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Attitudes and practices on induced abortion among Igembe Women in Meru County, Kenya

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Abstract

This study sought to investigate beliefs about induced abortion in the Igembe community, Meru County. Purposively sampled individuals provided data via case narratives, in-depth interviews, and focus group discussions. Transcripts were generated verbatim, and data was thematically analyzed in accordance with the objectives of the study. Inducing abortion was culturally acceptable and recognized in Igembe, particularly when an uncircumcised girl became pregnant or when an uncircumcised boy got a girl pregnant. Such abortions were obtained by men who had been specifically trained by elders for the purpose. Isolation of the pregnant girl/woman from family and peers, counselling in preparation for the abortion, cleansing of the girl and family after the procedure, use of herbs, rolling of banana stalks on the girl's/stomach, woman's and insertion of objects in the private parts were all practices used to induce abortion. According to the study, women were subjected to induced abortion in order to ensure adherence to social norms and reduce pre-marital sex. Women in Igembe continue to obtain abortions, and traditional approaches and legislation have been ineffective in eliminating the practice. Furthermore, religious beliefs, traditions, and socio-cultural norms continue to stigmatize and condemn abortion-seekers. Furthermore, the decision to have an abortion is motivated by both internal and external forces that are carefully considered by the concerned women.

Keywords: attitudes, induced abortion, knowledge, practices

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Public Interest Statement

Several Kenyan communities, according to research, have culturally acceptable practices for terminating unwanted pregnancies. None of these studies, however, have found culturally acceptable abortion practices in the Igembe community of Eastern Kenya. As a result, the purpose of this study is to assess beliefs about induced abortion in the Meru Igembe community.

1.0 Introduction

The prevalence of induced abortion is one of the major public health problems in the world today (WHO, 2015). Perspectives from many Kenyan communities demonstrate a long-standing gap that has repeatedly created possibilities for women and girls to seek abortion. In particular, cultural intolerance and disapproval associated with pregnancy outside of marriage in several communities continues to be a major factor leading to induced abortion. In other studies, (Ezeh et al., 2009; Otieno, 2019) it has been noted that abortion is an escape against the shame of mistimed and early entry into motherhood among women in Nyeri and Luo Nyanza, respectively. Among the Ameru people, abortion mainly existed as a method of eliminating unwanted pregnancies among girls (Thomas, 1998). This is because girls were (and still are) prohibited from conceiving and giving birth before they are married (Kithinji & Maigallo, 2019; Ndubai, 2016). The Igembe community constitutes one of Kenya's regions with the highest proportion of unmet coverage in terms of family planning services among women of reproductive age (GoK, 2014). While this is largely attributed to the women's low levels of literacy and economic enablement, the community holds with high regard very strong patriarchal cultural beliefs and practices. Consequently, women have limited awareness of their sexual and reproductive rights, which in turn affects the utilization of contraceptive services (28%) leading to unintended pregnancies and the demand for induced abortion services (Kenya National Bureau of Statistics [KNBS] & ICF International, 2015).

1.1 Research objective

This study sought to investigate beliefs about induced abortion in the Igembe community, Meru County.

2.0 Literature review

The global attitude towards abortion has been assessed extensively, with public opinion on the legality of abortion remaining split across nations. Similarly, literature has affirmed that there are gaps of attitude towards the morality of abortion with glaring differences across governments, races, religions, gender, and age (Centre for Reproductive Rights, 2010; Guttmacher, 2018; Thomas, Norris & Gallo, 2017). In the African context, there are diverse views regarding abortion. For instance, assessments by Ahiadeke (2001), Guttmacher (2010), and Gipson, Hirz, and Avila (2013) revealed that abortion is legally permissible in Ghana. The law states that abortion services are only permitted within the confines of public hospitals and some of the registered private health facilities. However, women who sought abortion services for the sole reason of not wanting a pregnancy are highly stigmatized. In the Kenyan context, several studies have been carried out examining the context of attitude towards induced abortion. For instance, the study by Ngure (2013) on the perspective of young men on induced abortion in Kiambaa, Kiambu County, indicated that most (78.6%) of the respondents disapproved of induced abortion. When the respondents were presented with various circumstances to justify abortion, more than half (56.2%) indicated no approval of abortion. Even on probing, about a third (30.7%) of the respondents did not show approval for induced abortion under

whatever circumstance. The only circumstance that drew the most significant approval for abortion was when the mother's life was threatened by the pregnancy, with 17.2% of the respondents giving spontaneous endorsement and 43.1% approving in probed responses. Jayaweera, Ngui, Hall, and Gerdt (2018) in a study conducted in Kenya established that, induced abortions are viewed very negatively by most communities to the point that women who are known to have terminated intended abortion are judged, ridiculed, and stigmatized. Lynn (2003), Ndunyu (2013) and Ngure (2013) affirm that women who have induced abortion and or those who are perceived to have induced abortion become the center of community gossip with reported incidents of verbal and physical abuse. As Ezeh, Zugbara and Otsola (2009) indicated in their study among women in Kisumu, those who abort are stereotyped and laughed at. The same study further reported that women who intentionally terminate unwanted pregnancies are tagged as prostitutes or sex workers and no man would want to marry such a woman. Other studies by Onyango-Ouma and Bosire (2019) and Otieno (2019) add that women who procure induced abortion suffer social condemnation and self-guilt. Overall, it emerged that the various forms of stigma and condemnation for unwanted pregnancies remain the main reasons why induced abortion is conducted under very secretive and concealed environments.

3.0 Materials and Methods

The study adopted purposive and snowballing and qualitative data collection methods. The methods included case narratives, in-depth interviews and Focus Group Discussions. 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 life experiences of women who sought or offered induced abortion services.

The primary data collection instrument was the case narrative, while FGD guide, and in-depth interview guides complemented the primary method of data collection. In addition, an observation schedule was also used together with a document analysis guide to enhance the quality of data collected. The study targeted diverse clusters of population among them the Community leaders (Council of elders (*Njuri Ncheke*), Clan elders (*Kiama*), Women group leaders, local administrators, Religious leaders), Health Workers (Community Health Workers, Medical doctors, Nurses, Pharmacists, Traditional Birth Attendants, Traditional medicine men/herbalists), Teachers and women who have procured abortion before.

The other category of people who participated in this study were adult men and women in the community who were knowledgeable on induced abortion in Igembe. This group participated in the focus group discussions and their inputs was key in complementing and enriching the data collected from the case narratives and key informant interviews. One woman in each of the three Igembe sub-counties-i.e. Igembe Central, South and North who had procured abortion were initially identified and recruited. The women were identified through community health volunteers who provided their contacts. Identification of these women was based on the discussions with the community leaders and health care providers in each of the sub-counties which provided some links. Once identified, each woman from each of the Sub- County was used as the entry point and using the snowball method; she directed the study team to other women who had procured abortion in her village in each of the sub- county. The recruited women further directed the research team to others who had procured abortion until we had nine women – three from each of the sub-counties. Six Focus group discussions (FGDs), two in each of the Igembe Sub- counties (three for men and three for women) composed of 6 (six) participants each were conducted.

The interviews were also administered in the *Ki-embe* dialect – which is the Kimeru dialect

of Igembe people. In addition, Kiswahili and English were used where appropriate based on the language the respondents were comfortable with. The researcher engaged research assistants who grew up in Igembe and had a good understanding of the community culture and Igembe dialect.

3.1 Case Narratives Guide

The case narrative inquiry targeted women who had induced abortion during their childbearing age. These interviews were conducted at the informant's residence or where they felt comfortable to express themselves on the personal experiences on induced abortions. Nine members of this group who gave consent to participate in the study were requested to narrate their relevant experiences with regard to induced abortion. The nine case narratives were carried out with three respondents from each sub-county of the Igembe community. The participants gave personal accounts of induced abortion and its effects as guided by the study objectives.

3.2 Focus Group Discussion (FGD)

This method obtained qualitative data to contextualise induced abortion in Igembe community in the light of knowledge, attitude, practices, drivers, and consequences.

In this study, Focus Group Discussions (FGDs) were conducted in the community involving adult women and men separately. Two FGDs were held in each of the three sub-counties (Igembe Central, Igembe South, and Igembe North). A total of six FGD each composed of six participants were conducted. One field assistant facilitated each focus group and the proceedings were tape recorded and later transcribed.

3.3 Observation Guide

An observation guide was used to gather field notes that were made in the course of data collection. As observed, the researchers made accounts of general conversations on induced abortion and these helped attribute meaning to verbal communication with the participants. Each of the interviewers had a notebook to jot down questions that needed revisiting to avoid omission in the course of the interview. They maintained dated records of reflective notes of personal thoughts that included "feelings, hunches, problems, ideas, speculation, impressions, and prejudices" (Creswell, 2014). The researcher also took photographs of some of the phenomena that were observed.

4.0 Results

4.1 Attitude towards induced abortion service providers

This sub-section presents findings on the attitude of the respondents towards induced abortion service providers in the Igembe community. Overall, the significant finding was that access to induced abortion services was available but difficult to access. This was partly because induced abortion is not legalised in Kenya, and on the other hand, abortion services are offered under cover in both certified and uncertified facilities. During the FGD1, most respondents opined that the Igembe community has a negative attitude towards induced abortion together with those who provide the services. This is reflected in the excerpt below:

"Even though we have those (traditional) abortionists ('aruti mau') in Igembe, people fear them a lot. When I was growing up, people called them 'aroi' (witches) ... and I don't think that perception has changed to date. In my neighbourhood, I know of mothers who cannot let their children to interact or play with those of the abortionists due to that negativity." (Except from

Kaome, male FGD Participant, Igembe).

In other responses, the study found that there were several certified health facilities which are hardly visited by the Igembe people because the community associates them with abortion services. Mutiga, during FGD1, shared a personal experience when he was once reprimanded by some elders (*kiama*) after he sought treatment in such a 'stereotyped' clinic within Igembe. This is presented below:

"I remember that Saturday morning when I woke up with a severe headache. Since I could not wait until the following Monday to go to the public dispensary, I visited this clinic (name withheld) for some medication. I was surprised to be called by our clan elder, asking me to report to the elders what I had gone to do at a clinic that offered abortion services ... Fortunately, they were convinced with the reasons I gave them, including a testimony from my wife. Since then, ... (busts into laughter with the other participants) ... I cannot refer anyone there." (Excerpt from Mutiga- Male FGD Participant- Igembe).

On the other hand, the service providers felt that their abortion services solved the problem of unplanned pregnancies in Igembe which were prevalent. The respondents who worked as health care providers argued that they saved lives by attending to women who sought their services either to induce abortions or to address post-abortion complications. This was captured in the following excerpts from an FGD with various respondents.

"Our facilities record a high number of women who come for abortion services and also those with post-abortion complications every week. For those presenting with post-abortion complications, the problems range from heavy bleeding to severely perforated uterus and incomplete abortion. Were it not for our interventions, there would be more deaths than the ones you know of to date." (Excerpt from FGD Transcript of Murugi, female).

"I believe that even if God may not be happy and maybe will to punish me, at least I have helped a woman who could have died while trying to procure this abortion in the house and with no knowledge, so I am convinced God understands." (Excerpt from female FGD Transcript).

"All the community members, irrespective of their religious beliefs, sometimes see the need for abortion even if they do not publicly talk about it, and this gives me comfort and consolation because women are always condemned and cursed by everybody." (Excerpt from female FGD Transcript).

These findings resonated with some of the positive responses that came from the women who had procured abortion as evidenced by the words of Muthoni and Gakii in the two excerpts below:

"I cannot condemn that 'doctor' who assisted me (to induce an abortion) ... were it not for that clinic and the procedure they gave me to terminate that pregnancy, my life would be a mess today. I think I would be a very miserable single mother today." (Excerpt from Case Narrative Transcript by Muthoni).

"Even though I feel that those clinics offering abortion services operate to make money, they

help young (pregnant) girls and save their shame ... but they are very expensive ... so money comes first...they cannot offer the service if you do not have the money which they charge or require.” (Excerpt from Case Narrative Transcript of Gakii, Igembe).

Based on the above findings, it emerged that the Igembe people were aware that induced abortion services were widespread in the region. The results also affirmed that these services were not offered within the law, but several pregnant girls and women depended on them on demand. This finding agreed with previous study findings conducted in other regions within Kenya and beyond (Brookman-Amisah & Moyo, 2004; GoK, 2013; KHRC, 2010; Loi et al., 2015; Olenja, Vries & Kong, 2018).

4.2 Traditional Methods of Inducing Abortion

This section presents the methods used to procure abortion from the past and modern practices. In Igembe cosmology (which includes the Ameru community), researchers have documented widely on the traditional practices of initiating young boys and girls into the adult roles of marriage through circumcision. It is also well-documented that girls (and unmarried women) were highly discouraged from sexual intercourse and pregnancy before marriage. In particular, it was a cultural anomaly for an uncircumcised girl – who was still considered to be a child – to become pregnant, and worse if an uncircumcised boy fathered the child. In this body of politics, girls with such pregnancies would, more often than not, be forced to abort; and if the abortion was not successful, the baby would be killed at birth (Lynn, 2003). In the current study, respondents narrated some of the traditional methods that were used to induce abortion, some of which are still carried out to date. The findings are presented beginning with the cultural preparation for abortion, the methods of inducing abortion, disposal of abortion products, and the cleansing practices of re-integrating women who procured abortion back to the Igembe community. The practice started by counselling, once the girl was counseled in readiness for induced abortion, she was placed in seclusion in a small hut called ‘*kiandaa*,’ which was erected far from the homestead. The abortionist would construct the hut with assistance from young men mobilized from the village to fast-track the process. This process was described in the excerpt below by Kawiria during FGD.

*“...once the special hut (kiaanda) was ready, the pregnant girl would be escorted there in readiness for the abortion. This is where the girl would remain in seclusion during the whole process of abortion and the recovery period. In this hut, the girl only stayed with the abortionist “muruti wa iu/muruti wa ndaa/muruti wa njau/mwana” with a few visits from her mother and aunts. In some cases, a trusted older woman of the status of a grandmother and one who was past reproductive age (to avoid being contaminated by the girl’s status), would be allowed to visit the girl for counseling. This whole process was managed and supervised by the elders in as much secrecy as possible ... While in seclusion, this girl would use special utensils like calabash (*gachua*), guards (*gikiri/ikirii*), and ‘mukongoro’ (bathing basin). These items would never be used by anyone else to avoid bad omen or (‘mugiro’). They were thrown away or burnt after the procedure or given to the people who helped to perform the abortion.”* (Excerpt from FGD Participant - Kawiria, 65 years old- Igembe).

4.3 Inducing abortion with herbs

During the interviews with the key informants, the respondents recounted how abortion was traditionally and culturally performed in the Igembe community using concoctions made from herbs.

This involved an elaborate preparation of the procedure and consensus from the family and clan on the elders who would supervise the process. In the preparation of the abortifacients which included herbs and other concoctions, the chronicle of Ciomwereria (pseudonym) was cited as explained in the excerpt below:

“On the material day, the abortionist ‘muruti wa iu’ (who was mainly male) would be accompanied by the other men, including herbalists, who would assist him to conduct the abortion. The abortionist would start by examining the gestation of the pregnancy to determine the age and size of the foetus. After that, he explained to the pregnant girl the reasons for the abortion and what was expected of her. A lot of emphases was on the need for the girl to cooperate during the procedure. She would also be warned on the need for her not to engage in sexual intercourse again until marriage. With the guidance of elders and herbalists, the abortion would begin by serving the girl with some specially prepared goat soup which was mixed with special fats called ‘thinyai’ and herbs called ‘kiiimbi kia nderi/impungu mixed with the of a ‘muthunui.’ tree. In some cases, and in case the elders doubted the competence of the person preparing the concoction, they sought the services of medicine men who were well versed with the preparation of the mixture. The dosage was well monitored by the elders to avoid overdose, which often led to death.” (Excerpt from Male Participant Ntongai, Key informant-Igembe).

Miriti further explains the process of using herbs:

“After drinking the special soup, the girl would be given time to rest and allow the herbs to take effect on the pregnancy. In particular, this herb called ‘kiiimbi kia nderi’ was used to cause uterine contractions, while ‘muthunui’ was believed to kill the foetus or cause foetal damages such that it would break down into small pieces or form masses of blood clots. Thereafter, the girl would be undressed for the process of expelling the foetus. This process was called ‘nkando’ and it involved kneading and squeezing the abdomen to expel the foetus together with any remains from the abortion.” (Excerpt from FGD Participant- Male adult –Miriti).

4.4 Use of ‘Nkando’ to induce abortion

This study established that the Igembe community used a method of ‘nkando’ (rolling and kneading the pregnancy) by use of banana stocks ‘mitindi’ to induce abortion. This was a subsequent method that followed the administration of herbs as explained in the excerpt below:

“Nkando (kneading the belly) was done by rolling the mutindi (banana stock) on the ‘ndaa/iu’ or belly of a pregnant girl/woman to induce abortion. This rolling was done by men called ‘nkindi’ who were secretly recruited by clan elders. These were young men who were known to be brave, willing, and strong in the community. The men would be trained, oriented and tested by the elders so that their competence was confirmed beforehand. They were also guided on the process of ‘nkando’ based on the trimester of the pregnancy that was being aborted. With direction from the abortionist, the ‘nkindi’ were shown the specific parts that needed more pressure until the foetus was ejected completely. Afterwards, the woman would be given certain herbs called ‘maoru’ to control bleeding after the abortion. The girl would also be monitored for some time to avoid the occurrence of any complications.’ (Excerpt from Female FGD).

This method 'nkando' is similar to the one that is frequently used to induce abortion among pregnant girls of the Somali community. As recorded in Marlow et al. (2014), once a girl is discovered to be pregnant, the father of the girl invites mainly his own relatives or friends who step on her in turns until the foetus is squeezed out. This sometimes resulted to the death of both the unborn child and the mother.

4.5 Complementary methods

The study was informed of other traditional methods of inducing abortion. To begin with, the respondents mentioned that pregnant girls would be forced to drink mixtures made from specific roots and seeds and later the abortionist would insert a sharp object into the girl's vagina to pierce the pregnancy and remove the foetus. In FGD responses, several participants observed that abortionists in Igembe used a weed called 'mukegecia,' whose botanical name is *commelinabenghalensis*, to induce abortion. This weed is commonly found in almost all farms in Igembe, and it is very popular because its leaves and stalks produce a very slippery 'gel-like' fluid. To induce an abortion, 'muriti ndaa' (abortionist) smears this 'gel' on the cervix of the pregnant woman and then inserts some other shoots and herbs like 'nkonko' (*oxygonumsinuatum*) which trigger contractions after one or two hours. This was expounded in the excerpt below by Karimi.

"Nkonko/ Ncunge' is one of the plants that have been used for centuries to cause abortion. It is effective and has no side effect on the woman after the abortion procedure ends." (Excerpt from Female FGD).

In another FGD, the respondent concurred that the Igembe abortions used a myriad of objects that would be inserted into the vagina to cause abortion. These included 'nkoolo' (midrib of banana leaves), cassava roots, unripe bananas, sweet potatoes, and pumpkin stalks. This finding corresponded with some of the Egyptian methods used by traditional abortionists to procure an abortion. As recorded in Thorpe (2015), abortionists and traditional healers recommended drinks made of plants that have abortifacient properties such as papyrus leaves, pennyroyal tea and opium. Other crude methods that were used include crocodile dung, mouse dung, sitting on a pot of onions, camel saliva and a technique that became popular throughout the ages of 'jumping up and down' until 'when the embryo became loose and fell out.'

4.6 Cleansing after induced Abortion

Cleansing had to be conducted after induced abortion had taken place. The informant noted that the Igembe people had a community-based cleansing procedure that targeted women who went through induced abortion. This process commenced as the woman left the 'kiandaa' and in readiness to return to the community, as narrated in the excerpt below from M'Muambi, a key informant during one of the in-depth interviews:

"... First, this girl or woman was supposed to apply 'mbiuro' (shoot from the cooking pots) and 'murare' (black shoot) or 'mauta ya mbariiki' (custard oil) on her face in order to make her distinct from the other girls, who applied 'nondo' (red ochre) for beauty. While this was a mark of shaming the woman, it was also a sign that she was unclean for anyone to socialize with her in the community. It also prevented men from making any advances to her because she was already guilty of sex and pregnancy before marriage (Excerpt from in-depth interview).

Thereafter, a medicine man (*muaa*) performed the cleansing process called '*kuiichua*' (cleansing). The steps were further narrated by M'Muambi in the following excerpt:

"This process was called 'kuiichua'- or cleansing. First, a ram would be slaughtered by someone special from the clan of the girl (each clan had someone special who killed the ram). This man, accompanied by a 'muaa' (medicine man), would melt fat (thinjai) from the ram then mix it with selected herbs to form a special mixture which the medicine man would use during the cleansing process. Using a special weed found along rivers (mulelema), the medicine man would sprinkle the mixture on the woman while uttering, the words, "Ndeaja gukuichia muiro nikenda ukabua na umba kwona twana" (I have come to cleanse you so that you can retain good health and give birth to healthy children. Then the woman would respond thus "Ii nibuo" (yes, let it be so). (Excerpt from Male FGD).

After this process, the '*muaa*' (medicinemana) would rub the remaining oil-mixture chanting words of exorcism. To complete this cleansing, the abortionist and other participants present would eat raw meat from the ram as a symbol of removing the bad omen that would have befallen the woman who had aborted and her family. Henceforth, the woman was required to stay in the homestead for a period of one month or until when it was believed that she was fully healed. Thereafter, the woman would be re-integrated into the community with new beginnings. In addition, this study established that the Igembe community followed a particular procedure of re-integrating persons who deviated from the cultural norms and practices. In cases where women had to induce abortion, particularly pregnancies of uncircumcised girls, unmarried women, and those conceived by uncircumcised boys, there was a procedure followed when returning the girls to the community. This process was narrated by Mwirabua during one of the FGD as captured in the excerpt below:

"If the process of inducing abortion was conducted on a girl who was uncircumcised, this rite would be performed on the girl immediately the mother, grandmother or the aunt confirmed with the girl that she was actually pregnant before circumcision. After the seclusion period, which lasted between three months to one year, based on the healing process and the family's ability to keep the girl in seclusion, the girl was considered fully ready for marriage and childbearing. However, she was not allowed to interact with young girls but older and married women only. This was a reminder that she was no longer a young girl, rather a woman who was ready for family life. Again, the community believed that since she had already procured abortion, she was unclean, and she could easily 'contaminate the innocent girls' before their own circumcision and marriage... I tell you, the reintegration process into the community and family was very gradual. At times, the elders would assist the woman's family in identifying a possible suitor to marry her, and most often than not, he would only be a married man." (Excerpt from Male FGD).

These findings agreed with Lynn (2003), who noted that traditionally, the Igembe community was known for elaborate cleansing ceremonies that are deeply entrenched into their way of life. This includes the customary rituals that are carried out in utterly every stage of human life – be it in pregnancy, childbirth, naming, initiation to adulthood, marriage ceremonies, and death rites and also after death since they believed that the person who has exited to the afterworld is joining and reuniting with the ancestors.

4.7 Traditional methods of disposing of abortion products

The informants indicated that the remains of the aborted foetus were disposed by the abortionist in a very secretive manner. Bearing in mind that the whole procedure was not publicised, *Ciomumbwika* narrated the process of disposing the abortion products as captured in the excerpt below:

“It is the abortionist (muruti- wa iu) who disposed of all the abortion products, including the dead foetus and the items that were used to perform the procedure. Even though the Igembe community did not bury the dead, the abortionist would bury the products very far from the woman’s homestead. Other times, the foetus would be thrown away to be eaten by wild animals – to remove ‘mugiro’ (curse/ bad omen) from the family. The family of the woman was never involved in any of the disposal rites to avoid a curse or bad omen to the family and community in general (Excerpt from Female FGD).

The disposal here mirrors the earlier writings by Nyaga (1997) who had observed that according to the traditions and customs of Ameru, the dead (*rukuu*) were disposed off by dragging and abandoning their bodies in the bushes. He noted that the Ameru feared touching the corpse as part of avoiding contamination and whoever disposed the dead was, therefore, required to undergo a cleansing ritual called *‘kwenja*. Similar findings have also been reported by Amnesty International (2009), Maina, Mutua and Sidze, (2015); and Thorpe, (2015). From the discussions above, it emerges that the Igembe community is one of the few African communities that allowed induced abortion for pregnancies that were considered unwanted. This disabuses the notion that abortion is a foreign concept imposed on the African cultures. The very existence of the traditional methods of inducing abortion and subsequent elaborate rituals to deal with the aftermath and cleanse the individuals as well as their families is a testimony to an elaborate procedure that has cultural backing.

4.8 Current practices of inducing abortion

This study further sought to find out the currently known and or perceived methods that are used to induce abortion within the Igembe community. It was established that various methods are currently used to terminate unplanned pregnancies. Three different practices emerged as the most preferred. Informants observed that the gestation period of the unwanted pregnancy and the cost were key determinants of the method to be employed. For instance, it was reported that some women are able to do self-induced abortion using ‘over-the-counter’ drugs that are available in several pharmacies and shops within Igembe. As narrated by the respondents in the second female FGD, women within the first trimester of pregnancy (first three months) are often able to terminate their pregnancy or abort using several drugs that are commonly dispensed over the counter in the chemists. This is captured below:

“The drug called misoprostol is sold in almost every chemist that you find around. It is so much used that women call it ‘miso’ whenever they go for it from the shops. Those in the chemists do not even ask for a note from the doctor. Today, whenever a woman or these young girls engage in unprotected sexual intercourse and they suspect to have conceived, they just pop-in to buy while others send their friends or relatives to collect from the chemist.” (Excerpt from second Female FGD).

This position is further reinforced with the explanation below:

"I have a friend who told me that she took 13 tablets of the green family planning pills and managed to 'flush the thing' (abort)...that is when I discovered that oral family planning pills can induce abortion ... it is no wonder pregnant women are always warned not to make use of self-medication during pre-natal clinics." (Excerpt from second Female FGD).

During the first FGD, most participants indicated that several clandestine methods that women use in the first attempt to procure an abortion range from drinking concoctions made from 'miti shamba' (an assortment of herbs), strong black tea, and concentrates of detergents. Others indicated that some women insert bottles, straws, and wires in the vagina to try and open and pierce the uterus. This is captured in the excerpt below:

"When a woman is out to abort, there are very many options that are provided, mostly by the herbalists and traditional birth attendants. The herbalists have some traditional concoctions that they prepare and give the pregnant women to drink ... of course at a fee. However, the woman is advised to drink these at home or in a secret place so that she is not discovered, especially when she starts bleeding or as the foetus comes out. Most women hide in houses or in latrines until the effects of the concoctions are over ... and when they succeed". (Excerpt from Male FGD).

Besides these self-made methods that were mentioned, this study also found that pregnant women are also assisted to induce abortion by skilled health providers. Bearing in mind that the certified clinics are not approved to offer such services, it emerged that the greatest number of clinicians and nurses offer these services outside the working hours or in other locations away from the health facilities. The following three excerpts which are all case narratives, reveal this clearly:

"(Laughter)... What I can tell you about this ...in my case I contacted a nurse who works in a nearby clinic and told her about my plan to procure an abortion. After some discussion, she asked me to give her KES 2,000.00 as consultation fee and then she offered to perform the abortion the following day at 5.30p.m. When I went the following day, she sent me to a room away from the clinic. She came carrying some items, ... she did not tell me what to expect ... but after performing some procedure through my private parts, ... it was very painful, but I was very desperate to remove that pregnancy. I left the room bleeding and after several days it stopped ... I could have given anything because I needed to go back to school!" (Excerpt of a Case Narrative).

"I was referred to that clinic by my friends. When I told the doctor what I wanted he asked me, you want to flush it (pregnancy)? Do you know my charges? (I nodded). Then come on Saturday morning and we shall do that... and that worked for me." (Excerpt from a 60 years old Female).

"I met Mugambi after completing my secondary education. He was a miraa trader in our local market, and he had so much money. One day I met him chatting and chewing miraa with my uncle, and that is how I got to know him closely. Later, he invited me for lunch in a hotel in town (I cannot remember the name of that hotel) and also gave me some pocket money

after lunch. After several meetings with him, I had (unprotected) sex with him even though I knew that he was married and had a family (he often received calls from his wife and children during my dates with him). When I became pregnant, he gave me money to abort... I confided in a friend who assisted me to seek abortion from a 'doctor.' Since that time, I have not met Mugambi again". (Excerpt from a 46 years old Female).

"...When I procured abortion, the pregnancy was about eight weeks old, and I didn't inform anyone else ... other than my mother. She is the one who assisted me secretly." (Excerpt from a 27 year old Female).

Overall, these findings implied that induced abortion is a service that is widely offered in Igembe, though in a largely concealed manner. As earlier observed, discussions about induced abortion are highly emotive and secretive in Kenya because abortion is criminalized in law and in most of the Kenyan cultures. It also emerged that when a pregnant woman decides to procure an abortion, she can take the riskiest method as long as she achieves the ultimate goal. The findings in this study concurs with previous studies regarding abortion as a common practice despite the law against it. Whereas Kenyan laws prohibit induced abortion, there are alternative methods that pregnant women use, many of which put their lives into danger (Loi et al., 2018). It also emerged that induced abortion services, particularly those accessible in licensed health facilities, are expensive and mainly available to those who can meet the high cost. The dangers inherent in the procedures had been affirmed by Lusweti and Okange (2018), Ndunyu (2013) and Yegon, et al. (2016) who asserted that most abortion-related deaths and complications are associated with women and girls who have made up their minds not to keep the pregnancy and they will do what it takes to seek unsafe abortion services. The determination by women to terminate pregnancy irrespective of the dangers and the prevailing law could justify the reasons why many nations have liberalised or are in the process of reviewing abortion laws, allowing women to make independent choices on their reproductive health rights (Chae, Desai, Crowel & Sidgh, 2017; Tesfaye, Hambisa & Semhegn, 2014; Uygur & Erkaya, 2001). Despite the high prevalence and cultural acceptance of abortion practice, many people do not approve of the practice. They affirmed that induced abortion is morally wrong, sinful and dangerous to the woman concerned. However, there are some who felt that induced abortion helped women who would otherwise be culturally stigmatised and ostracised. Overall, findings revealed that knowledge, attitudes, and practices of induced abortion are a common trajectory that is deeply woven in the socio-cultural setting of the Igembe community. The overall verdict here is that the Igembe community traditionally embraced abortion in their culture as exemplified by the eminent ideologies, persons, items, and practices that have existed in the community with regard to the circumstances under which women could seek induced abortion services.

5.0 Discussion

The findings clearly indicate that induced abortion is a common practice among the people of the Igembe community. The women induce abortions to terminate unplanned pregnancies and those which are culturally defined as unacceptable. These are pregnancies, particularly among uncircumcised girls (*nkenye*), unmarried women (*aari*), and in cases where the child was fathered by an uncircumcised boy (*mwiji*). From the findings, it is apparent that women and men from diverse backgrounds were knowledgeable about induced abortion in Igembe. The respondents had knowledge of induced abortion services, the places where these services were offered, and the methods used to

terminate pregnancies. The respondents were also cognizant that induced abortion was carried out in concealed ways because it is a practice that is criminalized and punishable by the laws of Kenya. This finding agreed with previous study findings conducted in other regions within Kenya and beyond (Brookman-Amisshah & Moyo, 2004; GoK, 2013; KHRC, 2010; Loi et al., 2015; Olenja, Vries & Kong, 2018).

Based on the above findings, it emerged that the Igembe people were aware that induced abortion services were widespread in the region. The results also affirmed that this service was not offered within the law, but pregnant girls and women were able to access the services whenever they needed them. Overall, these findings implied that induced abortion is a service that is widely offered in Igembe, though in a largely concealed manner. As earlier observed, discussions about induced abortion are highly emotive and secretive in Kenya because abortion is criminalized in law and in most of the Kenyan cultures.

6.0 Conclusion

The study provides a classic case of a cultural ethnography of induced abortion and a rallying call for communities to be reflective in the process of actualising reproductive health rights of women and girls. The moralistic position taken by the right wing churches and religious leaders and the process of branding abortion as a foreign ideology has been disabused in this study. It is also apparent that the law alone cannot be a deterrent measure against a practice that puts the individual at the centre and is more expensive if not done than when it is done secretly. The fact that women are not only aware of the practice of induced abortion but know where to obtain it, appreciate the providers and believe that the consequences of carrying the unwanted children is dire, it is important for the norms to reflect this reality. A robust discussion is necessary not just among the Igembe community, but nationally since women of diverse in age, educational backgrounds and religious persuasion are all likely to resort to induced abortion. Today, given the law and attendant stigma associated with the practice, it is done in secrecy and in very unhygienic environment hence endangering the lives of many women and girls. The knowledge and use of abortifacients (herbs, concoctions or *miti shamba* and traditional techniques (*nkando*) or inserting objects like banana stalks (*nkoolo*) and unripe bananas as reported are easily accessible home-based remedies that the law cannot catch up with easily. Given that many women today regard pregnancy as a personal affair and that a woman is at will to decide whether to keep it to term or terminate it if she feels unprepared to bring up the child calls for more innovative approaches to dealing with the calamity.

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