban areas (where motivators provided 10 percent of users with information about other methods) than in rural areas (where only 5 percent received such information). However, even in urban areas, 9 out of 10 users of modern methods who were motivated by someone to use their method were not told about any other methods of contraception.

Table 9.9 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, Tamil Nadu, 1999

Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	47.0	59.2	54.8
Other modern method	42.3	(46.9)	43.7
Any modern method	46.2	58.7	53.9
Received follow-up			
Sterilization	72.7	73.7	73.3
Other modern method	50.2	(51.1)	50.4
Any modern method	69.2	72.7	71.4

( ) Based on 25–49 unweighted cases

Another important element of informed contraceptive choice is being fully informed about any side effects and any other problems associated with the method. Table 9.9 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 Tamil Nadu, only 54 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. In the case of sterilization, 55 percent of women were told about possible side effects of the method. These proportions are somewhat higher in rural areas than in urban areas.

The situation is much better with respect to follow-up services. Overall, 71 percent of users of modern contraceptives received follow-up services (73 percent of those who were sterilized and 50 percent of those using other modern methods). Among sterilization users, 73 percent in urban areas and 74 percent in rural areas received follow-up services.