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CLINICAL ARTICLE

Women's reports on postabortion family-planning services provided by the public-sector legal abortion program in Mexico City



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ABSTRACT

Objective: To investigate patients' views of family-planning services provided in Mexico City during abortion care at public facilities and their acceptance of postabortion contraception. **Methods:** In total, 402 women seeking first-trimester abortion care in Mexico City were surveyed. Logistic regression was used to test whether postabortion contraception varied according to abortion visit characteristics or patient sociodemographics. **Results:** Most participants (328 [81.6%]) reported being offered contraception at their visit and 359/401 (89.5%) selected a contraceptive method for postabortion use, with 236/401 (58.9%) selecting an intrauterine device. Women who underwent surgical abortion were more likely than those who underwent medical abortion to report being offered contraception ($P < 0.001$); women attended by a female physician were more likely than those attended by a male physician to report being offered contraception ($P < 0.05$). Women who attended the general hospital were less likely to report being offered contraception ($P < 0.001$). **Conclusion:** Public-sector facilities in Mexico City provide a high level of postabortion family-planning care, and uptake of postabortion contraception is high.

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1. Introduction

In 2007, in a groundbreaking decision, the Mexico City legislature voted to decriminalize abortion in the first 12 weeks of pregnancy. The law that was passed stipulated that abortion care be provided in hospitals and health centers of the Mexico City Ministry of Health (MOH) free of charge for Mexico City residents and for sliding fees for women from other states [1,2]. As of July 31, 2012, 84 159 abortions had been performed at public-sector facilities in Mexico City [3]. Although there has been some evaluation of the quality of care in the public-sector abortion program in Mexico City [4–6], limited research has focused specifically on family-planning services. Postabortion family-planning services are a recognized element of high-quality abortion care [7,8].

The aim of the present study was to evaluate the postabortion family-planning services provided to women at public-sector facilities in Mexico City. The study investigated whether services varied by sociodemographic or abortion visit factors such as type of abortion procedure, type of site, or gestational age. Patient acceptance of

postabortion contraception, including reported reasons for not selecting any method, was also evaluated.

2. Materials and methods

Between September 1 and December 11, 2009, a convenience sample of women seeking abortion care at 3 public-sector MOH facilities in Mexico City was surveyed: a general hospital; a maternity hospital; and a primary health center. The sites were selected because they represented the 3 types of public-sector facilities at which abortion services are offered. Together, the sites accounted for 61% of all abortions performed at public-sector facilities in Mexico City in 2009, with 43% of the total performed at the primary health center [9].

Women who were at least 18 years of age and attending for a first-trimester medical or surgical abortion were eligible to participate in the study. The survey was conducted after the women's appointments, in a private space at the facilities. All participants provided verbal informed consent. The surveys were conducted by 3 female interviewers. The interviewers attended the sites nearly all days that abortions were offered, and recruited as many participants as possible. Patients who underwent surgical abortion were recruited on the day of their abortion. Those who underwent medical abortion were recruited on the day of their follow-up visit, which was generally 2 weeks after the appointment at which they received misoprostol. Participants received a gift card worth approximately US \$10 upon completing their survey. The sample size for the study was estimated so that

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an expected difference of 15 percentage points could be detected, with 80% power, in women's overall rating of care—the primary study endpoint—for those seen at the primary health center versus those who attended either of the hospitals. A description of the methods has been provided previously [4]. The study protocol was approved by the Committee on Human Research at the University of California, San Francisco, USA, and by the Mexico City MOH.

Survey questions assessed whether staff had discussed family-planning methods at any of the appointments and, if so, whether the information provided had been easy to understand and whether the patient felt that it had been sufficient. Women were also asked whether staff had offered any contraceptive methods at their appointment(s) and, if so, which methods. Additionally, patients were asked whether they had felt any pressure from staff to accept a particular type of contraceptive and, if so, which method. Women were also asked whether they selected any postabortion contraception and, if so, which method(s). Those who had not selected any method were asked, via an open-ended question, why they had not selected a method. The survey also included questions regarding whether staff had discussed emergency contraception or sexually transmitted infections, and whether women had been informed when they could resume sexual activity. The social and demographic characteristics assessed included age, education, marital status, parity, and state of residence. Abortion type (medical or surgical), gestational age, and physician gender were also recorded. Survey questions were adapted from a previous study assessing patient perspectives on abortion care [10]. The questionnaire was developed in English and translated into Spanish by a native Spanish speaker. The survey was pilot tested with 12 women to assess question clarity, and the wording was modified as needed.

Data were analyzed using Stata version 11.2 (StataCorp, College Station, TX, USA). Bivariate and multiple logistic regression models were estimated for 2 outcomes: whether staff offered women contraception and whether women selected a postabortion contraceptive method. Independent variables in the logistic regression analyses were age, parity, education, state of residence, marital status, site, type of abortion procedure, gestational age, and physician gender. Variables significant at the $P < 0.10$ level in bivariate analysis were included in multiple logistic regression models. $P < 0.05$ was considered to be statistically significant.

3. Results

Of the 597 women who were informed about the study, 402 participated, giving a participation rate of 67.3%. The mean age of participants was 25.5 ± 6.0 years (range, 18–46 years). More than half had at least a high-school education (Table 1). The majority of women were residents of Mexico City but 117 (29.1%) were from other Mexican states: most commonly, the neighboring State of Mexico. More than half (211 [52.5%]) were single. In total, 173 (43.0%) were nulliparous, while 130 (32.3%) had 2 or more children. The sample was split nearly evenly between women who received medical abortions and those who underwent surgical abortion (192 [47.8%] vs 210 [52.2%]). Mean gestational age was 8.4 ± 2.1 weeks (range, 2.5–12.6 weeks). Overall, 47.8% ($n = 192$) of participants were attended by a female physician. The percentage attended by female physician varied by site: 97.0% ($n = 130$) at the maternity hospital; 32.1% ($n = 43$) at the primary health center; and 14.2% ($n = 19$) at the general hospital ($P < 0.001$).

When asked about their previous use of contraception, 348/400 (87.0%) women reported ever having used a contraceptive method. Seventy-eight (19.4%) women reported that they had not been using any method at the time of conception; 131 (32.6%) said that they were using condoms; 63 (15.7%) reported using oral contraceptive pills; and 59 (14.7%) said that they were using an intrauterine device (IUD). The remaining participants reported other methods such as injectables, rhythm method, and emergency contraception.

Table 1
Study sample characteristics and abortion visit information ($n = 402$).^a

Characteristic	Value
Mean age, y	25.5 ± 6.0
Current residence	
Mexico City	285 (70.9)
Outside of Mexico City	117 (29.1)
Highest completed education ($n = 400$)	
Below high school	160 (40.0)
High school	152 (38.0)
Above high school	88 (22.0)
Parity	
0	173 (43.0)
1	99 (24.6)
2	73 (18.2)
≥ 3	57 (14.2)
Marital status	
Single	211 (52.5)
Married or in civil union	168 (41.8)
Separated, divorced, or widowed	23 (5.7)
Reported ever using contraception ($n = 400$)	
Yes	348 (87.0)
No	52 (13.0)
Contraceptive method used at time of conception ^b	
None	78 (19.4)
Condoms	131 (32.6)
Oral contraceptives	63 (15.7)
Intrauterine device	59 (14.7)
Injectable	29 (7.2)
Rhythm method	13 (3.2)
Emergency contraception	11 (2.7)
Other method (patch, vaginal ring, implant)	10 (2.5)
Site of care	
General hospital	134 (33.3)
Maternity hospital	134 (33.3)
Primary health center	134 (33.3)
Type of abortion procedure	
Surgical	210 (52.2)
Medical	192 (47.8)
Mean gestational age, wk	8.4 ± 2.1
Sex of doctor attending patient	
Male	210 (52.2)
Female	192 (47.8)

^a Values are given as mean \pm SD or number (percentage).

^b Respondents could choose more than 1 option.

The majority of participants (353 [87.8%]) reported that a staff member had discussed family-planning methods during their appointment (Table 2). Of the women who received this information, 97.4% reported that the information was clear and 92.9% felt that it was sufficient. However, only 102/398 (25.6%) participants reported that staff discussed emergency contraception, and 152 (37.8%) reported that staff discussed sexually transmitted infections. In total, 275 (68.4%) women were informed when they could resume sexual activity.

Most participants (328 [81.6%]) reported being offered contraception at their visit, including IUD (293 [72.9%]), oral contraceptive pills (185 [46.0%]), injectables (135 [33.6%]), condoms (87 [21.6%]), sterilization (17 [4.2%]), patch (12 [3.0%]), and implant (8 [2.0%]). When asked whether they had felt any pressure from staff to select a particular contraceptive method, 354/401 (88.3%) women indicated that they had not. Of the 47/401 (11.7%) participants who did feel pressure, the majority ($n = 41$) indicated that they had felt pressure to select an IUD. The other methods mentioned included oral contraceptives ($n = 1$), injectables ($n = 1$), patch ($n = 1$), and sterilization ($n = 1$).

Women attended by female physicians were more likely than those attended by male physicians to report being offered contraception (95.3% vs 69.1%; $P < 0.001$). Additionally, when asked whether specific contraceptive methods had been offered, participants attended by female physicians were more likely than those attended by male physicians to report being offered an IUD (91.2% vs 56.2%; $P < 0.001$), oral contraceptive pills (57.3% vs 35.7%; $P < 0.001$), or injectables (46.9% vs 21.3%; $P < 0.001$).

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