These amounts were summed to determine the total out-of-pocket expenses related to obtaining postabortion care. The second variable concerned the amount of money women had spent to obtain the unsafe abortion and for any treatment they received for complications of abortion (spontaneous or induced) prior to arriving at the facility. The question for the latter measure was worded in such a way that respondents could provide an estimate of their abortion-related expenses even if they did not wish to admit having attempted to terminate their pregnancy.

We used both variables in our analysis. For each, we created binary variables by dividing expenses into quintiles and then combining the first and second quintiles (lower expenses) and the third through fifth quintiles (higher expenses). We were unable to create multicategory variables in most models owing to problems with cell sizes.*

## Controls

- **Wealth index.** To group women by economic status, we used a household-based wealth index variable analogous to the wealth index provided in Demographic and Health Survey data.20-22 To create this index, we performed a factor analysis that included the following variables: the household’s source of water, the quality of the dwelling’s roof, the type of toilet, type of stove, and number of rooms in the house; and the family’s ownership of various consumer goods, livestock and their home. These variables were analyzed using principal components factor analysis, and the first factor loading was used to create the index.20

  The factor loading was then divided into quintiles, and we classified women into three groups: wealthiest (richest quintile), intermediate (next two quintiles), and poorest (final two quintiles).† No association was apparent between household wealth and the type of facility (public or private) at which women received postabortion care (Web Appendix Table 2).

- **Other measures.** The other control variables in our models were age, number of living children, marital status, whether the respondent was attending school, education level and residence (urban or rural). Information on these characteristics was obtained directly from women at the time of the surveys.

Data were analyzed in SAS using a combination of univariate and multivariate techniques, such as descriptive statistics and logistic regressions. We used t tests and chi-square tests to assess statistical significance.

## RESULTS

### Descriptive

- **Sample.** In both surveys, about half of respondents were aged 20–29 (Appendix Table 1, page 182). Nearly two-thirds had at least one child. Seven in 10 were currently or formerly married, and six in 10 lived in a rural area. A substantial minority (43–48%) required at least a two-night stay in a facility to treat their postabortion complications.

- **Out-of-pocket expenses.** Respondents who likely had had an unsafe abortion had paid an average of 59,600 shillings (US$23) in out-of-pocket expenses for the procedure, for the treatment of complications prior to arriving at the facility, or both (Table 1, page 177).† In addition, on

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* In the first survey, only 74 of the 666 respondents with children fell into the quintile with the highest abortion expenses, and in the follow-up sample 89 of the 420 women belonged to the quintile that had the highest postabortion care expenses. As a result, regression estimates were unstable when we used three-category variables for both outcomes. Therefore, for consistency, we used a binary variable for both types of expenses.

† Some of the household possessions that were used to calculate wealth score weights were assets that respondents might sell if their economic circumstances deteriorated, we did not include wealth as a control in models for the latter outcome, to avoid endogeneity.

‡ We present all costs in 2012 Ugandan shillings and U.S. dollars, using the average exchange rate for this period (2,625 shillings per dollar).