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Signature Date

Patients’ experiences of first-trimester abortion services in two public facilities in Mexico City three years after decriminalization

By

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Master of Public Health

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By

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B.A., Emory University, 2006

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An abstract of

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**Abstract**

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By Roula F. AbiSamra

**Background:** In 2007, Mexico City decriminalized abortion in the first twelve weeks of pregnancy. This work describes experiences of patients obtaining legal first-trimester abortion care through Mexico City’s Ministry of Health (MOH). Aims included comparing satisfaction of medical and surgical abortion patients; deriving recommendations for program improvement; and measuring pre- and post-abortion contraceptive use.

**Methods:** Mixed-methods, secondary data analysis of responses from patients at two main MOH abortion facilities: surveys of 350 patients and in-depth interviews with a subset of 20 patients. Survey data were analyzed with tests for bivariate association and multivariate logistic regression. Interview data were used in qualitative thematic-content analysis using principles of grounded theory.

**Results:** Most components of the MOH abortion care protocol were followed. Of 16 appointment components reviewed, 13 were completed for at least four-fifths of patients. Patients overwhelmingly reported satisfaction with care overall (97.1%), with no significant differences between medical and surgical abortion patients. However, qualitative data revealed a need for more sympathetic staff, reduced wait times, better information on surgical abortion, patient choice of abortion methods, and counseling that addresses psychosocial issues. Both medical and surgical abortion methods were acceptable, but few patients were given the opportunity to choose. Contraceptive uptake was high, especially for IUDs (63% of respondents, up from 14% who used one in the preceding 12 months); however, few contraceptive methods were discussed or available.

**Discussion:** Mexico City’s newly-created legal abortion program is successfully addressing most of the basic goals of quality clinical care. Yet quality of care has non-clinical aspects as well, and our results reveal opportunities for the legal abortion program to make care excellent and become a model for other providers in the country. Mixed-methods research on experiences of abortion care can provide insight that might be overlooked by a purely quantitative study.

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