

Men, Women, and Abortion in Central Kenya: A Study of Lay Narratives

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This article examines lay narratives about abortion among adult men and women in Nyeri district, central Kenya. The women studied do not champion or defend abortion and they do not necessarily condemn it. To them, abortion shields not merely against the shame of mistimed or socially unviable entry into recognized motherhood but more importantly against the negative socio-economic consequences of mistimed or unnecessary childbearing and inconvenient entry into motherhood. The men, on the other hand, were generally condemnatory toward abortion, viewing it as women's strategy for concealing their deviation from culturally acceptable gender and motherhood standards. Induced abortion will persist in Kenya not primarily because it protects against the shame associated with mistimed childbearing and entry into motherhood, but largely because women associate mistimed childbearing and inconvenient entry into motherhood with poverty and loss of marital viability. Kenyan women seeking abortion may also continue to rely on poor quality abortion services because qualified providers who clandestinely perform abortion charge prohibitively.

Key Words: abortion; central Kenya; gender; men; pregnancy; women

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INTRODUCTION

In Africa, as in many parts of the world, induced abortion remains a popular topic of passionate and acrimonious debate (Kinoti et al. 1995, 2004; Mitchell et al. 2006). Currently however, the din surrounding abortion in the African public arena contrasts sharply with the paucity of empirical information regarding how it is viewed by “ordinary” men and women (Mitchell et al. 2006; Nyanzi et al. 2005; Rossier 2007a, 2007b). Indeed, while many important publications have emerged addressing several issues surrounding induced abortion, lay beliefs and views related to abortion remain insufficiently explored. Also, where it exists, research on lay beliefs and views on abortion in Africa has relied largely on quantitative surveys and structured questionnaires, which are hardly able to reveal the cultural, contextual, and social issues, folk ideologies, and meanings so critical to making sense of abortion as a human social behavior (Rylko-Bauer 1996; Mitchell et al. 2006).

In the search for alternative approaches for understanding abortion as an important human behavior, researchers have sought qualitatively rich data about lay views and meanings associated with induced abortion in Africa. To date, such studies have investigated the rationales for the often hidden and stigmatized practice of abortion in Africa; analyzed experiences of abortion; clarified the ways that stigma, poverty, shame, and societal pressure drive choices related to abortion in the region; and gauged the influence of pervasive public discourses in shaping perceptions and attitudes related to abortion (Barker and Khasiani 1992; Mitchell et al. 2006; Webb 2000; Koster-Oyekan 1998; Varga 2002; Nzioka 2001a, 2001b, 2004; Ipas 2004; Rossier 2007a, 2007b). A key criticism of these studies is that they leave real gaps in our understanding of variations in lay perceptions of abortion in Africa. Consequently, information on the diversities in lay views about abortion in the continent remains limited. Scientific knowledge of the issues that produce and inform these differences as well as their implications for abortion also remains partial, suggesting an urgent area for further research and contemplation.

The research described in this article offers a switch in thinking. Here, we place the contextually rich views of adult Kenyan men and women on abortion in sociocultural perspective. One of our goals is to analyze variations in lay representations of abortion among adult men and women in central Kenya. Scholars have recognized gender, the socially constructed ways of being male or female, as a key aspect of human social existence. It shapes the way we understand events around us, the way we live, and even die (Connell 2002; Gupta 2000). A great deal of recent research suggests that girls and boys, and men and women, have different forms of social

organization and tend to reason quite differently on matters related to health and reproduction (Kyratzis 2000). The present article builds on existing research on the matter of gendered narratives of abortion which, as we briefly show below, has yielded very critical and important insights.

In a study of traditions and gendered narratives of abortion among women in rural Jamaica, Sobo (1996) blamed instabilities in the cultural meaning of abortion for its persistence. Although not condoned because it subverts the meanings of kinship and parenthood, abortion persists in Jamaica because gendered beliefs link it to folk health ideologies and practices that encourage the early ejection of blockages and toxins and support the timely and necessary riddance of delayed menstruation seen as potentially dangerous to the health of women and girls. Renne's (1996) analysis of lay practices and perceptions of abortion among Yoruba women in Nigeria also concluded that gendered beliefs about conception, fetal development, and fertility sustain abortion as a form of birth control, despite the availability of other options.

In southern Cameroon, Johnson-Hanks (2002) found that a key motivation for relying on abortion to control fertility was the popular belief that the sociocultural and moral consequences of mistimed entry into recognized motherhood were much graver than and outweighed those of abortion. Despite their condemnatory attitudes toward abortion, the women Johnson-Hanks studied practiced abortion with some regularity. The women's belief that abortion is "the lesser shame" thus placed it within a local value system of gendered honor and social decency. Liamputtong (2003) also argued that local beliefs that only older Hmong women who already have many children were entitled to abortion exert considerable pressure among Hmong women wishing to control their fertility. Liamputtong implies that younger Hmong women wishing to control their fertility may be influenced by this pervasive cultural discourse: they could be coerced into clandestine and unsafe sources of abortion as they attempt to retain respectability and avoid stigma. In Uganda, where the law is currently very punitive of men who extramaritally impregnate school-age girls, Nyanzi et al. (2005) uncovered conflicting constructions of abortion among men. Interpretations of abortion among these men constituted it as both a "dependable savior" and a "deceptive sin." Abortion saved men from the risks of going to jail for impregnating a minor, paying a heavy fine, changing residence, denying one's own blood, or being forced into marriage. It also made them feel guilty, conflicted, and sorrowful.

Taking these important leads, the current article enlarges scholarly understanding of abortion-related beliefs by juxtaposing the voices of "ordinary" Kenyan men and women on abortion. We show here that the abortion-related beliefs of Kenyan men and women differ markedly in a

number of important respects. Kenyan women in the study do not advocate or defend abortion and they do not necessarily condemn it. Rather they recognize it as a strategy for managing the risks of socially unviable motherhood. Like their southern Cameroonian counterpart studied by Johnson-Hanks, Kenyan women recognize that abortion does shield against the shame of mistimed or socially unviable entry into recognized motherhood. But unlike them, the Kenyan women we investigated emphasized abortion's protective role against the negative socioeconomic consequences including poverty, loss of job, divorce, abuse, loss of marital viability, social exclusion, and poor educational outcomes, which reportedly result from mistimed childbearing and impromptu entry into motherhood. We do not say here that Kenyan women do not associate mistimed or socially unviable motherhood with shame. Of course, some young girls and women in Kenya resort to suicide under such circumstances, and their rationale is often described in terms of a combination of hopelessness and shame (Mutungi et al. 1999a, 1999b; Luboga 2004; Kinoti et al. 1994).

Simply put, our point is that among the women we studied, mistimed motherhood was not so much associated with dishonor as it was with poor socioeconomic and livelihood outcomes. The men, on the other hand, were largely condemnatory toward abortion, viewing it as women's immoral strategy for concealing their deviation and plunge from culturally acceptable standards of motherhood and wifehood. Their condemnatory attitudes toward abortion did not hinge on their superior morality. Rather, it was about a certain anxiety that women resort to abortion when they use their reproductive capacity and sexuality in ways that challenge male control of women's body and sexuality.

Dissimilarities in the abortion-related views of Kenyan men and women elaborate and reflect gendered struggles and concerns regarding the meaning and purpose of motherhood and sexuality as well as the control over household resources and power. These differences also have immense implications for abortion-seeking in Kenya, where due primarily to cultural traditions and gendered poverty, women rely heavily on men for many things, including resources for quality health care (Government of Kenya 2000; Silberschmidt 1999, 2005; Silberschmidt and Rasch 2001), and where owing to the illegality of abortion, qualified personnel provide it clandestinely and charge exorbitantly (Mutungi et al. 1999a, 1999b; Luboga 2004; De Capua 2006). Given the generally low socioeconomic position of women in Kenya and the association of mistimed entry into motherhood with negative socioeconomic and livelihood outcomes, we suggest that Kenyan women will continue to resort to induced abortion not simply as a form of protection against shame but primarily as a shield against poverty and loss of economic and marital viability. We also note that Kenyan women seeking abortion

will likely continue to rely on cheap and poor quality services—those are not only much easier to obtain without involving men but are also much more affordable than the services of qualified personnel who surreptitiously provide abortion. Essentially, Kenyan women are not inactive social agents haplessly struggling against the double odds of low socioeconomic status and male privileging cultural norms. They make choices within the structural constraints of culture and economics. The present article therefore highlights abortion as one of the choices that Kenyan women sometimes make in the face of socioeconomic and cultural constraints.

In what follows, we briefly highlight trends related to abortion in Kenya. This is followed by a discussion of the methodology of the study. The rest of the article presents the findings and results and discusses their implications.

THE CONTEXT

There is ample evidence that induced abortion occurs in Kenya and that the bulk of it happens clandestinely, with the help of untrained providers (Lema, Rogo, and Kamau 1996; Ombaka et al. 1998, Kamara 1999; Rogo et al. 1999; Mutungi et al. 1999a, 1999b). According to the National Coordinating Agency on Population and Development (NCAPD), although nearly half of young Kenyans, aged 15 to 19 years, reported engaging in sex in 2003, only 11 percent of the female youth admitted using modern contraception (NCAPD 2003). Many of the pregnancies that result from these activities are aborted. One analysis estimates that approximately 62 percent of total hospital admissions related to abortions was induced or likely to have been induced (Mitchell et al. 2006). Hospital-based studies also show that unsafe abortion is a major cause of maternal morbidity and mortality in Kenya. Annually, complications arising from unsafe abortion account for 20 percent of maternal deaths in Kenya. Up to 60 percent of the annual total gynecological emergency admissions in Kenya also result from abortion-related complications (Gebreselassie et al. 2004). The annual incidence of incomplete and other abortion-related complications per 1000 Kenyan women aged 15 to 49 is 3.03, while the mortality rate stands roughly at 2 to 3 deaths per 1000 abortion-related admissions (Gebreselassie et al. 2004).

Pregnancy is the second major cause of secondary school attrition for Kenyan girls (Mitchell et al. 2006; Murray et al. 2003), prompting speculations that the high incidence of unsafe abortion among secondary school girls may be the result of the continued extra-official expulsion of pregnant students from Kenyan schools (Mitchell et al. 2006; Odaga and Heneveld 1995). Newspaper and other reports of deaths resulting from unsafe abortion are common in the country. The Kenyan Constitution endorses

the right to life of all people within its borders, permitting abortion only when it is aimed at the preservation of the life of the woman (Government of Kenya 1985). The provisions of the law notwithstanding, therapeutic abortions remain rare in the Kenyan public health system. Speculations are that the rarity of abortions in the public health system is responsible for the view among Kenyans that all cases of abortion are illegal. In one study, the bulk of young people interviewed did not know that the law does not entirely prohibit abortion (Mitchell et al. 2006). In the main, the country's law criminalizes abortion and felonizes supplying the implements of abortion. Statutorily, "the killing of an unborn child" is a crime in Kenya while concealing a birth is defined as a misconduct (Gebreselassie et al. 2004). Some evidence of attempts by the Kenyan government to prosecute abortion providers is also available. At least one male medical doctor has been known to go to court to reclaim his license seized by the government on grounds that he performed abortion.

In several popular and educational texts that circulate in Kenya, induced abortion is demonized and associated with negative social, mental, and health outcomes. Some of these texts also construct an anti-abortion stance as a key trait of the proper Kenyan citizen (Otiende et al. 2001; Mitchell et al. 2006). For instance, Masolo and Ongonga's (2001) *You and Your Society*, a Social Ethics pamphlet explicitly states that:

Imagine that something destroyed the fertilized egg from which you were developed two months after conception. Do you think you would be here today? Don't you think that you are alive and valuable to us today because that egg was not interfered with?

The above context of misinformation, restrictions, and criminalization of induced abortion provides the background against which the present study investigates views surrounding induced abortion among Kenyan men and women. Three key questions are raised here. How do adult men and women in Kenya perceive abortion? What variations and similarities exist in their attitudes and views about abortion? How do these connect with and elaborate beliefs and practices related to power, reproduction, gender, and sexuality in Kenya, and what are the potential implications of these views and attitudes for abortion trends in Kenya?

METHODS

Data for this article came from a study that sought to clarify factors associated with fertility dynamics in Kenya. We conducted the study against a backdrop of frequent stock-outs of family planning drugs in government

facilities and mounting evidence of stalling fertility transition in Kenya (Ndhlovu 1998; Population Council 1998; Family Planning Service Expansion and Technical Support 2000). The study originally focused on family planning and fertility control but later incorporated a focus on abortion as it emerged as a recurrent theme in narratives collected during the pilot phase of the study. Research for the study took place between 2002 and 2003 in Nyeri district, central Kenya, among a sample of 74 purposively selected rural and urban married men and women aged 25 and older. Nyeri is part of Kikuyuland. In Kikuyu culture, men not only define themselves as the dominant sex but also tend to suspect the wisdom and morality of women (Kariuki 2003). The Kikuyu male consciousness conforms to the general concept of “masculinism” and is aptly demonstrated in many of their cultural norms (Davison 1989).

Women’s sexuality also constitutes a key site where Kikuyu men’s control over women has historically and regularly been performed and realized (Kenyatta 1965). Worthman and Whiting (1987) stated that in the indigenous Kikuyu background, the most important role of maidens was to strengthen the social fabric of the Kikuyu society by providing sexual entertainment to Kikuyu bachelor warriors. Even today, *Mungiki*, a Kikuyu male sociopolitical and religious cult group, continues to dramatize the presumed superiority of men to women by openly harassing and flogging Kikuyu women who wear trousers on grounds that they seek equality with men (Makokha 2000). Recently, the group announced that all women intending to live in Central Kenya, the ancestral homeland of the Kikuyu, should never wear trousers, arguing that women’s quest for parity with men begins when they wear trousers.

However, Kikuyu women are also very agentive. Both folklore and anecdotal evidence represent them as a people with an avid appetite for freedom, wealth, and comfort (Brinkman 1996; Kruger 1997; Nelson 1987). Stories of Kikuyu women poisoning or murdering their husbands to escape their control or to inherit their wealth or who abandon their families to pursue wealth or to flee hardship frequently circulate in Kenya. Such stories feature frequently as local gossips and media news and entertainment. Kenyans also generally believe them to be probable (Anonymous 2007; Opegu 2006).

We used a focus group interviewing schedule—administered by eight Swahili- and Kikuyu-speaking female and male social science graduates with high-level experience in conducting qualitative interviews—to collect data for the study. A section of the instrument specifically sought what respondents knew and thought about abortion as well as the conditions under which they felt abortion should be permitted; we also asked about their experiences with abortion as well as feelings about the prevalence of abortion. Altogether, there were 12 focus group discussion sessions (FGDS), comprising between

six and ten participants matched with respect to age, sex, and residence. We conducted the discussions in Swahili, the Kenyan national language, had them audio-recorded, and then later transcribed into English. We adopted an ethnographic, inductive approach involving thematic examination of the narratives to analyze the data (Higgins, Hirsch, and Trussell 2008). This frequently involved the continual investigation of the themes emerging from the data for categories, linkages, and properties (Waskul et al. 2007). In many instances, we use verbatim quotations to illustrate responses on relevant issues and themes. The data used in this study have also been thoroughly anonymized, and only pseudonyms are used in the article.

Finally, it is important to acknowledge some drawbacks of the present study. In particular, the sample is very small, comprising only a very small number of married Kenyan men and women aged 25 and older. Further, by choosing this age category we left out a large chunk of the sexually active population, which raises need for caution in generalizing the findings. It is also not unlikely that the focus group setting under-represented some of the more positive views about abortion. There were also no mixed focus group discussion sessions to enable us to gauge issues of social desirability and power across gender and generation. These notwithstanding, the information we elicited is, to a large extent, dependable.

AWARENESS OF INDUCED ABORTION

Awareness of the reality of induced abortion was considerably high among the participants, with many of them describing abortion as a familiar or frequent occurrence in their community. While nearly all the participants admitted to knowing or having heard about women in their communities who had sought or obtained induced abortion, participating men were more likely than the women to exaggerate the incidence of abortion and to dismiss it as an immoral behavior. One urban-based man argued that nearly everybody in Nyeri knew that abortion occurred daily in the area and suggested that women and girls obtained abortion regularly and that men are rarely consulted and informed because “men wouldn’t condone such immoral behavior.” His conclusion was that “abortion is very common here.” Several rural men also claimed to know enough of their rural communities to confidently say that several girls die annually in the community while trying to abort with crude methods.

Male participants of varying ages assented to the view that abortion was very common. Their own wives, wards, and daughters may have even sought or procured abortion without their (the men’s) knowledge. It was difficult for men to know the scale of induced abortion as it was often

clandestinely performed without consulting them. One urban man believed that “even your own wife can get pregnant and not tell you . . . you will only notice it after many months . . . and when you ask, she will say ‘ah I thought you knew’. If she wanted to abort that baby she will and you won’t even know.” Participating men’s insistence that abortion is pervasive did not stem from any pragmatic evidence. Rather, it hinged on a persistent assumption that women were naturally immoral, tending to be more so when they act outside men’s oversight. The men’s penchant to depict abortion as very prevalent has particular resonance. Lindenbaum (1987) noted that local beliefs related to reproduction are laden with an implicit recipe for social reproduction. Men thus appear wary of women’s reproductive practices and secrets, especially those that cast doubts on the men’s authority over women’s sexuality and reproductive capacity. Men’s anxieties over women’s reproductive secrets prompt them to be overtly concerned about and to relentlessly monitor women’s fertility and sexuality. The men’s belief that abortion was very prevalent and often occurred without their knowledge thus not only reflected their anxieties about women’s reproductive secrets but also tended to justify their claim that women need close monitoring to act properly. One rural middle-aged man believed that women were secretive and often up to something evil and immoral. Unless husbands “kept their eyes wide open (are vigilant),” he said, women will do many ridiculous things surreptitiously. They would even get pregnant by other men and abort the pregnancy from their own husbands. “Men just have to watch women closely,” he asserted.

The men we worked with regularly blamed women’s infidelity for many problems in the society, including juvenile delinquency. One man asked, “How else can you explain that one of your children is a thief when you are not a thief and the rest (of your children) are well-mannered? You will just know that that child is not your blood. When women get pregnant from outside they abort . . . because they know the child will behave and look different from them.” The men also clearly insinuated themselves into the reproductive process, frequently arguing that without their control and supervision of women, the women would do so many heinous things, including getting pregnant by other men, obtaining abortions, and deploying their sexuality in immoral ways. At closer probe, men’s belief that abortion was rampant and their consternation toward this trend derived largely from an anxiety over women’s control of their own reproductive capacities and sexuality. To the men, abortion represented their potential loss of control over women’s reproductive capacity. Brinkman’s (1996) observation is that Kikuyu men define themselves as moral gatekeepers and frame women as gullible and bereft of self discipline, and therefore always in need of guidance from men. Browner and Perdue (1988) also argued that men’s

desire to control women's fertility and sexuality often lead them to assert themselves onto the reproductive process and to privilege their roles and contributions in successful and proper reproduction. While elaborating the beliefs of participating men about women's bodies, sexual reputation, and moral capacities, the available narratives clearly point to the dynamics of cultural norms that encourage men to view women and their bodies as objects of control and to stigmatize women who act outside the suzerainty and control of men (Petchesky 1987, 1990; see also Ezeh 1993).

On the other hand, while frequently acknowledging that induced abortion was not uncommon, participating women did not necessarily admit to its high prevalence. Ma Alice, a rural older woman, acknowledged that stories of abortion and about women seeking and obtaining it frequently circulate in the community; but she asserted that "not all of them (i.e., the stories) are true." Ma Alice believed that whenever a woman or girl gets sick, rumors often begin to circulate that she has had an abortion. In the longer narrative, she admitted personal knowledge of several girls and women about whom unfounded stories of abortion had been circulated sometimes by their own male relations. Capturing the sentiment of many participating women, she noted that abortion is often very secretive because not everybody appreciates it. "Those who do it know why they do it but those who don't support it would say many bad things about them. So women do it secretly." Abortion occurs among women and girls, she admitted, but not as commonly as people thought. Ma Alice also openly challenged the view that all abortion is immoral.

Women's narratives firmly disputed the view that women hide their abortions from men because it is immoral. To the women, the decision to seek abortion was not only legitimately women's but also one that men need not necessarily be informed about. Letting men know about one's intention to undergo abortion is improper and risky, the women said. Men may not understand a woman's decision to seek abortion and could also sully the reputation of women by putting such information to negative use. Lending support to Rapp and Ginsburg's (1991) argument that women's reproductive experiences are sources of power for them, the women frequently noted that keeping one's abortion secret from men is often essential to sustaining their respectability. Reproductive secrets provide women a power base as well as a site for resistance, furnishing them resources for attaining reproductive autonomy, especially in contexts where their fertility is relentlessly monitored by men (Browner and Perdue 1988; Reid 1979).

Admissions that induced abortion is neither a new phenomenon nor the exclusive predicament of single women and girls dominated the narratives. Induced abortion had always occurred and will continue to occur among women of all marital statuses. While abortion appears prevalent

among young and unmarried girls, the popular sentiment was that “many married women . . . also do it.” Men also widely supported this outlook, with one of them noting that “Young girls are mainly the ones who do it but many married women also do it. Some even conceive with their husbands and do it . . . and you will never know as a man. She will then recover.” Most abortions were reportedly clandestine and very unsafe; considerable awareness existed regarding the stringent conditions for obtaining legal abortion in Kenya. Indeed, several participants mentioned the intolerant nature of Kenyan abortion laws as a key reason women resort to quacks or crude methods of abortion, often with disastrous consequences. They also expressed awareness regarding the inequities existing in access to safe abortion in Kenya. Abortion fatalities were reportedly most common among poor and underprivileged women and girls, while the rich obtain abortion from qualified doctors without much constraint. The rich thus reportedly “go to private clinics and have it done by the doctors and you won’t even hear about it” while “the girls and women who die from bad abortion are those who don’t have money to go to proper doctors.”

As younger persons, participants had known or heard of women, including female peers, who underwent induced abortion. Many of these peers reportedly died in the process. In 1972, one responding woman was in the same class (standard seven) with a woman who took concentrated tea leaves to abort a pregnancy and died. While attending school at Kimandi in 1974, another respondent knew the daughter of the community’s sub-chief whose boyfriend took her to a quack for an abortion. Things also went wrong and she bled to death on the roadside. Participants were generally aware the safe abortion services exist in Kenya, but noted that the illegality of abortion in Kenya encourages qualified providers to operate clandestinely and charge exorbitantly. Several Kenyan women were described as poor and unable to afford such services. They therefore tend to resort to cheap but unsafe abortion methods and providers, confirming the argument that the illegality of abortion not only drives the cost of obtaining it up, and often out of the reach of many poor people (Hassan 2003).

WHY WOMEN ABORT

Fundamental differences are discernable in men’s and women’s explanations for abortion. To the women, abortion does not merely shield against the shame of mistimed or socially unviable entry into recognized motherhood but also and more importantly, against the negative socioeconomic consequences of mistimed childbearing and impromptu entry into motherhood, including poverty, loss of job, divorce, abuse, loss of marital viability, social

exclusion, and poor educational outcomes. Mistimed motherhood was not just a school-girl problem. Sometimes, married women also become pregnant accidentally, as confirmed by one perceptive rural female who admitted that “those of them who are married . . . sometimes we do not want to get pregnant again . . . we may want to stop or even delay, but then we get pregnant and some really feel bad about it.” Among the women, mistimed pregnancy was associated with poor social economic and livelihood outcomes. It could result in hardship, misery, and lost opportunities for women. Articulating the mind of other responding women, one urban female interlocutor noted “what I see is that women and girls seek abortion when they fear the implications of a pregnancy . . . they are afraid that they will suffer hardship . . . not just that people will laugh at them . . . but they know that they will have problems with their lives if they allow the pregnancy to stay, so they prefer to abort.”

The women acknowledged abortion as a key strategy for managing pregnancies that women/families do not want, that they were not prepared for, that would worsen their economic circumstances, or that would conflict with their wellbeing and future aspirations. Women could also seek abortion for pregnancies that would give men a reason to divorce them or make them lose key social opportunities, including marital viability. The wantedness of a given pregnancy depended on a number of social, economic, and psychological factors. At any point, according to the women, a wanted pregnancy could become unwanted and an unwanted one wanted. Driving this point home, an urban female participant noted that “maybe today . . . she was happy to get pregnant but tomorrow she may think differently . . . she may say ‘ah this pregnancy is not good for me now. It will prevent me from doing this or that . . . doing my business, going to work or school’ . . . so she finds a way to abort.”

Economic factors, particularly poverty and lack of resources, received regular mention as the primary issues that motivate women to seek abortion. Wanake, a rural mother, told us that when a couple is not financially stable enough to have another child and the woman conceives, she could seek an abortion, sometimes without even telling her husband. Further buttressing the economic motivation for induced abortion among married women, it was noted that “women would mainly abort a pregnancy . . . if they conceive by accident.” The women generally defined “conceiving by accident” in terms of “women feeling that they or their households are unprepared for a particular pregnancy.” In the words of one responding female:

If she is married, and she sees that she has children at home and these children are suffering and she is also suffering. And this husband . . . maybe he is not

concerned much about the situation . . . the woman may say if I have another child poverty will continue to increase. So it is better if I abort and so she aborts.

Women's narratives often alluded to abortion as a rational choice. The importance of abortion in the context of limiting reproduction and in women's negotiation of more rewarding and respectful future lives for themselves thus received emphasis, with narratives detailing how mistimed pregnancies and inconvenient entry into motherhood could condemn women to lives of misery and hardship. Sentiments supporting this view included that single women resort to abortion to avoid dropping out of school or losing out of important life opportunities and prospects (such as good jobs and future better life, including marriage) and that abortion helps married women maintain good health and remain economically productive. Personal knowledge of women and girls whose lives have been negatively affected by unplanned and mistimed motherhood was also commonly reported by responding women, with one female respondent citing a friend who was "experiencing so much hardship today because she had a fifth child." According to the relator, this friend always tells her "if I had known I would have stopped at three or four children."

The women dwelt long on how large family sizes, poor livelihood conditions, and economic uncertainties make childrearing difficult. While accidental pregnancy often occurs, very few parents, they often noted, like to bear children that they are unable to care for. Offering insights on this, one woman observed that "among the married ones, you may have tried family planning pills without success and yet one does not want to have tubal ligation, so if you conceive . . . and you feel like you are not capable of raising such a child, you can decide to go for an abortion." The same situation was also frequently extrapolated to the pregnant schoolgirl whose desire to go on with her studies and become useful to herself may drive her to seek abortion. Of course, the narratives also strongly invoked shame as part of women's motivation in seeking abortion. Yet, much more common than arguments supporting shame as a primary motivation to seek abortion were affirmations that abortion was a behavior that primarily protects women against negative livelihood outcomes. One urban female participant was very apt on this:

Even married women seek abortion . . . if the pregnancy is not their husband's . . . She may fear that her man will discover and divorce her and she will suffer in life. She may also not want the child and she has not gone for family planning and she will tell herself 'I am not going to have this one (child) because I have lots of problems or it will cause me to have problems . . . she goes looking for those people (who provide abortion).' . . .

Childbearing that could worsen the livelihood conditions of a woman or household, lead to job loss or divorce, keep girls out of school, frustrate their prospects, and reduce their life chances or threaten the health of a woman were considered unviable and risky. One urban woman argued that some women even seek abortion for pregnancies that would stop them from going to work. Similar sentiments were also frequently voiced by rural respondents. "Others do it because they don't want to have children outside marriage, so when they get pregnant and the man does not appear ready to marry them, they go for abortion because they fear that having the baby alone will be a burden for them," offered one woman.

On the other hand, men's narratives suggested that abortion were women's strategy for concealing their waywardness, unfaithfulness, and promiscuity. In the indigenous past, the men regularly told us, women respected men and the mere fear that a child would at birth not resemble his father prevented them from having extramarital relations. Urbanization, education, and other modern processes have, however, changed women. They were now both disrespectful of men and local values and also deeply depraved, the men said. Clement, a rural man in his late 40s, contextualized abortion within the framework of women's attempt to conceal their illicit sexual affairs. He said that women were often aware of the implications of giving birth to children who did not look like their husbands, which included divorce. "It is often when she knows for sure that she had conceived outside marriage that she goes for abortion . . . to avoid the trouble that will follow the birth of the child. Things are different now. It was not like this during the days of our fathers. Women now do all their evil and abort when they become pregnant." Clement's views were echoed by several other male participants, many of whom wondered why women (particularly those who were married) would seek an abortion if they were sure that the pregnancy belonged to their husbands. One urban male thus argued that it was "often when women have extramarital sexual relationships and get pregnant in the process that they try to get rid of the pregnancy." Women's promiscuity and sexual waywardness as key issues in women's resort to abortion also found expression in the following view:

The main thing that leads women, especially married ones, to seek abortion is when they have extramarital sexual affairs. If she gets pregnant in the process, she will abort. If she knows the child will not look like the husband she will abort.

Another man added:

If a woman commits adultery . . . when her husband was somewhere else . . . say in Nairobi. And they have not been together and this woman is moving

around because she thinks she is now educated or free. . . . And the pregnancy is 'big' . . . that if she went to her husband she would be chased. That pregnancy has to be aborted. So those are the major things that happen and make women seek abortion.

For several participating men, girls and unmarried women were increasingly engaging in premarital and extramarital sexual relationships in clear contravention of gender norms. Modernization, they said, has encouraged women to be wayward, promiscuous, and disrespectful toward their husbands. Claiming that it is only respectable for women and girls to have sex in marriage, the men often argued that abortion was wayward girls' and unfaithful women's strategy for concealing their immoral ways.

Whilst the general tendency among the men was to associate abortion with women's promiscuity, a few of them blamed it on men's excesses. Samuel, a rural male in his forties, said philandering men were responsible for pushing young girls into abortion. Some men also cause their wives to seek abortion through unplanned pregnancies. Unsupportive attitudes of men toward their wives and daughters, unfaithfulness, and pervasive stigmatizing and hostile attitudes toward childbearing outside marriage were other factors Samuel identified that could lead women to seek abortion. He made the point that:

A young girl may be afraid of the father, who is very harsh . . . always threatening saying 'if you bring a child here I will kill you.' So when she gets pregnant and because she does not want to be killed . . . she goes for abortion.

Maltreatment, rape, incest, and violence were also reported as other key factors that sometimes forced women to seek abortion. Mary's view was that only a few women will happily bear children conceived from abusive sexual situations. When raped and maltreated, "women may find a way to abort . . . they don't feel happy carrying such pregnancy and bearing such a child," she said. Unfaithfulness and irresponsibility by men were other reasons that prompt women seek abortion. These reportedly prevent men from becoming dependable husbands and partners during pregnancy or accepting responsibility for pregnancies. The instrumentality of abortion to women's search for good quality life was further articulated by one respondent who noted that a girl may also decide to abort if she discovers that the would-be father is irresponsible. "Maybe he is moving around with other women. The girl can decide to abort the pregnancy as the man will is not a responsible husband. If she goes on to have the baby she will just be punishing herself."

HOW WOMEN ABORT

Several methods of inducing abortion were known to the participants. These include the use of doctors and other providers (chemist shop operators, traditional healers, and nurses); the insertion of sharp objects such as bicycle spokes, tree branches, crochets, knitting needles, grass stalks, and straws through the vagina to pierce the uterus; the overdose of some drugs like malariaquine; and the drinking of concentrated tea leaves. Others would pump cold air through the vagina into the womb; drink potash; use herbal concoctions; have someone march on, roughly massage, or forcibly press the stomach of the pregnant woman; or drink soot and blue (a locally prepared toxic concoction). Performing intense physical activities and exercises such as running, riding a bicycle, jumping, and vigorously shaking the body were also reported as able to slacken the embryo and induce abortion. Unlike the responding men, women in the study were less eager to provide details of local methods of abortion, preferring in most instances to say that they have not obtained abortion themselves and therefore did not know the details of what it entailed, which supports Petchesky's (1984) observation that in settings where fertility is supervised and high fertility is a societal goal (as in patriarchal cultures), women resort to keeping their knowledge of fertility regulation methods very secretive. Revealing knowledge of fertility control methods could expose women to stigmatization. Keeping their fertility-related knowledge secret helps them to autonomously decide the frequency and timing of their pregnancies without suspicion (see also Browner and Purdue 1988).

The few details elicited about methods of abortion were largely from men who claimed hearing about them from women. A key feature of the descriptions offered by the men was their emphasis on how inhumane and cruel the methods were. Browner and Purdue (1988) wrote that men's claim to knowledge about women's reproductive matters is not unconnected with their beliefs regarding their (men's) centrality to socially approved and morally acceptable reproduction. By emphasizing the inhumane and cruel nature of the abortion methods used by women, men in the study were invariably centering and privileging themselves as agents and gatekeepers in proper social reproduction. The description of the pump method offered by one rural respondent, Kamau, clearly revealed this:

Women and girls say that the womb is well protected from cold. They say that should any cold be introduced the baby would just get out. It is easy for them . . . these women. So they decide to introduce air into the womb using a pump. They don't even get sick over it. They say if a woman does it she goes

to the toilet and the fetus just drops. They won't tell men when they do this evil, because men won't support it. You know how men behave. . . .

Baraka, an urban man, also noted:

Women also say that the drugs that you call malariaquines if taken in excess lead to abortion. Schoolgirls die a lot for using this method. Tea leaves are also mixed with chloroquine and when the mixture gets concentrated this would induce an abortion. . . . They don't feel bad about it. But this is bad so they (women) don't tell us. Like me I know it is wrong and would not support abortion.

All abortions were considered to be potentially unsafe, and especially so when performed by quacks. Abortion could result in infertility, disability, ill health, and even death. The safest abortions were however seen as those performed by qualified medical personnel, specifically doctors and trained nurses.

While female and male participants frequently associated abortion with feelings of guilt and shame, only female participants recognized abortion as sometimes very empowering, soothing, and relieving for women. The view of Ma Grace, a rural participant, was that abortion could make a woman feel relieved, especially if she did not want the pregnancy. In her words "such a woman would say 'now I am okay'. She can continue with her activities. . . . She feels better and will not worry again." Further, the bulk of participating men would only support abortion for pregnancies resulting from rape or incest, or when it is performed to save the life of a woman. Michael, an urban male, would only support his wife and daughter having an abortion if the pregnancy was the result of rape or if it is established that abortion is the only way to save their lives during pregnancy. Besides these situations, he considers all cases of abortion to be criminal and immoral, noting that "if the baby is mine, why would I support her to abort but if the pregnancy is the result of rape, it is good that she goes to remove the baby." A significant number of the men in the study shared this view, maintaining that they would neither fund nor support women having an abortion except for pregnancies resulting from rape.

Ngothi, an urban male, would only support abortion if the woman had been raped or if it is medically established that childbearing would prove fatal for her. He sees abortion to be both ungodly and immoral and affirmed that he would rather have his daughter drop out school due to a pregnancy than help her secure an abortion. Ngothi says "if she was not raped, it means she knew what she was doing and should bear the child. Abortion is the result of immorality on the part of our wives and girls." However, Lema,

a rural male, was one of two men in the sample who would help their daughters procure an abortion in order for them to complete their education. For him, allowing pregnancy that would force a girl out of school and be condemned to a life of uncertainty and perhaps, poverty, was pointless. Lema was passionate in arguing that the times have changed and that education is now essential to effective participation in the socio-political life of Kenyan society. He would not mind helping his daughter secure an abortion as pregnancy may stop her from having an education and becoming “a big person in the future.” The other man, an urban resident, was no less poignant. He noted, “I will pay for it because if I was paying for her way through secondary school and she was about to finish, and she cannot finish because of the pregnancy, I would direct that she goes to abort.”

Women were more prolific than the men in articulating the conditions under which they would permit abortion. Besides supporting abortion for pregnancies resulting from rape and incest, or when it is performed to save the life of a woman, many responding women would support and recommend abortion if the woman does not consider herself ready (socially, economically, and psychologically) to have a child, if she already had enough children, or is she was too young to be a mother. The women would also support abortion if the child would be born with a disability or when childbearing would make a girl drop out of school. There were also responding women who saw nothing wrong with aborting pregnancies that would reduce women’s marital viability.

ABORTION: NOW AND IN THE PAST

Respondents were in agreement that abortion has always existed and frequently observed that it is more prevalent currently than in the past. Women associated the current high level prevalence of induced abortion with widespread poverty. In the past, the Kenyan economy was buoyant and the cost of living relatively low. Many parents could afford large families and many women could also easily afford to take care of children as single parents. But the times have now changed. Poverty had reportedly assumed very critical dimensions with the notable effect of shifting the preferences of parents toward smaller families. Economic crisis and poverty have also reportedly diminished the number of women who can single-handedly bear the cost of rearing children. Abortion was therefore reportedly becoming more common because women wanted smaller families for which to care. The women also mentioned modernization, widespread unfaithfulness among men, and the high incidence of HIV/AIDS as other factors responsible for the high incidence of induced abortion. Regarding

modernization, they argued that there are currently more opportunities for men and women to interact than in the past. Before now, fewer women attended schools, ventured into the cities, or even left their natal households before marriage. Living in near-seclusion within one's household or village prevented frequent or sustained contact with potential sexual partners among girls and women, reducing the frequency of heterosexual sexual contact, out-of-wedlock pregnancies, and ultimately the need for abortion. The high level of poverty has also reportedly pushed an increasing number of women and girls to rely on sexual relationships with men for survival. One rural female respondent said "most men are now irresponsible. They get girls pregnant and do not marry them . . . and the girls are also scared of raising children alone in these hard times."

While some of the men admitted that abortion was common in the past and continues at the moment, many argued that abortion was less common in the past, when women and girls respected their husbands and fathers. Things have however radically changed, these men insisted. As a young man, Kimathi, an urban male now in his early 50s, admitted he knew little about sex. He and his male and female peers regularly played together without thoughts of sex crossing their minds. Kimathi associated the recent upsurge in sexual activity among people with modernization, which he says, has popularized lifestyles, including certain types of food, films, and knowledge that encourage sexual activity. To him "today, girls and women consume lots of foreign food and beverages resulting in high desires to sleep with men. If they do and conceive, they abort." Many men shared this thinking, mentioning canned drinks and foods as some of the foreign edibles that result in increased sexual desires among women. They generally associated the increase in women's involvement in premarital and extramarital sexual relationships with the high incidence of abortion. A rural male drove this point home by noting that there would be no abortions if "women and girls kept their legs together" (i.e., were not promiscuous). He continues: "After they eat and drink these things and learn all the things from school, bad friends, the city, and films, they find it hard to be under one man." Another urban male said that in the past, the fear that your child would not look like your husband was enough to prevent a woman from having extramarital sexual affairs. He observed that "today men go to work and their wives sleep around and get pregnant. So they decide to abort."

These men emphasized that modernization, education, the mass media, and urbanization had "opened the eyes" (that is, widened the horizon) of young men and women, prompting them into early sexual activity and abortion. In the view of one rural male, "now young people know so much even when they are still very young. When we were young, you could sleep in the same bed with a girl without feeling anything because the knowledge was

not there. But now young people become wise at very tender ages.” Schools were also seen as providing too much information on reproductive health matters, equipping, as one respondent noted, “girls (with) all the knowledge of how to abort. They are taught biology and have become enlightened... they know what to do and the fetus will come out.” However, at closer probe at the narratives, the men’s invocation of these factors to explain the pervasiveness of abortion did not actually refer to things objectively Western or foreign. Rather appeal to these processes refracted their anxieties about their potential loss of control over women’s reproductive capacity that abortion represents.

The views of men and women regarding the role of parents in the abortion-seeking experiences of daughters also differed. Women argued that parents, especially mothers, often support their daughters in obtaining abortions. As young people, many of the women were aware of or had heard about peers helped by parents to procure abortions, a trend that they acknowledged persists in contemporary times. As an adolescent girl, one rural woman respondent had been advised by her mother that if she (the respondent) ever got pregnant, she (the respondent) should tell the mother first. She believes her mother told her this because she would help her secure an abortion clandestinely if she got pregnant. She also gave the same advice to her own daughters when they were young, a practice to which many of the participating women also admitted. The involvement of parents, especially mothers, reportedly could make abortion potentially safer for young girls. Young girls seeking abortion by themselves or with the help of equally ignorant peers could make mistakes. They “could go to quacks...[or] may also not have enough money to pay for quality service. But if parents are involved and they agree to terminate the pregnancy, they will know the best way to go about it,” explained one urban woman. For the women generally, parental (especially maternal) involvement in helping daughters secure abortions is on the increase. More current childrearing styles have reduced social distances between parents and children even as an increasing number of parents are now more eager to ensure that their daughters do not miss out of critical socioeconomic opportunities. Putting this point in perspective, one urban female participant said:

especially we mothers help because you don’t want your daughter to drop out of school when her mates are going on with school. If this happens she may end up failing in life. . . . If you have a clever daughter who is determined to go on with her education and she probably conceives while in form three and is determined to go up to form four, you may have to help her . . . to abort.

Responses from the women suggested that many of them would help their daughters secure abortions to avoid bearing the cost of raising such children as their daughters go back to school or work.

Participating men agreed that parental involvement in helping their unmarried daughters procure abortion has increased in contemporary times. This was a rarity in the past when parents were sterner and condoned no immorality and evil. In the past, parents disciplined children rather than “partner with them to commit evil.” This view that things have changed was common among male participants. Contemporary parents are not only less strict, the men suggested, but in many instances, they are openly supportive of moral laxity among children, evidenced by their increasing involvement in helping their daughters secure abortion to greater parental willingness to conceal their children’s waywardness. One rural male interlocutor maintained that moral laxity has become so widespread that “both fathers and mothers are involved... the men usually provide the money while the women take their daughters to where they will perform the abortion. This was hardly heard of in the past.” In the longer narrative, he insisted that “parents do this... because they feel it is shameful to have your daughters deliver at home (have a child out of wedlock). They do not want people to think their daughters are wayward which may prevent them from finding good husbands.” Agreeing with him, another discussant maintained that “in the past, if a girl gave birth at home, she will still marry... an old man will just come and marry her... but today, parents, particularly mothers, do not want that anymore. They feel it is not good for their daughters, so they just help them to have abortion.”

It is noteworthy that while accepting that parents were increasingly helping their daughters secure abortions, a significant number of male participants believed that only mothers do this. Very few fathers, they insisted, are consulted when abortion is sought as they would hardly condone it. For instance, one urban man noted that:

Simply, I can only tell you that a boy is like his father, a girl is like her mother. Like us men, such things are kept from us by the women. They may trick you and get money to pay for it, but they would hardly tell you. You may even hear your daughter is dead. By that time you will hear that she has been admitted to a hospital, because of abortion.

The following discussion resulting from a question on the roles fathers in securing abortion for daughters is also instructive:

Mr. A.: Ah... its their mothers.

Mr. B.: It’s the mother.

Moderator: Can't the fathers also help?

Mr. C.: Rarely.

Mr. D.: He may not even know.

Mr. B.: Her father won't know.

Mr. A.: Who will tell him?

Mr. D.: There is one girl near my home who had aborted with the help of the mother. They threw the child in the latrine. It was even the father who discovered it and raised a cry.

DISCUSSION AND CONCLUSION

This study investigated lay narratives of abortion among Kenyan men and women. Our goal was to document abortion-related beliefs, clarifying their implications, among other things, for abortion trends in Kenya. First, the data suggest that men's and women's beliefs related to abortion differ on a number of important respects, confirming the observations of other scholars (cf., Courtenay 2000) that gender has implications for beliefs surrounding sexuality and reproduction. The Kenyan women in our study neither champion nor necessarily condemn abortion. Rather they recognized and acknowledged its potential in the management of the risks associated with socially and economically unviable motherhood. Although the Kenyan women we studied acknowledged that abortion does shield against the shame of mistimed or socially unviable entry into recognized motherhood, they emphasized its protective role against the negative socioeconomic consequences including poverty, loss of job, divorce, abuse, loss of marital viability, social exclusion, and poor educational outcomes, which reportedly resulted from mistimed childbearing and impromptu entry into motherhood. Their narratives associated mistimed childbearing or entry into motherhood with bleak socioeconomic and livelihood conditions as well as exclusion from important life opportunities and prospects (such as good jobs, education, marriage, quality livelihood conditions, among other things). To the women, abortion was not so much the result of women's attempt to avoid shame and dishonor as it was about trying to evade the material hardship that results from mistimed motherhood and childbearing. Whether the issue was that abortion helps women maintain good health and avoid economic hardship, avoid being abandoned or divorced, have children when they are able to care for them, or that abortion helps girls avoid dropping out of school and becoming condemned to poor quality life, women in the study framed abortion as a shield against the negative material consequences of mistimed childbearing and entry into motherhood. Liamputtong (2003) wrote that the lack of cultural support for abortion in most societies

notwithstanding, women often realize early enough that unregulated fertility portends danger for both their reproductive and productive lives. In the present study, women associated unregulated fertility and mistimed entry into motherhood with material danger, maintaining that these could blight a woman's life chances and condemn her to a poor quality life.

Study results point to differences in the abortion-related views of Kenyan men and women that elaborate and reflect gendered struggles and concerns over the meaning and purpose of motherhood and sexuality. In the bulk of the examples, the women would support abortion if it saved women from bleak material consequences of mistimed motherhood, for pregnancies that a woman did not consider herself prepared to have, when a woman already had enough children, a woman was too young to be a mother, when a child would be born with a disability, and when childbearing would make a girl drop out of school. Several of them also support seeking abortion for pregnancies that may prevent women from marrying in future, reasoning that such pregnancies could condemn women to a life of misery in their struggle to bring up children alone. They also agreed that it was up to individual women to decide whether to seek abortion for a particular pregnancy, depending on their reckoning of how the pregnancy would impact their livelihoods and life chances. Consulting men about decisions related to abortion was not highly spoken of as men may not understand why women would sometimes need abortion.

On the other hand, men in the study were largely condemnatory of abortion, often framing it as the result of women's plunge from the heights of morality and breakout from culturally acceptable gender and motherhood standards. Men's condemnatory attitudes toward abortion did not result from their superior morality. But rather their attitudes centered on a certain concern with women's use of their reproductive capacity and sexuality in ways that threatened men's control of women's body and sexuality. While participating men blamed modernization for prompting women into immoral activities, their invocation of modern lifestyles to explain the pervasiveness of abortion was not actually a reference to things Western or foreign. Rather, it was part of an internal argument that reflected men's anxieties about their potential loss of control over women's reproductive capacity that they felt abortion represents. Also, a majority of the participating men would neither fund nor support women to have an abortion except for pregnancies resulting from rape.

These findings have many implications. Women's belief that mistimed pregnancy, whether occurring in marriage or out-of wedlock, could blight a woman's life chances and condemn her permanently to a poor quality life is critical. Against the background of the emerging knowledge that women in the study do not necessarily disapprove of or condemn abortion, this

suggests that induced abortion will persist among Kenyan women. Since the early 1980s, economic conditions in Kenya have continued to worsen (Nyenze 2002). Currently, over 56 percent of Kenyans live below the poverty line while 10.5 million people reportedly suffer from chronic hunger. Women are worst hit by the poverty, hardship, and economic crisis in Kenya. A large number of them currently survive as dependants of men in relationships that hinder their power to protect themselves from both mistimed and unwanted pregnancies and other negative sexual health outcomes (Luke 2005; Njagi and Shilitsa 2007). In a context of rising poverty, deteriorating socioeconomic and livelihood conditions, and powerlessness among women, abortion could continue to provide women a strategy for evading the material hardship associated with mistimed motherhood and childbearing.

Further, men's tendency to frequently depict abortion as immoral—as women's and girls' strategy for concealing their waywardness, unfaithfulness, and promiscuity—as well as their unwillingness to support abortion for pregnancies not resulting from rape and incest or considered dangerous to women's health are also key. For the majority of men in this study, women resort to abortion to conceal their illicit sexual activities and immoral ways. Too many of the men, girls, and women rely on abortion to cover their immoral ways. Many of them will also only support abortion for pregnancies resulting from rape or incest, or to save the life of a woman. These findings are very critical, especially when juxtaposed against responding women's beliefs that abortion was "women's business," which should be kept secret from men. In a society such as Kenya, where (owing largely to cultural traditions and gendered poverty) women are heavily reliant on men for survival (Government of Kenya 2000; Granqvist 2006; Silberschmidt 1999, 2005; Silberschmidt and Rasch 2001) and where owing to the illegality of abortion, qualified personnel who clandestinely provide it charge very exorbitantly, this could have many implications. Some of the key implications of this include that men may be unwilling to finance abortions for their wives, daughters, female wards, and sexual partners, and that women and girls seeking abortion may have to keep their intentions secret from men, husbands, fathers, and male sexual partners.

Taken together, the generally low socioeconomic position of women in Kenya and the association of mistimed entry into motherhood with negative socioeconomic and livelihood outcomes imply that induced abortion will persist in Kenya not simply as a form of protection against shame but also because it shields women against poverty and loss of economic and marital viability. Kenyan women seeking abortion will also be likely to continue to use cheap and poor quality services. This is not simply because it is much easier to obtain these without involving men but also because qualified

personnel who surreptitiously provide abortion in Kenya charge very exorbitantly and well beyond the reach of most Kenyan women.

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