Extended Abstract - Women's perceptions of the quality of public sector abortion services in Mexico City

In Mexico, induced abortion is a common practice, but one which traditionally has placed women's lives and health at risk, since most abortions are performed illegally in unsafe conditions (Langer-Glas, 2003). Between 1990 and 2005, abortion-related complications were the fifth leading cause of maternal mortality nationally, and the third leading cause in Mexico City (Schiavon, Polo, & Troncoso, 2007). In 2006, an estimated 149,700 women were hospitalized for complications from induced abortion, a 40% increase over the number hospitalized in 1990 (Guttmacher Institute, 2008).

Mexico's abortion laws vary by state, but in most states abortion is highly restricted, with women entitled to legal abortions only in limited circumstances, such as rape or when a woman's life or health is in danger (Boland & Katzive, 2008). Even in these circumstances, it can be difficult for women to access services due to a lack of knowledge about the law, bureaucratic hurdles, and provider refusals to perform a legal abortion (Grupo de Informacion en Reproduccion Elegida, 2000; Langer-Glas, 2003; Sanchez Fuentes, Paine, & Elliott-Buettner, 2008).

Recognizing unsafe abortion as a leading factor in high maternal mortality and morbidity in Mexico, the Mexico City legislature decriminalized abortion in the first trimester of pregnancy in a historic vote on April 24, 2007. Research to monitor the impact of the reform can provide essential information to the Mexico City Ministry of Health, as well as to other Mexican states and countries considering similar reforms. While some research is being carried out to monitor the impact of the reform on maternal morbidity and mortality rates (personal communication, Dr. Sandra Garcia) and to track the characteristics of service users (Mondragon y Kalb et al., 2008), an important gap is that there is limited data on client's perspectives of service quality and service delivery.

The World Health Organization, in their publication, *Safe Abortion: Technical and Policy Guidance for Health Systems* (WHO 2003), recommends that special studies be carried out to learn about clients' perspectives as part of routine monitoring and evaluation of abortion services. There are several reasons to investigate clients' perspectives on abortion services. First, clients' perspectives are inherently valuable to understand, since the services are for their wellbeing. Clients' perspectives on services may also be linked to several outcomes of importance. If services are not acceptable to clients, they may persist in seeking care from unsafe providers or in self-inducing abortions, jeopardizing long term public health objectives of reducing morbidity and mortality. Additionally, service quality may affect factors such as clients' willingness to return to services, to adopt post-abortion contraception, and even their health outcomes. If clients do not receive sufficient or relevant information during their visits, they may not know what complications to look out for or what contraceptive options are available to them. If they are treated poorly, they may not return for follow-up visits. Further, they may share their negative experiences with friends and family, leading services to develop a negative reputation in the community. The purpose of this study is to assess clients' perceptions of legal abortion services provided in public sector sites in Mexico City.

Between August and December 2009, we are conducting surveys of 402 women receiving abortion care at three public sector abortion sites in Mexico City: a general hospital, a maternity hospital, and a primary health center. Thirty of these women are also participating in an in-depth interview. Clients aged 18 years and older who are seeking abortion care, either medical or surgical abortion procedures, are eligible to participate. We ask surgical abortion patients to participate in the study on the day of their surgical procedure at the end of their visit, since they are generally not scheduled for follow-up appointments. We ask medical abortion patients to participate on the day of their follow-up visit, since they will not have completed the abortion until their follow-up visit. Each week of the study, we ask the first five women who complete a survey if they would like to also participate in an in-depth interview, either immediately following the survey or scheduled for a later date. We will continue recruiting until reaching our goal of 30 interviews. Participation in the study is voluntary and anonymous. The survey takes about 20 minutes to complete. The in-depth interview takes about 45 minutes to complete. The survey and in-depth interview guides were piloted for context and comprehension. All women who participate receive a gift card to a local store as compensation. Women participating in the survey receive a gift card worth approximately US$10, and those participating in the in-depth interview a gift card worth approximately US$20. The study protocol was approved by the University of California, San Francisco's Institutional Review Board, the Committee on Human Research, and the Mexico City Ministry of Health.

Our survey instrument includes questions to measure eleven domains of service quality, including overall ratings of services. It is informed by a published framework of comprehensive woman-centered abortion services (Hyman and Kumar, 2004), in order to be comparable to the literature in this area. Table 1 shows the domains of quality measured. In developing our survey questions, we tried to minimize problems common in patient satisfaction research, specifically the low reliability of measures and positive response bias. We included multiple items to measure each of the domains studied and framed our questions to allow participants to rate services positively while still being critical. For example, when asking clients whether the counselor they saw made them feel comfortable, the response options are: "yes, definitely"; "yes, to some extent"; "no"; and "no, not at all". The response option "yes, to some extent" permits participants to give a qualified positive response. On our survey, we adapted questions used in previous surveys of patient experiences with health care including questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Adult Primary Care Survey and a Kaiser Family Foundation/Picker Institute study on patient satisfaction with abortion care (CAHPS, 2009; Kaiser Family Foundation, 1999). Our measure of overall ratings of services is based on a question from the CAHPS Adult Primary Care survey which asks participants to rate the health care they received at the facility they attended on a scale from 0 to 10. This question will be the outcome variable in our ordinal regression analyses.

We plan to present descriptive findings on ratings of services for the eleven domains of quality we studied. From the descriptive statistics, we will assess the service quality and

evaluate components that need to be strengthened. We will then use ordinal logistic regression analysis to test for associations between overall ratings of services, and socio-demographic characteristics, visit-specific factors, and site. Specifically, we will test whether clients' ratings of abortion service quality varies by age, marital status, parity or education. We will also evaluate state of residence in our models to test whether perceptions of service quality vary by residence outside of Mexico City, where abortion is still illegal; these women may be grateful for any safe services, and perceive the services more positively. For abortion and visit-related measures, we will assess previous abortion experiences, perceptions of abortion stigma, whether women were accompanied at their visit, the quality of the information received, women's ratings of the interpersonal treatment by different staff members, waiting time, the cleanliness of the facility and the gender of the doctor seen. Lastly, we will test site type (hospital vs. health center) to evaluate whether women can receive optimal quality services outside of the hospital setting, where care is far more cost-effective.

We will use the findings from the in-depth interviews to learn more about the range of issues important to clients when receiving abortion services to validate the domains included on our survey. We will also use these interviews to gain a richer understanding of the process by which clients evaluate abortion services. We hypothesize that clients may rate service quality highly because of low expectations, gratitude, because they do not feel entitled to a high quality service, or because it is socially unacceptable to criticize health care providers (Langer et al., 1997). These factors, which have little to do with the actual care provided, are important to understand if we are to properly interpret the meaning of quality ratings, and if we are to use quality ratings as part of service evaluation. We hope to learn more about the domains that should be covered in a future measure of abortion service quality. The data collected through this research will contribute to broader theoretical debates surrounding the conceptualization and measurement of service quality in reproductive health care.

Table 1. Domains of service quality measured on our survey

Domain	Definition
Choice	The right and opportunity to select among available options, free from coercion or pressure.
Access	The availability of trained, technically competent providers who can be easily reached.
Personalization	The tailoring of care to each woman's circumstances and individual needs
Information and counseling	The provision of accurate and appropriate information to women that supports informed choices
Technical quality	The use of the most appropriate medical technology and clinical protocols
Post-abortion contraceptive services	The offering of information and services to prevent future unintended pregnancies
Referral to other health services	The provision of information and referrals to other reproductive health services
Client-staff interaction	The treatment of women in a way that respects their dignity, and their need for privacy and confidentiality
Facility environment	The cleanliness and overall appearance of the facility
Efficiency	The degree to which women are seen in an efficient manner

Overall quality and satisfaction	The ratings women give services overall and their degree of satisfaction

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