

CHAPTER 9

QUALITY OF CARE

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

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

NFHS-2 included several questions on the quality of care of health and family welfare services provided in the public sector and the private sector. In this chapter, sources of health care for households are described first. The chapter then examines different aspects of home visits by health and family planning workers and visits by respondents to health facilities, including frequency, source, and quality. 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 main source of health care according to residence and the standard of living index. A large majority of households (70 percent) normally use the private medical sector when a household member gets sick. Only 29 percent normally use the public-sector medical services. Overall, four types of health providers are generally used as a source of treatment by 97 percent of households: private doctors (53 percent), private hospitals or clinics (16 percent), government/municipal hospitals (19 percent), and government dispensaries (9 percent). The pattern of service utilization is similar for rural and urban households.

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, Delhi, 1999						
Source	Residence		Standard of living index			Total
	Urban	Rural	Low	Medium	High	
Public medical sector	29.6	23.1	33.1	34.1	26.7	29.1
Government/municipal hospital	19.2	21.1	24.2	23.7	17.5	19.4
Government dispensary	9.8	2.0	7.8	9.9	8.8	9.2
UHC/UHP/UFWC	0.3	0.0	1.1	0.5	0.1	0.2
CHC/rural hospital/PHC	0.2	0.0	0.0	0.0	0.3	0.2
Sub-centre	0.0	0.0	0.0	0.1	0.0	0.0
Government paramedic	0.0	0.0	0.0	0.0	0.1	0.0
NGO or trust						
Hospital/clinic	0.3	0.0	0.0	0.2	0.3	0.3
Private medical sector	69.4	76.4	65.8	65.4	72.2	70.0
Private hospital/clinic	15.7	18.1	11.9	14.1	17.0	15.9
Private doctor	52.1	58.3	54.0	50.0	53.4	52.6
Private mobile clinic	0.5	0.0	0.0	0.4	0.6	0.5
Private paramedic	0.1	0.0	0.0	0.1	0.1	0.1
Vaidya/hakim/homeopath	0.8	0.0	0.0	0.5	0.9	0.7
Pharmacy/drugstore	0.2	0.0	0.0	0.4	0.2	0.2
Dai (TBA)	0.0	0.0	0.0	0.0	0.1	0.0
Other source	0.7	0.5	1.1	0.2	0.8	0.6
Shop	0.1	0.0	0.0	0.0	0.1	0.1
Home treatment	0.6	0.5	1.1	0.2	0.7	0.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	2,550	213	87	815	1,767	2,763
Note: Total includes 94 households with missing information on the standard of living index, which are not shown separately.						
UHC: Urban health centre; UHP: Urban health post; UFWC: Urban family welfare centre; CHC: Community health centre; PHC: Primary Health Centre; NGO: Nongovernmental organization; TBA: Traditional birth attendant						

The type of health-care services used is influenced by the standard of living of the household, although the private sector is the dominant health care source for households at all levels of standard of living. As standard of living increases, the use of public-sector medical services decreases, and the use of private-sector medical services increases. About one-third of households with a low or medium standard of living (33–34 percent) generally use the public medical sector for treatment, compared with about one-quarter of households with a high standard of living (27 percent). Use of the public medical sector for health care in Delhi is the same as in India as a whole (29 percent).

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

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 by selected background characteristics, Delhi, 1999					
Background characteristic	Percentage with at least one visit	Number of women	Background characteristic	Percentage with at least one visit	Number of women
Age			Standard of living index		
15–24	2.5	449	Low	0.0	63
25–34	1.3	986	Medium	1.9	695
35–49	0.6	1,041	High	1.0	1,638
Residence			Number of children ever born		
Urban	1.2	2282	0	1.1	200
Rural	1.6	195	1	1.9	368
Education			2	1.1	675
Illiterate	1.1	721	3	0.5	529
Literate, < middle school complete	2.4	378	4	1.2	353
Middle school complete	0.3	284	5+	2.0	351
High school complete and above	1.1	1,093	Family planning status		
Religion			Sterilized	1.0	680
Hindu	1.3	2,106	Using method other than sterilization	1.2	833
Muslim	2.0	199	Non-user	1.4	964
Sikh	0.0	116	Total	1.2	2,477
Other	0.0	50			
Caste/tribe					
Scheduled caste	0.7	451			
Other backward class	1.6	385			
Other ¹	1.2	1,616			
Note: Total includes 22 scheduled-tribe women and 1, 6, 3, and 80 women with missing information on education, religion, caste/tribe, and the standard of living index, who are not shown separately.					
¹ Not belonging to a scheduled caste, scheduled tribe, or other backward class					

rapport with clients. Only 1 percent of women in Delhi, 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), compared with 13 percent of women in India as a whole. Given the small proportion of women reporting a home visit, the variation in home visits by background characteristics is performance limited.

Women who reported a 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 last visit. These women, on average, received one home visit over the year, with a median duration since the last visit of 4 months (data not shown).

9.3 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 9.3 shows the percentage of women who discussed specific topics during any home visit or visit to a health facility during the 12 months preceding the survey.

Table 9.3 Matters discussed during visits to health facilities				
Among ever-married women who had at least one contact with a health or family planning worker during one or more visits to a health facility in the 12 months preceding the survey, percentage who discussed specific topics with the health or family planning worker, Delhi, 1999				
Topic discussed	Pregnant women or women with children under age 3	Other women		Total
		Current contraceptive users	Current non-users	
Family planning	4.0	1.5	0.6	2.3
Breastfeeding	0.1	0.0	0.0	0.1
Supplementary feeding	0.1	0.0	0.0	0.1
Immunization	32.8	0.7	1.2	13.6
Nutrition	1.6	0.3	0.0	0.7
Disease prevention	2.8	6.6	8.3	5.4
Treatment of health problem	34.7	66.5	66.9	53.9
Antenatal care	14.3	0.4	1.6	6.1
Delivery care	11.7	0.0	0.3	4.7
Postpartum care	4.0	0.4	0.9	1.9
Childcare	54.2	48.2	33.6	47.9
Sanitation/cleanliness	0.4	0.8	1.3	0.7
Oral rehydration	0.0	0.5	0.9	0.4
Other	0.0	0.1	0.0	0.1
Number of women	702	735	321	1,758

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

The topics most frequently discussed during visits to health facilities were treatment of health problems (54 percent) and childcare (48 percent), followed by immunization (14 percent). Only 2 percent of women reported that family planning was discussed during any of their visits to a health facility in the 12 months preceding the survey. Even among currently pregnant women and women with children under age three (many of whom are potentially in need of family planning), only 4 percent discussed family planning. Less than 1 percent of current non-users of contraception mentioned discussing family planning. As expected, pregnant women and women with a child less than three years old were most likely to have discussions about childcare, treatment of health problems, and immunization. Although these women were also most likely to mention antenatal care, delivery care, and postpartum care, the proportions discussing each of these topics are very low—14 percent, 12 percent, and 4 percent, respectively. Negligible proportions of the women discussed such topics as breastfeeding, supplementary feeding, and sanitation/ cleanliness.

These findings suggest that delivery of health and family planning services in Delhi 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.

9.4 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

Table 9.4 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, Delhi, 1999									
Quality indicator	Public sector			Private sector/NGO/trust			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Percentage who received the service they went for	99.0	(100.0)	99.0	100.0	100.0	100.0	99.6	100.0	99.7
Median waiting time (minutes)	29.6	(29.2)	29.6	14.1	14.7	14.2	14.8	19.1	14.9
Percentage who said the staff spent enough time with them	91.7	(85.2)	91.2	97.6	96.9	97.5	95.5	93.0	95.3
Percentage who said the staff talked to them:									
Nicely	56.5	(55.5)	56.4	79.3	79.2	79.3	71.3	71.4	71.3
Somewhat nicely	37.3	(40.2)	37.5	20.4	20.8	20.4	26.3	27.2	26.4
Not nicely	5.6	(4.3)	5.5	0.4	0.0	0.3	2.2	1.4	2.1
Missing	0.6	(0.0)	0.5	0.0	0.0	0.0	0.2	0.0	0.2
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	74.2	(75.2)	74.3	85.9	84.5	85.8	81.8	81.3	81.8
Percentage who rated facility as:									
Very clean	46.9	(47.0)	46.9	71.5	59.4	70.5	62.9	55.4	62.2
Somewhat clean	48.9	(50.9)	49.0	28.3	40.6	29.4	35.5	44.0	36.2
Not clean	3.9	(2.1)	3.8	0.0	0.0	0.0	1.4	0.7	1.3
Missing	0.4	(0.0)	0.3	0.2	0.0	0.2	0.2	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	565	48	614	1,043	98	1,141	1,608	147	1,755
Number of women who said they needed privacy	497	45	542	925	85	1,010	1,422	130	1,552
Note: Cases where the source of service was neither the public sector nor the private sector/NGO/trust are excluded from the table.									
NGO: Nongovernmental organization									
¹ Among women who said they needed privacy									

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

Almost all respondents said that they received the services for which they visited the facility (Table 9.4). The median waiting time to receive services was 15 minutes (30 minutes at public facilities and 14 minutes at private facilities). Satisfaction with the amount of time the staff spent with the woman was generally high, but slightly lower in the public health sector (91 percent) than in the private health sector (98 percent).

Users also rated the private health sector more positively than the public health sector on all of the other indicators of quality. Seventy-nine 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.

Among women who said they needed privacy during their visit, 82 percent were satisfied that the staff respected their need for privacy. This percentage was higher for private-sector facilities (86 percent) than for public-sector facilities (74 percent).

Sixty-two percent of the women rated the health facility they visited most recently as very clean. Overall, 71 percent of women who visited a private-sector facility said that the facility was very clean, compared with 47 percent of women who visited a public-sector facility. The proportions rating private/NGO/trust facilities as very clean are somewhat higher in urban Delhi than in rural Delhi. These data indicate that private-sector facilities on average appear to provide better quality services than public-sector facilities. Except for the ratings on cleanliness of private/NGO/trust facilities, urban-rural differences on the various quality-of-care measures are small.

9.5 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, 44 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 9.5). This proportion was the same in urban Delhi and rural Delhi. Among women who discussed contraception, the most frequently discussed methods were female sterilization (27 percent), condom (25 percent), pill (20 percent), and IUD (20 percent), followed by male sterilization (9 percent). Discussions about traditional methods including rhythm/safe period, withdrawal, and other methods were mentioned by 3–5 percent of women. Urban women reported discussions of condom, IUD, rhythm or safe period, and withdrawal more often than rural women, whereas rural women reported discussions of both female and male sterilization more often than urban women.

<u>Table 9.5 Family planning discussions with a health or family planning worker</u>			
Percentage of ever-married women who reported ever discussing specific contraceptive methods with health or family planning workers by residence, Delhi, 1999			
Method	Urban	Rural	Total
Pill	20.0	20.6	20.0
Condom	25.6	18.0	25.0
IUD	20.0	15.8	19.7
Female sterilization	25.9	34.8	26.6
Male sterilization	8.5	11.6	8.7
Rhythm/safe period	5.7	1.6	5.4
Withdrawal	3.3	2.1	3.2
Other method	4.8	4.3	4.8
No method/no contact	43.9	43.5	43.9
Number of women	2,282	195	2,477

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

9.6 Availability of Pills and Condoms

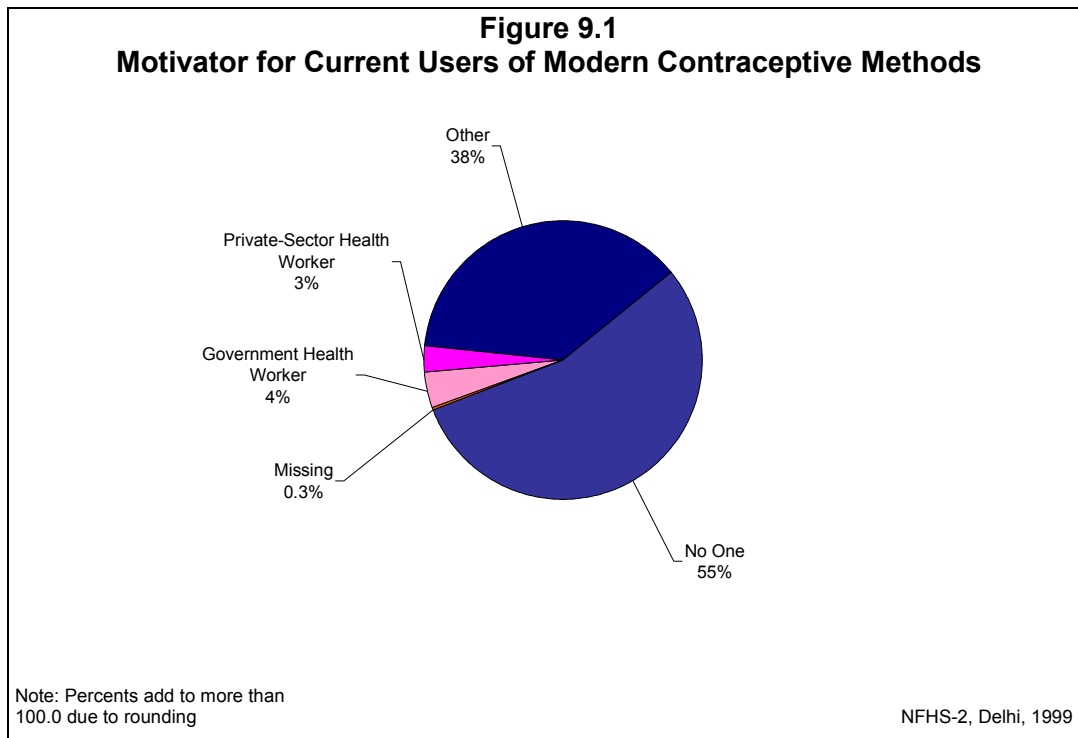
To explore difficulties faced in the procurement of condoms and pills, NFHS-2 asked current users of these methods if they had been able to get their supply whenever needed. The results are presented in Table 9.6. Only 1 percent of condom users report ever having a problem getting condoms, and only 4 percent of pill users report ever having a problem getting pills.

Method	Percentage who had a problem getting supply	Number of users
Condom	1.0	414
Pill	4.4	96

9.7 Person Motivating Users of a Modern Contraceptive Method

To help understand the dynamics of adoption of contraceptive methods and the roles that different persons play, NFHS-2 asked current users of modern methods who mainly motivated them to use their current method. In Delhi, more than half (55 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 9.1). Only 4 percent said that a government health worker was the person who mainly motivated them, and only 3 percent said they were motivated by a private-sector health worker. The remaining 38 percent reported that the motivator was someone other than a government or private-sector health worker. Among the acceptors of female sterilization, 71 percent of users said that it was their own decision to use the method, and no one else had motivated them. Among women whose husbands were sterilized, 51 percent reported that no one motivated them to adopt sterilization. Among IUD users, more than two-thirds (68 percent) were self-motivated. Pill users are most likely to have been motivated by a government health worker (9 percent), and condom users are most likely to have been motivated by someone other than a government or private-sector health worker (67 percent).

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	Other	No one	Missing		
Pill	9.4	14.6	23.7	51.2	1.0	100.0	96
Condom	2.8	2.2	67.0	27.8	0.2	100.0	414
IUD	6.7	2.2	23.0	68.2	0.0	100.0	147
Female sterilization	4.0	1.9	23.2	70.7	0.2	100.0	624
Male sterilization	3.7	1.8	41.4	51.2	2.0	100.0	56
All modern methods	4.3	2.9	37.5	54.9	0.3	100.0	1,337



9.8 Quality of Care of Family Planning Services

NFHS-2 investigated several other aspects of quality of care. Each current user of a modern family planning method was asked the following: 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 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.

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, 44 percent of users of modern contraceptive methods who were motivated by someone were informed about at least one alternative method (Table 9.8). Even among women who were motivated by a government health worker, only 58 percent were told about any other method.

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 Delhi, only 27 percent of users of any modern method were informed about possible side effects or problems associated with their current method at the time of adopting the method. Even in the case of sterilization, only 28 percent of women were told about possible side effects of the

<u>Table 9.8 Discussions about alternative methods of family planning</u>		
Percentage of current users of modern contraceptive methods who were told about at least one other method by person who motivated them to use the current method, according to the sector of motivator, Delhi, 1999		
Sector of motivator	Total	Number of users
Public health sector	58.4	58
Private health sector	(63.7)	39
Other	40.7	502
Total	43.9	599
Note: Table excludes women who said that no one motivated them to use their current method. () Based on 25–49 unweighted cases		

method. From these results, it is apparent that health or family planning workers in Delhi 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. Overall, 62 percent of users of modern contraceptives received follow-up services (68 percent of those who were sterilized and 55 percent of those using other modern methods). Even so, these results indicate that almost one-third of users of sterilization and almost half of users of other modern methods did not receive follow-up services from any source.

<u>Table 9.9 Information on side effects and follow-up for current method</u>			
Percentage of current users of modern contraceptive methods who were told about side effects or other problems with 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, Delhi, 1999			
Information/follow-up	Urban	Rural	Total
Told about side effects			
Sterilization	28.4	22.4	27.8
Other modern method	25.7	(42.0)	26.7
Any modern method	27.1	29.6	27.3
Received follow-up			
Sterilization	67.7	70.2	67.9
Other modern method	54.8	(55.2)	54.8
Any modern method	61.2	64.7	61.5
() Based on 25–49 unweighted cases			