average, women paid 41,800 shillings (US$16) in out-of-pocket costs for treatment of postabortion complications at the health facility where they were initially interviewed; at follow-up, a couple of months after the first interview, women reported having paid an additional 26,700 shillings (US$10) for medical expenses incurred between the first and second interviews. The average total out-of-pocket expenditure per woman was 128,000 shillings (US$49—not shown).

The amount paid to obtain an unsafe abortion was higher among women who were younger than 20 (68,100 shillings) than among women with shorter stays (28,900–29,500), as severe complications that require a longer stay at the facility are likely to lead to higher expenses. Facility and provider characteristics were also strongly associated with the level of expenses incurred. Women who had received postabortion care at private or nonprofit facilities incurred higher expenses than did women treated at public facilities (153,000 vs. 32,300 shillings), and women who were treated by doctors paid more than did women who received care from providers other than doctors or nurse-midwives (46,900 vs. 30,200). Furthermore, women who did not have any children incurred higher postabortion care expenses than did women with three or more children (46,800 vs. 37,700).

No subgroup differences were observed at the follow-up interviews for postabortion care expenses.

### Social and economic outcomes

At the first interview, 60% of the 666 women who had children reported that their children were eating less, were unable to attend school or both as a result of the abortion (Table 2). In addition, 73% of the women who likely had had an induced abortion stated that they or someone else in their household were already experiencing some loss of productivity. During the follow-up interviews, 34% of the 420 women who likely had had an induced abortion reported that they had experienced an economic impact from their abortion complications.

Most of our independent variables were associated with one or more negative consequences. Overall, higher proportions of women who had more serious complications (i.e., had spent a night or more in a health facility) than those with less serious complications reported having experienced negative consequences—their children had suffered, they or someone in their household had lost productive employment or their economic circumstances had deteriorated. The proportion of women who reported that their children had suffered negative consequence declined with increasing age, from 92% among teenage respondents to 62% among 20–29-year-olds and 51% among older women. Women with one or two living children were more likely than women of higher parity to report that their children had been negatively affected (69% vs. 49%); however, those with at least one child were more likely than childless women to have suffered some loss of productivity (76–77% vs. 66%). The proportion of women who reported that they, their children, or someone in their household had suffered negative consequences was consistently higher among married women than among unmarried women.

Women who were not attending school were more likely than those who were to report loss of productivity (75%