



Induced Abortion: Exploring Reasons for Occurrence and Medicinal Plants Used by Adult Women and Girls in Sinda District, Zambia

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ABSTRACT

Abortion can be intended or unintended. In rural Africa, most intended abortions are unsafe because they are conducted by unskilled staff using unsterilized tools under infection compromised environments. Indigenous plants are critical materials that have been used for ages to induce abortions. In Zambia, where few studies have explored traditional methods for inducing abortions, this study sought to uncover native plants used for precipitating abortions. The study was conducted between August to November, 2023 in Sinda District, Zambia. A total of 8 Herbalists participated in the study. The study found that adult women opted for an abortion following an unwanted pregnancy arising from prohibited sexual relations while for adolescents, fear that they would be dismissed from school were the commonest reasons. Native plants in Nyanja vernacular such as Mduze, Mleza, Kholowa, Cinangwa, Okra and Papaya seeds were the most used plants for inducing abortions. The study recommends that Health Care Workers should sensitize antenatal mothers and communities about dangers associated with unsafe abortions.

Key Words: Abortion, Herbs, Induced, culture, Tradition, Pregnancy, Unwanted

I. Introduction

The World Health Organization defines induced abortion as the termination of pregnancy either by medicine or by the manipulation of certain procedures (WHO, 2012). Induced abortions are a global phenomenon. Wright, Bateson & McGeechan (2021) are of the view that Induced Abortion is an important health indicator for women of reproductive age. Induced Abortions are a common feature of unintended pregnancies, however, scholars have also found that induced abortions can also be carried out for medical reasons of the woman and/or foetus including in the case of fetal abnormalities (de Crespigny & Savulescu. 2008; Taft et al., 2018). Around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion (Bearak et al., 2020). When abortion is legally restricted or otherwise inaccessible, girls, women, and those who care about them look outside formal medical care to end pregnancies (Grimes, Benson, Singh et al., 2006 in Harris & Grossman (2020). The World Health Organization estimates that 68,000 women die annually due to the complications of unsafe abortions, with sepsis as the primary cause of death (WHO, 2004). In many African countries, a disproportionate number of Induced Abortions are conducted by unskilled persons or performed in an environment devoid of minimal medical standards (WHO, 2018). In such non-medical environments, infection prevention and control challenges results in abortion-related morbidity and mortality (Grimes et al., 2006). Getahun et al. (2023) lamented that Ethiopian women sought abortion services outside of health institutions, often in dangerous circumstances resulting in increased maternal mortality.

Traditional herbs and the use of physical and mechanical means are the common methods to end an unwanted pregnancy (Sanga, de Costa & Mola, 2010). Scholars have called for more studies are required to help improve the practice of safe abortion services to the public. (Atakro et al. 2019). Unsafe abortion is a real problem in Zambia - causing death and disability across the country (Fetters et al., 2017). Studies conducted during the late 1990s identify the following methods used by women in Zambia to induce abortion- ingesting toxins like detergent and inserting cassava sticks in the cervix (Webb 2000; Koster-Oyekan 1998; Dahlback et al., 2007). The prevalence rate of abortions in Zambia is exceptionally high at 28% (Gutmacher Institute (2022). This study was prompted by two encounters I witnessed as a Health Care Worker at one level one hospital in Sinda District. In the first incidence, a young woman aged 23 years was brought to the hospital with history of abdominal pains and bleeding from the vagina. The patient was single but three months pregnant. She had been brought to the hospital by her grandmother. Findings on examination revealed that she had a long root inserted in her cervix to induce abortion. In another event, a school girl aged 19 years, was brought to the hospital bleeding per vagina.

The girl was two months pregnant. When probed, she explained that she had taken herbs to induce abortion. The two incidences set me on a path of curiosity- to explore reasons for self-induced abortion and to identify herbs used for precipitating an abortion in Sinda District, Zambia. Sinda is a rural district in the Eastern part of Zambia with a population size of 214,000 people. The entire district has no gynaecologist to conduct safe medical abortions hence, women and girls turn to herbs and other mechanical means to get rid of unintended pregnancies. Rasch et al. (2014) observed that Traditional

Health Care providers often play a major role in helping poor and rural families meet abortion services due to their familiarity, accessibility and affordability (Rasch et al. 2014: 2).

II. Materials and Methods

Study Design: The study used explorative research design and qualitative research methods.

Study Location: The study was conducted in Sinda District, Zambia.

Study Duration: It was conducted between August to November, 2023

Sample size : 8 Herbalists participated in the study

Inclusion criteria

1. Only Herbalists available and willing to participate in the study

Exclusion criteria

1. Herbalists unwilling to participate or not available

III. Procedure Methodology

The study used a qualitative explorative research design. It was conducted in Sinda District, Zambia. A total of 8 Herbalists participated in the study. These Herbalists were sampled from four village clusters. They consisted of 4 males and 4 females. The mean age of participants was 48 years with the range of 38 and 58 years. Data collection was conducted between August and November 2023. In-depth Interviews were used for data collection. Each interview took about 45 minutes. Prior to embarking on this study, permission was sought from the chief and head men/ head women. Thorough explanation on the purpose of the study was given to participants. Since participants' education status ranged from no education at all to low education, informed consent was obtained verbally. The study used Thematic Analysis to analyse participants' narratives. Thematic analysis aims to pick ideas, perspectives and opinions falling under similar themes (Maguire & Delahunt, 2017).

Theory

This study was guided by Hall's Theory of Cultural Identity. According to Stuart Hall, Cultural Identity is built from a group of people who share common culture and history. As observed by Yang, Zhao and Liu (2021) Cultural Identity provides members with the consciousness of that sense of community. Culture produces meaning or a sense of identity of different groups in a society, and these groups exchange meaning through social interactions (Hutasuhut, Seni dan & Medan, undated). Women and girls in Sinda District of Zambia belong to a group of people with cultural practices surrounding pregnancy. Women and girls may be aware of the medical mainstream methods of conducting abortions but faced with barriers such as distance to the hospital, absence of skilled staff to perform an abortion in Rural Health centres coupled with the nagging fear that confidential information surrounding pregnancy would be easily divulged by Health Care Workers to the unauthorized, in response to these challenges, they strategically revert back to their identities belonging to the past (Bearak et al. 2020).

IV. Results

The sample consisted of 8 Herbalists. The average years in experience as Community Herbalists was 19 years. All the Herbalists acknowledged having received women or girls demanding assistance for induced abortion. The Herbalists denied ever facilitating death to any of the women or girls instead pointed an accusing finger on other Herbalists whom they reported to use dangerous herbs and other unbecoming methods to induce abortions. The first part of the results report on the reasons why women in villages in Sinda District opted for an abortion. The last part identifies specific therapeutic plants used to activate abortions.

Question: What are the reasons why women and girls in your villages choose to abort?

This question was meant to explore the reasons women intentionally abort rather than save pregnancies in some instances. The following themes emerged: to hide taboo- sexual relations, to stifle brewing suspicions of adultery, to avoid being a laughing stock in the community, not ready to shoulder the responsibility of caring for the unplanned baby and fear of losing school due to possible withdrawal of support from parents or guardians.

i. To hide taboo sexual relations

It was reported that sometimes a woman would have sexual relations with those she was culturally expected to keep a moral distance. These included her own male relatives (father, uncle and brothers) or males related to her husband- her father in-law, brother in-law. Sexual relations with these akin was taboo as reported by one female Herbalist 58 years:

'A woman can have sexual relations with her uncle for example and then become pregnant. Realizing her folly, especially the wrath from the society that awaited, she has no option but to induce an abortion and get rid the unwanted pregnancy (Female Herbalist, 58 years).

A male herbalist aged 53 years had this to say:

'Single women are very vulnerable in the village. They can't attend to masculine works, finding a teenager to assist them they have no money to pay, so they offer themselves as payment in kind. When they conceive, it's shameful to point at the younger boy that he is responsible, so they decide to terminate the pregnancy' (Male 53 years).

A female Herbalist from one heavily populated cluster shared the following:

'In our village, a woman was having sex with her brother –in law. Her husband was away in prison. When she conceived, she was afraid that her husband would kill her so she aborted' (Female Herbalist, 46 years).

A male Herbalist residing near a Secondary School added the following:

'Obviously when a female pupil finds out that she is pregnant, she knows from that moment her school is done. Her parents or guardians would not welcome such news, for her abortion is the easiest choice to deal with her problem' (Male Herbalist 52 years).

ii. To stifle brewing suspicions of adultery

It was made clear from both female and male Herbalists that a single woman was not expected to become pregnant in the community. If she conceived, suspicions ran high in the village as to whose husband she had sexual relations with. To cover tracks of adultery, she secretly looked for help to get rid of the pregnancy.

'It's always suspicious when a single woman gets pregnant. Obviously there has to be someone responsible for the pregnancy. For an elderly woman, very likely that it could be a married man. To prevent the village from raising their eyebrows and speculate, she acts swiftly at one or two to three months she goes for termination of pregnancy' (Female Herbalist, 52).

Another Female Herbalist chimed in:

'It happens unexpectedly often times the woman just finds out that she is pregnant. She is afraid. People will gossip, accuse her as a husband snatcher and even fight her, so she has to get rid of the pregnancy' (Female Herbalist, 58).

iii. To escape expulsion from school and withdraw of parental support

This was mostly attributed to female school going children when they discovered they were pregnant. The reaction was fear and panic that should parents discover, corporal punishment but worse of all withdrawal of support from parents or guardians as one female Herbalist shared:

'The moment the girl child discovers she is pregnant whether at home or at school she panics. She knows she is done. Anyone who tells her go they help you she goes' (Female Herbalist, 58 years).

Another female Herbalist shared her experience:

'One day, a pupil aged between 16 to 18 years came to my home in the evening looking distressed. Before I could say something, she offloaded everything and told me please help me' (Female Herbalist, 52 years).

A male Herbalist also shared his interesting encounter.

'She didn't care that she was in school uniform. She came, knelt before me and began to sob. When I asked what had gone wrong she told me she needed help' (Male Herbalist, 52 years).

iv. When a couple or a solo mother is not prepared to have a baby

Under this theme, it was reported that in the village, families laden with children were permanent stations for hunger and poverty. One male Herbalist reported:

'There are families in the village where the number of children exceeds what the couple can manage. You find at one home there are nine or ten children each one born one year less than the other. All them want to eat, dress or sleep comfortably but their parents are both lazy but active at producing children. When the woman conceives the eleventh pregnancy, the husband tells her just remove the pregnancy. How will people look at us' (Male Herbalist, 53 years).

From one female Herbalist, the following was reported:

'Fertile families here are ever hungry even when others have food. These are families that do not believe in family planning but when an unwanted pregnancy emerges, the couple is quick to bid it good riddance' (Female Herbalist, 48 years).

The 58 years old female Herbalist shared a stunning experience she had with a prolific couple.

'The couple came to my house at dusk. As usual the wife had one child tied to back, another one was perched on her shoulders while another lay in her bosom breastfeeding. At first, the husband took a circuitous route but when I asked them whether they had come for help he told me mom you have guessed right. Look we already have too many children now to have another one would be outrageous. So please help us end the current pregnancy. Please save us from shame' (Female Herbalist).

Question: What are the medical plants used for inducing abortion in Sinda District?

This question was designed to elicit responses tailored at identifying native plants used for inducing abortion. The following plants were elaborated: Mduze, Kankhalamba, Palibe kanthu, Mleza, Muito, Kholowa, Cinangwa, Okra and Papa ya.

a. Mduze

An evergreen cactus-like plant which some have used as a hedge around their house yard and as a memorial planted at the grave of their loved one. According to participants, the toxic milky sap was the precious material for inducing abortion as reported by one Male Herbalist:

'The instructions are simple. Get a lump of nshima half the size of a tennis ball, make a depression in it, then add three drops of toxic milky sap of m'duze, close the depression and swallow the lump whole, within hours, bleeding starts' (Male Herbalist).

b. Kankhalamba

A well-known famous shrub in Sinda District. The dwarf shrub is reported to possess therapeutic properties against a myriad conditions such as malaria, diarrhoea among others. The shrub was said to be effective in inducing abortion because of bitter acrid taste.

'We have kankhalamba here. We use it for treating Malaria, Diarrhoea and just so many conditions. But other Traditional Health Practitioners also use it to precipitate an abortion' (Female Herbalist).

'If there is any shrub that has a convulsive bitter acrid taste it's the same shrub. The moment the client takes the medicinal water made from soaking the roots in water the effects are quick. Take at 6 O'clock in the evening by the time you hit 22 hrs, blood would have started gushing out' (Female Herbalist).

c. Mleza

According to participants, Mleza is another bitter herb that has the ability to stir trouble and force the uterus to expel the embryo or the foetus before time.

'Mleza is very bitter. Women who wish to terminate their pregnancies are told to literally gulp rather than take sips because they can't go on' (Male Herbalist).

d. Muito

A shrub found all over Sinda District. The shrub is precious mainly for its roots.

'Muito has long straight roots. You harvest a root or two then insert in the vagina past the cervix into the uterus. If you do it at 8 O'clock at night then by 02:00hrs the client should begin to bleed' (Female Herbalist).

e. Kholowa (creeping vine of sweet potatoes)

Kholowa the parent plant for sweet potatoes is another plant used for inducing abortion in Sinda District.

'Clients harvest a creeping vine of a sweet potato and inserts it in the cervix' (Female Herbalist).

'The whole idea for stick-like insertion is to prick and damage the forming embryo causing permanent disruption in its development and existence until it comes out' (Male Herbalist)

f. Cinangwa (cassava)

Cinangwa also known as cassava was reported to be another herb used by women and girls to induce abortion.

'You pick a leaf of cassava. You harvest the midrib either dry or fresh. You insert in the cervix of the client' (Female Herbalist).

g. Okra

Okra seeds were said to be lethal at inducing an abortion.

'First of all, okra seeds are carefully harvested, fried and pounded after which the client consumes the product (Female Herbalist).

h. Papaya

Papaya seeds were the part of the plant that Herbalists sought after.

'Well like Okra seeds, Papaya seeds are also special. They should be swallowed whole others pound though but what is important is for the client to take' (Female Herbalist).

V. Discussion

Induced Abortion can be intended or unintended. It can either be initiated by clients themselves or Health Care Workers. Self-induced abortions occur worldwide. In Zambia, self-induced abortions takes place in rural as well as urban areas. Due to lack of detailed, structured information, describing native plants used for inducing abortion (Rasch et al., 2014). The objective of this study was to explore reasons for induced abortions and to identify medical

plants used for inducing abortions in the rural District of Sinda in Zambia. The study used 8 Herbalists as study participants. Data collection was done through In-depth interviews. The study was guided by the Cultural Identity Theory which Yang, Zhao and Liu (2021) affirm that it reflects common historical traces and shares cultural experiences. Rasch et al. (2014) are of the view that women in most cultures have throughout history employed traditional methods to control their fertility and to induce abortions (Rasch 2014:2). This study found that adult females and girls terminated an unwanted pregnancies based on the following: pregnancy emerging from customary prohibited sexual relations for instance sex with an uncle, a brother-in-law, father-in-law or any close family member. Getahun and colleagues, in their study titled: *Exploring the reasons for unsafe abortion among women in the reproductive age group in Western Ethiopia* also found that some women felt motivated to self-induce an abortion risking it all in order to hide it from adjacent families and the community at large (Getahun et al. 2023: 2). Other reasons include fear that one will be expelled from school and that parent or guardian will withdraw support. In Ghanaian study, Atakro et al. (2019) found similar results regarding school going adolescents: the larger proportion of adolescents were desirous to continue with their education, therefore feared an expulsion while others resented the prospect of disappointing their parents and guardians.

VI. Conclusion

Abortion especially unsafe abortion is a Public Health Problem. In many non-western countries, ignorance, geographical distance to health facilities, absence of skilled staff to conduct a medical abortion in a safe quality environment coupled with lack of drugs and supplies drive women and girls to identify themselves with their cultural traditions of using indigenous plants to induce abortion. Dangers of remedies dispensed in overdose or prepared under unsanitary conditions with consequent organ toxicity and infection, mechanical injury, bleeding, infertility and mortality. Due to limited awareness in the community Health Care Workers should sensitize antennal mothers and communities about dangers associated with unsafe abortions.

VII. Recommendation

Use of herbal preparations to rid an unwanted pregnancy can expose the woman to infection due to unhygienic conditions under which herbs were prepared. The fact that women are still using herbs, is clear indication of ignorance. This study recommends aggressive Community sensitization free medical services for Termination of Pregnancy in health facilities.

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