African Journal of Emerging Issues
Peer reviewed | Double blind | Interdisciplinary
African Journal of Emerging Issues (AJOEI)
Online ISSN: 2663 - 9335
Available at: https://ajoeijournals.org
RELIGIOUS STUDIES

TO ASSESS BELIEFS AND PRACTICES ON INDUCED ABORTIONS AMONG THE IGEMBE COMMUNITY OF EASTERN KENYA

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ABSTRACT

Background: This study sought to assess beliefs of induced abortion in the Igembe community. The study examined beliefs and practices on induced abortion on women. The research was guided by the following objective: to assess beliefs and practices on induced abortion among the Igembe community of Eastern Kenya.

Material and methods: Data was collected using case narratives, in-depth interviews (IDI) and focus group discussions (FGD. Transcripts were generated verbatim and data was analyzed thematically based on the study objectives. The findings reveal that pregnancy among the Igembe community was adored if a girl was circumcised, engaged and married. Respondents reported knowing a woman who had once procured an abortion or someone who once had facilitated a woman to induce abortion in Igembe.

Result: The study revealed that inducing abortion was culturally acceptable and recognized in Igembe community especially when an uncircumcised girl became pregnant or when an uncircumcised boy got a girl pregnant. Such an abortion was procured by men specifically trained by elders for that purpose. Induced abortion practices included isolation of the pregnant

girl/woman from the family and age mates, counselling of the pregnant girl in preparation of the induced abortion, cleansing of the girl and the family after the induced abortion, use of herbs and rolling of banana stalks on the girl's/woman's stomach and insertion of objects in the girl's/woman's private parts to induce abortion.

Conclusion: The study concludes that women were subjected to induced abortion to ensure social norms are adhered to and to reduce pre-marital sex. Many women continue to procure abortion among the Igembe and traditional approaches and government legislation have not been successful in achieving positive outcomes against the practice. Further, religious beliefs, traditions and socio-cultural norms continue to stigmatize and condemn women who procure abortion. In addition, the study concluded that abortion decision making by the concerned women is motivated by both internal and external forces that are carefully considered.

Key Words: *Beliefs, Cultural practices, Induced abortion,*

1.1 INTRODUCTION

One of the most gratifying targets of the 21st century is the renewed commitment by nations and governments to reduce maternal mortality globally. Indeed, the 193 member states of the United Nations (UN) pledge, through the 2030 Agenda for Sustainable Development, is to provide universal access to sexual and reproductive health and rights (SRHR) services, education, and information. Besides, ensuring that women of reproductive age have the ability to make decisions about their own health is core to the post-2015 Sustainable Development Goals (UN, 2015). While this concern is, in part, tied to the fact that universal health is a fundamental human right, the prevalence of induced abortion is one of the major public health problems in the world today (WHO, 2015). Perspectives from various communities in Kenya reveal a traditional lacuna that has persistently created opportunities for women and girls to seek abortion. Specifically, the cultural intolerance and condemnation that is associated with pregnancy outside wedlock among several communities remains a major factor leading to induced abortion. Mutua *et.al* (2019) point that the high prevalence of abortion among young unmarried women and girls in Kisumu is associated with cultural pressure and the fear of shame and stigma that is associated with unwanted pregnancies. In other studies (Ezeh *et al*., 2009; Otieno, (2019) note 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).

Beliefs and Practices

This section explored attitudes of various stakeholders on induced abortion practices. This study looked at attitude as a concept that deals with the mental views, reactions, feelings, and positions taken towards induced abortion by individuals, groups, and communities in general. To start with, 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). Ahiadeke (2001), Guttmacher (2010), and Gipson, Hirz, and Avila (2013) revealed that abortion is legally permissible in Ghana. As stated in the law, abortion services are only permitted within the confines of public hospitals and some of the registered private health facilities. Expressly, the study by Gipson and his colleagues indicated that healthy women who sought abortion services for the sole reason of not wanting a pregnancy are highly stigmatized. Moreover, the majority of health care providers reported having at least one incidence where they refused to set up surgical carts and instruments whenever their counterparts accepted to conduct abortion illegally. Overall, the study observed that nurses' views and attitudes on abortion were a significant barrier for providers in offering abortion services in Ghana. This scenario in Kenya, amidst cultural practices that regulate occurrences of unwanted pregnancies, is the attitudinal 'elephant in the room' that this researcher sought to assess, while attempting to answer the question, "*what and where is the problem?*"

Further, several studies have been carried out in Kenya by various researchers examining the context of attitude towards induced abortion. For instance, the study conducted 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 in Kenya. 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 Gerdts (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.

2.1 MATERIAL AND METHODS

Research Design

Typically, the hallmark of anthropological research is to conduct a scientific exploration of the complexity and nuances of human interaction and culture. In the context of this study, case study research design was adopted. This is a research strategy and an empirical inquiry that investigates a phenomenon within its real-life setting. Yin (2014) asserts that case studies are based on in-depth investigations of single individuals, groups, or events in order to explore the causes of underlying principles. He adds that when researchers use case study processes with careful attention, the possible results are the production of high-quality research output. Bearing in mind that the research sought to assess the knowledge, attitudes, and practices, together with the drivers and consequences of induced abortion among women in the Igembe community, the case study design was most appropriate to explore the phenomenon form a naturalistic setting. 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 (Baxter and Jack 2008) who indicate that in case study, a real-time phenomenon is explored within its naturally occurring context, with the consideration that context will create a difference (Baxter & Jack, 2008).Case study was appropriate for the current study because it helped to understand the complexities associated with induced abortion such as decision making, conformity to the community social norms, beliefs and attitudes related to induced abortion. The study design was in line with the Reasoned Action (TRA) applied in this study which was used to explore the determinants of people's attitudes, beliefs, and behaviours towards induced abortion behaviours. The study used life experiences of women who sought or offered induced abortion services. This approach was anchored on the assertion that attitude (positive or negative) founded on a belief is formed and a decision is made to perform a specific behaviour, while being weighed by evaluation of the intention(s) (Ajzen & Fishbein, 1980 cited in Latona, 2016). The use of case study is justified in that many scholars agree that case study research is an extremely legitimate research design when scientists seek to understand and change interwoven complexities associated with interpersonal processes that emerge in a broader social context. Krusenvik (2016) agrees with Cronin (2014) and stresses that the case study can 'close

in' on real-life situations and test views that are directly related to the phenomena as they unfold in practice. Furthermore, case studies are widely known to obtain detailed analyses in the individual cases, and when the information is not taken out of context, the internal validity is therefore high, which makes these studies very valuable (Merriam, 2009). Considering that this was a qualitative study, 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 data collected. purposive sampling and snowball technique was used in identifying the informants. The core unit of analysis for this study were the nine women who had procured abortion and data was obtained through case narrative. The second category were the opinion leaders who provided key in-depth information on induced abortion.

Target Population

Cluster of the target population	
1. 2. Community leaders	• Council of Elders *(Njuri Ncheke*)
	• Clan elders (*kiama*)
	• Women group leaders
	• Local administration
	• Religious leaders
Health Workers 3. 4. 5. 6. 7. 8. 9. 10.	• Community health workers
	• Medical doctors
	• Pharmacists
	• Nurses
	• Traditional birth attendants (TBAs)
	• Traditional medicine men/herbalists
Teachers	Primary and Secondary schools
Women who had procured abortion	

Sample Size and Sample Size Calculation

The study carried out nine (9) case narratives with women who had procured abortion. When conducting research, sampling is the act, process, or technique of selecting a suitable representative part of a population (Trochim, 2007). The study used purposive and snowball sampling techniques in identifying the informants. The core of the study and unit of analysis were the nine women who included three women from each of the Igembe Sub-counties (Igembe Central, South and North) who had procured abortion. The second category were the twenty-one opinion leaders who provided key in-depth information on induced abortion. They included '*Njuri- Nceekes*' (Council of elders), religious leaders, teachers, clan elders and traditional medicine men. The other categories of respondents included in the sample were the health care providers both professional and folk practitioners who included nurses, pharmacists, and Doctors. Others included medicine men, Traditional Birth Attendants (TBA)s and were all knowledgeable on induced abortion process as it relates to the Igembe community.

The third category 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.

Other categories of respondents were the key informants who included the *'Njuri- Nceeke' (Council of elders,* clan elders, religious leaders, teachers, women groups leaders, provincial administration, Health Care providers who included Nurses, Pharmacists. Other category included Traditional Birth Attendants (TBAs) and traditional medicine men. These were all adult men and women who were purposively selected because of their knowledge on induced abortion in Igembe. The case narratives involved nine Women – three from each of the three Igembe Sub- Counties who had procured abortion. These were sampled to participate in the study, and they provided first-hand personal information on the knowledge, attitudes, practices, drivers, and consequences of induced abortion.

A total of thirteen community leaders participated in the in-depth interviews as key informants. They were composed of (*Njuri Ncheke- Elders*), Health workers- Pharmacists, Nurses, Doctors, and teachers, traditional birth attendants (TBA), medicine men, teachers. The community leaders

were sampled to participant as key informants because they were knowledgeable on the knowledge, attitudes, practices, drivers and consequences of induced abortion. The health workers were familiar with the context of sexual and reproductive health within the Igembe region with a focus on the drivers and consequences of induced abortion because of their interaction with the women and girls who sought abortion services. Teachers were also purposively sampled to take part in the study. Those who participated were three teachers – one from each of the Igembe Sub-County to provide information on the drivers and consequences of induced abortion among school-going girls.

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 were conducted. Although Mohsin (2016) recommend10 -12 FGD participants, the study was guided by Creswell (2014) who recommended a size of between 6-12 members drawn from a homogeneous population. Smaller groups are preferred when the participants have to share about a topic where they have wide experiences. In addition, with a small FGD size, participants were also comfortable with one another in sharing their experiences.

Procedure Methodology

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. They were very familiar and fluent in '*ki-embe'* dialect beside their mastery of English and Kiswahili languages. As Reye (2010) indicates in her work '*Language and Ethnicity'*, qualitative researchers cannot overlook the contribution of language use, such as code-switching, stylization, and linguistic features that arise because they influence the overall outcome and study findings.

Case Narratives Guide

In qualitative research, a case narrative refers to a story of a real-life problem or situation that provides sufficient background data so that the problem can be analyzed and solved. As Clandinin and Connelly (2000) assert, a case narrative is a means by which researchers capture and analyze personal accounts and experiences depending on the cultural context of the study. In the present study, 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 research used snowball and volunteer approaches to get these respondents. The participants gave personal accounts of induced abortion and its effects as guided by the study objectives.

Key informant Interviews

An in-depth interview is a qualitative research technique that is used to collect intensive and one-on-one individual interviews where numbers of respondents are less, and the research is focused on a specific situation or objective. Abawi (2017) adds that when researchers use in-depth interviews, they can explore the respondents' points of view, experiences, feelings, and perspectives. Furthermore, both the interviewer and interviewee have a chance to discover additional aspects and change the direction of the research where necessary (Kfouri & Batmanabane, 2017). In depth interviews with key informants were conducted. Those who were included in the interviews were *Njuri Ncheke- Elders*), Health workers- Pharmacists, Nurses, Doctors, and teachers, traditional birth attendants (TBA), medicine men and teachers. The interviews covered issues on knowledge, attitudes, perceptions, practices and drivers of induced abortion. Other issues explored during the interviews included networks around induced abortion, social and cultural consequences of induced abortion, taboos, and related practices on induced abortion in the community were all explored.

The in-depth interviews were conducted at a time that was agreed on between the researcher and interviewees. This researcher made every effort to prepare and assure the interviewees beforehand, and each respondent selected an interview place that she was comfortable with for the face-to-face interaction. This allowed them (interviewees) to talk freely and without compromising their privacy.

Focus Group Discussion (FGD)

A focus group discussion (FGD) is a structured discussion that stimulates conversation around a specific topic. It is also a qualitative research tool in which a selected group of people discuss a given topic or issue in-depth, facilitated by an external moderator (Barbour, 2014). A well organized and facilitated FGD serves to solicit participants' perception, thoughts, knowledge, and experiences shared in the course of interaction with different people. It also gives researchers the possibility of cross-checking one individual's opinion with the other gathered sentiments (Ochieng, Wilson, Derrick & Mukherjee, 2017). As Trochim (2007) asserts, an FGD is an excellent way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. 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. The FGD guides, which are presented in Appendix III were used to facilitate the discussions among the selected community members. 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 with a total of 36 participants from the three Igembe Sub- Counties (Igembe South, North and Central). Two separate FGDs composed of women and men were conducted in each of the three Sub- Counties. In Igembe South, the FGDs for women and men were conducted in Maua Social Hall at separate times and separate dates. In

Igembe South, the two FGDs were conducted separately in Muruune church, while in Igembe Central Sub- County the two FGDs were held in Kangeta Multi-purpose all. All the six FGDs took place in 2018. One field assistant facilitated each focus group and the proceedings were tape recorded and later transcribed.

Document review

Secondary data was reviewed and utilised throughout the study period to provide both the background information to the study and support findings obtained from fieldwork. The sources of literature review which the study relied on included journal publications, books, internet, newspaper reports, and published and unpublished reports from conferences and government. The secondary data helped to obtain some background information on the study topic. Veal (2006) observed that secondary data is considered useful in providing a basis for the research project and providing supplementary data to fill the gaps in our understanding of the research findings. A lot of secondary information was also accessed from online databases, libraries, and relevant government publications. The information obtained from all secondary sources was useful as it provided a broader picture in understanding the practice of induced abortion in Igembe including contextual background of the study.

Observation Guide

An observation guide was used to gather field notes that were made in the course of data collection. This was a beneficial source to gather and validate information obtained through interviews. Interviewers took field notes during interviews to capture certain contextual factors that the tape recorder could not capture, such as facial expressions, tone of voice, tears, laughter, and general body language. 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.

3.1 RESULTS

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 wazee (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 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 FGD Participant f Muroki, female).

"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 FGD Transcript of Mwari, female).

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 operated 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-Amissah & Moyo, 2004; GoK, 2013; KHRC, 2010; Loi et al., 2015; Olenja, Vries & Kong, 2018).

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 in 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. According to the findings of this study, 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).

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/mpungu mixed with the of a 'muthunui.' tree. In some cases, and incase 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 he rbs 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).

'Mukegecia' One of the Plants/Herbs Used to Induce Abortion in Igembe

Source: Researcher 2020

'Muthunui' One of the Plants/Herbs Used to Induce Abortion in Igembe

Source: Researcher 2020

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 FGD Participant- Female Ciomaua, Igembe).

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.

Complementary methods

In the findings of this study, it also emerged that the Igembe community have 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 agreed that abortionists in Igembe used a weed called 'mukegecia,' whose botanical name is *commnelinabenghalensis*, 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 FGD Female Participant Karimi).

'Nkonko/Ncunge' One of the Plants/Herbs Used to Induce Abortion in Igembe

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.'

'Mutindi' - The Banana Stalk Rolled on the Woman's Abdomen to Induce Abortion (Nkandoo)

Source: Researcher 2019

Cleansing after induced Abortion

Cleansing had to be conducted after induced abortion had taken place. The study revealed 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 'mbiiro' (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 Participant- M'Muambi, a key informant – Igembe).

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 (thinyai) 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, "Ndeeja 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 FGD Participant- M'Muambi- Male, Igembe).

After this process, the *'muaa'* (medicineman) 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 ma*n." (Excerpt from FGD Male ParticipantMr. Mwirabua-Igembe).

These findings agreed with Lynn, (2003) 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, death rites and also after death where they believed that the person has exited to the afterworld to be with the ancestors.

Traditional methods of disposing of abortion products

The findings of this study 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 explained 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) to 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 one FGD Female Participants Ciomumbwika, Igembe).

The findings of this study therefore, agreed with Nyaga, (1997) that according to the traditions and customs of Ameru, the dead (*rukuu*) were disposed by dragging and abandoning their bodies into the bushes. According to the same findings, the Ameru feared touching the corpse in order to avoid contamination hence whoever had to dispose the dead was, therefore, required to undergo a cleansing ritual called *'kwenja.* This finding also concurs with Amnesty International (2009), Maina, Mutua and Sidze, (2015); and Thorpe, (2015).

In concluding the findings of this subsection, it emerges that the Igembe community is one of the few African communities that allowed induced abortion for pregnancies that were considered unwanted. This study has also documented the traditional procedures that followed at the pre-abortion and post-abortion stages. Moreover, this study finding provide evidence that indeed, induced abortion using traditional methods was real and that it was practiced in Igembe.

Current practices of inducing abortion

This study sought to find out the known and or perceived methods that are used to induce abortion within the Igembe community. The study established that various methods were used to terminate unplanned pregnancy. In addition, this study finding revealed that there were three different practices that are currently being used to induce abortion among the Igembe community.

To begin with, the respondents agreed that the gestation of the unwanted pregnancy was a key determinant of the method and cost of inducing an abortion among the Igembe. For instance, respondents indicated 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 FGD2, women within the first trimester of pregnancy (first three months) are often able to terminate or abort using several drugs that are commonly dispensed in the chemists within Igembe. These views are captured in the following excerpt as aired by Karimi during FGD2 and are representative of many others.

> *"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 FGD Female Participant-- Karimi).

Amidst the multiple outlooks, Nkoyai further explained:

> *"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 FGD Female Participant - Nkoyai- Igembe).

During the FGD1, most respondents 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. Other respondents indicated that some women insert bottles, straws, and wires in the vagina to try and open and pierce the uterus.

This is captured by Muambia 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 hiding 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 form an FGD Male Participant- Igembe).

Besides these self-made methods that were mentioned by the respondents, 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 by Gaiti, Female beneficiary-Igembe).

"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 Case Narrative Interview-Muthoni).

"I met Mugambi after completing my secondary education. He was a miraa trader in our local market, and he had 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 60 years old Female Case Narrative Participant- Ncororo).

"*…When I procured abortion, the pregnancy was about eight weeks old (gestation age), and I did not inform anyone else … other than my mother. She is the one who assisted me secretly."* (Excerpt from a Female Case Narrative Participant- Kanana Igembe).

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 in this study, 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 goal to abort. These findings concur with previous studies with a corresponding assertion that 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. This finding affirmed 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. These findings could justify the reasons why many nations have liberalised 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). The aforementioned findings indicate that induced abortion is a common practice among the people of Igembe community. First, it appears that a substantial number of women abort unplanned pregnancies and those which are culturally defined as unacceptable. These are particularly pregnancies conceived by young and uncircumcised girls

(nkenye), unmarried women *(aari)* and in cases where the child is fathered by an uncircumcised boy *(mwiiji)*. Secondly, this study found that women and men from diverse backgrounds were aware about induced abortion in Igembe. The respondents had knowledge of induced abortion services, the places where these services are offered, and the methods used to terminate pregnancies. The respondents were also cognizant that induced abortion is carried out in concealed ways because it is a practice that is criminalised and punishable by the laws of Kenya.

The findings also revealed that even though abortion is carried out in Igembe community, many people do not approve of the practice. All the respondents affirmed that induced abortion is morally wrong and sinful. However, the respondents have diverse opinions and outlooks towards the providers of induced abortion services. While some indicated that their services were not right, others felt that induced abortion helped women who would otherwise be culturally stigmatised for unplanned pregnancies. Overall, findings of this chapter 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 study also revealed that the Igembe community traditionally embraced abortion in their culture. This is because there are 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.

4.1 DISCUSSION

It has been established that learners' self-efficacy influences academic performance in school (Honicle & Broadbent, 2016). Although self-efficacy cannot be presumed as the direct reason for the academic achievement, however, it will be the self- regulation that causes the academic achievements. The self-efficacy will cause the use of self- regulation and therefore the relation between self-efficacy and the self- regulation may be considered as self-efficacy for self- regulated learning. The self-efficacy for self- regulated learning lead to the application of the self- regulation processes such as the goal setting, self-monitoring, strategy use, self- evaluation and self- reaction (Burden, 2019). The level of cognitive ability, prior education preparation, attainment, gender, and attitudes towards academic activities, along with the level of perceived self-efficacy, influence academic achievement. Setting short term, rather than long term goals, helps students to develop their academic self-efficacy faster. Students work more eagerly at performing tasks when the goals are short term, instead of establishing long term goals that allow students to postpone difficult tasks until a later time. Mosier (2018) reported that there is a positive relationship between higher level of self-efficacy and increased academic achievement. His research found that students with higher levels of academic self-efficacy achieved higher grades and persisted in their academic major longer than those with lower perceived academic self-efficacy (Rutkowski *et al.,* (2012). Rutkowski and colleagues,, study also revealed that there is a relationship among academic self-efficacy and standardized tests and high school rankings; they also found a significant correlation among levels of academic self-concept, self-efficacy and achievement. Another study conducted by Rahil, Elias, Cheong, Muhamad, Noordin and Abdullah (2006) aimed to find out the

relationship between students' self-efficacy and their English language achievement in Malaysia. They found that 51 percent of students had high self-efficacy while 48 percent showed low self-efficacy. Correlational analysis showed positive correlations between several dimensions of self-efficacy that is, academic achievement efficacy, other expectancy beliefs and self-assertiveness with academic performance in English language. Self-efficacy functions as the internal motivator for gifted students to endure challenges and achieve goals. Gifted students are more likely to attribute success to their own ability and effort and attribute failure to bad luck or inappropriate strategy choice (Andrade & Heritage, 2018). Even when gifted students experience failure, they do not relate the experience to a lack of intelligence or ability. Most likely, gifted students will not allow the experience to affect their self-efficacy for future challenges. The development of high abilities and high levels of achievement are all dependent on motivation in general but on intrinsic motivation in particular

Further, Zhang (2015) establishes that intellectually gifted students portray greater levels of intrinsic motivation. Intellectually talented students showed more intrinsic motivation for reading, writing, and solitude" when compared with average students. Whereas students' self-efficacy acts as an intrinsic motivator, average students may question their ability to achieve and rely upon extrinsic motivation to succeed. As educator's prompt students to take ownership of their learning, the students will be able to monitor their academics by using intrinsic motivation. In a practical sense, educators can create personal checklists for students or model the process of thinking aloud (Buss, 2012). As students learn to take responsibility for their education, they are more likely to exhibit a greater belief in their academic abilities. Extrinsic motivation is not to be forgotten either, as it is an important component to goals and achievements. However, a classroom where intrinsic motivation is cultivated will have positive long-lasting effects on the students' metacognition. Intrinsic motivation seems to be a more powerful indicator for success rather than the extrinsic model which is produced by point systems or treasure box rewards (Axtell & Parker, 2013). Assignments which involve independent research provide the gifted student with the opportunity of investigating a topic which peaks the student's interest. Students can be held accountable for monitoring their education. If they have a question concerning the relation between topics, they should be prompted to search for the answers. Gifted students are more likely to succeed when they are challenged academically. On the other hand, the impact of an average curriculum on gifted students may decrease their levels of self-efficacy (Quimbo, 2010). Typically, teachers assign gifted students with struggling students for group work; however, gifted students need the opportunity to learn at a higher scaffold. When gifted students are working with struggling students, they are often emphasizing concepts and skills which they already understand. Occasionally gifted students can be paired with struggling students because cooperative work is still beneficial. Research suggests that gifted students should partake in problem solving, creativity, student-directed activities, and independent research on a given topic or concept. Educators acknowledge some precautions for teaching gifted students. If educated on the same level as other students, gifted students may become tempted to constantly perfect their schoolwork. The students may become dissatisfied with the work that they produce and unwilling to have it

represent them academically. Dawson (2012) concludes that although possessing high standards may be considered positive, perceiving higher discrepancy between one's perceived standards and performance has been identified as a core negative aspect of perfectionism associated with higher levels of depression, anxiety, and lower self-efficacy.

If the gifted students do not earn a perfect score on their graded work, they may feel as though they are failures. This is more likely to negatively impact a gifted students' self-efficacy than previous failures. On the other hand, if intellectually gifted students are not challenged with their course work, some students will lose interest in the subject. Underachievement of the student is the probable outcome of an unchallenging environment (Andrews, 2017). In the cases that schools are unable to offer above-grade-level classes, educators should intentionally differentiate the instruction to provide a challenging curriculum. Interestingly, students are likely to show perfectionism qualities if those same qualities have been present in their parents. Self-efficacy determines the nature of the relationship that exists between teachers and learners and amongst learners themselves. It is important for learners to develop and maintain a positive self-efficacy in school. All educational stakeholders play a fundamental role in developing and sustaining SE among learners. When parents, teachers and the learners engage themselves in the creation of an environment and behavior that promote SE, better academic results will be achieved not only in Mathematics and Probability but also in other subjects undertaken by individual learners (Wang, 2018). In addition, teachers should possess relevant knowledge and skills required to effectively deliver the content set in the national curriculum as well as be able to handle learners' challenges in school. From the literature highlighted, learner's SE is indicated by their behavior and motivation in learning. Proactive participation and reduction of negative behavior like smoking, alcoholism and missing lessons are good indicators of positive self-efficacy. Teachers' attributes like communication skills and perceptions determine learners' SE (Beattie *et al.*, 2015). Group dynamics also has influence on the learners' SE. Increased assignments provide learners with better experiences which in turn leads to positive SE and improved performance as well. Learners' SE improves learning motivation and this has a great influence on performance.

5.1 CONCLUSION

On the objective which focused on the knowledge, attitudes, and practices of induced abortion among women in the Igembe community, this study revealed that community members and women in particular, were aware that induced abortion is widely practiced, despite the restrictive legal framework on abortion in Kenya. Community members and women were aware of where to obtain induced abortion services, providers, and methods used to procure induced abortion. The women were diverse in age, and religious background, and induced abortions were performed in secrecy. The study also revealed that traditional methods of inducing abortion are still employed in the community with backstreet facilities offering most of the induced abortion services. It is evident that these backstreet facilities engaged in induce abortion as seen as 'good facilities offering a services most needed by women in the community'. The use of abortifacients (herbs, concoctions or *miti shamba* and traditional techniques (*nkando)* or inserting objects like banana

stalks (*nkoolo)* and unripe bananas were reported as easily accessible home-based methods. Although abortion is not legalized in Kenya, the study established 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 after birth.

6.1 RECOMMENDATIONS

Since community members are aware of facilities where abortion is conducted and yet they do not report or expose them to the relevant authorities, the government law enforcing agencies need to work with the community leaders to implement both the traditional sanctions and modern laws to curb induced abortion.

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