

Abortion Unmasked: A Study of Abortion in Gusiiland

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Abortion has attracted a great deal of media interest and controversy for many years. Many civil society groups and other people who call for legalized abortion have advanced several arguments, for legalizing abortion. First they argue that since the law has failed to change people's behaviour and women continue to abort it futile to outlaw abortion. The high rate of back street abortions has alarmed many people and encouraged the view that the government can reduce deaths due to illegal abortions by providing safe abortions facilities for pregnant women who wish to abort. The study investigated on abortion unmasked and the focus was Gusii land in Kenya. Concurrent mixed methods research design was utilized. The target population was 1185 women drawn from two counties in Gusii. Sampling was through the use of multi stage .Data were collected by use of a questionnaire, focus group discussion and a focus group discussion guide. Data analysis techniques employed were means, frequencies, mean scores, standard deviations and percentages. The finding was that although abortion is illegal in Kenya, it is practised among women in both Kisii and Nyamira counties. The study concluded that both scripture and science offer strong support against abortion, they view unborn as being alive and human. The worst fears of religious leaders were realized in the study. This highlights the need for continuous moral education and law enforcements. The study recommended that the school curriculum should include moral ethical issues. These should be included in all courses at primary, secondary and tertiary levels. The other recommendation was that a system needs to be put in place to ensure that decisions that affect women are taken without taking women's views into account.

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Introduction

Abortion is defined as termination of a pregnancy before the foetus is capable of extra uterine life. Abortion can either be voluntary or involuntary. Voluntary abortion is referred to as induced abortion; whereas involuntary abortion is referred to as spontaneous abortion. Induced abortion occurs when a woman herself or another person interferes deliberately with a pregnancy with the intention of terminating it. If an abortion is not induced then it is spontaneous whether or not the

cause is external like trauma or disease. When, an abortion spontaneous or induced, is followed by an infection, it is called septic abortion; and when the product of conception are retained in the uterus after an abortion (spontaneous or induced), it is called an incomplete abortion. Incomplete abortion is the main cause of hospitalization for abortion complications (popular reports, 1980: F-log)

Most spontaneous abortions occur in the first four weeks of gestation, and then they decline to the eighth month after which they rise slightly.

Some studies from USA have demonstrated this pattern (Bongaarts & Potter, 1983). Spontaneous abortions are not significant in many populations and hence our main concern is induced abortion. Induced abortion is one of the five proximate determinants of fertility as was proposed by Bongaarts in 1978. It is one of the five determinant variables which have an inhibiting effect of women's fecundity. The other determinant variables are of women's sexuality, (2), post-partum insusceptibility, (3) sterility (4) contraceptive use. All these five factors referred to as the proximate determinants of fertility have an inhibiting effect on total fecundity of women in any community. There is sufficient historical evidence to conclude that no societies have achieved low fertility without resources to use of some form of contraceptive together with abortion.

Argument for and against Abortion

Abortion has attracted a great deal of media interest and controversy for many years. Many civil society groups and other people who call for legalized abortion have advanced several arguments, for legalizing abortion. First they argue that since the law has failed to change people's behaviour and women continue to abort it futile to outlaw abortion. The high rate of back street abortions has alarmed many people and encouraged the view that the government can reduce deaths due to illegal abortions by providing safe abortions facilities pregnant women who wish to abort. The decision to abort should be left to each pregnant woman. Second, some abortion rights advocates argue that it is wrong for anyone to force his or her own view of what is morally right on someone else (Nauhans, 1993)

Third, some people argue that it is not wise to make a public policy decision in one direction when there is a wide diversity of opinion within society. There is a widespread disagreement on the issue of forbidding abortion on demand. Therefore, any law that forbids abortion on demand is unjust. They admit that unborn entity does not pos-

sess the full attributes of personhood until some time prior to or after birth-hence to kill an inborn entity prior to its achievement of personhood is not to violate anyone's right. Since there is no whose rights are being violated (Beckwith 1993).

Thomson (1984) cited in Beckwith (1993), argued that even if the unborn is fully human, it is not immoral for a woman to obtain an abortion if she does not want to be pregnant" (p.39). Pro-life legislation is tantamount to advocating compulsory pregnancy. Unborn entity is not full human Beckwith (1993).

The Catholic Church, evangelical Christian and other pro-life advocate vigorously oppose any moves to legalize abortion. They counter the arguments of abortion rights advocate by affirming that the unborn are fully human with "a right life" and termination of pregnancy results in homicide Beckwith (1993). There are many weaknesses in this argument on the basis of biological and scriptural evidence. First, the sixth commandment" though shall not kill" forbids unlawful killing of one human being by another. Life begins at conception and abortion therefore destroys life.

According (OBannon, 1993), life is a continuum from conception to death...a human life has a definite beginning and that beginning is conception(p.142). In any modern embryology, neonatology or obstetrics textbook you will read that human life, in the biological sense, begins t conception when sperm fertilizes eggs and genetic materials is exchanged and reshuffled to form and subsequently orchestrate the development of a new individual." (Wesley, 1993, p.89)

Tortora and Grabowski (1993) identified processes that characterize human life as follows:

All living forms array on certain processes that distinguish them from non-living things.: following are some of important life processes of humans:

1. Metabolism
2. Responsiveness
3. Growth

4. Movement
5. Differentiation
6. Reproduction

(pp.6-7)

God in the Bible states that hands that shed innocent blood are detestable to Him (Proverbs 6:16-17)

Whosoever sheddeth man's blood; by man shall his blood be shed.

If men strive, and hurt a woman with child, so that her fruit depart her, and yet no mischief follows: he shall be surely punished, according as woman's husband will pay upon him: and he shall pay as judges determine. And if any mischief follow, then though shall follow, then though shall life for life (Exodus 21:22-23)

Incidence of Abortion in the World Today

Abortion occurs in every society, and a substantial proportion of pregnancies are resolved by abortion worldwide. However, there is little empirical research on abortion because of scarcity of data on abortion. This is because abortion is a private and highly stigmatized event in many societies. In countries where abortion is likely to be performed by untrained personnel in unsanitary environment with ill equipped facilities, often causing serious complications to the woman. In Kenya, as in many countries where abortion is illegal, it can be allowed when the life of the mother is threatened or in case of rape. Incest or foetal indications like malformations or damage (population reports, 1980:107). Despite this restriction, abortion is common in many countries where it is not lawful.

Abortion in Kenya

In Kenya, abortion is not a recent phenomenon. It has been practised by many years for by certain

communication in the country. For example, in Meru (eastern Kenya), if unmarried girl becomes pregnant, the abdomen was painfully squeezed until she aborted (Bauni, 1989). The Giriama of Coast Province in Kenya are said to have used unripe fruit of the "mudzadji" as an abortifacient when a woman was impregnated by a man who was not her husband. The Luo of Nyanza province are also said to have used medicinal herbs to bring about an abortion of unwanted pregnancy.

Abortion is illegal as spelt out by the constitution of Kenya. Section of the Kenyan legal code relevant to abortion include provisions regarding procurement of abortion (section 158 of penal code), supplying implements of abortion (section 160 of the penal code), and advertising drugs or appliances related to abortion (section 38 of the Pharmacy and Position Acts, Chapter 244)

Although the law is fairly explicit and restrictive regarding abortion, enforcement is lax. Clandestine illegal abortions are being done in Kenya by thousands, but the court cases under this section are very few indeed. Unfortunately, this unsafe abortions are the main procedures that lead to high rate of abortion related morality in Kenya.

In Kenya, medical providers, gynaecologist is particular, have been the major supporters of the adoption of liberal abortion laws. At the 1993 annual scientific conference, the Kenya Obstetrics and Gynaecologist Society (KOGS) organization reiterated its stand on the issue to the extend of pressuring to the cabinet a paper on abortion s a health issue, highlighting the social, economic and health costs to the country resulting from unsafe abortion. In Nairobi, Kenya's capital, abortion related admissions are due to complications from unsafe abortion such as performance of the uterus or infection caused by unsterilised equipment. In many cases women die due to unsafe abortion due to the lack of access to adequate treatment and post-abortion care.

Abortion among the Abagusii

According to the tradition of the Abagusii, there was no abortion in the community because they believed that life starts at the time of conception and therefore nobody has a right to take away life except God. Under no circumstances whatsoever was one allowed to perform an abortion. Even incidents of rape, incest and the like were no excuse for abortion in this culture. However whenever an unwanted pregnancy occurred, a special woman with certain talents used to make the pregnancy stagnate in its growth until the concerned woman gets a husband. This husband could be considered as the father of the child. This is according to the Abagusii culture. This was suspending a pregnancy. The medicine woman could allow the pregnancy grow at the moment she gets a husband. This is how unwanted pregnancy used to be handled in the community. Unwanted pregnancies were suspended for months and even years.

Statement of the Problem

This study started from the discussion the author had with a group of Christians who argued that abortion does not take place in Kisii County because most people are Catholics or seventh day Adventists. This triggered the need to embark on this study. A review of literature showed that not much research had been conducted to investigate the incidence of abortion in Kisii County. Therefore, this study examined abortion in Kisii County.

Research Questions

Answers were sought to the following research questions:

1. To what extent is abortion practised in Kisii County?
2. What are reasons for abortion?
3. What types of abortion are done in Kisii women?
4. Who makes decision regarding abortion in Kisii?

5. What are the views of Kisii men and women about abortion?
6. What is the effect of abortion on fertility?

Significance of the Study

It is hoped that the findings of these study will inform the ongoing debate on whenever abortion should be legalized in African Countries.

Method and Research Design

The research design for this study was concurrent mixed methods research design. Cross-sectional ethnographic research designs were used.

Sample

A total sample of 1185 married women with at least one child took part in the study. 400 respondents were selected from each of the three Kisii districts, Kisii central, Nyamira and Ogembo using multi-stage sampling procedures.

Procedure

Interviews were conducted by the researchers and their assistants. To supplement the questionnaires data on abortion, focus group discussion was done. Focus group discussions were moderated by two married female nurses.

Before the administration of the questionnaires respondents were assured of the confidentiality of the data and that the interview findings were to be kept secret.

Data analysis

Data were analysed using frequencies, percentages, means and standard deviations. Data from focus group discussion were analysed by identifying and falling key response by specific themes.

Results

The findings of the study are presented under the following headings:

Incidence of Abortion in Kisii County

Despite it being illegal, some women still practice abortion. Today skilled personnel using modern equipment in hygienic facilities perform vacuum aspiration and dilatation and curettage, and administer abortion during the first two trimesters of pregnancy with slight risk in Kenya and in Kisii in particular. In, Kenya, safe abortion is conducted by skilled personnel under good conditions in the urban area where facilities are available. However major abortions are clandestine conducted under unsanitary conditions. In Kisii the safe abortions are normally conducted in Kisii town where we have modern hospitals and the other two major urban centres namely Ogembo and Nyamira. Because abortion is illegal in Kenya, most of it is done by private practitioners in private hospitals particularly in Kisii town the urban centre in the region.

However, because of the illegality aspect of abortion and a high cost of safe abortion, a large proportion of women among the Abagusii do self and unhygienic administration of abortion or undergo crude methods or faulty modern procedures using poor approaches. 81 out of a sample of 114 women said they have aborted are less than 24 years old. In Kisii, most women who go for abortion are young and a school going ages. Table 1.9.1 shows the percentage distribution of Kisii women's ages at time they had an abortion according to the data that was collected from the field.

Table 1
Age at abortion, Kisii

Age Group at Abortion	Number of Respondents	Percentage
10-14	10	12.38
15-19	33	40.74
20-24	20	24.69
25-29	12	14.81
30-34	2	2.47
35-39	2	2.47
40-44	2	2.47
Total	81	100

Because data obtained from the a gyadministration of the questioner on abortion was scanty the author decided to conducted a focus group discussion in the three districts of the larger Kisii District i.e. Kisii Central, Kisii North(Nyamira) and Kisii South (Gucha). The participants in the three focus group discussion all agreed that they knew the person who had aborted. Personally, I know of more than 10 persons who have had an abortion in my home in Kisii south. A Gynaecologist at Kisii General Hospital stated that abortions are regularly performed within the larger Kisii district. Abortion is at the moment is a common phenomenon in Kenya in general and among members of the Abagusii community in particular. Rumours from reliable sources has it that performing an abortion is a very secretive affair but lucrative business for many gynaecologists and obstetricians in Kenya. For example, there is a private hospital in Kisii town which is specialized in the performance of abortions. Table 2 shows the number of abortion related admissions of the three Kisii district hospitals namely Kisii General Hospital, Nyamira General Hospital and Ogembo General Hospital.

Table 2
Age at abortion, Kisii

Hospital Area	Year	No. of Abortion Related Admissions	No. of Women Admitted
Kisii General Hospital (Central Kisii)	2007	380	1,200
Nyamira General Hospital (Kisii North)	2007	140	380
Ogembo General Hospital (Kisii South)	2007	80	320

From the above table, it's clear that there are incidents of abortion among members of the Abagusii community. The data that was obtained from the hospital authorities from the admissions of abortion related complications. As a matter of fact many of the abortions are conducted in private hospitals or in risk environments with poor instruments thus posing danger to the victim.

From the above table, it's clear about 78% of the respondents who reported having had an abortion said that they had it before the age of 24 years. It should be noted, however, that the majority of the women respondents denied having had an abortion because they were 1104 making 93.16% of all respondents.

Data that I got from the three main hospitals in Kisii, i.e. Kisii General Hospital, Ogembo General Hospital and Nyamira General Hospital are shown in the table depict that admission caused by abortion are quite a substantial number (600) per annum. All this information put together indicates that indeed abortion among the Abagusii is quite prevalent.

Reasons for Abortion

Respondents were asked to indicate the reason why committed abortion .their reasons are presented in Table 3.

Table 3
Reason why abortion is procured

Other Reasons	f	Percentage
Was raped	2	2.47
Wasn't ready for a child	26	32.09
Partner refused to marry her	15	18.51
Wanted to continue with school	27	33.3
Feared child-care	4	4.93

It is evident from the data in table 3 that the majority of the respondents committed abortion because they were not ready to have a child. We can say that members of the Abagusii community are now resorting to abortion, usually unsafe abortion due to economic hardships of child rearing and effects on one's future life and career development.

Types of Abortions Done in Kisii

Table 4 shows the kind of abortion members of this community resort to. The proportion who go for safe abortion is small (42%) as opposed to those who opt for unsafe abortions (58%). The implication of this finding is that most of the women who go for abortion must more often than not, finding themselves seeking specialized medical attention from major general hospitals of Kisii, Ogembo, and Nyamira.

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Table 4
Types of Abortion Done on Kisii Women

Types of Abortion	Number	Percentage
Self induced	7	8.64
Traditional healers	21	25.95
By a friend or relative	17	20.98
Catheter insertion	18	22.22
Dilatation and catheter	16	19.75
Others	2	2.47
Total	81	100

The abortion situation in Kenya is similar to that in Latin American countries, except Cuba and Puerto Rico, where a large proportion of women consort unqualified personnel or use self-administer method or traditional healers or friends or relative with contaminated or unsuitable instruments which bring serious health consequences. In 1990, the average Brazilian woman had a 25% chance of sooner developing complications of an induced abortion. The odds are similar in Chile, Colombia, Dominican Republic and Mexico and Peru (Anderson, 1998:15)

Who Makes Decision about Abortion?

Most of the Kisii women who had an abortion made self-decision (48.1%), followed by those who made the decision together with a partner (29.62%) and those whose decision was made by the partner alone (8.64%). This data is shown in table 5 below.

Table 5
Person who made decision regarding abortion, Kisii

Decision Maker	Number	Percentage
Self	39	48.15
Partner	10	12.35
Both self and partner	24	29.63
Parents	7	8.64
Don't know	1	1.23
Total	81	100

The data show that most respondents who had an abortion made decisions on their own although the partners were also playing a role in making the decision regarding the incidence of abortion.

Table 6
Who pays for the abortion procedures

Who Paid	Number	Percentage
Self	32	38.00
Self and partner	38	43.25
Parents	7	8.33
Relatives	5	6.00
Others	2	2.40
Total	84	100

Regarding the payment for the settlement of the abortion bills (38%) of the respondents paid for themselves for the abortion to be done. Self or partner was the highest (45.25%). The proportion whose bills of abortion were paid by parents, relatives and other persons were 8.33%, 6.00%, 2.40% respectively.

Most of the women who resorted to abortion were not married (95%); those who were married were a mere 5%. Even if they were unmarried their partners did not want them to have children so they supported the abortion act performed on their partners (54.32%) because they wanted them to complete schooling and they did want them marry them then. Of the married women who resorted abortion, some of them did the abortion without the knowledge and consent of their partners. At the

same time it is observed that 91.67% of those who aborted did it at time when their relation with their partner was not mutually intact.

Abagusii Women's Views Regarding Abortion

When respondents were asked whether they supported abortion, almost all the respondents (95%) said they do not. According to table 6, the main reason given for not supporting abortion are because it is against the will of God (50.21) and its immoral to kill (17.5).

Table 7

Reasons why abortion is not supported in Kisii

Reason	Number of Respondents	Percentage
Against God's will	595	50.21
Immoral to kill	208	17.55
Sin to abort	96	8.10
Defiles body	55	7.96
Others	190	10.27
N/A	41	3.46
Total	1185	100

It's evident from table 7 that the majority (50.2) of the respondents did not support abortion because it is against God's will.

The main reason given for not wanting to have an abortion under any circumstances is because it is against the will of God. This could be probably as a result of the Christian influence in the region because majority of the respondent were Christian belonging to the two main denominations namely, the seventh day Adventist church and the Roman Catholic Church. The faiths of these Christians denomination are strongly against abortion is a sin tantamount to murder.

For the respondents who supported abortion, the main reason for its support was when one has been raped(42.5%) and when one has not planned for a pregnancy (27.5%). When one gets pregnant out of wedlock is another reason given by respondents (18.75%) other reasons were as of complementary

to contraceptives when still unmarried. The later was response of 3.75% of the subjects. The respondents concluded by stating categorically that as in the Abagusii culture an abortion is never considered necessary (98.6) as opposed mere (1.4%) who said that abortion is necessary. Regarding the incident of abortion in Kisii there is adequate evidence that abortions are taking place in this community.

When probed further regarding abortion, the interviewers asked the respondents if they could resort to abortion in case they are raped and conceives as a result of rape incidence. Still, the majority of them said that they couldn't do abortion (78.22%) as opposed to those who said that they could abort to remove the mark of rapist and heal psychologically (21.78%) views regarding how abortion is conducted

Respondents were asked to indicate how abortion is conducted. Table 8 shows their responses.

Table 8

Views on how abortion is typically conducted in Kisii

How Conducted	No. of Respondents	Percentage
In hospitals by doctors	78	6.58
In hidden clinics	370	31.22
In certain area and crude means	233	19.66
Swallowing tablets	50	4.21
Traditional methods	273	23.03
Other	32	2.70
N/A	149	12.70
Total	1185	100

Apparently because these abortions are not undertaken in hospital environment, they are being referred to as clandestine abortion conducted in unsafe environments. According to the table, the proportion of abortion conducted in this community is (6.58%). However (31.22%) said that

abortions conducted in hidden clinics with personnel who may or not be skilled; those conducted in certain areas with crude means were (19.66%) and those conducted using traditional methods were (23.03%) hygienic conditions.

From this table it comes out clearly that the views of members of this community is that abortion is rampant in this area in this area and most of the abortions aren't conducted in hospital where abortions are conducted by trained health personnel under hygienic conditions. However most of them are conducted in hidden places under unhygienic conditions using tender instruments.

About Abortion

Overall the Abagusii of south western Kenya where the average woman has about 5 children in her lifetime may well most likely to combine a strong desire to curb children in her lifetime with limited access to effective contraceptives technology. This then leads to the prevalence of unwanted pregnancies. Abortion then becomes the only option to solve the problem of unwanted pregnancies. During the administration of the questionnaire, women were asked questions regarding their view on abortion. Even if the majority of the respondents said that they had never had an abortion, almost all respondent agreed that they knew a woman who may have had an abortion recently. Some even reported that they knew of married women who may have had an abortion without the consent of their husbands. The focus group was carried out in each of the three districts where members of the Abagusii community live. For instance Nyoochamu from Kisii central remarked "unwanted pregnancies are common these days and only option is abortion to enable the girls continue with education.

Conclusion

Both scripture and science offer strong support, they view unborn as being alive and human. The worst fears of religious leaders have been realized

in this study. Although abortion is illegal in Kenya, it is practiced among Kisii and Nyamira counties. This highlights the need for continuous moral education and law enforcements.

Recommendations

On the basis of the findings of this study, the following recommendations were made:

1. The school curriculum should include moral ethical issues. These should be included in all courses at primary, secondary and tertiary levels.
2. There is a need for religious leaders to put more emphasizes on moral issues.
3. A system needs to be put in place to ensure that decisions that affect women cannot be taken without taking women's views into account
4. Health and social workers should work more closely with religious leaders and teachers to educate people about the dangers of abortion by offering workshops in schools and places of worship

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