our classifications may have been inaccurate.* Finally, future studies of this kind would benefit from having a larger sample size for both the initial and follow-up surveys. Inclusion of a greater number of women who had miscarried would also be desirable, to allow comparison of their characteristics with those of women with induced abortions.†

Despite these drawbacks, our findings call for programs and policies to help reduce recourse to unsafe abortion and diminish the consequences of such abortions, in particular through the provision of abortion services to the full extent of the law. The higher cost paid by women who have no children suggests there is great need to sensitize staff at public-sector facilities regarding the right of childless women to receive nonjudgmental services. In addition, a concerted effort is needed to reduce the costs associated with postabortion care.

Because the root cause of most abortions is unintended pregnancy, women’s access to effective contraceptives needs to be improved. This is particularly important in light of the fact that the cost of an unsafe abortion is almost as high as the cost of the treatment. It would be much more cost-effective for women to have access to cheaper contraceptives than to have to undergo costly and unsafe procedures. Additionally, accurate information on availability of contraceptive services needs to be disseminated; greater efforts are needed to ensure that poor women in particular are aware of and have relatively easy access to these services. Finally, our study also illustrates a need for further research on this subject in Uganda and other developing countries to improve understanding of the impact of unsafe abortion and associated morbidity on the economic and social lives of women and their households.

### REFERENCES


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