Analysis
Client data collected from the questionnaires were entered into an Epi Info database, and double data entry was done on a 10% random sample of the questionnaires to check the accuracy of the data entry process. We transferred data to Stata version 9.2 for statistical analysis. We first carried out a descriptive analysis by estimating proportions and means for the indicators of the six quality of care domains. We next estimated bivariate ordinal logistic regression models to determine associations between the quality of care measures, women’s social and demographic characteristics, abortion visit features and women’s overall rating of service quality. Finally, we estimated a multivariate ordinal logistic regression model that included variables from our bivariate analysis that were significant at the p<.10 level. The ordinal regression models tested whether particular variables were associated with the odds of reporting a higher versus lower overall rating of service quality, as measured using the four-category outcome variable. We checked for collinearity between variables and found that being offered a method of contraception was collinear with receiving counseling on contraception, so we therefore included only the measure of whether women were offered a contraceptive method in our final model. For all analyses, we considered a p value of less than .05 as statistically significant. In our final model, we tested whether the assumption of proportional odds was valid using the Brant test.38 The Brant test statistic was not significant (p=.94), indicating that ordinal logistic regression was an appropriate model for the data.

RESULTS
Of the 597 eligible women invited to participate in our study, 402 took part, for a participation rate of 67%. The mean age of the participants was 25.5 years (Table 1). Forty percent of the sample had less than a high school education. Most women were residents of Mexico City, but 29% lived elsewhere in Mexico, most commonly in the state of Mexico (not shown). More than half of the women in the sample were single, while 42% were married or in a civil union. Fifty-seven percent had children, and 9% reported a previous induced abortion.

Forty-eight percent of women in the sample had a medication abortion, the remainder a surgical procedure. The mean gestational age at the time of the abortion was 8.4 weeks. The type of procedure received varied by gestational age. Among clients who received medication abortions, the mean gestational age was 7.1 weeks, compared with 9.6 weeks among clients who received surgical abortions (p=.001, not shown). Thirteen percent of respondents indicated that the current abortion procedure was carried out following an incomplete medication abortion. When asked whether they had been offered a choice regarding the type of abortion procedure they could receive, 46% indicated that they had been. The proportion reporting they were offered a choice of procedure did not vary by gestational age, procedure type, site, or the client’s social and demographic characteristics. Forty-eight percent of women were attended by a female doctor. When asked about their preference for the sex of the doctor performing abortion care, 57% reported having no preference, while 39% said they preferred a female doctor and 3% said they preferred a male doctor (not shown). Of those who reported a preference (N=171), 68% were seen by a doctor of their preferred sex.

Overall, women gave their care high ratings (Table 2, page 196). The mean overall rating of care (on a 0–10 scale) was 8.8, with a standard deviation of 1.1. Women also gave high scores to their interactions with the staff.