

## **Use of Traditional Remedies in Management of Abortion Among Female Students In Masinde Muliro University Of Science And Technology In Kenya**

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**Abstract:** *Although awareness on family planning in Kenya is at 95% for men and 97% for women, many women still find themselves carrying unwanted pregnancies. This makes them end up with abortion as one of the easily thought of avenues out of their predicament. Abortion is usually a very emotional issue when thought of and talked of in the many cycles of populations around the world. The aim of this study was to determine the use of traditional remedies in management of abortion among female students in Masinde Muliro University of Science and Technology (MMUST) in Kenya. The study design was descriptive cross sectional survey utilizing qualitative methods of data collection. The study site was. The study population was 3445. The target population for this study was all female students taking courses at MMUST aged between 18-49 years who had used traditional remedies to procure an abortion. The sample consisted of 109 students who were identified through snow ball sampling method. Data was collected through face-to-face interview using an interview guide. Data analysis was done using the four key themes. Majority of the respondents were single, aged between 18-22 years and of Christianity background. The level of awareness about contraceptives was quite high among the respondents and most of them had used either one of the methods. Method failure and conscious consensus decision for pregnancy were cited as major reasons for the pregnancy. However decisions for termination of pregnancy were reported as threats to relationships and opportunities. The commonly identified method of traditional remedies used were herbs ranging from roots, barks, leaves and ashes. The choice of pregnancy termination was informed by low cost, high secrecy and friendly environment provided. The study recommends a more proactive ways of pregnancy prevention among university students, engagement of students on life choices should be key by all stake holders and relooking at our health care services in relation to abortion to make them more youth friendly.*

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### **I. Introduction**

Although awareness on family planning in Kenya is at 95% for men and 97% for women, many women still find themselves carrying unwanted pregnancies (Asiko & Kipmerewo 2017). This makes them end up with abortion as one of the easily thought of avenues out of their predicament. Abortion is usually a very emotional issue when thought of and talked of in the many cycles of populations around the world (Rocca et al, 2015). The sensitivity surrounding the issue makes many people including the health care workers to shy away from discussing any issue regarding the topic especially away from the work place (ibid). Reports from the East African Centre of Law and Justices show that more than 40% of unwanted births in Kenya are in the general populations. These trend worsens when it comes to teenagers whose report shows the unwanted pregnancies to be at 47%. Although the new constitutions highlighted many issues on abortion in Kenya and provided a framework for provision of safe abortion it is still an elusive reality based on the several issues surrounding it. This is regardless of the fact that the same issues present themselves were the lady chose to proceed and give birth. Kheswa and Takatshana (2014) citing (Ajadi, 2009) reported that for fear of the stigma from the society, female students at tertiary institutions tend to abort or terminate unwanted pregnancies owing to so many reasons ranging from poor socio-economic conditions, rape, uncommitted sexual partners, authoritarian parents and peer influence to unpreparedness of motherhood. Although women new the risk factors associated with abortion and the various methods used in procuring abortion, the stigma related to carrying unwanted pregnancy was too much to bear as reported by the participants. Loss of opportunities for women was also reported by many participant. It was quite evident that caring for unwanted pregnancy and baby by a woman would make her

loose on a lot of things including marriage and jobs (Jayaweera *et al*, 2018). Report by daily nation on second of October 2017 showed that almost half (25.5 million) of all abortion performed in the world are unsafe. Zirabaet *al* (2015) reported that abortion complications are recognized as a major contributor to maternal deaths, there are no recent national estimates of the burden of abortion and its presentation in Kenya. 18% of young women age 15-19 have given birth or are pregnant with their first child 65% of sexually active unmarried women are using a method of contraception, 61% are using a modern method. Male condoms are the most popular method among sexually active unmarried women (KDHS 2014). The cost of the abortion from any provider was ambiguous and in many instances negotiable and depended on the gestational age of the pregnancy. Secrecy, perceived illegality, higher costs of safer methods and general lack of knowledge about safe abortion methods drive women to untrained providers with lower costs (Yegonet *al*, 2015)

Zirabaet *al* (2015) in the study reported that the proportions of women seeking post-abortion care with mild, moderate or severe post-abortion complications was 40.1% and 37.1% of these women had moderate and severe post-abortion complications. Hefurtherreportedthat divorced women, students, and farmers/unskilled women had significantly higher proportions of severe complications compared to the other categories ( $p < 0.05$ )(Ibid).

Traditional methods were also found to play a big role in pregnancy termination The herbs were frequently used intra-vaginally, in some situations the plant species were pounded and placed in the vagina by the traditional provider and in other cases the woman prepared the herbs herself and inserted them in the vagina: apart from herbs, some women were given roots and others powder either to apply to the cervix or drink. The study also received reports of some women usingherbal stick is introduced into cervix and left there to open the cervix and the stick is removed when bleeding starts and the girl is instructed to search medical attention in the hospital at this point later reported at the hospital for treatment (Raschet *al*, 2015)

## II. Methods

The study design adopted was descriptive cross sectional survey on use of traditional remedies in procuring abortion. It utilized qualitative methods of data collection to help understand the phenomenon. This method was appropriate since it helped to understand experience and ideas in relation to use of traditional remedies in procuring abortion. The study was conducted at Masinde Muliro University of Science and Technology (MMUST). MMUST was created by the act of parliament in December 2006. It's located in Kakamega town along Kakamega -Webuye Road. In 2013, it has a population of 10867 student and with 3445 female and 7422 males. The target population for this study was all female students taking courses at MMUST aged between 18-49 years who had used traditional remedies to procure an abortion. The inclusion criteria were female students aged between 18 to 49 years, who had ever procured an abortion using any form of traditional remedies. Those who have never procured an abortion and those who used non-traditional remedies were excluded. Only those who consented were interviewed. The sample consisted of 109 students who were identified through snow ball sampling method. The target was 361 participants which could not be achieved due to the nature of study that required a lot of secrecy and the sampling method used. Data was collected through face-to-face interview using an interview guide after obtaining an informed consent from the students. Structured questionnaire captured information on socio demographic characteristics, Qualitative data was collected through one on one interviews using interview guides with four key questions being asked. Hand written note were taken by the research assistant for later clarification and corroboration. Data analysis was done using the four key themes. Permission to conduct the study was obtained from MMUST. Individual informed consent was obtained from the participants before commencing the interviews. Participants were made aware of the use of information and were informed about voluntary participation. Participants' names were not used; instead code names were used during interviews.

## III. Results And Discussion

### DEMOGRAPHIC CHARACTERISTICS

Three hundred and sixty one female students, aged 15-49 years participated in this study, as shown in table 1, Female respondents pursuing bachelors' degree constituted the biggest proportion (80%) while diploma student were (16%) and only (3%) graduate. Majority of female students were single (68.7%), while (27%) were married and small number 1.7% were widowed. A large number of the respondents (80%) were Christians while small proportion was Muslims.

**Table 1: Socio-demographic Characteristics of Respondents**

VARIABLE	FREQUENCY	PERCENT
AGE		
18-22	49	45
23-27	31	28

28-32	15	14
33-37	8	7
38-42	6	6
<b>Totals</b>	<b>109</b>	<b>100</b>
<b>MARITAL STATUS</b>		
Single	73	67
Married	18	16.5
Widowed	1	0.9
Divorced	5	4.6
Separated	12	11.0
<b>Totals</b>	<b>109</b>	<b>100</b>
<b>RELIGION</b>		
Christian	98	89.9
Muslims	11	10.1
<b>Totals</b>	<b>109</b>	<b>100</b>

### AGE OF RESPONDENTS

The study interviewed a total of 109 respondents. Out of these, majority 49(45%) were aged between 18to22 years followed by 31(28%) aged between 23-27 years. The least in these category was age 38-42 who were six percent of the total population. It is clear from these results that majority of the respondents were falling in the adolescent bracket where risky sexual behavior and peer pressure are quite high

### MARITAL STATUS

Majority of the respondents were single accounting to 73 (67%) of the total population. However on responding to interview questions most of them admitted that although single, they were engaged in relationships they could not categorize. Following this from a far were the married who accounted for 18 (16.5%) and separated 12(11%). The least in these category were the widowed who were made of 0.9%. Most of the married conducted abortion because the conceptus was not of the men they were married to.

### RELIGION

Of the total respondents 98(89.9%) were Christians while the remaining were Muslims. No reference was made to religion in regard to decisions made regarding procuring abortion.

### KNOWLEDGE ON FAMILY PLANNING METHODS

The study sought to find out whether the respondents had knowledge concerning family planning methods. Out of the 109 respondents, 105(96%) of them were aware of the family planning methods and how the methods are used.

One respondent said.... *"I have been to the university clinic on several times, I have been taught about this methods. I know all methods but because my boyfriend visited only once in a while, I chose to use the e – pill which failed this time"*

Another respondent reported that..... *"I have heard of so many methods, friends said safe days are good because there are no side effects. I thought I had mastered the safe days only to discover I was pregnant"*.

*I think all these students know methods of family planning .....(nikutelezatu) meaning..... it was just an error"* said the other respondent

Another respondent said..... *"I know the methods but what about the bleeding and the weight gain when you know that sex is just once in a while"*.

### USE OF CONTRACEPTION

*The researcher sought find out from the respondents if they were using or ever used contraceptive to prevent pregnancy. Majority of the respondents reported to have ever used though cited inconsistencies in the used related to a variety of reasons*

*One respondent said..... "I have used some of the methods, in fact I change method because none has seemed to work better for me"*

*The other said... "I use pills although I find myself forgetting on several occasions. In fact for me to get pregnant I have missed the pills for one week because I was concentrating on exams only to find myself pregnant one month later"*

*I have never used a method of family planning. I thought those are for married people and me I am just a side chick*

*The university clinic for family planning is so exposed that when people see you there they just know you are immoral and so either pregnant or you are going for a contraceptive. Because of these I haven't used any method.*

*"I was using a method then stopped because we had agreed with my boyfriend I stop" .....said the other respondent*

### **REASONS FOR ABORTION**

The researcher sought to know from the respondents why they choose abortion. Majority of the respondent that they feared the stigma associated with having a child out of wedlock. One of them said..... *"Where would I take this child if the father never accepts him especially if he turns out to be a boy"*

Other respondents felt that taking care of a child would be an added burden with one of the respondentssaying... *"Imagine my parents do for me everything then I do a silly mistake and the burden doubles. I don't think I am able to take care of these responsibilities myself then add a child on top"*.

Most of the respondents were in relationships that were or could be jeopardized by the presence of a pregnancy. One respondent said .....*I thought I was ready for the pregnancy with my boyfriend but once he discovered he refused responsibility and threatened my life. For me to end up aborting I had no option and because never wanted any association.*

Another respondent said.....*The man responsible for my pregnancy was one of my lectures. I conceived in agreement with him, but on clinic review I was diagnosed with HIV. When I shared with him my status, he never said a word,stopped coming to my room and the next thing that happened that broke my heart was the same man stated dating my friend .I could not bear the shame of the baby. My boyfriend (sponsor) does not want me to interfere with his family. He only wants sex from me and nothing else. Having a baby means end of the relationship and am not ready for that now. I have everything I need now.*

Some respondents felt that pregnancy would jeopardize their abilities to continue with education. One of them was reported saying..... *"For me having a child now means the end of my education. My father looks at every opportunity to stop paying fees. We are eight in our family and am the first born. I will have ruined the life of all my brothers and sisters"*.

From some respondents the parent child relationship appeared to play a big role in decisions concerning whether to abort or not. Most felt that the kind of communication they had with the parents was too formal that they couldn't think of sharing their predicaments with them. One respondent said..... *"I just found myself pregnant, I can't face my mother, so... what could I do (hatakamaniwewe) ...Even if it was you"*.

### **WHY CHOSE TRADITIONAL MEANS OF ABORTION**

The participants were further asked why they chose to use the traditional means to abort yet there were available so many options that are known to be safe. Majority of them cited the high level of secrecy involved and the cost of modern methods.

One respondent said..... *"I was afraid going to hospital lest they compel me to say the man responsible and he finishes me. But any way the root stick I was given worked magic and so its past tense to me now"*

Another respondent said.... *"The lady I was taken to only needed two hundred shillings from me. It was affordable because in the hospital my friends had told me that I should prepare more than one thousand shillings and at that time it was real hustle for me"*.

*"My friend was given a tablet to insert in the vagina and instructed that when she starts feeling pain and bleeding she should go to the county hospital for completion of abortion. When she reached, she found three people ahead of her and by lunchtime her classmates came to visit her. You can imagine how embarrassing this was and when you go back to class it's like everybody is stealing a glance at you.to make matters worse herboyfriend on learning of this dumped her. To add on that it costed her almost five thousand shillings. You can't be a fool to go through the same".....said one participant.*

*Another participant said..... "I went because I was told how good the service was and indeed it was. No one quarrels to you, the communication is sweet and even the pain and bleeding is less. In fact I have sent so many people to this golden lady"*

*"The service is cheap and sweet, the lady shows a lot of concern as if she was your own mum. I would recommend any body I know in such a dilemma to go and see her. You know when you are stressed you only need an understanding and encouraging person"..... Said another.*

### **IV. Discussions**

The study agrees with the findings of Asiko & Kipmerewo (2017) that the level of awareness concerning family planning methods is quite high. However the question that will keep on lingering in our

minds is why then the high levels of unwanted and unplanned pregnancies. Cuesta (2016) found that majority of the university students used a family planning method at one point this results are congruent with my findings on the same. It clear that lack of consistency in use and method failure for some could have led to the unwanted pregnancies. This is because in the study on use of emergency contraception among university students, 73% of students who went ahead to have an abortion had used EC (Ibid).

Jayaweera *et al* (2018) reported that although students were aware of contraceptive methods and their availability at public health facilities, fear of stigma and discrimination from health providers hindered their access leading to unwanted pregnancies conquering with my study that the need is not knowledge nor availability.

Ziraba *et al*, (2015) in the study on unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors reported that delays in seeking care occur due to a number of factors including ability to pay for treatment and this is highly alluded to in this study where most respondents felt that the cost for having the procedure done in a health care facility was not within their reach as students as much as the researcher would agree with the practice of induced abortion being associated with the respondents age as found out by Oyefabiet *al*, (2016) on the Prevalence, perceptions, consequences, and determinants of induced abortion among students of the Kaduna State University, Northwestern Nigeria as majority were within age 18-22 years, key from this study was the fear of the consequences and loss of opportunities such as education and relationships that drove the students to have abortions.

A study by Gelaye *et al*, (2014) on magnitude and risk factors of abortion among regular female students in Wolaita Sodo University, Ethiopia reported that (96.9%) were induced abortions out of which 34% were self-induced. Looking at the case in my study it simply shows that the rate at which the university students induce abortion can be quite high and on wonder the use of traditional remedies

## RECOMMENDATIONS

Basing on the findings, the study recommends more proactive ways of pregnancy prevention among university students.

Engagement of students on life choices should be key by all stake holders.

Relooking at our health care services in relation to abortion to make them more youth friendly

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