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RESEARCH ARTICLE

Is there a difference in women's experiences of care with medication vs. manual vacuum aspiration abortions? Determinants of person-centered care for abortion services

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Abstract

Little evidence exists on women's experiences of care during abortion care, partly due to limitations in existing measures. Moreover, globally, the development and rapid growth in the availability of medication abortions (MA) has radically changed the options for safe abortions for women. It is therefore important to understand how women's experiences of care may differ across medication and manual vacuum aspiration (MVA) abortions. This study uses a validated person-centered abortion care scale (categorized as low, medium, and high levels, with high levels representing the greatest level of person-centered care) to assess women's experiences of care undergoing medication abortions vs. MVA. This paper reports on a cross-sectional study of 363 women undergoing abortions at one of six family planning clinics in Nairobi County, Kenya in 2018. Comparing abortion types, we found that the MVA sample was more likely to report "high" levels of person-centered abortion care compared to the MA sample (36.3% vs. 23.0%, $p = 0.006$). No differences were detected with respect to Respectful and Supportive Care; however, the MVA sample was significantly more likely to report "high" levels of Communication and Autonomy compared to the MA sample (23.6% vs. 11.2%, $p < 0.0001$). In multivariable ordered logistic regression, we found that the MVA sample had a 92% greater likelihood of reporting higher person-centered abortion care scores compared to MA clients (aOR 1.92, CI: 1.17–3.17). Being employed and reporting higher self-rated health were associated with higher person-centered abortion care scores, while reporting higher levels of stigma were associated with lower person-centered abortion care scores. Our findings suggest that more efforts are needed to improve the domain of Communication and Autonomy, particularly for MA clients.

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