

Drivers of Induced Abortion among Women in Igembe Community of Eastern Kenya

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ABSTRACT

Induced abortion is one of the major global public health problem that governments, including Kenya, are still grappling with to date. Induced abortion is a health risk to the lives of millions of women of reproductive age and a leading cause of maternal mortality and morbidity. The purpose of this study was to assess the prevalence of induced abortion in the Igembe community. This study adopted a case study research design. The study targeted 34 people including, women who had procured abortion, community leaders and health workers. A sample size of 21 people was interviewed. The study used purposive and snowball sampling techniques in identifying the informants. Data collection instruments employed by the study included: Focus Group Discussion and interview guides. To conduct analysis, transcripts were generated verbatim, and then data was analyzed thematically along with the study objective. The findings of this study established that there was a high incidence of induced abortion in Igembe. The study therefore recommended that, there is need to increase the number of trained abortion care service providers in order to advocate for safe abortions and reduce the stigma associated with post-abortion care in order to reduce maternal morbidity and mortality.

Key terms: Abortion drivers, induced abortion, unplanned pregnancy, abortion risks

1. INTRODUCTION

Globally, much of the available abortion-related information is largely generated from medical reports, anthropological evidence further demonstrates that induced abortion is an ancient practice in every culture of human life. According to Stubblefield, Carr-Ellis and Borgatta (2004), the incidence of induced abortion is viewed as a common event in women's lives. It is also recorded as a prevalent response to unplanned and or unintended pregnancies among women of reproductive age (Galati, 2015; Popinchalk, & Sedgh, 2019; Ahmad & Shah, 2011). Other authors have noted that the global attitude towards induced abortion is swarmed with numerous debates and split arguments about its legality and acceptability across the nations (Guttmacher, 2018; Pacheco & Kreitzer, 2015; Thomas et al., 2017; Woodruff et al., 2018). Similarly, around seven million women were admitted to hospital every year in Africa as a result of ill-health and complications of induced abortions In Kenya, the rate of induced abortions is significantly higher

in developing and low-income countries (49.5%) than in the developed countries (12.5%) (Singh, Remez, Sedgh, Kwok & Onda, 2018). Besides this overview, alternative reports on the prevalence of induced abortion reveal that a vast majority of abortions occur in response to unintended pregnancies. To begin with, a 2018 report titled ‘Abortion Worldwide 2017: Uneven Progress and Unequal Access’ shows that on average, 56% of unintended pregnancies ended in induced abortion worldwide each year (2010-2014). In Kenya, abortion is highly restricted and regulated by. The study, thus, sought to understand the current situation on induced abortion in the Igembe community as most of the studies were undertaken some time back and situations may have changed thus the need to update scholarly debates. This study, thus, the purpose of this study was to assess the prevalence of induced abortion in the Igembe community.

2. METHODOLOGY

The study design used qualitative methods of data collection which included case narratives, in-depth interviews and focus group discussion. This entailed in-depth investigations of induced abortion among women in Igembe community exploring community members’ knowledge, attitude, practices and drivers and consequences of induced abortion. The study used various qualitative data sources which included case narratives, in-depth interviews, focus group discussions and observation to explore induced abortion in Igembe. The study participants were all interviewed in the research site.

The study was undertaken among the residents of Igembe community in Meru county. This region covers three sub-counties out of the nine sub-counties of the County of Meru, namely: Igembe South, Igembe North, and Igembe Central. The other six sub-counties that cover the vast region of Meru are Tigania East, Tigania West, Buuri, Imenti Central, Imenti North, and Imenti South.

The wards were the units of analysis for this study, while the units of observation were members who had lived in the Igembe community.

The study targeted 34 people including, women who had procured abortion, community leaders and health workers. This population was particularly targeted since it provided key information on the drivers of induced abortion among women in Igembe Community of Eastern Kenya

A sample size of 21 people was interviewed. The study used purposive and snowball sampling techniques in identifying the informants. The selection of these respondents was due to the fact that they are the key informants whose opinions and ideas are of specific interest to this study (Luborsky and Rubinstein, 1995).

Data collection instruments employed by the study included: Focus Group Discussion and interview guides. Interview method was used since it generally yield the highest cooperation and lowest refusal rates, offers high response quality, takes advantage of interviewer presence and it's multi-method data collection (Owens, 2002).

Data collected through interview was analyzed qualitatively. The collected data was first transcribed before coding into themes. This involved breaking down the data into manageable pieces, sorting and sifting while searching for types, classes, sequences, processes, patterns or themes. The aim of this process was to assemble or reconstruct the data in a meaningful or comprehensible fashion (Jorgensen, 1989). The categorizing typically based on the major research question guiding the study. Data was later presented in form of narratives. Generalization from the themes about the phenomena in question and discussion in the light of the available literature was made.

3. RESULTS

3.1 Demographic Characteristics of the respondents

A profile of the respondents was necessary so that it could show the characteristics of the respondents for the purpose of obtaining reliable data from them. Bearing in mind that the 58 study respondents were selected using the purposive sampling technique, the results revealed that majority of the participants had completed primary education level. The other respondents had neither completed primary education nor attended formal education. This study established that many of the female respondents were followers of Christianity, with more members being affiliates of the Catholic and Methodist churches than the other denominations. However, some male respondents reported that they subscribed to the traditional religions. Among the Ameru people, the traditional names used to refer God include *Murungu*, *Kini-kiiru*, *Mwene-inya*, *Kaiimba*, *Ngai -e Nyambene*, and *Kiumbee*.

Additionally, the study noted that the majority of the respondents were married, while others were either widowed, single, separated or divorced. Notably, all the study participants confirmed that heterosexual marriage, whether monogamous or polygamous, is the only culturally valued practice of marriage among the Igembe people. As most of the respondents acclaimed, every adult male and female are customarily expected to get into an acceptable heterosexual marriage and have a family (including children) of his own.

3.2 Drivers of Induced Abortion among Women

The major drivers covered by the study include: Social-cultural Drivers, Personal Drivers.

3.2.1 Social-cultural Drivers

This section presents findings that established the factors that facilitated induced abortion among individuals and members of the Igembe community. This study established that induced abortion is one of the reproductive health issues that are not discussed in public among the Igembe people. To affirm this finding, the participants agreed that there are traditional decrees that regulate induced abortion among the Igembe people. This assertion was acclaimed by KII 2 during FGD session as captured in the excerpt below:

“If a girl became pregnant before she was circumcised, she would be prepared for an induced abortion. Once the abortionist (*muritii wa ndaa*) was contacted by an elder, the pregnant girl would be put on seclusion (self-isolation). Her grandmothers and aunts were

engaged in preparing her for abortion. Thereafter, she would be sent to an abortionist with a firm warning to obey and accept the recommended procedures” (KII2, 2021).

From the findings of this study, it was established that abortion was traditionally performed on a girl/woman who conceived before circumcision and or before marriage. Moreover, the abortion process was a communal affair that entailed several rituals. This process is narrated by k13, a key informant, in the excerpt below from the in-depth interview transcript.

“If a girl was found to be pregnant before circumcision and marriage in the Igembe community, the first step was for the mother to have a special session with the girl to get details of the man responsible for the pregnancy. The mother counseled the daughter on the consequences of conception before circumcision and marriage. The counseling sessions included the effects on the family, the clan, and the community in general. During these counseling sessions, the mother would also counsel the girl on the need for abortion ... and how her daughter will have to undergo the process (of terminating the unwanted pregnancy) ... and ... including the related consequences... Remember, in a case where the man accepts responsibility for the pregnancy and agrees to marry the girl in an arranged marriage, the girl’s circumcision was fast-tracked to avoid embarrassing the man and or parents on the matter” (KII 3, 2021).

In an in-depth interview with a male key informant, KII 4 elaborated the process as captured in the excerpt below drawn from the in-depth interview.

“The girl was also counseled by the grandmother and some of the girl’s aunts (sisters to the mother and father and wives to the uncles) who are close relatives and were also required to mentor her after that. Part of the counseling sessions focused on what to expect during the abortion procedure and the need to cooperate with the abortionists. The girl was reminded of the shame that her pregnancy had brought to the family and community at large. Thereafter, the girl would remain in seclusion in preparation for the abortion...” (KII 4, 2021)

On a similar note, this study further revealed that whenever a girl became pregnant before circumcision or marriage, something that was hardly approved in the Igembe community, the significant portion of blame was on the mother. As revealed by most respondents in the FGD1 of this study, the council of women ‘*Kiama kia akaa*’ would heavily fine the girl’s mother because it was believed that the girl’s pregnancy demonstrated the mother’s inadequacies in parenting her girls.

3.2.2 Personal Drivers

In the findings of this study, majority of the participants associated abortion-seeking decisions with family and societal expectations, personal aspirations, lack of support from the male partners and fear of the financial constraints incurred in raising the baby. For instance, from the case narratives, three respondents indicated that they procured abortion because they engaged in unprotected sex and conceived while unmarried. Arguably, the respondents were well aware that

Igembe traditions and norms, including Christian teachings, prohibited pre-marital sex and pregnancy before marriage. Thus, abortion was the best option to avoid shame and stigma in society. The predicaments that such women find themselves in were explained by KII 5 (pseudonym) as she described her *experience in the excerpt below*:

“That (pregnancy) was the last thing my people (parents) would have ever expected from me. If my parents imagined I have slept with a man, leave alone getting pregnant, I would have been skinned alive ... especially by my mother! They were so much respected in the village ... and were role models of many Christian families. I had no choice ... I had to abort to spare them the shame. Again, I had elder siblings who had not given birth at home ... and being the last born, they would have been shocked that I had a sexual relationship before getting married ... had to! My boyfriend also understood my problem and supported my decision ... and I went ahead” (KII 5, 2021).

In another finding, the respondents clarified that their unplanned pregnancies threatened their chances of continuing with education, and induced abortion was the best alternative. As the respondents shared their experiences, it emerged that there exists a high prevalence of school dropout of girls in Igembe, most of which being pregnancy related. This sentiment was affirmed by FGD 4 who reported about her sister’s incidence of abortion while still in high school as captured in the excerpt below:

“My sister conceived when she was 17 years old and in Form 3. I believe that she was very much aware that by dropping out of school due to that pregnancy, that would have been the end of her school life. Moreover, our parents were very strict ... they would not have accepted to take care of the baby in case my sister wanted to return to school ... she visited a clinic around here (name withheld). I think that her life would be more difficult today had she kept that pregnancy” (FGD 4, 2021).

These study findings established that the social setting of the Igembe community forces women, particularly young girls, to seek induced abortion services when an unplanned pregnancy occurs. K17 narrates how she had a long-time affair with a married man with several episodes of unprotected sex during the friendship. However, when she conceived, she reports that the man was quick to have her procure an abortion - and then he deserted her.

“I never thought I would conceive ... but when I informed him that I was pregnant, he immediately gave me money to get an abortion ... and thereafter, he disappeared ... I have never seen him after I confirmed to him that the abortion was successful. I do not regret this action because I was equally unprepared (financially) to raise that child alone ... today I would be a single-mother ... which I avoided all my life” (KII 7, 2021).

In one more case, the participants also indicated that there are women who abort pregnancies that arise from failed contraceptives or a family planning method that was not effective. In the excerpt below from FGD2 with KII 8, she explains how she once assisted a woman to terminate a pregnancy that she conceived when her family planning method failed. In the transcript, the

pregnant woman was already a single mother of three children and carrying another pregnancy was not feasible.

“When I was a nurse at XXX hospital, I was in charge of the family planning clinic, and there is this lady whose family planning method failed, and she conceived. When she approached me in confidence for assistance to abort, I was obliged because I knew that she was already struggling to raise her three children single-handedly – after her husband died. I assisted her in my private clinic and did not even charge her any fees for the procedure (induced abortion) because I knew that she could not afford it ... and she was very desperate at that moment.” (KII 8, 2021).

This study further established that one of the roles of herbalists and TBAs in the Igembe community is to procure abortions of pregnancies that are unwanted, stigmatizing and regarded as unacceptable. This view is captured in the excerpt below by k19 as part of her experiences at a local health facility within Igembe.

“...so often we handle patients (women) who present with heavy bleeding or genital injuries or incomplete abortion in our clinic. Upon follow-up we always get to learn that these are girls in school ... other women are either unmarried or divorced and they are not expected to have sex, leave alone to become pregnant ... they will be expected to name the man behind it ... They also argue that they go for abortion because they fear that their family members will stigmatize them. Out of this, most pregnant girls and women rush to get an abortion from the local herbalists and those who pose as traditional birth attendants before they are known. The ‘doctors’ (as they call them) use very crude methods to assist them procure abortions ... many of these women have died in their hands ... and others have ended up with permanent disabilities, including infertility” (KII 19, 2021).

This study established that traditionally, whenever an unmarried woman would get pregnant before circumcision, through incest, or was impregnated by an uncircumcised boy, the Igembe council of women ‘*kiama kia akaa*,’ investigated and facilitated the abortion procurement process. This is indicated in the following excerpts which are transcripts of KII 20 and KII, 21.

“*Kiama kia akaa* or the council of women, clan elders (males only) and “Njuri Ncheke (council of elders) was the key traditional decision-makers in Igembe. However, the decision on induced abortion was planned and executed by the clan elders. The Njuri Ncheke, which was considered as the Supreme Court, got involved in the abortion case when a particular man was notorious of making uncircumcised girls pregnant and could not accept responsibility. In this regard, the elders took the case to the Council of elders (Njuri Ncheke) who sentenced the person to pay a fine to the elders, his age mates, and the parents of the girl. In some extreme cases, the man would be hang at the road junctions. This was the highest form of embarrassment ... and was also a warning to the community members”. I remember before the white men invaded our Land, there was one notorious man from our village who was hanged because he notorious of raping young girls in the village..... and also beating them up..... (KII 20, 2021)

K21 affirms the argument in the excerpt below:

“Remember, induced abortion in Igembe was traditionally a communal affair, even though it was executed very secretly...Once the elders decided to have a pregnancy terminated, the girl’s decision was not sought ...she had no option here because abortion was conducted as a form of penalty for breaking the norms of our community. Traditionally, her mother and the aunts would be sent to inform the pregnant woman that she was to undergo an abortion procedure – this mainly targeted girls who got pregnant before circumcision, which was against the community norms” (KII 21, 2021).

The patterns that emerged in this analysis indicated that abortion is considered as both a personal and cultural dilemma in managing unwanted pregnancies among the people of Igembe. This study also revealed that even though there are legal frameworks against induced abortion in Kenya, there are influential personal factors that cannot prevent women from obtaining an abortion once a woman has made the decision to procure abortion.

4. DISCUSSION

This study finding revealed that young girls (those who are uncircumcised) and unmarried women are traditionally prohibited from pregnancy before marriage. Customarily, the marriage rites of courtship and payment of bride wealth paved the way for sex and pregnancy among girls and young women in Igembe. In addition, Igembe culture demanded that girls should be virgins before marriage hence the community stigmatised and sanctioned pregnancy before marriage and circumcision and if, an uncircumcised boy made a girl pregnant. In addition, majority of young women register the largest proportion of individuals who choose abortion as avenues to resolve events of unintended and untimed pregnancies (Bankole et.al., 2015). Arguably, these women were subjected to induced abortion to ensure the social norms were adhered to and was a deterrent to reduce pre-marital sex and aversion of having many children born outside wedlock. In addition, maintaining and ensuring parents honour for bringing up their children well and pride for getting the whole bride wealth, and ensuring the girls were married as first wives to potential husbands were the key motivations for induced abortion in Igembe. In addition, this study finding affirmed that most women sought induced abortion services to terminate pregnancies which occur when they –as individuals and the community especially in the older days are unprepared for motherhood. Women in the Igembe community abort pregnancies that are culturally termed as unplanned and unacceptable. This study further established that the Igembe community holds to their traditional practices and customary norms, many of which influence decisions for induced abortion.

Among the current generation, this study established that, even women who are in legitimate relationships and also in marriages, may seek abortion services to avoid some personal and marital difficulties. Further, it was evident that this study established that another driver of induced abortion among the school going girls is to enable them to continue with their education. Similarly, the bulk of women who seek induced abortion services are relatively young and unmarried. Most of those who reported inducing abortion indicated that they terminated their pregnancies because they were either students in school (secondary or college) or not married. The women wanted to complete their education and secure employment with the hope of having

a bright future to enable them become self-sufficient. They desire to have a favourable economic and social climate including the presence of a responsible father who is ready to provide for the children and give them a sense of identity. These findings concur with the studies by Loi et al. (2018), Marlow et al. (2014), and Ndunyu (2013) among women in Western and Coastal regions of Kenya, and Shell-Duncan, Gathara and Moore (2014); and UNICEF (2016), that there are influential personal factors that cannot prevent women from obtaining an abortion once a woman has made the decision to procure abortion.

These findings are supported by Popinchalk and Sedgh (2019), that over 90% of all abortions happen before 13 weeks with more than two-thirds occurring before the first nine weeks of gestation.

5. CONCLUSION

This study concluded that abortion decision making is motivated by both internal and external forces that are carefully considered. The decisions to procure abortion override social, religious convictions, and legal restrictions because a woman's views on abortion are considered necessary and inevitable at that particular time. Further, this study finding concluded that women who procured abortion irrespective of the internal or external drivers, the women are still ardent proponents of motherhood. Even within the dilemma of unwanted and unplanned pregnancies, they seek induced abortion with the desire to bring up their future children in a socially acceptable setting and better relationships. The findings further concluded that the high prevalence of induced abortion services is evident that the traditional norms and legislations have not been successful in achieving positive outcomes against induced abortion. On the other hand, customary norms and the socio-economic forces that regulate sexual and reproductive health rights, including sustainability of marital relationships are very instrumental in predicting women's decision to terminate or keep unplanned pregnancies. Finally, this study concluded that the widespread availability of induced abortion services is a direct response to a 'felt social problem' arising from the unending prevalence of unplanned pregnancies in Kenya and around the globe.

The prevalence of unplanned pregnancies among adolescent girls and unmarried women needs concerted efforts between the government and the traditional community gatekeepers of the Kenyan communities. There is need for robust awareness on of sexual and reproductive health rights and information at the family, the community and the school levels. The traditional settings should educate the public on the social and health risks of induced abortion.

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