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DÉPARTEMENT D'ANTHROPOLOGIE

CULTURES AND PREGNANCY TERMINATION IN YAOUNDE: A CONTRIBUTION TO MEDICAL ANTHROPOLOGY

Report Doctorate/Ph.D. thesis in Anthropology presented and defended publicly on the 24 of June 2024.

Specialisation: Medical Anthropology

By
AWAH KUM TCHOUAFFI

Supervised by

Pr. Socpa Antoine, Professor, University of Yaoundé I

Jury

Prof. Mbonji Edjenguèlè *Professor*	**University of Yaoundé I**	**Chair**
Prof. Yenshu Emmanuel Vubo *Professor*	**University of Buea**	**Examiner**
Prof. AFU Isaiah KUNOCK *Associate Professor*	**University of Yaoundé I**	**Examiner**
Prof. Djouda Feudjio Yves Bertrand *Associate Professor*	**University of Yaoundé I**	**Examiner**

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SUMMARY

TO

THE KUM AWAH FAMILY

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ABSTRACT

This PhD thesis is titled “Culture and Pregnancy Termination in Yaoundé-Cameroon”: A Contribution to Medical Anthropology”. The focus of this research is the phenomenon of pregnancy termination (PT) in Yaoundé. Cameroon has been a signatory to all health-related United Nations (UN) and African Union (AU) resolutions. Some of these treaties and conventions aim to provide care for women and increase their survival. As a follow-up to all these conventions that Cameroon has taken part in drafting and ratifying, they have developed, promulgated and implemented laws and policies to increase maternal survival as concerns abortion. Despite all of these, the rate at which women die in Cameroon is still high. Maternal Mortality Rate (MMR) rose from 669 in 2004 to 782 deaths per 100000 live births in 2011 and the figures keep on rising (MINSANTE 2017). According to the International Federation of Gynecology and Obstetrics in their report on combatting maternal mortality in Cameroon at least 25% of maternal morbidity and mortality is due to unsafe abortion and suggests that more research has to be done to capture nationwide data. Despite the overall decline in abortion rates worldwide, the prevalence has remained constant in developing countries, Yaoundé-Cameroon inclusive. More research shows that 35% of females aged 24 or more attending 6 antenatal clinics in Yaoundé have carried out an abortion in the past and 35% of pregnancies among adolescents and early adulthood do end up in abortions. Cameroon has never achieved any of the health targets of any of the conferences since 1978. Cameroon has in its vision for 2035 and response to the SDGs of 2030, resolved to attain an increase in maternal survival by cutting down on maternal deaths through unsafe abortion.

Given this challenge in meeting SDG 3.2 by 2030, we asked the following main question: How does culture influence the experience of pregnancy termination in Yaoundé, Cameroon? The tentative answer was that cultural elements significantly influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaoundé, Cameroon, leading to maternal mortality and morbidity. The main objective of the study was to explore the cultural factors that influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaoundé, Cameroon. A qualitative research approach was used to conduct the study with observation, documentary review, in-depth interviews and focus group discussion as research techniques. Thematic analysis was the approach for data analysis. Research ethics was applied to respect the research participants and make sure that they were not harmed in the process of data collection, analyses and the writing of the thesis.

Three theories: functionalism, cultural dynamics and ethno-perspective were used to interpret the findings. This research findings follow a six-way perspective. Firstly, it suggests that the taxonomy of pregnancy termination differs among ethnic groups in Yaoundé, Cameroon. Secondly, it suggests that the main aetiology lies in the desire for individual autonomy in managing fertility. Thirdly, several actors were involved in the process of terminating a pregnancy. Fourthly, there exists a complex relationship between cultural beliefs, accessibility to medical facilities, and the perceived effectiveness of herbal medicine in terminating pregnancies. Fifthly, household recipes are ethno-pharmacological technologies used by women for pregnancy termination. Sixthly, biomedical technologies consist of various devices and chemically approved drugs. Seventhly, this research highlights pregnancy termination as a cultural construct.

The study is limited to Yaoundé but its findings can be used for evidence-based policy and decision-making in Africa that all pregnancy termination technologies are vital in reducing maternal mortality rates and enhancing sexual reproductive health and rights.

Keywords: Pregnancy Termination, Cultural Construct, Technologies, Experiences, Taxonomies, Etiologies, Ethno-medicine, Biomedicine.

RESUME

Cette thèse de doctorat est intitulée "Culture et interruption de grossesse à Yaoundé-Cameroun" : Une contribution à l'anthropologie médicale". L'objet de cette recherche est le phénomène de l'interruption de grossesse (IVG) à Yaoundé. Le Cameroun a signé toutes les résolutions des Nations Unies (ONU) et de l'Union africaine (UA) relatives à la santé. Certains de ces traités et conventions visent à fournir des soins aux femmes et à augmenter leur survie. Dans le prolongement de toutes ces conventions que le Cameroun a participé à élaborer et à ratifier, il a élaboré, promulgué et mis en œuvre des lois et des politiques visant à accroître la survie des mères en ce qui concerne l'avortement. Malgré tout, le taux de mortalité des femmes au Cameroun reste élevé. Le taux de mortalité maternelle (TMM) est passé de 669 en 2004 à 782 décès pour 100 000 naissances vivantes en 2011 et les chiffres continuent d'augmenter (MINSANTE 2017). Selon la Fédération internationale de gynécologie et d'obstétrique dans son rapport sur la lutte contre la mortalité maternelle au Cameroun, au moins 25 % de la morbidité et de la mortalité maternelles sont dues à des avortements pratiqués dans des conditions dangereuses et suggère que des recherches supplémentaires soient menées pour recueillir des données à l'échelle nationale. Malgré la baisse générale des taux d'avortement dans le monde, la prévalence est restée constante dans les pays en développement, y compris à Yaoundé et au Cameroun. D'autres recherches montrent que 35 % des femmes âgées de 24 ans ou plus fréquentant six cliniques prénatales à Yaoundé ont avorté dans le passé et que 35 % des grossesses chez les adolescentes et les jeunes adultes se terminent par un avortement. Le Cameroun n'a jamais atteint aucun des objectifs de santé de l'une ou l'autre des conférences depuis 1978. Dans sa vision pour 2035 et sa réponse aux ODD de 2030, le Cameroun a décidé d'augmenter la survie maternelle en réduisant les décès maternels dus aux avortements à risque.

Compte tenu de ce défi pour atteindre l'ODD 3.2 d'ici 2030, nous avons posé la question principale suivante : Comment la culture influence-t-elle l'expérience de l'interruption de grossesse à Yaoundé, au Cameroun ? La réponse provisoire était que les éléments culturels influencent de manière significative l'utilisation des technologies d'interruption de grossesse, les processus de prise de décision et les perceptions de l'interruption de grossesse à Yaoundé, au Cameroun, conduisant à la mortalité et à la morbidité maternelles. L'objectif principal de l'étude était d'explorer les facteurs culturels qui influencent l'utilisation des techniques d'interruption de grossesse, les processus de prise de décision et les perceptions de l'interruption de grossesse à Yaoundé, au Cameroun. Une approche de recherche qualitative a été utilisée pour mener l'étude avec l'observation, la revue documentaire, les entretiens approfondis et les discussions de groupe comme techniques de recherche. L'analyse thématique a été utilisée pour l'analyse des données. L'éthique de la recherche a été appliquée pour respecter les participants à la recherche et s'assurer qu'ils n'ont pas été lésés dans le processus de collecte des données, d'analyse et de rédaction de la thèse.

Trois théories : le fonctionnalisme, la dynamique culturelle et l'ethno-perspective ont été utilisées pour interpréter les résultats. Les résultats de cette recherche s'inscrivent dans une perspective à six voies. Premièrement, ils suggèrent que la taxonomie de l'interruption de grossesse diffère selon les groupes ethniques à Yaoundé, au Cameroun. Deuxièmement, ils suggèrent que l'étiologie principale réside dans le désir d'autonomie individuelle dans la gestion de la fertilité. Troisièmement, plusieurs acteurs sont impliqués dans le processus d'interruption de grossesse. Quatrièmement, il existe une relation complexe entre les croyances culturelles, l'accessibilité aux structures médicales et l'efficacité perçue de la phytothérapie dans l'interruption de grossesse. Cinquièmement, les recettes domestiques sont des technologies ethnopharmacologiques utilisées par les femmes pour interrompre leur grossesse. Sixièmement, les technologies biomédicales se composent de divers dispositifs et de médicaments approuvés chimiquement. Septièmement, cette recherche met en évidence le fait que l'interruption de grossesse est une construction culturelle.

L'étude est limitée à Yaoundé, mais ses conclusions peuvent être utilisées dans le cadre d'une politique et d'une prise de décision fondées sur des données probantes en Afrique, car toutes les techniques d'interruption de grossesse sont essentielles pour réduire les taux de mortalité maternelle et améliorer la santé et les droits sexuels et génésiques.

Mots-clés : Interruption de grossesse, construction culturelle, expériences, technologies, taxonomies, étiologies, ethnomédecine, biomédecine.

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ACRONYMS AND INITIALS

Acronyms

AIDS : Acquired Immune Deficiency Syndrome

ANSIRH : Advancing New Standards in Reproductive Health

APATMHA : American Psychological Association Taskforce on Mental Health and Abortion

BUCREP : Bureau Central des Recensements et des Etudes de Population

CAMI : Community Attitudes to Mental Illness

COVID : Corona Virus Disease

HUI : Hermeneutic Unit Interface

IADM : Initiative de l'Allègement de la Dette Multilatérale

ISMI : Internalized Stigma of Mental Illness

MINTAD : Ministry of Territorial Administration and Decentralisation

PAC : Post-abortion care

PID : Pelvic Inflammatory Disease

UNESCO : United Nations Educational Scientific and Cultural Organization

UNICEF : United Nations International Children's Emergency Fund

WHO : World Health Organization

Initials

D&C : Dilation and Curettage

DHS : Demographic Health Survey

FGD : Focus Group Discussion

MDG's : Millennium Development Goals

MMR : Maternal Mortality Rate

MMR : Maternal Mortality Rate

RTF : Rich Text Format

SDG's : Sustainable Development Goals

UHC : Universal Health Coverage

UN : United Nations

UNFPA : United Nations Population Fund

YCC : Yaounde City Council

YGH : Yaounde General Hospital

INTRODUCTION

This introduction provides a context to the topic of abortion as a cultural phenomenon, justifies the research, sets the problem and asks questions as to how and why abortion is an aspect of the Cameroonian culture. It uses Yaoundé as the setting, a city that pulls together the different cultural components that makeup Cameroon. Tentative answers are given to the question raised from the research problem and objectives set to accomplish the research. The methodology is flagged around a qualitative approach with a design that is exploratory and explanatory. The ethics of research is given a place of priority to protect the research participants in the design, fieldwork and writing of the thesis. A focus on theories to explain the data provides a comparative way of looking at and appreciating the data.

Context

Abortion is common across the globe to all women of reproductive age. Most, if not, all abortions occur in response to unintended pregnancies, whose outcomes are most often from ineffective use or non-use of contraceptives. The decision to have an abortion from an unintended pregnancy is often driven by a significant number of dependent variables. Some unintended pregnancies result from rape and incest. Some pregnancies become unwanted after changes in life circumstances or because taking a pregnancy to term would have negative consequences on the woman's health and well-being (Guttmacher 2017). Thus, abortion continues to be part of how women and couples in all contexts manage their fertility and their lives, regardless of the laws in their country.

At the break of this century, many countries around the globe had to fine-tune their stands towards abortion to suit the realities of their nations. In some countries, for example, women may legally qualify for an abortion but have no real access to safe services. In others, safe pregnancy termination procedures may be widely available, despite severe legal restrictions. Elsewhere, the backlash against women's legal rights to abortion has resulted in the enactment of restrictions and obstacles to timely procedures (Guttmacher 2018). Thus, it is crucial to monitor the evolving cultural context and how it affects abortion practice, access, and safety around the world. Despite fine-tuning and relaxing legal rights to abortion in some countries, 26 countries around the globe prohibit any form of abortion with no legal exception. In the last decade, 40 countries around the globe relaxed their legal rights as concerns abortion to save a woman's life. Still, at the break of the 21st century, 36 countries around the world have adjusted their abortion laws to preserve a woman's physical health and save her life, Cameroon inclusive. Twenty-four (24) other countries have relaxed their abortion laws further by adding a

clause to preserve a woman's mental health in addition to preserving her physical health and saving her life. Fourteen other countries in the world have added permitting abortion on socioeconomic grounds in addition to preserving a woman's mental health, and physical health and saving a woman's life. Lastly, 62 countries around the globe have no restrictions as to reasons for abortion (with gestational age and other requirements) (Guttmacher 2017).

Induced abortion is a practice that has been going on all over the world for a very long time and, in most places, it is shrouded in secrecy, which makes it difficult to determine the exact incidence of the condition. Recent estimation gives an overall figure of around 30 million induced abortions annually in the developing world, with Africa having about 3.4 million (Indriso et al 1999). In Cameroon, induced abortion is permitted when a woman's life is at risk, to preserve her physical and mental health and on grounds of rape or incest (UN 2002). Thus, Illegal abortions are punishable by a fine of up to two million CFA (about 3000 Euros) plus a jail term of up to five years for the abortionist, one year for the woman herself and two years for anyone supplying drugs or instruments to induce abortion (Schuster 2010). Unintended pregnancy is a problem that may never be fully resolved, and women who do not wish to continue a pregnancy will often seek termination by any means, regardless of its safety (Rosenfield 1994). Thus, clandestine abortion services offered by lay abortionists, trained midwives, and so-called native doctors, unknown to the public health service, are common (Asante-Darko 1986). Unsafe abortion is defined by the World Health Organization as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both (Ahman et al 2002). The immediate complications of unsafe abortion are haemorrhage and sepsis. Both may require operative intervention, ranging from evacuation of the uterus to laparotomy, colostomy, bowel resection, and hysterectomy (Sangala 2005). There have been studies that look into the reasons behind abortions (Bankole et al 1998). Many tend to suggest that increased access to and use of modern contraceptive methods will result in a decrease in induced abortions in the developing world. However, it has been shown that although contraceptive prevalence rates have increased dramatically in the developing world in the past 30 years, induced abortion rates continue to be very high (Agadjian 1998).

This research aims to look at abortion from an anthropological point of view taking into consideration prevalence, reasons, complications and coping strategies for abortion among women in Yaounde (both those who attended the obstetrics and gynaecology services at the

Gynaeco-obstetrics and Pediatric Hospital of Yaoundé, Yaoundé General Hospital, Yaoundé Central Hospital and those who sought help to terminate their pregnancies in communities).

1. JUSTIFICATION

My choice of this topic is both personal and scientific.

1.1. Personal justification

I have had opportunities to witness some women lose reproductive fertility and also the deaths of several pregnant women who underwent unsafe abortion and happened to have questions about the practice of abortion, the health system and the state of abortion in Cameroon. My focus is to try to understand how women cope with abortion laws in Cameroon, using Yaounde as an example, the knowledge they have, how and why they practice abortion, and the cultural context in which the practices occur. I attempt to reveal, through research, how despite the abortion laws, women and their communities have adapted to their cultural realities.

1.2. Scientific Justification

One of the principles of positivism is the unity of the scientific method and since scientific knowledge is testable, research therefore can only be provided empirically. The importance attached to women is of great value to any society in the world, and in Africa where women represent one of the most important elements of health. In Cameroon families, medical personnel with the help of the government and other organizations are trying so hard to save the lives of women.

The socio-economic thrive faced by women that eventually cause the loss of their lives is considered to be enormous. One of the rationales of this study falls under seeing how changes in abortion laws over the years have brought about several ideas, beliefs and perceptions in Cameroon due to innovative and culturally compelling measures. This is following the Vision 2035 of Cameroon and its Ministry of Public Health and the global Sustainable Development Goals with goal number 3 target 1. The 1st target of the 3rd SDGs envisages that by 2030, all nations who took part in the SDG resolution should significantly reduce the deaths of women. All countries are required to reduce the maternal mortality ratio to at least as low as 70 per 100000 live births. This target calls for a two-thirds reduction in maternal mortality as based on

the latest estimates; it stands at 210 maternal deaths per 100000 live births. There are well-known facts that leasing cost of maternal deaths is unsafe abortion (WHO 2019).

Cameroon is a country of many cultures and in all of these cultures, value is given to women. This becomes a call for concern as unsafe abortion has existed although laws have been put in place to allow safe abortion. Thus, light has to be shed on how women go about caring for themselves through abortions, who they go to for abortion, where they go for abortions, the legal or illegal circumstances under which they abort and the perceptions that surround the act of abortion in Yaounde-Cameroon. This can only be done through firsthand anthropological research of the function of abortion as a survival mechanism in tertiary hospitals and community in Yaoundé which are the base for every health change in the Cameroon health system and every health decision is first given a test or trial in these tertiary facilities, nevertheless aiming at achieving the SDG's goal number 3, target 1.

2. RESEARCH PROBLEM

Cameroon has been a signatory to all health-related United Nations (UN) and African Union (AU) resolutions. Some of these treaties and conventions aim to provide care for women and increase their survival. As a follow-up to all these conventions that Cameroon has taken part in drafting and ratifying, they have developed, promulgated and implemented laws and policies to increase maternal survival as concerns abortion. Despite all of these, the rate at which women die in Cameroon is still high. In 2011 Maternal Mortality Rate (MMR) rose from 669 in 2004 to 782 deaths per 100000 live births in 2011 and the figures keep on rising (MINSANTE 2017). Cameroon has never achieved any of the health targets of any of the conferences since 1978. Cameroon has in its vision for 2035 and response to the SDGs of 2030, resolved to attain an increase in maternal survival by cutting down on maternal deaths through unsafe abortion. But this may only be possible through introducing and applying innovative and culturally compelling (Awah 2014) measures that can reduce maternal deaths (Socpa et al 2018).

Despite the overall decline in abortion rates worldwide, the prevalence has remained constant in developing countries (Sedgh et al 2016). Over thirteen (13%) of maternal deaths are as a result of unsafe abortions worldwide (WHO 2016). In Cameroon According to the International Federation of Gynecology and Obstetrics (FIGO, 2019) in their report on combatting maternal mortality in Cameroon at least 25% of maternal morbidity and mortality is due to unsafe abortion and suggests that more research has to be done to capture nationwide data. Despite the

restrictive abortion laws in Cameroon, induced abortion rates remain high. Mosoko et al. (2004) reported over 35% of females aged 24 or more attending 6 antenatal clinics in the political headquarters in Yaoundé have carried out an abortion in the past. Calvès (2002) also reported that 35% of pregnancies among adolescents and early adulthood do end up in abortions. Adonis et al. (2001) reported that 19% of teenage mothers report having performed between 1 to 4 abortions in the past. It becomes clear that although abortion practice remains restricted, it is not uncommon (Sedgh et al 2012). Under the present restrictive law, it is reasonable to suspect that most of these could be done under unsafe conditions. Reported methods used to induce these unsafe abortions range from transcervical foreign bodies, injections, unspecified medications and diverse plants (Nkwabong et al 2014). Women who survive could suffer from infections, uterine and bowel perforations, cancer of the uterus, infertility, sepsis, and conditions generally costly to patients and the health system. Tebeu et al. (2015) have reported over 25% of maternal deaths in a reference teaching hospital in Cameroon resulted from complications of unsafe abortions. According to Guttmacher (2018), all abortions in Cameroon are unsafe and the figures fluctuate proportionately from low to high and vice versa. Even though the law in Cameroon accepts abortion under certain conditions, unsafe abortion and complications from abortion still prevail as compared to other countries like Zimbabwe, Morocco and Eritrea which have the same laws as Cameroon on abortion. It is worth researching to understand if the culture of abortion is a survival mechanism coherent with the realities of women in Yaoundé. Anthropological research on this will explain how the reproductive health and rights of women should go on and its acceptance among the people of Yaounde-Cameroon.

3. STATEMENT OF THE PROBLEM

There are controversies surrounding the practice of abortion especially in developing countries of Africa. While several people in these countries, given their religious and cultural backgrounds, frown at this practice, the growing number of unsafe cases of abortion is making development stakeholders of some of these countries consider legislating otherwise on the act. The World Health Organization defines an unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (WHO 2011). Abortion is an age-old practice carried out by human beings. It is practiced in all parts of the world though still widely illegal. Unsafe abortion is one of the neglected problems of health care in developing countries (WHO

2004). In fact, in most places, it is shrouded in secrecy, which makes it difficult to determine the exact incidence of the condition. Recent estimates give an overall figure of around 30 million induced abortions annually in the world (Kemfang et al). About 19-20 million of these abortions are done by individuals without the requisite skills in environments below minimum medical standards or both (ibid). Nearly all unsafe abortions (97%) are in developing countries (Singh et al 2006). In Africa, 4.2 million abortions are estimated to take place per year, with an unsafe abortion rate of 22 per 1000 women, or one unsafe abortion per seven live births (Tumasang et al 2014).

In Cameroon, the prevalence of induced abortion is about 25% (Halle-Ekane et al 2015). Furthermore, in 2000, the estimated maternal mortality ratio attributed to unsafe abortion in Cameroon was 90 to 100,000 live births (Kongnyuy et al 2007). This is a huge number which could be controlled if abortions were done safely. Unsafe abortion is responsible for 25% of maternal deaths in Cameroon (Halle-Ekane et al 2015); consequently, abortion is one of the leading causes of maternal mortality in Cameroon. As a result of these maternal deaths arising from abortion, there are ongoing debates on the liberalization of abortion in Africa (Wonkam et al 2007) generally and Cameroon in particular. There is thus the need to reverse the increasing trend of maternal mortality in Cameroon given the significant contribution of women to family welfare and the development of society. The law in Cameroon under the 2007 Penal Code (sections 337-339) stipulates that the performance of abortions is illegal except if proven necessary to save the mother from grave danger to her health or when the pregnancy is the result of rape. It continues that anyone performing an illegal abortion is subject to one to five years imprisonment and a fine of 100,000 to two million CFA francs. A woman who procures or consents to her abortion is subject to imprisonment for fifteen days to one year and/or a fine of 5,000 to 200,000 CFA francs. Despite these harsh legal sanctions meted on those involved in the act such as 10 years of imprisonment and withdrawal of the certificate of medical practitioners, unsafe abortion is still on the rise. Clandestine abortion services are offered by lay abortionists, trained midwives and native doctors, out of view of the public health services which results in many cases of poorly performed abortions (Schuster 2005).

The Cameroon penal code Chapter V. Children and the Family Section 337 states as follows: (1) Any woman procuring or consenting to her own abortion shall be punished with imprisonment from fifteen days to one year or with a fine from five thousand to two hundred thousand francs or with both such imprisonment and fine. (2) Whoever procures the abortion of

a woman, notwithstanding her consent, shall be punished with imprisonment from one to five years and with a fine from one hundred thousand to two million francs. (3) The penalties prescribed by subsection (2) shall be doubled where the offender: (a) Engages habitually in abortion; or (b) Practices the profession of medicine or an allied profession. (4) In the circumstances of subsection (3) (b), the Court may also order closure of the professional premises and impose a ban on his occupation under sections 34 and 36 of this Code. These abortion laws are highly restrictive and have been there for a long period. The penal code was revised in 2007 and since then the laws have remained the same. Based on these laws, women are not allowed to seek abortion on demand. This has, however, not stopped abortions as the rate of abortion as unsafe abortions is widespread and are mostly conducted illegally (Bain LE et al 2018). Therefore, many of the perpetrators of illegal abortion go unpunished as the women who are their clients will not reveal their identities except in cases where the abortions end up with further complications.

The law, however, allows abortion to save the woman's life, preserve physical and mental health and in the case of rape or incest. This law is still misconstrued because the law further denotes that: "The doctor shall obtain the opinion of two experts each chosen respectively from legal experts and members of the National Council of Medical Practitioners. The latter shall testify in writing that the life of the mother can only be safeguarded using the intervention. The protocol of consultation shall be made in 3 copies one of which shall be handed to the patient and the other two to the consultant physician and legal expert. Besides, a protocol of the decision taken shall be sent by registered mail to the chairperson of the National Council of Medical Practitioners."

This addition to the law makes it difficult to obtain a legal abortion even when a woman deserves it. For instance, a woman who has been raped in a rural area might not even have access to two doctors from the said national council. This further makes it more complicated even in situations of legal abortions. In urban areas where there are doctors who can give their opinion, the whole legal process becomes lengthy and the final decision to have a legal abortion could take long.

The culture of abortion in Yaounde Cameroon to attain the SDG's goal for maternal care is our concern in this piece of work. We seek to know how the shift through innovative and culturally compelling methods of abortion is used and accepted in the Cameroon context.

To better understand this problem, explicative theories will be applied. That is the ethno-perspective theory by Mbonji Edjenguèlè which states that every cultural group attach meaning to their day-to-day cultural realities. The cultural dynamics theory states that a change or shift happens at two levels: within and without. Last but not least the theory of functionalism looks at the utility of a particular phenomenon in the smooth functioning of the cultural realities of a given cultural group.

4. RESEARCH QUESTION

There is one main research question and five specific research questions.

4.1 Main Research Question

How does culture influence the experience of pregnancy termination in Yaounde, Cameroon?

4.2 Specific Research Questions

- What are the representations of pregnancy termination in Yaounde, Cameroon?
- What are the local etiologies of pregnancy termination in Yaounde, Cameroon?
- How do agents of pregnancy termination experience abortion processes in Yaounde, Cameroon?
- What is the availability and accessibility of pregnancy termination technologies in Yaounde Cameroon?
- What are the cultural constructions of pregnancy termination in Yaoundé?

5. RESEARCH HYPOTHESIS

The following hypotheses are being put in place for this study:

5.1 Main Hypothesis

Cultural factors significantly influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaounde, Cameroon, leading to maternal mortality and morbidity.

5.2 Specific Hypotheses

- There are diverse representations of pregnancy termination in Yaounde, Cameroon, influenced by factors such as language, religious beliefs, cultural norms, and practices.
- Local etiologies of pregnancy termination in Yaounde, Cameroon vary, including factors such as social norms, traditional beliefs, spiritual practices, and perceptions of gender roles and expectations.
- Agents of pregnancy termination in Yaounde, Cameroon have varied experiences during the abortion process, influenced by stigma, socio-cultural factors, legal frameworks, and healthcare accessibility.
- The availability and accessibility of pregnancy termination technologies in Yaounde, Cameroon is limited due to legal restrictions, gender roles, religion, socio-economic status, ethno-medical practices, socio-cultural taboos, and healthcare infrastructure challenges.
- Cultural constructions of pregnancy termination in Yaoundé involve a complex interplay of values, beliefs, and practices influenced by factors such as societal norms, gender dynamics, religious and spiritual beliefs, and socioeconomic status and disparities.

6. RESEARCH OBJECTIVES

There is one main objective and three specific objectives.

6.1 Main objective

To explore the cultural factors that influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaounde, Cameroon.

6.2 Specific objectives

- To investigate and analyze the cultural representations of pregnancy termination in Yaounde, Cameroon, with a focus on the influence of language, religious beliefs, cultural norms, and practices.
- To explore and document the local etiologies of pregnancy termination in Yaounde, Cameroon.

- To examine the experiences and perspectives of agents of pregnancy termination in Yaounde, Cameroon, considering socio-cultural factors, legal frameworks, and healthcare accessibility.
- To assess the availability and accessibility of pregnancy termination technologies in Yaounde, Cameroon, and identify the reasons behind limitations, such as legal restrictions, gender roles, religion, socio-economic status, ethno-medical practices, socio-cultural taboos, and healthcare infrastructure challenges.
- To analyze the complex cultural constructions of pregnancy termination in Yaounde, Cameroon, by examining the interplay of values, beliefs, and practices influenced by factors such as societal norms, gender dynamics, religious and spiritual beliefs, and socio-economic status and disparities.

7. METHODOLOGY

This part explains the methodology to be used in this work. The section is made up of a research design, the methods to be used, data collection techniques, tools, procedures, management and analysis and ethical considerations.

7.1 Methodological Approaches and Research Design

The methodological approach used to attain these objectives was the qualitative research approach. The qualitative approach permitted us to obtain an in-depth knowledge of the socio-cultural and behavioural patterns of health professionals, women and caregivers on abortion. The design was descriptive and explanatory. We used this methodological approach to gain a variety of information, to illuminate particular problems from different angles and to look at different aspects of a phenomenon (Aidan 2011) from data sets. All the qualitative techniques used fall under an umbrella technique called triangulation (Denzin 1978, Awah 2014) that uses various techniques to arrive at the final results. Triangulation refers to combining several approaches in the study of a phenomenon or several aspects of it (Denzin 1978). However, this research constituted two phases' namely documentary research and fieldwork data collection with our focus being on healthcare facilities, mothers, caregivers and communities. The importance of using qualitative research methods in this research was to ensure high levels of reliability of gathered data and obtain more in-depth information depending on the theme (Bernard 1994).

7.2. Target and Sample Population

According to Marshal (1996), choosing a study sample is an important step in any research since it is rarely practical, efficient or ethical to study whole populations. Thus, sampling in this study entailed the selection of a smaller group from a larger one or a study population making such that the target group was representative of the larger population. In this study, putting in place an effective sampling strategy was fundamental in determining the outcome of the findings. As per this study, the target population was the population of people who use health facilities of the city of Yaoundé, which serve as abortion focal points for the practice of abortion and the community in which they live. The sample population were women (both of childbearing age and not, healthy or not), health professionals (both biomedical and ethno-medical), caregivers and the community in which they live.

7.2.1. Sampling, Sampling procedure and Sample size

The sampling approach in this research was purposive sampling. It is also known as judgment-selective or subjective sampling. It is a sampling approach whereby the researcher relies on his or her judgment when choosing members of a population to participate in a study. It was of great help during our qualitative research for the identification of information-rich cases related to the phenomenon of interest under study during research.

In selecting the various research participants to be enrolled in this study the procedure is a purposive one. The technique for selecting participants consisted of a snowball, which entailed the selection of an initial research informant who in turn referred us to another or other key research informants. The sites and those who fell under our selection criteria were invited to take part in our research for the ethical guidelines of anthropological research. This procedure was done using a purposive sampling type till data saturation was attained in other to answer our research questions, validate the study's hypothesis and see through the study's objectives. Informants were selected based on age, sex, ethnicity, literacy level and occupation. Both male and female informants were enrolled reason being that both women and men play a role in the practice of abortion.

A relative feature of qualitative sampling is the fact that the sampled cases are relatively often small. This is so because, as earlier mentioned, a phenomenon only needs to appear once to be of value. According to Wilmot (2005), the issues that should be considered when determining the sample size for qualitative investigation are dependent on the heterogeneous and

homogenous nature of the sample population. A sample size of 60 research participants was identified and enrolled for the interviews and Focus Group Discussions.

These research participants were interviewed where they were found, that is, in their natural settings.

7.3. Research methods

Qualitative research methods were used to collect data. The collection of data was done in two phases: the secondary and primary data collection. These provided triangulated data and insights on how abortion is represented, practised, and structured and how it affects the lives of people in Yaoundé.

7.3.1. Secondary Data

Documentary research was in two phases. Firstly, material or physical documents were reviewed. Secondly, it was a virtual documentary desk review. This entailed consulting books in libraries like those of the Faculty of Arts, Letters and Social Sciences Library, the University of Yaoundé 1 Library, the French Institute Library and personal libraries. Secondly, it entailed a virtual documentary desk review. That was accessing online libraries and search machines through internet research on Google Scholarly, PubMed, Wikipedia, and Encyclopedia. This phase of data collection lasted for as long as our research lasted.

7.3.2. Primary Data Collection Methods

Primary data constituted fieldwork data generated by participant observation. This data collection phase entailed conducting interviews focus group discussions and the taking of pictures and notes. This data collection phase took place for a year. During this period, observations were made, interviews and focus group discussions were conducted and pictures were taken. Data collection was based on interviews, pictures and descriptions. To obtain this information, the following methods and techniques were used as appraised below.

7.3.2.1. Observation

This method involved directly observing and documenting the behaviours, interactions, and cultural practices related to pregnancy termination in Yaounde, Cameroon. Observations were

conducted in various settings such as hospitals, clinics, community centres, or even within households.

7.3.2.2. Interviews

Conducting interviews was another primary data collection method that provided valuable insights into our research. The researcher interviewed different stakeholders involved in or affected by pregnancy termination, such as healthcare professionals, traditional healers, women who have undergone termination, partners, family members, and community leaders. Through interviews, we gained in-depth knowledge about cultural beliefs, attitudes, motivations, and experiences related to pregnancy termination in Yaounde.

7.3.2.3. Focus Groups

Focus groups involved bringing together a small group of participants who share some common characteristics or experiences related to pregnancy termination in Yaounde. These groups included women who have undergone termination, partners, family members, healthcare providers, or community members who hold specific beliefs or roles about pregnancy termination. By facilitating group discussions, we explored different perspectives, highlighted cultural norms and values, and gained a deeper understanding of cultural dynamics surrounding pregnancy termination.

7.4. Data Collection techniques and tools

Document review, in-depth interviews, and a wide range of data collection techniques permitted us to collect adequate data while in the field.

7.4.1. Observation

The observation technique used was direct and interactive with the taking of detailed field notes. Direct observation requires that we seek and observe the health facilities and their human resources that use abortion technologies. The interactive observation enabled us to go beyond just seeing. In this way, we engaged in informal conversations to solicit explanations about some of what we saw and did not understand. This permitted us to witness the reality of the field and to live the authenticity of the phenomenon that was obtained in Yaoundé.

7.4.2. In-depth Interview

The in-depth interviews involved having a one-on-one interview with an informant touching every question on pregnancy termination in other to get their opinion on the topic. IDI guides served as data collection tools.

7.4.3. Focus Group Discussion

A focus group discussion (FGD) is a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. FGD guides served as data collection tools. The group of participants are guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst them (Krueger 1988). According to Dawson et al (1992), it is all about a lively and natural discussion whereby people gather to share their experiences, which was the case but for many others, there was more to it than just a discussion. For Morgan (1988), the strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinions and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs and their experiences and practices (Krueger 1988, Morgan 1988 and Dawson 1992). It was also a good method to employ before designing questionnaires (Stewart and Shamdasani 1990).

This was the case in the FGD that was held during our research, participants had to agree and disagree with each other on so many points. This helped us as researchers to identify areas of concern which greatly helped in using the words of their disagreement to dig more with questions to know more and the points they agreed and disagreed upon later helped us conclude. FGDs were used to explore the meanings of findings that could not be explored through observations and in-depth interviews. The range of opinions from people's views on abortion representations, technologies and practices were explored. FGD were used to provide insights into different opinions among different agents involved in the abortion process.

FGD sessions were carefully prepared by identifying the main objectives of the meeting, developing key questions, developing an agenda, and planning how to record the session. The next step was identifying and inviting suitable discussion participants, the number present was on average six or eight. Moderating these FGDs was challenging. Some important points to bear in mind during moderating these FGDs were to ensure even participation, careful wording

of the key questions, maintaining a neutral attitude and appearance, and summarizing the session to reflect the opinions evenly and fairly. While moderating these FGDs any observations during the session were noted and included in the work.

This part of data collection entailed having an interview with a lot of people at the same time and the same place to collect information on the converging and diverging opinions people have on the topic. This technique entailed having a heterogeneous group of women selected from caregivers, mothers and a moderator coordinating the turnout of events during the focus group discussion. This was done in a neutral environment suitable to everyone.

7.4.4. Photography

A digital camera was used to take pictures. This helped have different images of different phases of data collection in other to better analyze data. The photography helped in the description of the different phases of our research.

7.5. Data Collection Tools

Various data collection tools were used to collect data during this study.

7.5.1 Document research schedule

The documentary research schedule was designed in four columns. The first column was for the full reference of the document, and information on the types of documents was written in the second column. The third column presented the main themes of the document and the contents of the document were summarized in the fourth column. This tool helped in providing the necessary thematic documentary research mapping. The schedule made documentary research simple to move across reviewed documents.

7.5.2. Observation schedule or checklist

The observation schedule or checklist contained the list of items that had to be observed. Some observations due to some restrictions necessitated the recording of data into a structured schedule. The observation schedule for this study contained a checklist which helped in recording itemized data. It helped in identifying data that was seen in the different health facilities and healing homes of specialists in African medicine and in the community.

7.5.3. Notebook and pen

Notebooks and pens were used in recording data that emerged in fieldwork. Field notes were taken in notebooks during fieldwork capturing things that were said, done and observed. They helped in taking notes of important issues during observations, in-depth interviews and during FGDs. It helped in preplanning and structuring ideas and also served as a scrapbook enabling the taking down of essential ideas and patterns running through the study before, during and after events. In it are found drawings, themes, emerged concepts and ideas.

7.5.4. In-depth interview guides

The in-depth interview guide contained the key themes and the different aspects which were discussed during one-to-one in-depth interviews. The main themes were individual perceptions of pregnancy termination, individual experiences with pregnancy termination, care and pregnancy termination technologies and pregnancy termination laws.

7.5.5. Focus Group Discussion Guide

The FGD guide contained the key themes and the different aspects which were discussed during the FGD. Key themes relating to opinions, attitudes and community practices relating to individual perceptions of pregnancy termination, individual experiences with pregnancy termination, pregnancy termination care and pregnancy termination technologies and pregnancy termination laws were listed on the FGD guide. The guiding questions were linked to each theme.

7.5.6. Digital Camera

This tool helped in taking pictures of key moments that helped illustrate findings on our data and helped in the thick description of the phenomenon. The digital camera used during this research was a black Canon Powershot SX540 digital camera with a 50 times optical zooms which gave a fine picture and video capturing experience. This digital camera also had a Wi-Fi and NFC-enabled function which eased pictures and video transfer for backup purposes.

7.5.7. Dictionary

The Cambridge Advance Learning Dictionary, Merriam-Webster Dictionary together with the Oxford Poche Bilingual Dictionary were used during the transcription of data after data

collection. It helped ease the understanding of complex terms and helped in making this piece of work as simple as possible.

7.6. Data Collection Procedure

The data collection procedure consisted of identifying key informants and meeting with them to collect data. This greatly helped in immersing and properly gaining background knowledge of the targeted population of this study. This entailed booking appointments with the various categories of informants to be identified.

7.6.1. Document review

The documentary review consisted of reading and summarizing the different documents obtained during visits to libraries. The reviewed documents were books, articles, theses, dissertations and web-based or online documents.

7.6.2. Direct observation

The direct observation technique procedures in the context of this study were direct and interactive. During the direct observation procedure, the main focus was on attitudes and community practices relating to individual perceptions of pregnancy termination, individual experiences with pregnancy termination, pregnancy termination care and pregnancy termination technologies. The interactive direct observation let us ask questions to clarify what we saw.

7.6.3. In-depth interviews

The one-to-one in-depth interviews were conducted in neutral venues chosen by the informants when they volunteered to be interviewed. During the interviews which lasted for approximately 30 to 45 minutes notes and pictures were taken to document and illustrate what was being noted in the notebooks. In some cases, where the informant permitted recordings to be taken, voice recordings were taken to help with an ad verbatim explanation in the study.

7.6.4. Focus group discussions

Focus group discussions were conducted, one with women with an abortion history, one with health professionals, one with members of the communities where abortion is practised and another with caregivers to people committing abortion. Each focus group was made up of 6 participants. The FGD’s lasted for 1 hour 30 minutes. This technique was used to obtain

opinions, attitudes and community practices relating to individual perceptions of pregnancy termination, individual experiences with pregnancy termination, pregnancy termination care and pregnancy termination technologies and pregnancy termination laws. Data collected during focus group discussions helped complement some of the general issues raised during in-depth interviews till the attainment of data saturation. This helped bring together a panache of ideas that helped shape our research.

7.7. Data management and analyses

Data management is the procedure taken to transcribe, complete notes and code data. All audio-recorded data were transcribed and field notes were completed in this process. The transcripts and field notes were coded using manual and computer-based techniques. The software used to manage the data were Atlas-ti for qualitative data.

For Bohm (1983), the word analysis derives from its prefix ‘ana’ meaning ‘above’ and the Greek roots ‘lysis’ meaning ‘to break up and or dissolve’. Data analysis entailed giving meaning to data collected in the field. Thematic and content analysis were used for data analyses. We conducted manual and computer-assisted techniques for contextualized interpretations of transcripts and field notes. It was a signification process with the ultimate goal of the production of valid and trustworthy inferences. Considering that the data collected was iconographic, textual transcripts and numeric we used thematic and content analysis. According to Geertz (1973), “Every serious cultural analysis starts from a sheer beginning and ends where it manages to get before exhausting its intellectual impulse.”

To support this, Bohm 1983, talks of how meaning resides in social practice and not in the heads of individuals. Therefore, according to him, to get to the meaning of things finding data becomes imperative. When we collected the data, our coding mechanism enabled us to break down data in bits and one step after the other making meaning out of it. According to Dey (1993), qualitative analysis aims to provide thorough descriptions of the collected data to make them meaningful to readers and practitioners. In this study, qualitative analysis aims at describing the world as different scholars perceive and in the case of this study the way abortion care is perceived, constructed and structured in Yaounde. The analysis thus looked at the emic perspective. That is, it was concerned with how the actors in our research defined situations and explained the motives that govern their actions in the practice of pregnancy

termination in Yaounde. We intended to make sure that the research findings relate to the intentions of the actors involved.

The analysis method in this study was “Computer-assisted NCT analysis” using the ATLAS-ti aggregate software to analyze data. ATLAS-ti is a computer program that makes data analysis much easier. With ATLAS-ti aggregate data analysis is organized, transparent, integrated and grounded and is full of evidence.

Interviews were transcribed with Microsoft Word and ATLAS-ti used and crossed by the researcher. Other data types were placed in rich text format (RTF) and loaded in Pdoc in the hermeneutic unit interface (HUI). Codes were assigned to quotes which are salient segments of the transcribed interviews. These are short phrases that symbolically assign essence and evoke an important relation with the portion of speech in the data. Categories were later created and through these categories, we elaborated and classified the dependent and independent variables creating networks in ATLAS-ti.

As for the use of ATLAS-ti as a computer-assisted data analysis software. Creswell (2013) explains that data analysis in qualitative research consists of preparing and organizing the data. That is, text data as in transcripts or image data as in photographs and videos for analysis, then reducing the data into themes through a process of coding and condensing the codes and finally representing the data in figures, tables or in the discussion.

8. ETHICAL CONSIDERATIONS

Research authorizations from the Head of the Department of Anthropology of the University of Yaoundé 1 was obtained. Ethical clearance was obtained from a local research ethics committee. Once on the field, before collecting data, we explained to informants the objective of our study and gave them consent forms to seek their voluntary informed consent before collecting any data. Thus, applying the basic ethical principles of respect, justice and beneficence. In the analyses, pseudonyms were used to protect the identities of our research participants.

9. INTEREST OF STUDY

Our research study’s interest is seen in two main domains, that is:

9.1 Scientific Interest

By studying and carrying out research in Medical Anthropology, our objective is to collect and analyze data which will contribute to widening the knowledge scope of researched evidence about pregnancy termination. The literature may provide valuable insights in the way pregnancy termination is seen. It is our urge to contribute to meeting the target of SDG 3 focused on reducing pregnancy termination-related maternal mortality.

9.2 Practical Interest

This research is necessary for the identification of the real dimensions of pregnancy termination in Cameroon and its contribution to the reduction of maternal mortality as well as the assessment of the well-being of women's reproductive health.

It is also a good working instrument that may contribute to promoting appropriate policies for the protection of women's reproductive rights to life and health which is a right to have an identity and to live. This study will go a long way in assisting the international community, WHO, UNICEF, UNESCO the Cameroon's Ministry of Health and many other home-based organizations to have proper knowledge of the situation that obtains pregnancy termination, specifically unsafe abortion in Cameroon.

10. Chapter outline

This work is organized into 3 parts made up of eight chapters. There will be an introduction on which the study is fitted within a context and justified, the problem stated, the research questions, the hypothesis and objectives specified and the methodology explained. The research uses Yaoundé as the research site, a city that pulls together the different cultural components that makeup Cameroon. This chapter overviews Yaounde as the setting of this research. It describes the geography, the political structure, social, cultural and health aspects. The demography, the population, history, religion, the economy and health sector of the study site are also presented in this chapter.

The second chapter is divided into three sections. The first section chapter focuses on the review of literature related to pregnancy termination (abortion). Under this, the global perspective, the discourse within the global development goals, the epidemiology of abortion, the social sciences and the anthropological perspective of abortion. The following key themes

are reviewed: abortion, induced abortion, changing perspectives, health systems, tertiary health care, and systems of pregnancy termination. Secondly, the anthropological theories: of functionalism, ethnoperspective and cultural dynamics have been used in explaining and interpreting data collected for this research. The third section is the definition of key concepts related to the research.

Chapter three presents the taxonomy and representation of what people make of abortion in Yaoundé. It attempts to unfold the representations of abortion with an anchor point: the different denominations used by the informants to designate abortion and their symbolic significance. Some main languages are explored to establish and understand the naming of abortion by groups ethnic groups. The established taxonomies provide details on the representation of abortion.

Chapter four explores the etiologies of pregnancy termination in Yaoundé from the viewpoint of health professionals (both Bio-medical and Ethno-medical), the community and people who choose to terminate pregnancies. It explains the motivations for pregnancy termination. We explore the explanations that women and other pregnancy termination actors often give for pregnancy termination by women who have unwanted pregnancies. However, the myriad social, economic and health circumstances that underlie such explanations form the main thrust of the discussion. The ethnography gives us in participants' own words the etiologies of pregnancy termination. These etiologies are connected to the World Health Organization's definition of health, linking it to the search for physiological, physical, mental and cultural well-being.

Chapter five explores the different agents involved in the pregnancy termination (PT) process and the context of differential termination patterns. It explains how the different agents engage in pregnancy termination understand how abortion laws are misconstrued and have led to the practice of unsafe termination of pregnancy. This chapter will look at how the different agents through different pregnancy termination patterns go about with the use of the means available to them and those performing the sick role. It also explores the role of different bio-medical, ethno-medical, faith-based and psycho-social agents. It is followed by chapter six which presents the multidimensional technology used in the abortion process.

Chapter six explores ethno-medical technologies in the abortion process. It looks at how the users of these different technologies use these technologies to terminate the pregnancies of

women in the abortion process. These technologies are ethno-medical naturalistic technologies. Despite legal or traditional restrictions, many women find themselves resorting to various methods to terminate unwanted pregnancies. We explore the perspectives and experiences of different users of these technologies, shedding light on their beliefs, practices, and the outcomes they hope to achieve.

Chapter seven explores biomedical technologies in the abortion process. It looks at how the users of these different technologies use these technologies to terminate the pregnancies of women in the abortion process. These technologies are in the form of chemically processed and marketed drugs and devices. Despite being legal, many women find themselves resorting to using these various methods to terminate unwanted pregnancies in very unsafe circumstances. We explore the perspectives and experiences of different users of these technologies of these technologies.

Chapter eight focuses on analyzing how research participants in Yaounde construct unsafe abortion. It explores responses to emerging questions generated by several themes. The emergent themes are woven around others earlier identified by previous research. However, the perspective here is Anthropological as opposed to public health and other social sciences.

CHAPTER 1
BACKGROUND OF YAOUNDE, THE STUDY SITE

This chapter begins with an overview of Yaoundé as the setting of this study. We describe the geography, political structure, social, cultural and health aspects of Yaoundé. The demography, the population, history, religion, the economy and health sector of the study site are also presented in this chapter.

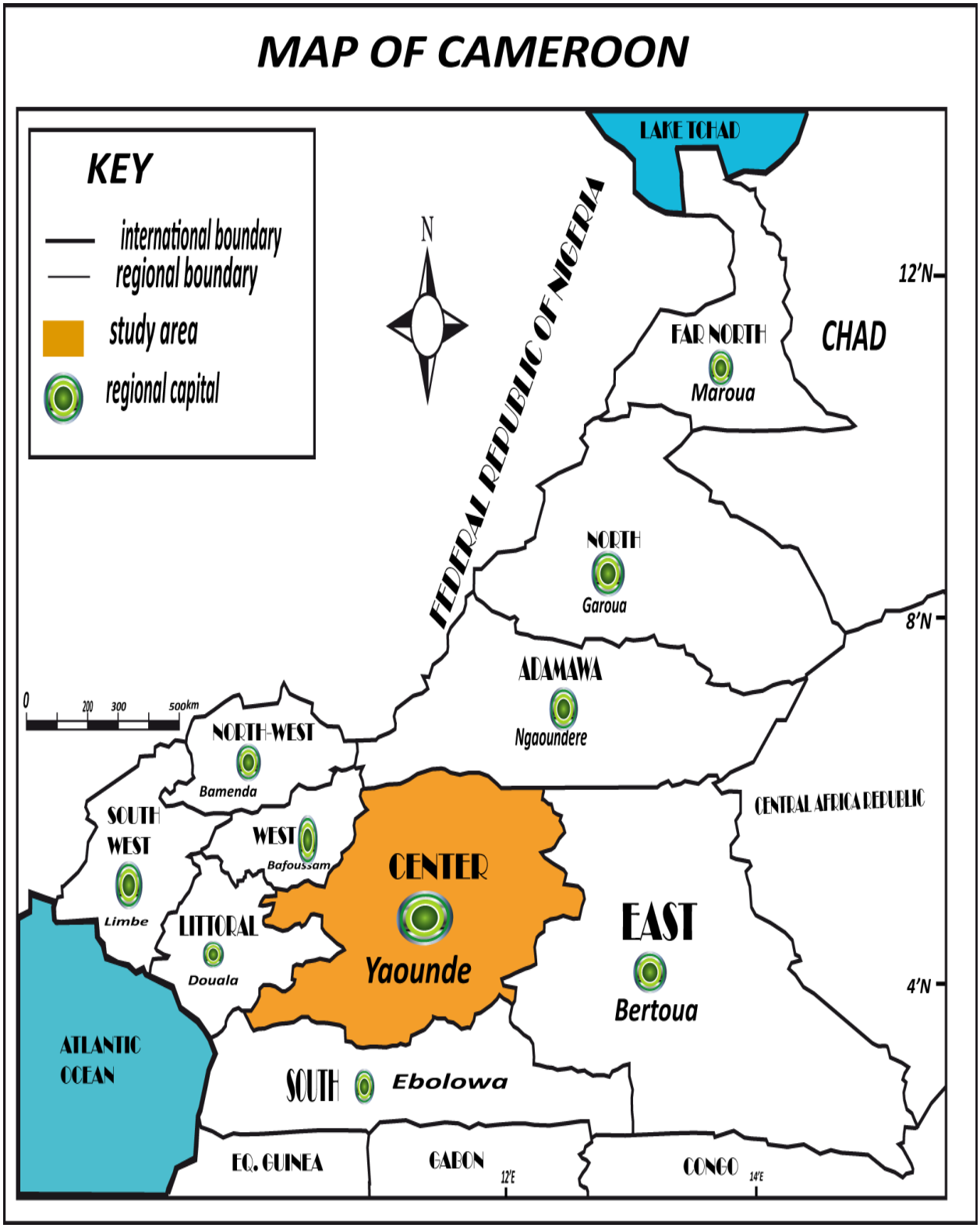
1.1. SETTING

Yaoundé is generally known as "*La Ville aux sept collines*". Yaoundé is the political capital of Cameroon and is found in the Mfoundi Division, Centre Region. In 1909, Cameroon was under German colonial power when Yaoundé became the capital. Before this period, the political capital was Douala (today's economic capital) and it was later moved to Buea. Unfortunately, these areas were unsecured as one was noted for constant volcanic activities, especially at the foot of Mt. Fako and the other was a coastal town which was easily accessible. Due to these reasons, the colonial powers opted for Yaoundé as the capital of Cameroon. Though moved on several occasions, it has been the political capital permanently since 1921 and after independence, it has been so. In the "*Ewondo"* language (a dominant ethnic group), it is called "*Ongola"*. It is a bilingual town as the two official languages are French and English.

1.2. GEOGRAPHY

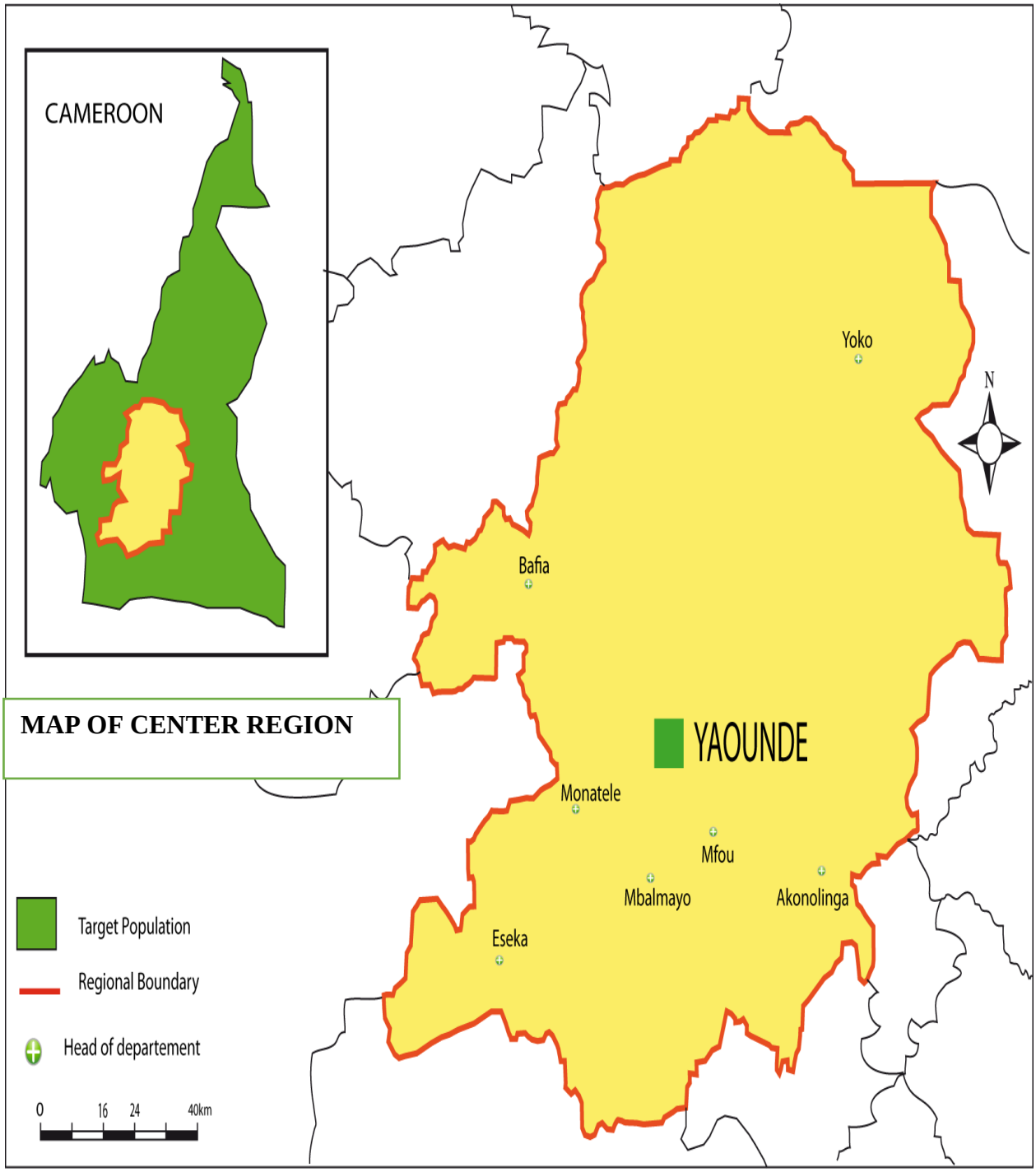
Cameroon with a total area of 475,440 km^2, with Yaoundé as its political capital, is said to be Africa in miniature because one can find almost every geographical feature, climate, altitude, ethnic group, language, etc, found in other African countries in Cameroon. Yaoundé its capital is situated at latitude 3°50' N and longitude 11°31'E. Its altitude is elevated at 760m (2493 ft). It covers a total surface area of about 310 km^2.

Yaoundé has diverse relief features that could be regarded as contrasting. Called "*la ville aux sept collines"*, one can find hilly areas as well as level lands or plains. Some hills are steeper than others and consequently affect the road network and habitat in the city. This is why rail networks are very limited. Houses built in valleys suffer during heavy rainfall which is why floods are inevitable in the central town and some in slums where the living conditions are the most deplorable and housing inadequate.



MAP 1: Geographical Map of Cameroon

Source: INC 2022



Map 2: Map of Center Region

Source: INC 2022

1.3. CLIMATE

The climate of Yaounde is very friendly and hospitable. It features a tropical wet and dry climate, with constant temperatures throughout the year. However, basically, due to altitude,

temperatures are not quite as hot as one would expect for a city located near the equator. Yaoundé experiences features of a lengthy rainy season, covering almost 10 months between March and November. However, it also experiences a noticeable decrease in precipitation within the rainy season during July and August, almost giving the city the impression of having two separate rainy seasons and dry seasons likewise. It is basically due to this relative lull in precipitation during these two months that Yaoundé features a tropical wet and dry climate as opposed to the supposed tropical monsoon climate. Due to this good tropical wet and dry climate, it is hospitable to almost all the administrative institutions, the Presidency, the Prime Minister, the National Assembly and the Highest Judicial body known as the Supreme Court are based in Yaounde. Also, can find higher institutions of education like the University of Yaounde I, several attractive parks, Supermarkets, the Central Bank of the Economic Community of the Central African States, Commercial banks, Hotels, military headquarters, Embassies and several other services not found in any other part of the republic.

1.4. DEMOGRAPHY

The population of Yaounde has witnessed an increasing and constant growth since it became the political capital in 1921coupled with it having pull factors to influence rural exodus migration. The city of Yaounde recorded a population of about 1,500,000 inhabitants in 2002. According to the statistics taken from the 3rd general population census of the habitat in Yaounde on March 30th, 2010, Yaounde covered a surface area of about 304km^2 with a population estimated in 2005 at about 1,817,524 inhabitants thus an average population density of about 5, 691 inhabitants per km^2. The growth rate of the city of Yaounde is above that of the entire country; it registered a yearly natural growth rate of 4per cent whereas that of the country stood at 2.3per cent. During this same period, it was recorded that for 20 years the migration balance rate stood at between 4 to 5%. The annual growth of the population is estimated at an average of 2.8 cent between 1987 and 2005. (BUCREP, 1987, 2005)

The rate of urbanization in Yaounde has moved from 37.8 per cent in 1987 to 48.8 per cent in 2005. The forecast showed that by 2010, two out of every three Cameroonians will live in cities (UN urbanization prospects). Yaounde had a population of 2,440,462 inhabitants (est. 2011), with a density of 13, 558 inhabitants per km^2 and an altitude of 750m and a surface area of 180 km^2. At the moment when the country was gaining its independence in 1960, Yaounde had a population estimated at 6,000 inhabitants. (BUCREP, 2010)

1.5. POPULATION

Yaounde was during the colonial period inhabited by the Éwondos. Today it is a city with a diversified inhabitat due to rural-urban migration in the later years that followed migration to the present. People from diverse ethnic origins now settle in Yaounde. Nationals from neighbouring countries can also be found living and established in Yaounde. The population growth rate has been significant. In 1976, the population stood at 320,000 inhabitants. In 1987, 700,000 inhabitants, 1,200,000 inhabitants in 1992 and in the year 2000 it stood at 1,540,000 inhabitants. The above statistics estimate an annual growth rate of 7%. These statistics are provided by the document produced by the Ministry of Territorial Administration and Decentralisation and the Yaounde City Council. This stands as the first experience in a bid to put in place a program known as *Programme villes plus sûres,* "Making the city safer". The evolution of the population from 1933 was 7,000 to 2001 and 1,800,000 (Annuaire Statistisque du Cameroun, 1997) can be considered very significant.

Statistics also show that the youth constitute the majority of the national population. By 1996, 54per cent of the population was made up of those aged below 25 years. These are victimized by the poor educative system which does not match with demand in the job markets thus making many jobless with educational certificates. The active population by 1997 was made up of 52per cent of the total population. 85per cent of them are in the informal sector.

1.6. PEOPLE

The cultural diversity of Cameroon cannot be overemphasized. The country counts more than 275 ethno-linguistic groups (C.R Ember and M. Ember, 2001). Among the ethnic groups, we have; The *Bantoid*-speaking inhabitants of the kingdoms of the western highlands, the Pygmies of the Southern Forest whose economic activities are mainly hunting and gathering, the Muslim sultanates and the non-Muslim people of the North. The predominantly Islamic peoples of the Northern Semi-Arid regions (the Sahel) and the central highlands including the Fulani also known as Peuhl in French make up 14per cent of the population. We have the Kirdi who are in the greater part non-Islamic of the Northern desert and the central highlands make up 18per cent. We also have the Western highlanders or the people of the grassfields that is made up of Bamiléké, Bamoun, and many smaller groups of the North West Region and this population is estimated at 38% of the population. The Coastal tropical forest people which include the Duala, the Bassa and smaller entities in the South West Region are part of the ethnic composition of the country and these make up 12% of the population. The southern

tropical forest peoples which include; the Beti subgroups made up of the Éwondo, Bulu, Fang, Maka and pygmies officially known as the Bakas. This group is estimated at 18% of the population.

1.6.1. Bantu Speaking Groups

They are made up of; the Bassa, Duala, Bakweri, Batanga, Malimba, Mbos and the Bakoko. They spread from the Adamawa region and migrated to settle along the Northwest coastal region around the 15th Century. Later on, around the 19th Century, another group migrated and settled around Yaounde and the equatorial regions to form what is known today as the Éwondo, Fang, Eton, Bulu, Yezum, Ntumu, and others.

1.6.2. Peoples of the West

Around the 16th Century, a semi-Bantu group settled in the Western part of the country. Groups like the Tikar and Bamoun are known to form this larger group. Today, these people form in the greater part the chiefdoms of the grassfields and the Bamiléké representing the most economically dominant ethnic group in the country.

1.6.3. The Tikar

The Tikar of Tikari, Tikali, Ndob, Tingkala or Ndome is an Ethnic group composed of immigrants from Nigeria during the British colonial epoch who occupied the Mbam and Bamenda regions. Their origin can be traced to the Bantou group. They share a common boundary with Bamoun, the Mambila and the Bamiléké. The zone of occupation lies between the Adamawa, West, Centre and North West Region. These are different languages among the different groups within the Tikars but they share a common ancestry.

1.6.4. The Bamoun

As far back as 1394, the Bamoun constructed their kingdom which reached its climax around the 18th Century and was dissolved with the French colonization, (Bradt, 2011). This group found in Foumban is well known for its handicrafts and other works of art have a kingdom headed by the 19th descendant of one of the oldest dynasties on the African continent. The Bamouns are one of the rare peoples in Sub-Saharan Africa to develop their writing. The writing was invented by King Njoya in the early 20th century. Despite efforts made to teach this writing to children in the schools he created, the French colonial masters put an end to it and French became the official language. The dominant religion remains Islam while the Christians form the minority. It should, however, be noted that they practice ancestral

worship; they believed that women could make the soil fertile and they use masks and statues that represent material culture is prominent among the Bamouns.

1.6.5. The Bamiléké

The Bamiléké group stands to be the biggest ethnic group in the country. The name Bamiléké is a deformed word for "mbalekeo" during the colonial era which means "les gens d'en bas" or "people from below". They are based In the Western Region. Some historians suggest that they are Neo-Sudanese. Others affirm that they are Baladis descendants from 14th C medieval Egypt. They reached the Tikar regions toward the middle of the 12th C before they split with the death of their last unique sovereign known as King Ndéh by 1360. Yendé, the first Prince refused the throne and went along to cross the Noun where he found the Bafoussam. His sister on her part went towards the Banso region. Ncharé the junior brother went towards the plains of the Noun and founded the Bamoun group two decades later. Between the 15th C to the 20th C, all the other groups of the Bamiléké were formed from Bafoussam for example, *Bansoa* was born in 1910 as a result fo the exile of *Fo Taghe* from Bafoussam. They have more than 100 political units and secret societies and these associations help keep the traditional values alive. Among their ancestral practices is the well-known practice that consists of retaining the skulls of their dead ancestors to continue to pay homage to their spirits (Toukam, 2010).

1.6.6. The Fulani

The Fulani (or Fula, Foulbé, or Peuhl in French and Fufulde in English) are usually tall, thin, lightly built people with aquiline noses, and oval faces and are light in complexion dominant in North and North West Cameroon and are an Islamic population (Bradt, 2011). They are also found in the savanna regions of Africa but arrived in Cameroon in the 19th Century. They were originally nomadic (Bororo and Wodaabe) cattle herders but today they are farmers and reputed merchants.

1.6.7. The Kirdi

The Kirdis are made up of several ethnic groups in the Northern part of Cameroon. The word Kirdi is the deformed word for Kurdes which is pejorative in the sense that it refers to pagans or non-Muslims. From the Mandara mountains in Garoua to Mora are found different non-Muslim ethnic groups with each speaking its distinct language. Some of the languages are; Mofu, Dowayo, Mafa, Kapsiki, Fali, Mada, Moundang, Podokwo, Toupouri, Mouktele, Ouldémé, Giziga. The economic activities among the Kirdis are mainly the cultivation of

millet (sorghum), and rearing animals like goats, sheep, and zebus. The farming of millet takes place on fields in terraces made up of dry stones that are repaired each year.

1.7. HISTORY

In 1887, the first team of Germans headed by Captain Kunt and Tapenbeck went to Southern Nachtigal from Big Batanga. They saw farmers planting ground nuts and these people asked them who they were and they said they were “Mia Wondo” meaning ground nut planters. But the Germans who did not hear well called them “yaundé”. Yaounde comes from “Ongola” which means enclose. This refers to the anecdote whereby Ombga Bissogo who told Essono Ela who accommodated the first white in 1889 asked them for a piece of land and enclosed the borders with a fence. The capital was founded on 30 November 1889 by a German team composed of Kurt Morgen, George Zenker and a certain Mebenga Mebono who later became Martin Paul SAMBA who acted as their guide. The first name of Yaounde was “Epsum”, i.e. “at Essomba” or “Tsonum” at Essona Ela.

1.8. ORIGIN AND FOUNDATION

Cameroon has witnessed multiple colonial administrations. Among these we can identify the following; Portuguese, Germans, the French and the British respectively. By 1472, Portuguese explorers came into contact with the territory through the coastal or the Littoral part. This part of the territory is strategic because due to its proximity to the Atlantic Ocean, it became the gateway into the hinterlands. On sailing in the rivers notably River Wouri, the Portuguese noticed a huge number of Prawns. They decided on the appellation of this area by calling it in the Portuguese language “Rio dos cameroes” meaning river of prawns. The name of the country was obtained from “Cameroes”, Cameroon. The German explorers called this name “Kamerun”. The area that gave them access to the hinterlands and caused them to settle, they called “Kamerunstadt” which means Cameroon city. This was the place they designated as the capital (today’s Douala). The entire territory or country was called “Kamerungebiet” which means Cameroon area. These appellations seemed confusing to the Germans who later on signed a decree on the 1st of January 1901 which named the hinterland territory found at the coast Douala and the entire country was given the name Kamerun. The decree named portions of the territory as follows;

This protected territory had three main headquarters namely: from 1885-1909, Kamerunstadt became Douala in January 1901. Buea situated at the foot of Mt Cameroon was called by the Germans “Schloss” to mean castle by the then German colonial Governor Von Putkamer

(1895-1907). Because of the constant volcanic activities around this area notable around Mount Cameroon area, the capital was moved from Buea to Yaounde in 1909 till the Germans were evicted from Cameroon after they lost the 1st World War in 1916 Yaounde has been the Capital.

An expedition in February 1889 reached an agreement with one of the local chiefs known as Essono Ela to create a station. As a result, Yaounde became a scientific station from its foundation. Later in 1895, a military station under the Germans was created on a hill known as Ewondo. Yaounde was greatly developed by German merchants who traded with the local population respectively in rubber trees as well as the rubber itself and ivory. The Belgian troops during the First World War equally occupied this area. The end of the German protectorate ended on January 1st, 1916 when they were defeated by the allied forces. Following the defeat of the Germans, the victorious powers namely the British and the French partitioned the territory. The British occupied the Western part of the territory while the French occupied the Eastern part of the Cameroonian territory.

Yaounde found in Eastern Cameroon was placed under the French protectorate. The population growth was slow in the beginning. Rural-urban migration was massive towards Douala then later after 1957 Yaounde witnessed a significant population increase because there were Cocoa crises in Douala since this was a very important cash crop. Also, this period registered serious political turmoil.

1.9. RELIGION

The city of Yaounde has known an avalanche of various religious movements. Its cosmopolitan nature reflects the religious plurality in this area. Christianity, however, has more followers than other religions like the Islamic faith. There exists within Christianity several denominations dominated by the Catholic Church. Yaounde has one of the archdioceses of the country. There are many dioceses spread around the city. The Catholic Church outnumber the other religions with monasteries in Mvolyé and Mont Fébé.

Notwithstanding other Christian denominations are present in Yaounde. Among these are the Evangelical church of Cameroon, the Protestant church, the Presbyterian Church, the Seventh-day Adventists the Jehovah's Witnesses not letting out the Pentecostal movements that have in the last years registered a significant proliferation in the city. The dominant Pentecostal churches include the Full Gospel Mission and the Apostolic Church.

The Islamic faith also registered a significant number of faithful in Yaounde. Unlike the various denominations of the Christian religion scattered all around the city of Yaounde, the Muslims are more or less grouped in specifically identified neighbourhoods. Notably, the Briquetérie neighbourhood where the largest Mosque of the city is found.

1.10. ADMINISTRATION

According to the constitution, the Republic of Cameroon is a decentralized unitary state and it operates under a presidential form of government. Cameroon since 2008 has had a new administrative organization. This was a result of the signing of the decree No 2008/376 of 12 November 2008. This decree organized Cameron administratively into Regions, Division, and Subdivisions. In this decree, Districts as administrative units were suppressed.

1.10.1. Administrative management of Yaounde

The administrative management is done both by the central administration represented by the Ministry of Housing and Urban Development and the Yaounde City Council (C.U.Y.) stated by law[10] to lay down rules applicable to councils. The duties of the City Council in Cameroon including the city of Yaounde entail; firstly, the preparation of urban environment development plans, especially as concerns the fight against nuisance and pollution, and protection of lawns; secondly, urban development projects; thirdly, management and maintenance of markets, bus stations, and slaughterhouses; fourthly, participation in the organization and management of urban passenger transport; and fifthly, urban circulation plans to cover the entire circulation networks, amongst many other duties.

There is a legislature governing urban planning in the country. The councils throughout the national territory are governed by law. City Councils are headed by Government Delegates and their deputies. In carrying out their duties, they are also involved in development projects such as road construction, the rehabilitation of certain infrastructures, the creation of parks, and the expropriation of illegally occupied land. Since 2008, there has been a series of expropriations of certain city dwellers who occupied pieces of land illegally to enable the realization of certain projects. The consequences of these numerous expropriations, unfortunately, have rendered many people homeless.

The effects of urbanization due to rapid population growth cause overcrowding in the cities and Yaounde is just one of them. Many city dwellers get crowded in commercial areas to either carry out business or try to do anything to eat. Commercial areas are noted to be places where economic activities are intense.

1.10.2. Administrative Organization

The administrative organization is governed by law No. 2008/376. This constitution of 12 November 2008, lays down the administrative organization of the Republic of Cameroon and decree No. 2008/337 of 12 November that same year determines the powers and duties of heads of administrative units also laying down their organization and functioning of their services. Provinces were transformed into regions. Administrative circumscriptions constitute Regions, Divisions, and Subdivisions headed by Governors; Senior Divisional Officers and Divisional officers. The Regions are subdivided into 58 divisions; the Divisions are further subdivided into 360 subdivisions. The Centre Region which is our area of study has 10 Divisions and 70 Subdivisions.

1.10.3. Decentralisation

There have been different forms of decentralization before the 1990s. Law No. 96/06 of January 1996 to amend the constitution of 02 June 1972 amended and supplemented by law NO. 2008/001 of 14 April 2008 in its section 1 (2) states that "the Republic of Cameroon shall be a decentralized unitary state…? In section 5 of the said constitution, it is said "decentralized local entities of the Republic shall be Regions and councils. These local authorities shall enjoy administrative and financial autonomy in the management of local interests.

1.10.3.1. Councils

The organization and functioning of councils are governed by Law No. 2004/017 of 22 July 2004 on the orientation of decentralization. The mayor chairs the council executive and he is assisted by deputies. They make up the council executive. The mayor acts in a dual capacity. He is at the same time an agent of the state and an agent of the council. Among his functions, are he represents the state in his municipality, he ensures the implementation of laws and regulations to maintain order in his municipality. As an agent of the council, he manages council revenue and supervises council services and accounts, he ensures the implementation of development programs financed by the council or carried out in conjunction with the council. He also ensures environmental protection and accordingly takes measures to prevent or eliminate pollution and nuisances, protecting public parks and helping to embellish the council.

We just saw in the above paragraph that the mayor is responsible for environmental protection and takes necessary measures to prevent or eliminate pollution and nuisances, protecting

public parks and contributing to the embellishment of the council. In this study, our preoccupation is with the occupation and management of public space by street vendors. The mayors in certain councils as we may see in subsequent chapters impose taxes upon issuing of tickets to all those who carry out business activities in the markets as well as in the streets.

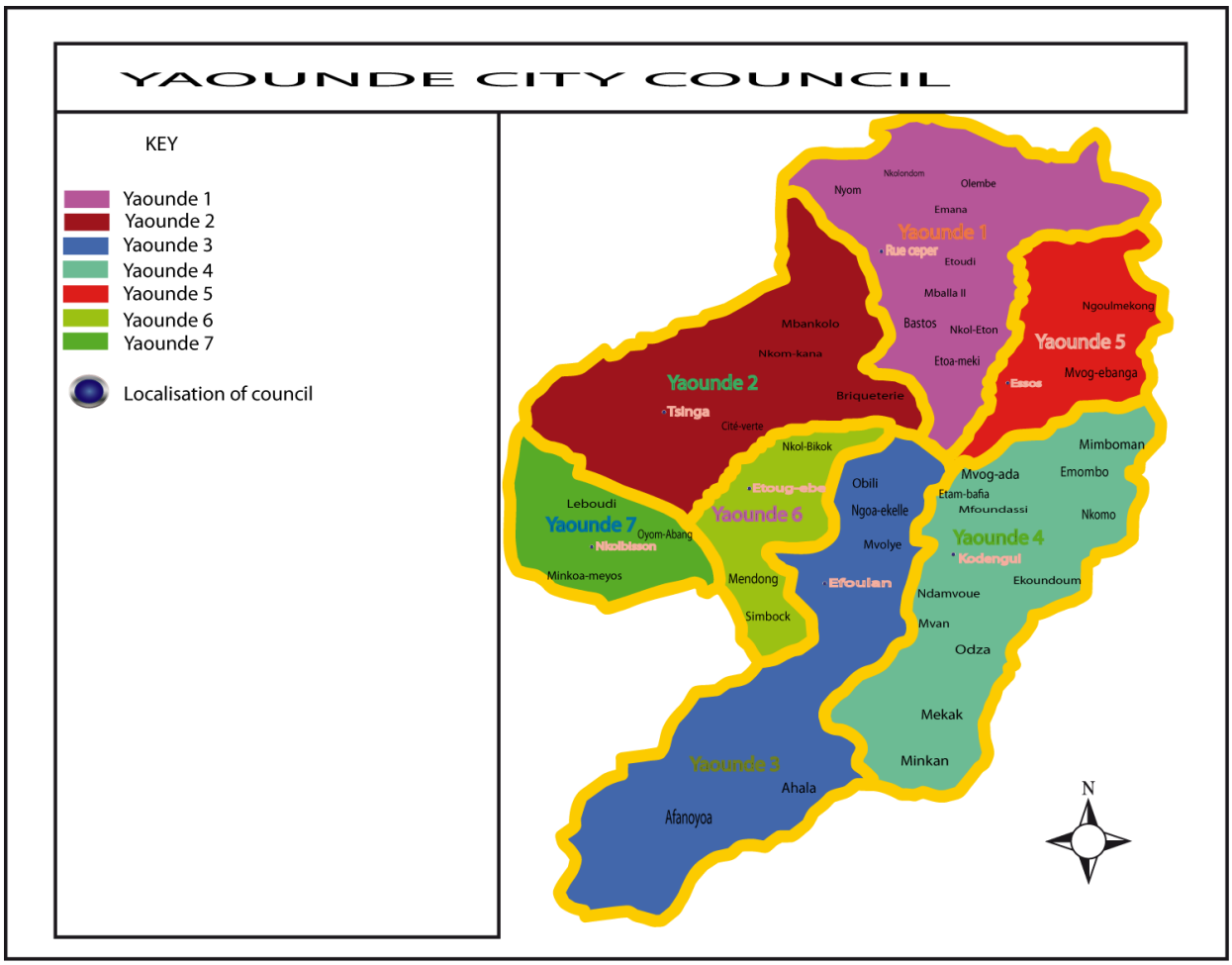
1.10.3.2. Council Organization

The Ministry of Territorial Administration and Decentralisation (MINATD) is the main supervisory administration in charge of territorial organization. Urban councils were created by the 1987 law[11]. The republic witnessed a constitutional change which saw certain dispositions taken to preserve the territorial integrity of the country. New Provinces were created, including Divisions and Subdivisions. With the former Federal Republic dissolved, there was a dying need to make every Cameroonian feel at home wherever they found themselves. Freedom of movement became a very important value. Many major agglomerations were transformed into urban councils run by the mayor.

In the Early 1990s, Yaounde began to experience significant demographic growth. The city was flooded by both nationals and foreigners. With the desire and search for better living conditions, the rural-urban migration became a phenomenon to reckon with. The city began to experience a significant transformation with expansions from north, south, east and west. This led to the creation of new subdivisions in 1992 which moved from 4 to 6.

Another aspect of change is that of the construction of new administrative buildings. These administrative facilities favoured not only migration but also the huge demand for space. The job seekers who moved into Yaounde in search of better living conditions caused a rise in the demand for housing. Lodging persons, therefore, became a lucrative activity which many turned to. The prices of land increased since there was an increase in demand. Land tenure became a major concern to the authorities (Socpa 2000).

This phenomenon stated above sprawled as other companies, para-public administrations and international organizations not leaving out diplomatic missions began to multiply. Educational facilities, schools, and training centres of higher education were also created in Yaounde. Most of these centres and institutions were found only in the capital city which also resulted in much influx. The central neighbourhoods rapidly became too small for the ever-increasing population. An expansion of the city became the sole alternative to contain this population growth. This situation led to the creation of another subdivision in 2007 with the Nkolbisson neighborhood hosting the office of the Divisional officer.



MAP 3: Yaounde city council

Source: INC 2022

1.11. THE YAOUNDE CITY COUNCIL

A Super Mayor heads it since the 3rd of March 2020 appointed by a presidential decree. His main function is to make the capital city attractive. The financial resources at his disposal come from the debt cancellation contract such as the C2D and the IADM (Initiative de l'Allègement de la Dette Multilatérale). He rehabilitates populations who live in risk zones such as swampy areas and vulnerable areas where landslides are frequent or may occur not letting out constructed neighbourhoods found in areas vulnerable to floods. He is also responsible for the construction of plazas as well as their maintenance. Road infrastructures in the city are also under his competence alongside the Ministry of Public Works.

1.11.1. The Yaounde I Council

The Yaounde I council was created by decree No 87-1365 of 24 September 1987 according to the law creating the Yaounde city council. Its headquarters is situated in the Nlongkak

neighbourhood. To the north, it is bordered by the Obala subdivision, to the northwest by the Okola subdivision, and to the South by the Yaounde IV subdivision. To the South West by the Yaounde III subdivision notably by the river Mfoundi and the 20th May Boulevard. To the west of Yaounde II (Carrefour Warda, nouvelle route Bastos, the presidential pathway) and finally to the east and the Nord-East by the Soa subdivision.

Among the popular neighbourhoods in Yaounde I council are Bastos, the commercial centre, Djoungolo I-XII, Essos, Emana, Etoa Meki, Mballa I-VI, Mfandena I-II, Ngousso, Olembe, just to name these few. It covers a surface area of about 61.40 km^2 and has a population of about 300, 000 inhabitants. Most of the administrative structures are found in this area including most of the diplomatic missions. It's got one of the biggest trade centres in the capital city known as the central market. Just next to this market, we have a popular centre where a lot of economic activities take place.

1.11.2. The Yaounde II Council

The Yaounde II Council was created by presidential decree No. 87/1365 of 25 September 1987. Despite this decree in 1987, it only became functional seven months later. Its name changed during several periods in its history. It was created and named the Yaounde II Council then later called the Yaounde Urban Council by decree No. 93/321 of the 25th of November 1993. Today it is known as the "Commune d'Arrondissement de Yaounde II". It later was split into two subdivisions in a bid to create the Yaounde VII council. After the split, the Council covers 15km^2 and 15km^2 made up of rural population.

It is located between 45°N and 15° S of the latitude. It is considered the gateway of all the prestigious guests who pay a visit to the country as it stretches its way through the Unity Palace. The Congress Hall which is one of the most important Halls where international conferences are held is also found in this area.

It is surrounded by the other Councils. To the North and North West by the Yaounde I Council, to the South by the Yaounde 6 Council, to the South West and South East by the Yaounde 7 council and to the East by the Yaounde 3 council.

1.11.3. The Yaounde III Council

The Yaounde III council was created by decree No. 87/1365 of 25th September 1987. It covers a surface area of 67.15 km^2 and has an estimated population of 300,000 inhabitants. Most of the state's institutions the likes of the National Assembly harbour the Lower House of Parliament (the Legislative arm of Government) and the Supreme Court which is the highest

Judicial institution of the Land representing the judicial arm. The Prime Minister's Office and other Ministries are also found in this Council. The Headquarters of the military known as Quartier General is also found here. Other important institutions are found here namely, the University of Yaounde I Campus, the French Embassy, the residential areas, the University Teaching Hospital and some popular neighbourhoods like Obili, Efoulan, Nsimeyong, Nsam and Obobogo.

1.11.4 The Yaounde IV Council

Anguissa, Odza, Mvog-Mbi, Nkoldongo, Ekounou, Emombo, Etam Bafia and Nkoldongo-elobi, Mimboman, Ekie, Biteng, Nkomo, Nkondengui are among the 59 neighbourhoods[12] we find in the Yaounde IV Council. It covers a surface area of 57,89 km^2. It has an estimated population of 400,000 inhabitants. It is surrounded by the other councils in the Mfoundi Division. To the North by the Yaounde 5 Council, the South by the Mefou and Akono subdivision, to the East by Mefou and Afamba, and to the West by the Yaounde 3 Council.

1.11.5 The Yaounde V Council

The Yaounde V Council was created by Presidential decree No. 93/321 of 25 November 1993. It was created as a result of the dissolving of the Yaounde I council. Its surface area is about 20 km^2 with an estimated population of 259,922 inhabitants (2005). In 2014, the population was estimated at 363,118 inhabitants with the youth being the majority. The autochthons are said to have been on the present site since 1800. It forms 14.3% of the total population of the Mfoundi division.

The geographical distribution is as follows: 32 neighbourhoods and villages distributed in 11 large neighbourhoods. There are 7 neighbourhoods in the urban zone (Djoungolo or Mvog-Ada); Essos; Ngousso; Mfandena; Omnisport; Nkolmesseng; Ntem; and 4 villages in the rural zone: Essessalokok; Abom; Ngona et Nkolnkondi.

The population is made up of natives and persons from other parts of the country. The groups that are represented significantly here are Béti, Bamiléké, Hausa, Duala, les Mbamois, ethnic groups from the Anglophones, and other minority groups. The Bamiléké population is the majority. There is peaceful cohabitation between the populations and the natives.

1.11.6 The Yaounde VI Council

The Council was created by decree No. 93/321 of 25 November 1993. It was only in 1996 that it opened its doors. Its birth was a result of the split of the Yaounde 3 Council. It has an

estimated population of 280,000 inhabitants. A lot of economic activities take place in this Council. Among the commercial activities in the council, we can identify; filling stations, beer parlours, barbing saloons, restaurants, pharmacies, and markets. The main market is Acacia. In this council like in every other council, the activities of the informal are dominant among the self-employed masses.

1.11.7 The Yaounde VII Council

The most recent of the seven Councils is the Yaounde Seven Council. It saw the day on the 13th of April 2007 after the publication of decree No. 2007/115. Its headquarters is located at the Nkolibisson neighbourhood. Most of its surface area once belonged to the Yaounde 2 Council. Some of the quarters are; Etetak, and Oyomabang.

1.12. ECONOMY

Economically, Yaounde is a tertiary city. There exist however some industries like the Brewery industry, Sawmills, Carpentry workshops, Tobacco factories, paper mills, mechanics and building materials. There are commercial centres in the city of Yaounde. The main commercial centers are found in the center of the city just around the place known as Avenue Kennedy. Here, we can find big shops, stores, the headquarters of certain enterprises or their representations as well as hawkers. There are several Commercial Banks in the city of Yaounde. These Banks are spread around the city but there is a concentration of these Banks after the Yaounde City Council. Because of this concentration, the area has been named "*Avenue des Banques"*

1.12.1. Markets

Yaounde has several markets with the largest being the Mokolo market, the Mfoundi market and the Central market. Other markets include the Biyem-Assi market, the Ekounou, Madagascar, Melen, Mendong, Nkol-Eton, and Nsam markets, which are not to be neglected. We have some supermarkets with the most popular being; Mahima, Dovv, Casino, Niki, Bricolux, Tsekenis, and Cavetio de Julia Nats. The items vary from foodstuff, clothing, cosmetics, kitchen wares, electronic gadgets, sports accessories, building construction materials, etc.

1.12.2. Money and Banking

There are numerous banking systems in Yaounde as well as in other parts of the country. From the top of the ladder, we find the Central Bank of the CEMAC zone in Yaounde.

Several banks around the city offer banking services like savings, loans, exchange of currencies, money transfers, etc. The area around the Yaounde city Council is called Carrefour des Banques due to the presence in this site of almost all the different banks. Some are solely national while others are intercontinental and global.

Besides banks, recently Yaounde has been experiencing the proliferation of microfinance institutions. They are preferred by the majority of the population due to their services that are convenient enough to small salary earners, and petit business operators. Unlike banks, opening or creating an account in microfinance is cheaper and affordable to the majority of people and the process is less strenuous. They provide most of the banking services proposed by banking but go beyond by providing other services like proximity savings. This is an operation whereby; agents of microfinance go closer to persons especially those involved in small-scale businesses create accounts for them and pass by daily to collect their savings.

1.13. URBANISM

Yaounde has road infrastructures that are more or less satisfactory both in quality and quantity. However, the maintenance of the principal arteries of the city is acceptable. The renovation works carried out by the Yaounde City Council have for the past years ameliorated the state of the roads. Roads have been paved and the sizes of some roads expanded notably in the Elig-Edzoa, Nlongkak, Emana, and Olezoa neighbourhoods.

As far as the habitat is concerned in the city of Yaounde, we can notice the presence of well-planned neighbourhoods as well as very poorly planned-ones. If one takes a walk-in area such as Bastos, Koweit city, Biyem-Assi, most especially around Maison Blanche, we notice that not only are the houses well-constructed, the roads are paved facilitating access, urban planning can be well appreciated there. On the other hand, the contrast is glaring between the less privileged living in poorly planned areas. Social stratification can be portrayed here were the “haves” and the “have nots” live separately in different areas. This is a picture of the realities of the urban milieu. There is almost no physical contact between the two social classes except on public grounds or places. A good example is in the central town, especially in Avenue Kennedy where there are street children and paupers ready to beg form car occupants who park their vehicles due to traffic or other reasons.

Due to rapid population growth, and urbanization, the city of Yaounde is fast expanding. There are suburban areas developed progressively as rural drainage brings many to the cities. Unoccupied pieces of land in the peripheries are being bought at an alarming rate;

construction works are carried out causing the city to be larger. But despite this situation, the population concentration in the urban centre of the city does not seem to feel the impact. This is probably due to the huge population influx that is registered on a regular basis.

1.13.1. Intraurban and urban transport

There is a railway station with transportation facilities carrying passengers and goods from the capital city to other parts of the country namely; the Littoral region with its capital Douala and the Adamawa region to its capital Ngoundere.

Road urban transport is made up of bus transport services, taxis and motorbikes. Bus services are mostly done by companies like le bus and private owners especially those stationed in the place often called *Camair* due to the presence of the Yaounde agency of the National airline company, which transports mostly students to the Soa locality hosting the National Airline company, which transports mostly students to the Soa locality hosting the Yaounde 2 Campus. There is another stationary bus service around the Interpol Headquarters transporting passengers to the Yaounde 6 area; Biyem-Assi, Acacia, Rond-point Express, Simbock and Mendong.

The most common form of urban transportation in Yaounde is taxis. These yellow-coloured vehicles transport passengers from one part of the town to another. They are affordable and reliable. They can be found almost everywhere on the main roads. While standing by the roadside, just flag to get them to stop and propose your destinations and depending on the distance, one may propose less or more than the normal taxi fare: 250 frs during the day (6 am to 9:59 pm) and 300 frs in the night (from 10 pm to 5:59 am). If they horn, that is generally the signal for accepting, but if they do not, then they just move away.

There are several forms of taxi hire. This is useful information for citizens and especially for tourists who may be misled. A *depot* drops costs between 1,500frs to 2,500frs for a non-stop ride to your destination anywhere within the city. The course is pretty long and the time evaluated at an hour 3,000 frs and above from one part of the city to another but when leaving or going to the Nsimalen International airport, the charges are generally higher, about 5,000frs. In some cases, for one reason or the other, someone may require their service for a relatively longer period or a whole day and this may cost between 35,000 frs to 50,000frs.

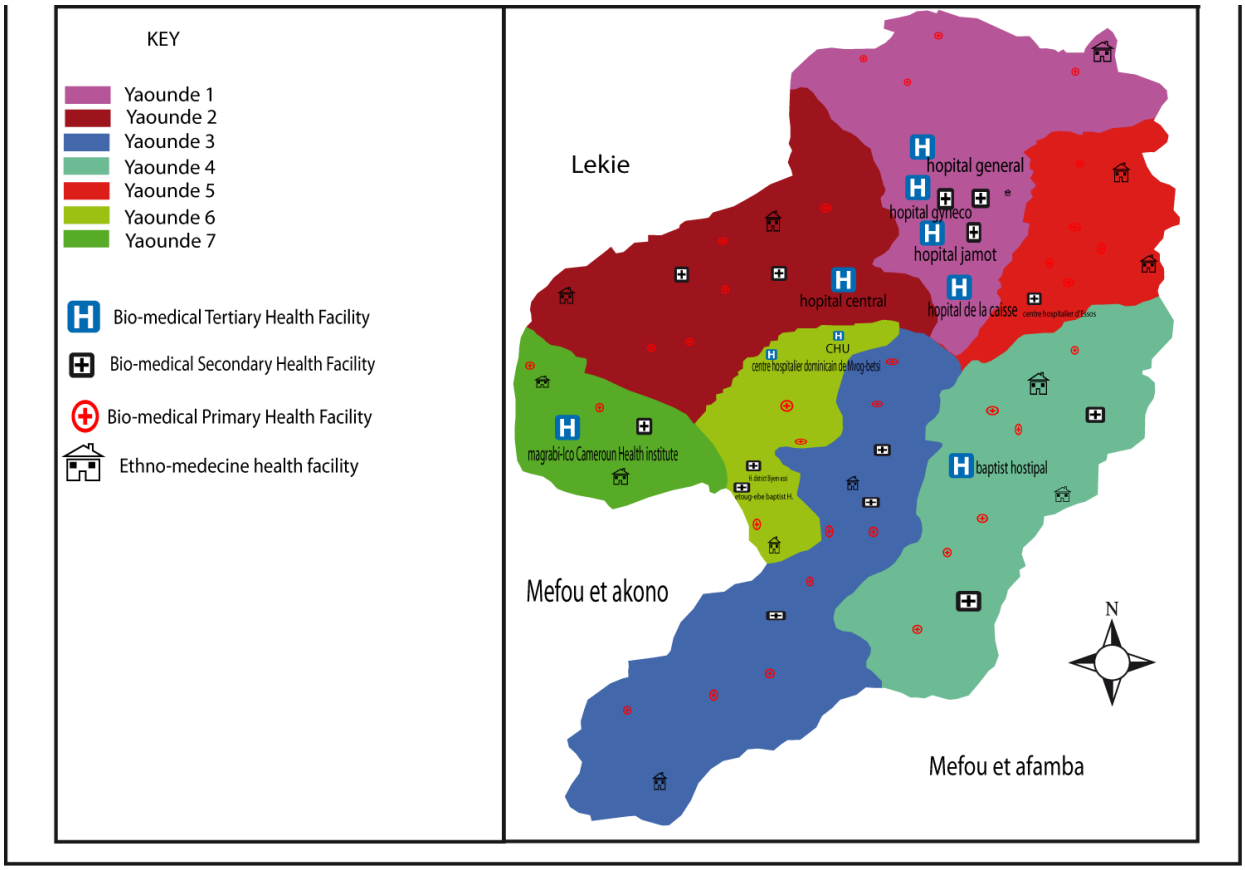
Motorbike riders have emerged recently and are among the most important transport service providers in the city. This sector employs thousands of youths who count among their milieu, the married and the single, the educated and non-educated, all age groups, etc. Their area of

transportation has been defined by the council authorities. They are forbidden to trespass the urban centres in Yaounde. They are allowed to exercise their functions in the suburbs and peripheries. Their charges are generally more or less cheap than taxi fares. It ranges from 100frs and above, depending on the distance of your destination.

After presenting the study environment, its geographical location, its administrative set-up and organization, the demography, the peoples, etc, we can now have a better appraisal of the raison d'être of this study. Many authors have published a lot of literature on the phenomenon of street vending in other contexts. Social representations have equally been of interest to many authors. In the next chapter, we have presented an overview of the literature related to our study.

1.14. HEALTH

Cameroon's health system is managed and controlled by the Ministry of Public Health which consists of several hospitals from the regional health facilities to the district health care facilities counting 9 and 143 respectively. In Yaounde, health is managed and controlled by both the Ministry of Public Health and the smaller bodies under the Ministry of Public Health starting from the regional delegation of public health to the District Head in charge of health. The public health sector in Yaounde has an ever-growing need for public health and this is so because of the ever-growing population in this city. Due to this, Yaounde just as its ever-growing and agglomerated population has an ever-growing need for health facilities especially in terms of sexual reproductive health. This can be seen with the agglomeration and rise of all kinds of healthcare facilities to help reduce the health burden on the regional and district health facilities. Amongst the several tertiary health facilities that Yaounde host a couple were purposely selected and sampled out for this study as appraised below. This city like many others in Cameroon does not only rely on hospitals or what is described in this work as biomedical medicine. In this city exists a complementarity in healthcare-seeking behaviors and care as explained by Awah (2006).



MAP 4: Map of health facilities

Source: INC 2022

1.14.1. Biomedical health facilities

These health facilities have been in Yaounde since colonial times but gained grounds as the main health facilities in this city after colonization and independence. Health facilities like the Central Hospital, General Hospital, and Gynaeco-Obstetric, just to name a few all found in Yaounde. The biomedical health facilities where this study was done were the General Hospital and the Gynaeco-Obstetric, all health facilities well known for the care of newborns in Yaounde. Below is a brief on each of these health facilities.

1.14.1.1. Yaounde General Hospital (YGH)

This health facility was created in 1985 and it served for long as a teaching center. It is one of the key reference health facilities for many others in Yaounde and this is so because it provides biomedical care, surgery, obstetrics, gynaecology and paediatrics which is absent in many other facilities. Among many health facilities in Yaounde, it is the only one with a dialysis centre. This health facility is of interest in this study because, as a tertiary health facility, it is open to the most efficient and knowledgeable ways to care for newborns. This is

so because of its capacity to provide biomedical care, surgery, obstetrics, gynaecology and paediatrics which is absent in many other facilities to enable good newborn care for neonates. Below is an image of this tertiary health facility.

Picture 1 : Yaounde General Hospital (YGH)

Source: Awah Kum Tchouaffi 2022

Above is an image giving an almost full view of this facility. There is more to this health facility than what is on this image. As a tertiary and referral health facility in Yaounde, it keeps within its walls one of the finest health professionals and equipment's when it comes to the care for newborns. This health facility is situated in the Ngousso neighborhood in the Yaoundé I council. It has an influx of health seeking individuals on a daily basis come rain come shine.

1.14.1.2. Yaounde Gynaecology, Obstetrics and Pediatrics Hospital (YGOPH)

This tertiary and referral health facility has a good reputation for caring for mothers and their children. This tertiary and referral health facility was built with the assistance of the Chinese Government. It was officially opened on the 28 of March 2002 and outpatient care started in April of the same year. Below is an outdoor picture of this health facility.

Picture 2: Yaoundé Gynaeco-Obstetric and Pediatric Hospital (YGOPH)

Source: Awah Kum Tchouaffi 2022

The above picture presents to us the Yaoundé Gynecology, Obstetrics and Pediatrics Hospital from an outdoor view. This health facility is considered by the population of Yaoundé as the best in terms of newborn care as within its walls is advanced equipment for the care of newborns. Still from the above picture even from an outdoor view only female-looking figures can be seen. This health facility is located in the Ngousso neighbourhood in the Yaoundé I council.

1.14.2. Ethno-medical health facilities

In Yaounde, a vast part of the health of the population is reliant on ethno-medical health facilities and their healing techniques. Many people still go to seek care in an ethno-medical health facility when they are ailing. According to Paschal, K.A, (2008), Cure and control, the health-seeking behaviours of individuals in Yaoundé are guided by their self-image and their cultural background which in turn guide their health-seeking decisions. In Yaoundé, there is thus a complementarity in beliefs and self-image. In another article by Awah and Phillimore (2008) on Diabetes, Medicine and Modernity, this complementarity is due to the medicalization of care, this can be seen in the strictures against resorting to ethno-medical care which pushes care seekers to have the willingness to alternate between biomedical care and ethno-medical care. According to the author, this is a process in which healthcare seekers

subject themselves to the claims of both kinds of pragmatic evaluation. In line with the context of this study, ethno-medical health facilities are part of the health sector in Yaoundé and play a great role in the care of newborns. Ethno-medical health facilities and professionals are spotted everywhere in Yaoundé and the very much fulfil the task they are out for.

1.14.3. Faith-based care

In Yaoundé, faith-based care is gaining ground with the opening of new revival churches. These churches play a great role in providing health care in their way just like any other method of health. These churches are involved in the physical, mental and social restoration of well-being for many individuals' newborns inclusive. According to the WHO (1948), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In the context of this study, faith-based care fulfils if not one in some cases, all the determinants of health by the WHO. Faith-based care plays a vital role in people's beliefs and thus influences the care of newborns as this work looks at its impact in subsequent chapters.

CHAPTER 2

REVIEW OF LITERATURE, THEORETICAL FRAMEWORK AND DEFINITION OF CONCEPTS

This chapter is divided into three sections. The first section of this chapter focuses on the review of literature related to Abortion. Under this, the global perspective, the discourse within the global development goals, the epidemiology of abortion, the social sciences and the Anthropological perspective of abortion. The following key themes are reviewed: abortion, induced abortion, changing perspectives, health systems, tertiary health care, preterm and health system development. Secondly, the anthropological theories used in explaining and interpreting data collected for this research are presented and discussed. The third section is the definition of key concepts related to the research.

Throughout our research on similar studies, views on abortion vary significantly by religion, race, education, income, and generation, while no research has looked in depth at all these characteristics of abortion attitudes based on subjective religiosity. The existing literature examined focuses on the relationship between religiosity and abortion rights, belief systems of abortion politics, consequences of attitudes toward abortion, and social attitudes towards equal rights.

2.1. REVIEW OF LITERATURE

Literature on Abortion dates as far back as when man learned how to document data through writing but little anthropological work is written on Culture and Abortion. Over the years, human beings have just either accepted or resented, either applied or rejected Abortion practices. Nevertheless, literature related to Abortion in Cameroon and in the world has been dealt with implicitly and explicitly in this study. Existing literature has been reviewed given what others have written about Abortion. Provided that the field of abortion research is newly developing, this review will examine empirical bodies of literature that explore women's reasons for abortion, abortion and mental health, and abortion restrictions globally and in the Cameroonian context. The available knowledge has been arranged thematically to ease comprehension. The review approach is thematic.

2.1.1. Global Perspective of Abortion

2.1.1.1. Global Perspective of Abortion and Religion

Arguments against abortion from religious institutions are now illustrated through commonly understood scientific arguments rather than theological ones. Shiri Noy and Timothy O'Brien

(2016) analyzed how public perspectives on science and religion map onto public attitudes about a wide range of social, political, and economic issues (including abortion). They found that individuals oriented toward either science or religion hold differing attitudes in nearly every domain investigated. Individuals whose world views incorporate both science and religion have different attitudes than those oriented toward one or the other, calling this a "third perspective" not located on a conventional liberal-conservative spectrum (Noy & O'Brien, 2016). This change in arguments from theological to secular coincidently comes at a time when religious affiliation is at an all-time low in our society (Pew Research Center, 2015). Some of this change may have to do with age. Younger generations (i.e., the millennial cohort) are the least likely to affiliate with religious institutions and hold more liberal political attitudes in general. However, Jelen and Wilcox (2003) report that those who do remain religious, show a decline in pro-choice attitudes among Protestants and a clear pro-choice trend among younger Catholics (Jelen & Wilcox, 2003). They cite this difference as being attributable to differential trends in church attendance; being that younger Protestants are attending religious services more frequently than their elders, while with younger Catholics, their church attendance has dropped dramatically. They find that of those who are attending church, their views on abortion become more oppositional. However as stated earlier, if the public discussion of legal abortion comes to emphasize issues of science rather than theology, why should church attendance or subjective religiosity continue to matter as we research public perception of abortion, especially if our understanding of religion's influence is incomplete (Michael Emerson, 2006)? Jelen and Wilcox (2003) found that there is a disjunction between the public face of the abortion issue and individual-level socialization by religious bodies. These disparate findings suggest the possibility that religiously defined subcultures are important agents of socialization on the abortion issue and that popular understanding of the issue does not necessarily reflect elite-level discourse (Jelen & Wilcox, 2003). One of the ways public discussions of abortion attitudes have become linked with science rather than theology is through the discourse of political debates. As politicians stand to relate to voters their message must be adaptable and easily comprehendible. However, Craig, Kane and Martinez (2002) note how research has recognized that voters simultaneously hold positive and negative attitudes about political issues, including abortion. When someone's beliefs concerning an attitude conflict with one another, the person could be described as being ambivalent (Craig, Kane, & Martinez, 2002). Craig, Kane and Martinez set out to focus on this very aspect, focusing

on the nature of abortion and political attitudes to demonstrate that these attitudes are more complex than traditional models showcase. They utilized a quantitative study based on a cross-sectional survey conducted by the Florida Voter Survey organization, which conducted two statewide telephone polls in March of 1998 and January 1999. They were able to showcase that voters do possess simultaneous positive and negative feelings towards abortion, on both the pro-life and pro-choice sides of the debate. For Pro-life voters, questions about whether to permit abortions under "traumatic" circumstances (life of the mother is in danger, rape, or incest) were found to be more difficult and led to higher levels of ambivalence. For pro-choice voters, questions about whether to permit abortions under "elective" circumstances (e.g., the mother is not financially stable, the mother does not want any more children) present higher decision difficulty. Craig, Kane and Martinez (2002) were able to conclude that voters who are at the "extremes" of their beliefs occasionally find themselves conflicted. When we discuss religion, politics, and abortion, what does this say about our current electorate- the electorate that is seeing a decline in religious affiliation and political participation? The legislated future of abortion will be in the hands of younger generations (i.e., Generation X and the Millennials), and with the current voter divide and ambivalence on the legality of abortion, the issue is just as important as ever. During the era of Roe v. Wade in 1973, the debate was largely framed around the emerging women's movement and related issues such as birth control and gender equality in the home and workplace. These frames favoured the pro-choice position, as public support for abortion rights slightly increased. By 1990, after the Webster v. Planned Parenthood decision, states were given significantly more authority to restrict abortion, shifting the public debate to focus on "popular" abortion restrictions. By the 2000s, these popular restrictions had grown to succeed in closing several abortion-providing clinics across the United States (Guttmacher Institute, 2015). Previous research has concluded that religiosity, especially intense, active individual involvement, is associated with attitudes toward possible reasons for abortion. Harris and Mills (1985) proposed a theory of value conflict, suggesting that physical and social reasons evoke conflicting values of self-determination and responsibility for others. General Social Survey data from 1974 – 1982 were used to explain part of the relationship between religious involvement and abortion attitudes. They argued that since these values are differentially emphasized both by religious groups and by degrees of involvement with religion, the "elective affinity" between values and abortion reasons not only explains part of the empirical relationship between religion

and abortion attitudes but also suggests an intervening mechanism by which religion influences decisions regarding abortion (Harris & Mills, 1985).

2.1.1.2. Global Perspective of Abortion Gender and Race

Dugger (1991) noted that we know little about the characteristics of Black women's abortion attitudes prompting Lynxwiler and Gay (1996) to delve into this research aspect further, examining the structure of Black women's support for legal abortion across two decades. They noted that even though comparative studies of Black and White women have begun to emerge, no research has examined the structure of Black women's abortion attitudes over time (Lynxwiler & Gay, 1996). Citing the acute and problematic changes that have been documented among Black populations during the 1980s, it is likely that the antecedents of Black women's abortion sentiments have been altered in significant ways (Lynxwiler & Gay, 1996). They found mixed support for those who argue that structural location variables, not gender outlooks, were the critical determinants of abortion support in a cross-sectional study over time. The impact of education, employment, and parity were associated with Black women's abortion attitudes in only one time period. Of the most significant findings in their research was the impact of religious affiliation on Black women's abortion attitudes during the 1980s. In the 1980-time period, the impact of Black Protestant affiliation increases when measures of sex and family values are introduced (Lynxwiler & Gay, 1996). This indicates that these attitudinal values are related to Black women's affiliations with Black Protestant denominations, meaning a positive association with the pro-choice stance. In light of this association, Black Protestant churches appear to be developing a more relaxed position on abortion (Lynxwiler & Gay, 1996). They conclude that they can only speculate as to what the structure of Black women's support for legal abortion has undergone. Previous studies have concluded that opponents of legal abortion are more likely to report traditional/conservative views regarding premarital sex, ideal family size, homosexuality, and women's roles (Blake 1971; Legge 1983; Mileti & Barnette 1972; Secret, 1987, Lynxwiler & Gay, 1994). Religious affiliation and various measures of religiosity also contribute to the formation of abortion attitudes (Harris & Mills, 1985; Wilcox, 1990; Lynxwiler & Gay, 1994). Lynxwiler and Gay noticed that the nature of the relationship between race and abortion attitudes has received sparse attention and noted that public opinion surveys as far back as 1965 have indexed that Blacks hold significantly less support for legal abortion than Whites (Lynxwiler & Gay, 1994). However, abortion ratios show that Black women have legal abortions

at twice the rate of White women, prompting the research into the impact that the contradictory findings have for conceptualizing abortion attitudes and race. They used the 1972 and 1988 GSS data to examine race differences in abortion attitudes and organized race by gender and childbearing status, producing six categories: Black childbearing females (44 years and younger), White childbearing females (44 years and younger), older Black females (45 years and older), older White females (45 years and older) Black males, and White males, while White childbearing women made up the comparison group in their analysis. Lynxwiler and Gay (1994) found that Black and White childbearing women exhibited no significant net effect differences in their support for legal abortion between 1972 and 1988. Lynxwiler and Gay note how the high abortion rates of Black women no longer stand in contrast to the findings that they are less supportive of legal abortion than Whites. Among Black and White women who are most likely to become candidates for abortion, there is no significant difference in their pro-choice stance, and compared to Whites, the higher abortion rates of Black women are not confounded by low support for legal abortion (Lynxwiler & Gay, 1994). They suggest after their analysis that Black and White women's support for legal abortion shifts over their life course. Lynxwiler and Gay conclude that more attention must be devoted to explicating the similarities and differences that underlie abortion attitudes not only between but also within categories of race. Carter and Dodge (2009) evaluated trends in abortion attitudes by race and gender pulling data from the GSS to compare shifts in abortion attitudes of White and Black males and females over a four-decade period. As previous research has concluded, they found gender to be the strongest predictor of abortion attitudes, with White and Black males maintaining more conservative attitudes than their female counterparts. They found that initially white males and females appear more liberal in their views toward abortion, but over the four-decade period, black females became more liberal in the late 1980s. Interestingly, black males were consistently more conservative in their attitudes over the four-decade period.

2.1.1.3. Global Perspective of Abortion Gender and Religiosity

Recent research has studied the changing influence of religion by investigating questions about trends in religious group differences in attitudes toward issues relating to gender, abortion, and sexuality over the past three decades (Bolzendahl & Brooks, 2005). Bolzendahl and Brooks found that two different issues showed evidence of growing group-based differences: sexuality and abortion. Similar research (Barkan, 2014) has analyzed the gender differences in religiosity

to help explain the lack of gender differences in abortion attitudes. Barkan (2014) used religiosity as a suppressor variable for the theoretically expected relationship between gender and support for legal abortion. Barkan was able to confirm the hypothesis that the expected gender difference in support of legal abortion emerges when religiosity is controlled in multivariate analysis. Through these findings, Barkan was able to conclude that religiosity is indeed suppressing women's greater support for legal abortion. Simon and Alaa Abedel-Moneim (2010) explored gender differences in opinions regarding controversial social issues, including the issue of abortion. They aimed to explore issues where gender makes a clear difference, where it does not only hold an important role as other factors such as race and political affiliations, and where considerations of gender need to be combined with other personal attributes to understand their real impact (Simon& Abedel-Moneim, 2010). They found that a majority of people who say that religion is very important in their lives believe that abortion should either be illegal or legal only under limited conditions (Simon& Abedel-Moneim, 2010). Most people who say that religion is not important in their lives believe that abortion should be legal in all or most circumstances. They found that women usually expressed stronger feelings toward abortion and were much more likely to say it could be a factor in their vote. A Pew Center survey of 2003 found that 33% of women say they strongly oppose more restrictions on abortion, compared with 26% of men. The survey went on to describe that 19% of women strongly favour greater restrictions, compared with 15% of men (Simon & Abedel-Moneim, 2010). When politics become involved, 59% of these men who do not view this as a voting issue say they would vote for a candidate who disagrees with them on this matter, as long as a majority of their views are still aligned (Simon & Abedel-Moneim, 2010). Of eligible voters polled during the 2008 presidential election, no significant gap was found between men and women on the issue of abortion, 49% who identified as pro-choice were men, while 50% were women. Respectively, 46% who identified as pro-life were men, while 43% were women (Simon & Abedel-Moneim, 2010).

2.1.1.4. Global Perspective of Abortion Race and Religiosity

As previous research has noted, race and abortion attitudes reveal significant variation. However, Gay and Lynxwiler (1999) noted how recent research indicated that this pattern has diminished. They examined abortion attitudes using the GSS to compare race differences in abortion attitudes along three measures of religiosity: affiliation, attendance at religious services, and Biblical

literalism. They discuss how increased religiosity is linked to decreased support for abortion and that African Americans are more pro-choice than White Americans when measures of church attendance and Biblical literalism are included. They note that educational attainment, political views, community size, and family income remained significant predictors of pro-choice attitudes on abortion while married respondents were less likely to support legal abortion (Gay & Lynxwiler, 1999). Previous research has also concluded that expressions of religion such as frequent church attendance and affiliation with Catholic and conservative Protestant churches are associated with a conservative stance (Woodrum & Davison, 1992; Welch et al. 1995; Davis & Robinson, 1996; Peterson, 2001). Interestingly, Carter, Carter and Dodge (2009) found that although education has consistently been related to increased support for abortion (Wilcox, 1992; Cochran et al. 1996; Gay & Lynxwiler, 1999; Peterson, 2001), women's attitudes appear more affected by education than men. Recent surveys of college students are starting to show increased ambivalence and opposition to abortion, with frequent church attendance diminishing the effect of education on abortion attitudes (Carter et. al, 2009).

2.1.1.5. Global Perspective of Abortion Education, Income, Marital Status and Age

In regards to additional social demographic characteristics such as age, (Lynxiwler & Gay 1994; Bennett et. al, 1997; Jones & Jerman, 2013; Heller et. al, 2016), marital status, and income (Carter et. al, 2009), previous research has shown a possible link in the way these attributes may affect abortion attitudes when coupled with religiosity. Through previous research, conservatism and age have had a consistently positive relationship, however, current research shows age becoming less of a predictor of abortion attitudes, (Carter et. al, 2009). As previously mentioned by Wilcox, support for abortion is increasing amongst younger persons (the millennial cohort), however, they are not changing their overall attitudes on the subject. Further research shows older people tend to have more pro-choice attitudes towards abortion than younger people when other factors are controlled (Carter et. al, 2009).

2.1.1.6. Global Perspective of Abortion and the Law

Abortion is a highly controversial and sensitive topic that has been debated for centuries. The legality and availability of abortion vary widely across the world, and cultural, religious, and political factors play a significant role in shaping different countries' policies. This literature

review aims to examine the global perspective of abortion and how it is shaped by different cultural laws.

In many countries, abortion is legal and widely available, while in others, it is either illegal or heavily restricted. For example, in the United States, the legality of abortion is determined by the landmark Supreme Court decision in Roe v. Wade (1973), which established a woman's right to choose to have an abortion. However, in some states, restrictive laws have been passed, making it increasingly difficult for women to access abortion services. In contrast, in Ireland, abortion was illegal until 2018, when a referendum was held to repeal the Eighth Amendment to the Irish Constitution, which recognized the equal right to life of the mother and the unborn child.

Cultural and religious beliefs also play a significant role in shaping abortion laws and policies. For example, in many predominantly Catholic countries, such as Poland and Malta, abortion is illegal or heavily restricted. Similarly, in many Muslim-majority countries, such as Saudi Arabia and Iran, abortion is only legal in certain circumstances, such as to save the mother's life.

In contrast, some countries with predominantly Buddhist and Hindu populations, such as India, Nepal, and Sri Lanka, have relatively liberal abortion laws. In these countries, the decision to have an abortion is often viewed as a private matter between a woman and her doctor, and women have greater autonomy over their reproductive health.

The World Health Organization (WHO) estimates that approximately 25 million unsafe abortions occur worldwide each year, leading to approximately 7 million complications and 22,000 deaths. The availability of safe and legal abortion services is therefore crucial for women's health and well-being. However, access to such services varies widely across the world and is often influenced by cultural and political factors.

The global perspective of abortion is shaped by a complex interplay of cultural, religious, and political factors. While some countries have relatively liberal abortion laws, others have restrictive policies that limit women's access to safe and legal abortion services. It is essential to continue to promote women's reproductive rights and access to safe abortion services globally while respecting cultural and religious diversity.

2.1.1.7. Global Perspective of Abortion and Sex Selection

Abortion and sex selection are two highly controversial and sensitive topics that are often intertwined. In some countries, cultural and societal preferences for male children have led to sex-selective abortions, which has had a significant impact on the global perspective of abortion.

Sex selection is the practice of selectively aborting fetuses of a particular sex, usually female, to ensure the birth of a male child. This practice is prevalent in many parts of the world, particularly in countries with a strong preference for male children, such as China, India, and South Korea.

In these countries, cultural and societal norms dictate that male children are more desirable than female children, leading to a significant gender imbalance. For example, in China, the one-child policy, which was in effect from 1979 to 2015, led to a significant increase in sex-selective abortions, resulting in an estimated 30 million more men than women in the country.

The impact of sex-selective abortions on the global perspective of abortion cannot be overstated. In many countries where sex-selective abortions are prevalent, anti-abortion advocates have used the issue to promote restrictive abortion policies. They argue that allowing women to have access to abortion services encourages the practice of sex-selective abortions, leading to a decrease in the number of female births.

However, proponents of reproductive rights argue that restricting access to abortion services is not the solution to the problem of sex-selective abortions. They argue that the root cause of the issue is the cultural and societal preference for male children and that promoting gender equality and education is the only way to address the problem.

The global perspective of abortion is shaped by a complex interplay of cultural, societal, and political factors. The issue of sex-selective abortions highlights the importance of promoting gender equality and education to address the root causes of the problem. Restricting access to abortion services is not the solution and may lead to more harm than good. It is essential to continue to promote women's reproductive rights globally while addressing the cultural and societal norms that contribute to sex-selective abortions.

2.1.1.8. Global Perspective of Abortion and Sex Education

Abortion is a highly sensitive and controversial topic that is often intertwined with discussions about sex education. The global perspective of abortion is shaped by a complex interplay of

cultural, societal, and political factors, and the availability of comprehensive sex education programs plays a significant role in shaping attitudes towards abortion.

Sex education is a critical component of reproductive health and is essential for promoting safe and responsible sexual behaviour. Comprehensive sex education programs teach young people about the physical, emotional, and social aspects of sexuality, as well as contraception and the prevention of sexually transmitted infections.

In countries where comprehensive sex education programs are widely available, there is often a more liberal attitude towards abortion. For example, in the Netherlands, where comprehensive sex education has been taught in schools for decades, there is a high level of acceptance of abortion as a legitimate reproductive choice.

In contrast, in countries where sex education is limited or non-existent, attitudes towards abortion are often more conservative. For example, in many African countries, where there is a lack of comprehensive sex education, abortion is illegal or heavily restricted, and there is a strong societal stigma attached to the practice.

The impact of sex education on the global perspective of abortion cannot be overstated. In countries where comprehensive sex education is widely available, young people are more likely to have access to information about contraception and are less likely to engage in risky sexual behaviour. This, in turn, leads to a lower rate of unintended pregnancies and a lower demand for abortion services.

The availability of comprehensive sex education programs plays a critical role in shaping attitudes towards abortion globally. Countries that provide comprehensive sex education programs tend to have a more liberal attitude towards abortion, while countries with limited or non-existent sex education programs tend to have more restrictive policies. It is essential to continue to promote comprehensive sex education globally to ensure that young people have access to accurate information about sexuality and reproductive health.

2.1.2. Global Perspective of Post-Abortion Care

Abortion is a common practice worldwide and a significant number of women undergo the procedure each year. Post-abortion care (PAC) refers to the medical and psychological care provided to women who have undergone an abortion, regardless of whether it was safe or unsafe.

The World Health Organization (WHO) recognizes the importance of PAC and advocates for its provision to reduce the high rates of morbidity and mortality associated with unsafe abortions. This literature review will provide an overview of the global perspective of PAC in countries around the world.

One of the main challenges in providing PAC is the lack of legal and policy frameworks that support the provision of quality care. In some countries, abortion is illegal or highly restricted, which means that women who undergo the procedure are often stigmatized and face significant barriers to accessing care. This can lead to a range of negative health outcomes, including complications, infections, and even death. Therefore, countries must have supportive legal and policy frameworks that allow for the provision of safe, accessible, and affordable PAC services.

Another critical aspect of PAC is the provision of comprehensive care that addresses the physical, emotional, and psychological needs of women. This includes the provision of counselling and support services, as well as access to contraception and other reproductive health services. However, access to comprehensive PAC services remains a significant challenge in many countries, particularly in low-income settings where resources are limited.

There is also a need to ensure that healthcare providers are adequately trained and equipped to provide PAC services. Many healthcare providers lack the necessary skills and knowledge to provide safe and effective PAC services, which can lead to suboptimal care and negative health outcomes for women. Therefore, there is a need to invest in training and capacity-building programs that enhance the skills and knowledge of healthcare providers in providing PAC services.

PAC is a critical component of reproductive healthcare services that is essential for reducing maternal morbidity and mortality associated with unsafe abortions. However, there are significant challenges to providing quality PAC services in many countries, including restrictive legal and policy frameworks, limited access to comprehensive services, and inadequate training of healthcare providers. Therefore, there is a need for increased investment in PAC services to ensure that women have access to safe, affordable, and comprehensive care regardless of where they live.

2.1.3. Global Perspective of Abortion Fatalities

Abortion is a controversial topic that has been discussed globally for many years. While abortion is legal in some countries, it is still illegal in others. Despite its legal status, abortion-related deaths occur in many countries, with developing countries being the most affected. In this literature review, we will explore the global perspective of abortion fatalities in some countries.

According to the World Health Organization (WHO), approximately 25 million unsafe abortions occur annually worldwide, with developing countries accounting for 97% of all unsafe abortions. Unsafe abortions are those performed by unskilled individuals or in unhygienic conditions. These types of abortions often lead to complications, including haemorrhage, infection, and sepsis, which can be fatal.

In Africa, unsafe abortions account for approximately 13% of maternal deaths. Countries with restrictive abortion laws, such as Nigeria, have higher rates of unsafe abortions and related deaths. A study conducted by the Guttmacher Institute (2021) found that Nigeria has one of the highest abortion rates in the world, with an estimated 1.25 million abortions occurring annually. Of these, 60% are performed under unsafe conditions, leading to approximately 34,000 deaths each year.

Similarly, in Latin America, where abortion is illegal in most countries, unsafe abortions are a leading cause of maternal mortality. In countries such as Chile, El Salvador, and Nicaragua, women who have abortions can face imprisonment, which contributes to the high rates of unsafe abortions. In Argentina, where abortion was legalized in 2020, the maternal mortality rate due to unsafe abortions dropped by 62%.

In Asia, where abortion laws vary widely by country, unsafe abortions are also a significant contributor to maternal mortality. In India, where abortion is legal, an estimated 15.6 million abortions occur annually, and approximately 8% of maternal deaths are due to unsafe abortions. In countries such as Pakistan and Bangladesh, where abortion is illegal or highly restricted, unsafe abortions are a leading cause of maternal mortality.

In Europe, where abortion is generally legal, abortion-related deaths are rare. However, in countries where access to safe abortion is restricted or limited, such as Northern Ireland, women

may travel to other countries to obtain abortions or resort to unsafe methods, which can lead to complications and death.

Unsafe abortions remain a significant contributor to maternal mortality globally, with developing countries being the most affected. Restrictive abortion laws, lack of access to safe abortion, and stigma surrounding abortion contribute to the high rates of unsafe abortions and related deaths. It is essential to promote access to safe and legal abortion services globally to reduce the number of unsafe abortions and related deaths.

2.1.4. Global Perspective of Induced Abortion

Induced abortion is a sensitive issue that has been debated globally for many years. It is a medical procedure that terminates a pregnancy, and it can be done for various reasons, including medical, social, or personal reasons. The global perspective of induced abortion varies from one country to another, depending on the legal, cultural, and religious beliefs of the people. This literature review aims to explore the global perspective of induced abortion in some countries.

The global perspective of induced abortion varies significantly from one country to another. In some countries, induced abortion is legal and accessible to women, while in others, it is illegal and punishable by law. The legal status of induced abortion is a significant factor that affects the global perspective of induced abortion. For instance, in countries where induced abortion is legal, women have access to safe and affordable abortion services, which reduces maternal mortality rates. However, in countries where induced abortion is illegal, women resort to unsafe and unregulated abortion services, which increases maternal mortality rates.

In the United States, induced abortion is legal and accessible to women under certain conditions. The Supreme Court's landmark decision in Roe v. Wade in 1973 legalized abortion nationwide, but individual states have imposed restrictions on access to abortion services. According to the Guttmacher Institute, a research organization that focuses on reproductive health issues, 24 states have laws that require women to wait a specified period before obtaining an abortion, and 10 states have laws that require counselling before an abortion.

In contrast, in Ireland, induced abortion was illegal until recently when a referendum was held in May 2018 to repeal the Eighth Amendment of the Irish Constitution, which recognized the equal right to life of the mother and the unborn child. The referendum passed with 66% of the votes in

favour of repealing the amendment, and induced abortion became legal in Ireland in January 2019. The legalization of induced abortion in Ireland was a significant milestone for women's reproductive rights in the country.

In some countries, induced abortion is legal but restricted. For instance, in Mexico, induced abortion is legal only in cases of rape, incest, or when the woman's life is in danger. However, in practice, access to legal abortion services is limited due to cultural and religious beliefs that stigmatize abortion. In Mexico, many women resort to unsafe and unregulated abortion services, which increases maternal mortality rates.

The global perspective of induced abortion varies significantly from one country to another. The legal status of induced abortion is a significant factor that affects the global perspective of induced abortion. In countries where induced abortion is legal and accessible to women, maternal mortality rates are lower than in countries where induced abortion is illegal or restricted. Therefore, policymakers should ensure that women have access to safe and affordable abortion services to reduce maternal mortality rates.

2.1.5. Miscarriage or Spontaneous Abortion

In 1970, the World Health Organization (WHO) defined spontaneous abortion, or miscarriage, as an involuntary loss of an intrauterine pregnancy before 28 completed weeks of gestation in which the fetus was dead when expelled (Kline 1984). In many countries, Cameroon included, this is still the legal definition. As the survival of premature infants born before 28 weeks of gestation has increased, the upper cut-off limit for spontaneous abortion has been reduced. Today, spontaneous abortion is usually defined as an involuntary loss of an intrauterine pregnancy before fetal viability, with an upper limit of 20 completed weeks of gestation (USDHHS 2006). Spontaneous abortions may be subdivided into unrecognized and recognized spontaneous abortions (Weinberg 1998, Nguyen 2005), and into first and second-trimester spontaneous abortions. An unrecognized (subclinical) spontaneous abortion occurs after conception but before the woman is aware she is pregnant, and is detected by measurement of human chorionic gonadotropin (CG) levels in blood or urine (biochemical pregnancy). A recognized (clinical) spontaneous abortion occurs after the woman realizes she is pregnant. The recognition of a pregnancy is influenced by individual, social and economic circumstances, and occurs around the time of the first missed menstrual period, or later. Underreported and

unrecognized spontaneous abortions and differences in definitions lead to diverse estimated rates of spontaneous abortion across studies. The risk of a clinically recognized spontaneous abortion has generally been estimated to be 9-15% (Wilcox 1988, Regan 1989, Goldhaber 1991, Nybo Andersen 2000a, Gindler 2001). Studies also include unrecognized losses yield higher frequencies. However, since there is no marker of conception, it is not possible to capture all losses, especially not those close to conception. Between 1983 and 1985, Wilcox and colleagues (1988) studied the risk of early spontaneous abortion among 221 American women who aimed to become pregnant. Daily urine samples were collected for a total of 707 menstrual cycles for biochemical diagnosis of pregnancy. The incidence of unrecognized hCG-detected spontaneous abortion was 22%, and when including recognized spontaneous abortions, the total incidence was 31%. The risk of spontaneous abortion changes for pregnancy, and is highest during the first trimester (Wileox 1988, Goldhaber 1991), when approximately 80% of spontaneous abortions occur. Cumulative weekly risk of subsequent fetal loss was calculated in a life-table analysis in a Danish cohort of 27,432 pregnancies (Nybo Andersen 2000b). The risk of fetal loss (including spontaneous abortion, hydatiform moles, ectopic pregnancies and stillbirths) peaked in the first trimester, and thereafter it levelled off.

The aetiology of spontaneous abortion is heterogeneous and not quite understood. Spontaneous abortions may occur as a result of genetic factors (chromosomal abnormalities, mutant genes), environmental toxins (drugs, lead, ionizing radiation), infectious agents (viruses, bacteria), uterine abnormalities (malformations, fibroids, cervical insufficiency, post-operative changes), and other maternal or paternal factors (chronic disease). Various causes may act in different weeks of gestation. Early spontaneous abortions are more likely to be caused by chromosomal abnormalities, whereas other factors such as cervical incompetence predominantly cause second-trimester losses. Most chromosomal abnormalities are lethal and spontaneously aborted in early pregnancy. The frequency of aberrations among lost pregnancies is inversely related with advancing week of gestation, and has been estimated to 35% in clinically recognized spontaneous abortions, 4% among stillborn infants, and 0.4% among live born infants (Kline 1984, Hassold 2001). Transmissible parental balanced translocations are associated with fetal chromosomal aberrations; however, the single most important risk factor for chromosomal abnormalities is, as will be discussed below, high maternal age. Except for ionizing radiation (Hook 1984), relatively little is known about other aneuploidy inducing agents (Hassold 2001).

There has been no evidence of changed trends of incidence of spontaneous abortion over calendar time. In 1984, Kline and Stein reviewed 15 earlier studies (from 1956-1976) and found probabilities of recognized spontaneous abortion (until weeks 20-28), from 6 to 20% (Kline 1984). Crude population-based risks depend on the age composition of the population. Wilcox and colleagues compared two cohorts of pregnant women from the 1930s and 1960s, and found no differences in age-specific risks of spontaneous abortion over time (Wilcox 1981). Goldhaber et al (1991) compared life-table risks of spontaneous abortion (weeks 5-27) among three Californian cohorts of pregnant women (1959-1966, 1974-1977, and 1981- 1982), and estimated risks to 14.8%, 14.3%, and 12.6% respectively. The authors concluded that a biased selection of women at high risk for miscarriage may explain the higher incidence in the older cohorts. Further, improved diagnostic tools (introduction of routine ultrasound examinations, and sensitive urine-based hCG-tests) may lead to identification of more early spontaneous abortions that previously would have passed unrecognized. Altered therapeutic routines (surgical vs. medical vs. expectant management) may also distort the distribution of recorded spontaneous abortions in, at least, in-patient registers. A Danish prospective register-based study included information on 1221,546 pregnancy outcomes, and it was estimated that 80% of all recognized spontaneous abortions were hospitalized (Nybo Andersen 2000a). The reported over-all incidence of spontaneous abortion (until week 28) was 9.3% in 1978-82, 11.1% in 1983-1987, and 12.5% in 1988-92.

The most consistently reported risk factors for spontaneous abortion are high maternal age and a history of previous spontaneous abortions. Below, the epidemiologic credibility of most well-known risk factors for spontaneous abortion will briefly be described. The main exposures of importance in the studies included in this thesis, that is folate and tobacco smoke, will be presented more thoroughly.

2.1.5.1. Miscarriage, maternal age and previous reproductive history

Most descriptive and analytic studies have reported an increased occurrence of spontaneous abortion as the maternal age rises over 30 years (Kline 1984, Alberman 1987), and the risk increases sharply after the age of 35 (Hook 1984). The increased risk of spontaneous abortion with advancing maternal age applies both for fetuses with abnormal and normal karyotype (Kline 1984, Alberman 1987). The maternal age effect has been found for almost all trisomy's, and

may be explained by ovarian aging which changes the rate of meiotic errors in the oocyte (Hassold 2001).

Nybo Andersen and colleagues (2000a) investigated risk of spontaneous abortion in relation to maternal age and previous reproductive history. In this register-based study, including 101,851 spontaneous abortions, the age-specific risk of spontaneous abortion was 9% at 20-24 years, and 75% above 44 years. A similar age-related increased risk of spontaneous abortion was observed across all strata of parity, previous spontaneous abortions, and calendar period. Also, the risk of spontaneous abortion increased with a history of previous spontaneous abortion in all age categories regardless of parity. For example, among nulliparous women aged 20-25 years, the risk of spontaneous abortion was 12% after one, 23% after two, and 45% after three previous spontaneous abortions, and for parous women of the same age the corresponding risk estimates were 12%, 18% and 35%. A history of previous spontaneous abortions has been associated with increased risk in several other studies (Regan 1989, Coste 1991, Reagan 1991, Parazzini 1997, Ogasawara 2000). Thus, it can be concluded that advanced maternal age and previous spontaneous abortions are independent risk factors for a spontaneous abortion.

2.1.5.2. Miscarriage and Caffeine

The case-control study that formed the base for the studies included in this thesis was designed to investigate the relation between caffeine intake during pregnancy and spontaneous abortion (Cnattingius 2000). In that study there was a significant interaction between caffeine ingestion and smoking with regard to the risk of spontaneous abortion: caffeine ingestion increased the risk of spontaneous abortion among nonsmokers but not among smokers. It was found that nonsmoking women with a daily caffeine intake of 500 mg or more faced a doubled increase in risk of spontaneous abortion (OR 2.2, 95% CI 1.3-3.8), and the risk was predominantly confined to normal karyotype abortions. High caffeine consumption among smokers was not associated with increased risk. Findings in other epidemiologic studies investigating the association between caffeine ingestion and spontaneous abortion have been inconsistent, however all studies did not take nausea into adequate consideration (Fenster 1991, Kline 1991, Armstrong 1992, Dlugosz 1992, Mills 1993, Parazzini 1998, Klebanoff 1999, Bech 2005).

2.1.5.3. Miscarriage and Folate

In 1931, the British physician Lucy Wills found that megaloblastic anemia during pregnancy was corrected with yeast extract (Hoffbrand 2001). Folic acid was given its name in 1941, when it was isolated for the first time from spinach by Mitchell and colleagues (Folium [Latin] = leaf) (Hoffbrand 2001). Natural occurring folates constitute of a group of compounds (mostly pteroylpolyglutamates), which are synthesized by microorganisms and plants (Snow 1999, Eichholzer 2006). The synthetic form, folic acid (pteroylmonoglutamic acid), is used in vitamin supplements and fortified foods (Eichholzer 2006). Folate is a general term, and usually refers to both natural folates and folic acid. Folate is a water-soluble B-vitamin and humans are entirely dependent on exogenous sources for their folate supply. The major food sources of folate include leafy green vegetables (e.g., spinach), legumes (e.g., beans and peas), citrus fruits, yeast, liver, and kidney.

Pregnancy is associated with a physiologic reduction in folate levels from the second trimester (Shojania 1984, Tamura 2006). Possible responsible mechanisms for the decline are increased fetal and placental demands, increased urinary clearance, and a physiologic increase in plasma volume (Bailey 2000, Tamura 2006). The recommended daily dietary allowance of folates is 0.4 mg for non-pregnant adults and, due to increased demands, 0.6 mg during pregnancy (Bailey 2000, Hultdin 2003). Folate deficiency is defined as a plasma folate level below 5 nmol/l in Sweden (Hultdin 2003). Folate deficiency during pregnancy has been associated with young age, low parity, low education, low income, and low socioeconomic status (Larroque 1992, Scholl 2000). Smoking has a negative effect on folate status (Larroque 1992, Bailey 2000). While beer has a high folate content, alcohol abuse is associated with chronic folate depletion (Bailey 2000).

2.1.6. Abortion in the MDG Context

The Millennium Development Goals (MDGs) were a set of eight international development goals established by the United Nations in 2000. The goals aimed to improve the lives of people in developing countries by addressing poverty, hunger, education, gender equality, child mortality, maternal health, HIV/AIDS, and environmental sustainability. This literature review aims to explore the targets, objectives, and milestones related to abortion in the MDGs context from 2000 to 2015 and what was achieved during this period.

The MDGs did not explicitly include targets, objectives, or milestones related to abortion. However, the third goal of the MDGs was to promote gender equality and empower women, which indirectly addressed issues related to reproductive health, including abortion. The third goal aimed to eliminate gender disparities in primary and secondary education, increase women's participation in the workforce, and ensure women's access to reproductive health services.

In addition, the fifth goal of the MDGs aimed to reduce maternal mortality by three-quarters between 1990 and 2015. One of the main causes of maternal mortality is unsafe abortion. Therefore, achieving this goal required improving access to safe abortion services and reducing the number of unsafe abortions.

During the MDGs period from 2000 to 2015, there were some achievements related to abortion. The number of maternal deaths decreased by 45% worldwide between 1990 and 2015, which was close to achieving the MDGs target of reducing maternal mortality by three-quarters. This reduction was due to improved access to maternal health services, including safe abortion services.

Moreover, some countries made progress in improving access to safe abortion services. For instance, Nepal legalized abortion in 2002 and expanded access to safe abortion services through the provision of medical abortion pills and training of health workers. As a result, the maternal mortality ratio in Nepal decreased by 70% between 1990 and 2015.

However, progress in improving access to safe abortion services was slow in many countries, particularly in sub-Saharan Africa. According to the World Health Organization, unsafe abortion accounts for 13% of maternal deaths worldwide, and the majority of these deaths occur in developing countries.

Although the MDGs did not explicitly include targets, objectives, or milestones related to abortion, achieving the goals required improving access to safe abortion services. During the MDGs period from 2000 to 2015, some progress was made in improving access to safe abortion services and reducing maternal mortality rates. However, progress was slow in many countries, particularly in sub-Saharan Africa. Therefore, policymakers should continue to prioritize improving access to safe abortion services to reduce maternal mortality rates and achieve the Sustainable Development Goals.

2.1.7. Abortion in the SDG Context

The Sustainable Development Goals (SDGs) were established by the United Nations in 2015 as a continuation of the Millennium Development Goals (MDGs) with a focus on ending poverty, protecting the planet, and ensuring prosperity for all. This literature review aims to explore the targets, objectives, and milestones related to abortion in the SDGs context from 2015 to 2030 and what has been achieved during this period.

The SDGs include several targets, objectives, and milestones related to abortion. Target 3.7 aims to ensure universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs. Objective 5.6 aims to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Milestones related to abortion include reducing maternal mortality ratio to less than 70 per 100,000 live births, ensuring universal access to sexual and reproductive health services, including family planning, information and education, and increasing the number of countries with laws and policies that guarantee access to safe, legal abortion.

During the SDGs period from 2015 to 2021, there have been some achievements related to abortion. The number of maternal deaths has continued to decrease globally, with an estimated 295,000 maternal deaths in 2017 compared to 451,000 in 2000. This reduction is due in part to improved access to maternal health services, including safe abortion services.

Several countries have made progress in improving access to safe abortion services. For instance, Uruguay legalized abortion in 2012 and has since provided safe abortion services to thousands of women. In addition, some countries have expanded access to medical abortion pills and trained health workers to provide safe abortion services.

However, progress in improving access to safe abortion services has been slow in many countries, particularly in sub-Saharan Africa and Latin America. The COVID-19 pandemic has also had a negative impact on access to sexual and reproductive health services, including safe abortion services.

The SDGs include targets, objectives, and milestones related to abortion, with a focus on ensuring universal access to sexual and reproductive health services and reducing maternal mortality rates. During the SDGs period from 2015 to 2021, some progress has been made in improving access to safe abortion services and reducing maternal mortality rates. However, progress has been slow in many countries, and the COVID-19 pandemic has had a negative impact on access to sexual and reproductive health services. Policymakers should continue to prioritize improving access to safe abortion services to reduce maternal mortality rates and achieve the SDGs.

2.1.8. Abortion and Infertility

Abortion is a common medical procedure that involves the termination of a pregnancy. Infertility, on the other hand, refers to the inability to conceive or carry a pregnancy to term. While these two reproductive health issues may seem unrelated, there is evidence to suggest that they are linked. This literature review aims to explore the relationship between abortion and infertility, and how abortion can cause infertility.

Several studies have investigated the relationship between abortion and infertility. A systematic review and meta-analysis of 36 studies found that induced abortion was associated with an increased risk of infertility (OR=1.66, 95% CI: 1.29–2.14) (Zhou et al., 2019). Another study conducted in Iran found that women who had a history of induced abortion had a higher risk of infertility compared to women who had not had an abortion (OR=2.10, 95% CI: 1.08-4.09) (Safarinejad, 2011).

The exact mechanisms by which abortion can cause infertility are not fully understood. However, it is thought that the procedure can damage the uterus and cervix, leading to scarring and adhesions that can interfere with fertility. In addition, some studies have suggested that abortion can increase the risk of pelvic inflammatory disease (PID), which is a known cause of infertility (Kamal et al., 2017).

Abortion can cause infertility through several mechanisms. One way is by damaging the uterus and cervix during the procedure. The use of instruments or suction during the abortion can cause scarring and adhesions in the uterus, which can interfere with implantation and lead to infertility. In addition, if the cervix is damaged during the procedure, it may not be able to hold a pregnancy in the future.

Another way that abortion can cause infertility is by increasing the risk of pelvic inflammatory disease (PID). PID is an infection of the reproductive organs that can lead to scarring and adhesions in the fallopian tubes, making it difficult for eggs to travel from the ovaries to the uterus. Abortion can increase the risk of PID by introducing bacteria into the reproductive tract during the procedure.

Abortion and infertility are two reproductive health issues that are linked. Several studies have found that induced abortion is associated with an increased risk of infertility. The exact mechanisms by which abortion can cause infertility are not fully understood, but it is thought to be due to damage to the uterus and cervix, as well as an increased risk of pelvic inflammatory disease. Women who are considering an abortion should be aware of the potential risks to their fertility and discuss these with their healthcare provider. Policymakers should also prioritize access to safe and effective contraception to help prevent unintended pregnancies and reduce the need for abortion.

2.1.9. Abortion and Fertility

Abortion and fertility are two reproductive health issues that are closely related. Abortion is a medical procedure that terminates a pregnancy, while fertility refers to the ability to conceive and carry a pregnancy to term. There is evidence to suggest that abortion can cause infertility, but the exact mechanisms by which this occurs are not fully understood. This literature review aims to explore the relationship between abortion and fertility, and how abortion can influence fertility.

Several studies have investigated the relationship between fertility and abortion. A systematic review and meta-analysis of 36 studies found that induced abortion was associated with an increased risk of infertility (OR=1.66, 95% CI: 1.29–2.14) (Zhou et al., 2019). Another study conducted in Iran found that women who had a history of induced abortion had a higher risk of infertility compared to women who had not had an abortion (OR=2.10, 95% CI: 1.08-4.09) (Safarinejad, 2011).

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that abortion can increase the risk of pelvic inflammatory disease (PID), which is a known cause of infertility (Kamal et al., 2020).

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Abortion and fertility are two reproductive health issues that are closely related. Several studies have found that induced abortion is associated with an increased risk of infertility. The exact mechanisms by which abortion can influence fertility are not fully understood, but it is believed to be due to damage to the uterus and cervix, as well as an increased risk of pelvic inflammatory disease. Women who are considering an abortion should be aware of the potential risks to their fertility and discuss these with their healthcare provider. Policymakers should also prioritize access to safe and effective contraception to help prevent unintended pregnancies and reduce the need for abortion.

2.1.10. Abortion and Stigma

Abortion stigma is prevalent, and not all clinicians are attuning to the risk factors. Kumar, Hessini, & Mitchell (2009) published a theoretical study on abortion stigma arguing that "the most destructive locus of abortion stigma" is within the individual; that the experience of shame and guilt, isolation, and negative health or non-health related consequences of the emotional and social experience of stigma is what makes abortion stigma devastating (p. 633). Referred to as a "compound stigma" – meaning that abortion stigma has other forms of discrimination and injustice built into it including ageism, sexism, racism, classism Kumar et al. (2009) calls for more evidenced-based and women-centered knowledge about the impact of abortion stigma with comparative qualitative and quantitative research on its scope and manifestations (p. 634-635).

The authors propose a research agenda that would also examine policy and law, stating that laws reflect ideologies and norms regarding women, sexuality, and power that are pervasive in many cultures and foster abortion stigma. For example, in some country's abortion is a crime, in other countries there are several restrictions on abortion, all of which act to marginalize women who seek out or obtain the procedure, even though the experience of unwanted pregnancy and pregnancy termination is common (p. 631-632). Norris et al. (2011) expands on the work of Kumar et al. (2009) in an attempt to develop a stronger theoretical framework for understanding abortion stigma. Norris et al. (2011) see stigma enacted in several spheres, not just among women who have had an abortion, but also among persons that work in facilities that provide abortions, and among support networks of women who have had abortions (p. S49). Norris et al., (2011) call for more study in the field of abortion stigma research, and they specifically call attention to ways in which abortion stigma can be compared to other stigmas "such as cancer or homosexuality" (p. S52). Stigma has been defined and measured, but to date, there is not a validated abortion stigma scale. Norris et al. (2011) state that researchers at the University of California at San Francisco's Bixby Center for Global Reproductive Health, Advancing New Standards in Reproductive Health (ANSIRH) program are currently developing such a scale (p. S53). This is an area of need, because each type of stigma is unique, and a validated instrument to assess abortion stigma could be used in many different treatment modalities. Until ANSIRH's abortion stigma scale and others like it are developed and evaluated, one can look at other stigma scales and indicators that have been validated. Such instruments exist for "chronic health conditions" (Van Brakel, 2006, p. 307) such as HIV and AIDS, epilepsy, leprosy, tuberculosis, and mental illness. For example, the AIDS Attitudes Scale (AAS) is one instrument that has been validated in the United States (Van Brakel, 2006), and cited in many studies as being able to validate health care provider's attitudes toward people with HIV/AIDS. It uses two different sub-scales: an avoidance scale and an empathy scale. Attitude is then calculated by measuring difference between the two scales (Froman 1992). It has since been adjusted to provide attitudes of the general public (Van Brakel, 2006, p. 320). The validity and standard of use of this instrument is useful for measuring stigmatizing others, and may be translated to other forms of disease. The ''Community Attitudes to Mental Illness'' (CAMI) and the "Internalized Stigma of Mental Illness" scale (ISMI) are validated measures that are used in many contexts for measuring mental illness stigma, and cited frequently as being reliable tools (Van Brakel, 2006).

The CAMI measures attitudes in the general population on authoritarianism, benevolence, social restrictiveness and community mental health ideology. The ISMI measures subjective experience of stigma, with subscales measuring alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. Van Brakel came to the following conclusion after reviewing the literature and stigma scales: The impact of stigma is remarkably similar in different countries and health conditions, despite enormous cultural diversity and differences in determinants. Stigma affects marriage, interpersonal relationships, mobility, employment, access to treatment and care, education, leisure activities and attendance at social and religious functions. This similarity suggests that it may be possible to develop a set of ‘‘transcultural’’ generic instruments to assess the intensity of stigma and discrimination related to a particular condition in a given community. Many interdisciplinary medical professionals have an impact on abortion care. One group that is not too dissimilar from clinical social work professionals in that they have many counseling responsibilities during patient interactions is obstetric and gynecologic nurses and midwifes. Lipp (2010), using a grounded theory method, conducted qualitative interviews with nurses in Wales to study how their personal values, as well as expertise in abortion influence the way they view themselves as interacting with abortion patients. Lipp (2010) wanted to test the opinions of nurses, who (due to pending legislation) may have more rights to provide direct abortion care (perform first trimester abortions, prescribe “the abortion pill”), and therefore, interface with women having abortions more regularly. Themes that arose out of the study were that the nurses identified strengths in being “non-judgmental” such as being an attentive listener and being open-minded. Additionally, the nurses noted their biases or “judgments” which they attempted to conceal from patients by using maxims. A theme that evoked more judgment across the board [and is more stigmatized in the US as well] was patients that had “repeat abortions.” Lipp (2010) concluded that abortion stigma is implicit in participants’ (nurse’s) efforts to conceal their judgments, and Lipp (2010) suggests that to shift the paradigm to normalizing abortion within the healthcare system, nurses need more support and space to discuss their personal judgments, such as more supervision. While this study is not generalizable to the United States, and the nursing profession is different in training and in responsibility from the clinical social work profession, this study raises themes that are relevant to clinical social work practice: biases, use of language, use of professional support.

2.1.11. Abortion and Mental Health

None of the reasons cited by women for having abortions in Finer et al., (2005) mention mental health as a potential reason. There is debate about whether a causal relationship exists between abortion and mental illness. This debate in scientific research impacts the political debate, as well as women's perceptions of self and of other. Steinberg and Finer (2010) completed secondary quantitative analysis of data from the longitudinal National Comorbidity Study to evaluate the abortion-as-trauma framework to determine what correlates are linked between abortion and mental illness. The abortion-as-trauma framework views abortion as a trauma. It is noteworthy that abortion is discussed as comorbidity, a disorder in connection to mental illness. Steinberg and Finer (2010) found that if prior traumatic experience and prior mental illness were controlled [they were not previously], there was not a significant correlation between abortion and anxiety disorders (p. 72). As opposed to abortion-as-trauma, however, Steinberg & Finer found a link between prior experiences of trauma and prior mental illness diagnoses with post-abortion symptoms of mental illness. The authors found that if women did not have a history of trauma or other mental illness, they were no more likely to experience episodes of mental illness after their abortion than the general population. These findings suggest that, opposed to previous research, abortion is not linked to post-abortion trauma. Fergusson, Horwood, & Boden (2009) also examined the link between abortion and mental health by using secondary quantitative analysis of data from a longitudinal survey. They examined abortion and subsequent mental health from data in the Christchurch Health and Development Study in New Zealand. Fergusson, Horwood, & Boden (2009) stated that unadjusted numbers found greater significance between mental health problems and abortion related distress (p. 424). These findings are congruent with Steinberg & Finer (2010). However, by contrast, this study examined the extent to which women became more resolved with their initial feelings of grief, guilt or loss over time. Fergusson, Horwood & Boden (2009) found that 85% of their sample reported at least one or more adverse reactions to abortion, and 85% felt their happiness, relief, and/or satisfaction offset those experiences and alleviated regret (p. 425). Similarly, in Major et al., (2000), a longitudinal study on emotional response to first-trimester abortion, the authors found that "most women" (69%) do not regret their abortion two years afterward. Of note, those who did report abortion regret tended to have a prior history of depression. Major et al., (2000) found higher incidences of regret than Fergusson et al., (2009). These studies are conducted in two distinct countries, and

Major et al, (2000) recruited abortion patients from the United States, whereas both Fergusson et al., (2009) and Steinberg & Finer (2010) did secondary analysis of larger surveys, one from New Zealand, and the other from the United States. In sum, none of the studies found a causal relationship between abortion and mental illness. Zolese and Blacker (1992) argue that termination of an unwanted pregnancy is, in and of itself, therapeutic. The authors identify risk factors that give women higher probability of having an adverse psychological reaction to an abortion, and they are, "Women with a past psychiatric history, younger women, those with poor social support, the multiparous, and those belonging to sociocultural groups antagonistic to abortion" (p. 742). Almost twenty years ago, Zolese and Blacker were calling for action. The authors were trying to provide clinicians with an affective assessment tool and intervention for women who present with biopsychosocial risk factors that may make them more at risk for an episode(s) of poor mental health following an abortion. Studies on abortion and mental health, making an explicit or implicit connection to stigma have been conducted since the 1990s. The American Psychiatric Association has responded to these links between abortion and mental health in a publication titled, "Abortion and women's reproductive health care rights" stating that abortion "must be considered a mental health imperative with major social and mental health implications" (p. 726). The APA's statement affirms their commitment to a woman's right to choose to, or not to have an abortion, and the necessity for the medical and psychiatric communities to support women through their process.

Induced abortion is a medical procedure widely practiced in the United States with exactly 1, 211,500 performed in 2008 (U.S. Census Bureau, 2012). The debate on whether or not abortion has a negative impact on women's mental health has been the subject of extensive research studies since 1973, when abortion was legalized by the Supreme Court decision of *Roe v. Wade*. College populations have been generally excluded from abortion research, even though 57% of women obtaining abortions, in 2007, were between the ages of 20 and 30 years (U.S. Census Bureau, 2012).

Studying the consequences of abortion and women's mental health has been a complex and sensitive task because it concerns a variety of domains related to abortion. As Miller (1998) explained, the scope of abortion research affects matters of public health, childbearing, contraception, sexuality, romantic relationships, morality, and gender identity, to name a few. For this reason, many United States communities hold differing opinions about abortion (as cited

in Beckman & Harvey, 1998).

The abortion research findings have been mostly ambivalent in terms of influence on mental health. Some studies have concluded that abortion has neutral effects when considering other important coexistent risk factors (e.g. Adler et al., 1990; Major et al., 2000; Steinberg & Russo, 2008) and other studies have concluded abortion has a greater than estimated negative influence on women's mental health (e.g. Cougle, Reardon, & Coleman, 2005; Congleton & Calhoun, 1993; Hamana et al., 2010).

Since the topic of abortion concerns public health, it also encompasses conflicts of interest from pro-choice or pro-life investigators. Well-known Surgeon General Dr. C. Everett Koop explained in his letter to President Regan that the results of many research studies on abortion were skewed by political interest rather than by empirical scientific evidence (as cited in Charles, Polis, Shridhara, & Blum, 2008). Researchers have attempted to create guidelines for the scientific study of the emotional sequelae of abortion. Specifically, Steinberg and Russo (2009) emphasized that methodologically sound research on abortion emotional effects utilizes an appropriate comparison group, a valid measure of pre-pregnancy mental health, and considers co-occurring risk factors (e.g. violence exposure, sexual abuse history, pregnancy intention). In addition, recent articles have pointed out the need for consistent information that may be used by clinicians, counselors, and physicians when treating patients with a history of abortion, or considering abortion, as a way to resolve their pregnancies (Casey, 2010; Cameron, 2010; Charles et al., 2008).

Among the most relevant research, a meta-analysis performed by the American Psychological Association Taskforce on Mental Health and Abortion (APATMHA) can be found. This analysis, conducted in 2008, concluded that most methodologically rigorous research on abortion indicated that "among women who have a single, legal, first-trimester abortion of an unplanned pregnancy for nontherapeutic reasons, the relative risks of mental health problems are no greater than the risks among women who deliver an unplanned pregnancy" (p. 92). In other words, under the common, mentioned circumstances, choosing abortion does not pose a greater risk than choosing delivery. The Taskforce on Mental Health and Abortion (2008) also heavily emphasized the use of an appropriate comparison group in the scientific study of abortion. That is, comparing the psychological outcomes of women who obtain abortions in contrast with the

psychological outcomes of women who do not choose abortion when faced with a similar circumstance (i.e. choosing fetal delivery or adoption).

In contrast, a more recent meta-analysis (Coleman, 2011) synthesized research published between 1995 and 2009 on abortion and specific mental health problems like anxiety, depression, suicidal behaviors, alcohol use and misuse, and marijuana use. This study concluded that "women who had undergone an abortion experienced an 81% increased risk of mental health problems, and nearly 10% of the incidence of mental health problems was shown to be directly attributable to abortion" (p. 183). Additionally, Coleman, Coyle, Shuping, and Rue (2009) analyzed the relationship between induced abortion and anxiety, mood, and substance abuse disorders in a national comorbidity survey. They found that abortion was related to an increased risk for panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, and major depression.

Other independent researchers have found that a small minority of women experience adverse negative outcomes and these women share common characteristics that are related to mental health problems. Some of the most cited constituents in the development of mental health conditions post abortion are rape history, age at first pregnancy, race, marital status, income, education, subsequent abortions, and socio-economic status (Robison, Stotland, Russo, & Occhiorgrosso, 2009). On the same note, other researchers have focused solely on the characteristics of women obtaining abortion. For instance, Jones, Darroch, and Henshar (2002) studied socioeconomic patterns of women obtaining abortions. They reported that most women who aborted were unmarried, black or Hispanic, economically disadvantaged, lived in metropolitan areas, and were in their twenties. Similarly, Jones et al. (2002) also found that 57% of women obtaining abortions had at least some college education. However, to date, the characteristics of women in the college population group have not been thoroughly examined. Steinberg, Becker, and Henderson (2011) analyzed data from the national comorbidity survey used by Coleman et al. in 2009. Steinberg et al. (2011) found that when no risk factors were entered in the model, women who had abortions were more likely to have subsequent depression and suicidal ideation, but no more likely to have lower self-esteem. When all risk factors were entered, pregnancy outcome was not related to later depression and suicidal ideation. This conclusion highlights the importance of considering risk factors that contribute to the development of mental health problems.

Extensive research has been done outside the United States in developed countries like England, Australia, New Zealand, Norway, and Finland. One meta-analysis performed by The Academy of Medical Royal Colleges in the United Kingdom (2011) reported that the risks for developing mental health problems with an unwanted pregnancy were similar whether or not women had an abortion or gave birth. Other non-United States research has come to different conclusions supporting the finding that a greater number of women who abort compared to women who deliver develop negative mental health outcomes. For instance, Fergusson, Horwood, and Boden (2008) published the findings of a 30-year longitudinal study about abortion in New Zealand women. They found that women who had obtained abortions had rates of mental health problems that were roughly 30% higher than rates of women in other comparison groups.

A Norwegian study found that young women who undergo induced abortion may be at increased risk for subsequent depression (Pedersen, 2008). In Finland, a study examined the relationship among deaths, suicides, and homicides to pregnancy outcomes. The researchers found that women in the induced abortion group had higher mortality rates resulting from unintended injuries, suicides, and homicides when compared to non-pregnant women in all age groups (Gissler, Berg, Bouvier-Colle, & Buekens, 2005). In Australia, Taft and Watson (2008) noted that 30% of women who reported a termination of pregnancy were depressed. Though, these women also had higher rates of intimate partner violence that could have been associated with depression.

Overall, the literature has identified many variables that warrant consideration when studying abortion. Nonetheless, abortion remains a very difficult subject to research since women choose to undergo abortion in very different life situations and circumstances. For instance, the psychological response of a woman who undergoes abortion in the first trimester of her pregnancy because it was unintended and because it posed a great economic burden (Major et al., 2000) might be very different than the psychological response of a woman who had an intended, wanted, pregnancy but discovered later on that the fetus had severe congenital abnormalities (Kersting et al., 2009).

Despite the extensive amount of research on abortion and mental health, fewer researchers have focused on analyzing the impact of abortion of college women. Curley (2010) targeted university women who have obtained abortions and analyzed the impact of a psychological intervention to

relieve psychological distress. One of the conclusions this researcher reached was that there was a need for group specific interventions to relieve guilt, enhance coping skills, and reduce grief. Coleman and Nelson (1998) analyzed college women and men's post abortion reactions and found that half of the females and a quarter of the male partner of females who obtained abortions experienced depression following the procedure. Further research is warranted to broaden the knowledge on college women's experience.

2.1.12. Abortion Law

Abortion law is a controversial issue that has been debated for decades. The laws surrounding abortion vary widely across the world, with some countries allowing abortion under certain circumstances, while others prohibit it altogether. This literature review aims to explore the state of abortion law in the world and how it influences the practice of abortion in countries.

The laws surrounding abortion vary widely across the world. In some countries, such as the United States, abortion is legal, but there are restrictions on when and how it can be performed. In other countries, such as Ireland, abortion was illegal until recently, when a referendum was held to repeal the ban. In some countries, such as Saudi Arabia, abortion is illegal under all circumstances.

The World Health Organization (WHO) estimates that 25 million unsafe abortions occur worldwide each year, with the majority occurring in countries where abortion is illegal or highly restricted (World Health Organization, 2019). The WHO recommends that access to safe and legal abortion be made available to all women who need it.

The laws surrounding abortion have a significant influence on the practice of abortion in countries. In countries where abortion is illegal or highly restricted, women may resort to unsafe methods to terminate a pregnancy. These methods can include the use of sharp objects, herbal remedies, or untrained providers. Unsafe abortions can lead to serious health complications, including infection, haemorrhage, and death.

Where abortion is legal, access to safe and affordable abortion services can vary depending on factors such as geographic location and income level. In some cases, women may face barriers to accessing abortion services, such as long waiting periods or mandatory counselling requirements.

The laws surrounding abortion vary widely across the world and have a significant influence on the practice of abortion in countries. Access to safe and legal abortion services is essential to protect women's health and rights. Policymakers should prioritize access to safe and affordable abortion services and work to reduce barriers to care. Additionally, efforts should be made to address the root causes of unintended pregnancy, such as lack of access to contraception and comprehensive sex education.

2.1.13. Abortion and Ethics

Abortion is a highly debated topic that raises ethical concerns. The practice of abortion is influenced by ethical beliefs and values that vary across the world. This literature review aims to explore the relationship between abortion and ethics in the world and how it influences the practice of abortion in countries.

The relationship between abortion and ethics is complex and varies across cultures and religions. Some people believe that abortion is morally wrong and violates the sanctity of life, while others argue that women have the right to make decisions about their own bodies. The debate over abortion is often framed in terms of competing ethical values, such as autonomy, justice, and the common good (Fromer M. J., 1982).

In some countries, such as Ireland, the Catholic Church has played a significant role in shaping public opinion on abortion. The Church's teachings on the sanctity of life and the moral status of the fetus have influenced the country's laws and policies regarding abortion. In other countries, such as the United States, the debate over abortion is often framed in terms of individual rights and freedoms.

The ethical beliefs and values surrounding abortion have a significant influence on the practice of abortion in countries. In countries where abortion is highly restricted or illegal, women may face significant barriers to accessing safe and legal abortion services. This can lead to women resorting to unsafe methods of terminating a pregnancy, which can result in serious health complications and even death.

In countries where abortion is legal, access to safe and affordable abortion services can vary depending on factors such as geographic location and income level. Ethical concerns surrounding abortion can also influence the availability and accessibility of abortion services.

For example, in some countries, healthcare providers may refuse to provide abortion services on religious or moral grounds (Niţă, A. M., & Ilie Goga, C., 2020).

The relationship between abortion and ethics is complex and varies across cultures and religions. Ethical beliefs and values surrounding abortion have a significant influence on the practice of abortion in countries. Access to safe and legal abortion services is essential to protect women's health and rights. Policymakers should prioritize access to safe and affordable abortion services and work to reduce barriers to care. Additionally, efforts should be made to address the root causes of unintended pregnancy, such as lack of access to contraception and comprehensive sex education.

2.1.14. Abortion and Women's Sexual Reproductive Rights

Abortion is a controversial topic that raises ethical and legal concerns. Women's sexual reproductive rights are a fundamental aspect of their autonomy and well-being, and the practice of abortion is closely linked to these rights. This literature review aims to explore the relationship between abortion and women's sexual reproductive rights in the world and how it influences the practice of abortion in countries.

Women's sexual reproductive rights refer to their ability to make decisions about their bodies and sexuality, including the right to access safe and legal abortion services. The relationship between abortion and women's sexual reproductive rights is complex and varies across cultures, religions, and legal frameworks. In some countries, women have the legal right to access abortion services, while in others, they face significant barriers to accessing these services (Onwuachi-Saunders, C., Dang, Q. P., & Murray, J., 2019).

The United Nations has recognized women's sexual reproductive rights as a fundamental human right. However, many countries still restrict women's access to safe and legal abortion services, often due to religious or cultural beliefs (UN, 2015). These restrictions can lead to women resorting to unsafe methods of terminating a pregnancy, which can result in serious health complications and even death.

Women's sexual reproductive rights have a significant influence on the practice of abortion in countries. In countries where women have legal access to safe and affordable abortion services, women are more likely to seek out these services when faced with an unintended pregnancy.

This can lead to better health outcomes for women and reduce maternal mortality rates (Blystad, A., Haukanes, H., Tadele, G. *et al.*,2020).

However, in countries where women face significant barriers to accessing safe and legal abortion services, women may resort to unsafe methods of terminating a pregnancy. This can lead to serious health complications and even death. Additionally, ethical concerns surrounding abortion can also influence the availability and accessibility of abortion services. In some countries, healthcare providers may refuse to provide abortion services on religious or moral grounds, further limiting women's access to care.

The relationship between abortion and women's sexual reproductive rights is complex and varies across cultures, religions, and legal frameworks. Women's sexual reproductive rights are a fundamental aspect of their autonomy and well-being, and access to safe and legal abortion services is essential to protect these rights. Policymakers should prioritize access to safe and affordable abortion services and work to reduce barriers to care. Additionally, efforts should be made to address the root causes of unintended pregnancy, such as lack of access to contraception and comprehensive sex education.

2.1.15. Beliefs and Abortion

Abortion is a controversial topic that is often influenced by cultural beliefs. Cultural beliefs refer to the customs, traditions, and values of a particular society or community. These beliefs can have a significant impact on the practice of abortion in countries. This literature review aims to explore the relationship between cultural beliefs and abortion in the world and how it influences the practice of abortion in countries.

Cultural beliefs play a significant role in shaping attitudes towards abortion in different parts of the world. In some cultures, abortion is viewed as morally wrong and is seen as a violation of religious or cultural values. In other cultures, abortion is seen as a necessary option for women who are faced with unintended pregnancies (Frohwirth, L., et al 2018).

The influence of cultural beliefs on abortion is evident in the legal frameworks of different countries. In countries where religion plays a significant role, there may be legal restrictions on abortion, making it difficult for women to access safe and legal abortion services. For instance,

in some Muslim countries, abortion is only allowed if the mother's life is at risk or if the pregnancy is a result of rape or incest.

Cultural beliefs have a significant influence on the practice of abortion in countries. In countries where there are legal restrictions on abortion due to cultural or religious beliefs, women may resort to unsafe methods of terminating a pregnancy. This can lead to serious health complications and even death (Williams, D. G. 1982).

Furthermore, cultural beliefs can also influence the availability and accessibility of abortion services. In some countries, healthcare providers may refuse to provide abortion services on religious or moral grounds, further limiting women's access to care. Additionally, cultural beliefs can also affect women's decision-making regarding abortion. Women who come from cultures that view abortion as morally wrong may experience guilt or shame when seeking out abortion services.

The relationship between cultural beliefs and abortion is complex and varies across cultures, religions, and legal frameworks. Cultural beliefs can have a significant impact on the practice of abortion in countries, affecting women's access to safe and legal abortion services. Policymakers should prioritize access to safe and affordable abortion services and work to reduce barriers to care. Additionally, efforts should be made to address cultural beliefs surrounding abortion and provide comprehensive sex education to promote informed decision-making.

2.1.16. The Moral, Legal and Religious Issue of Abortion

Abortion has been a controversial topic for decades, and it continues to be a subject of debate worldwide. The issue of abortion raises moral, legal, and religious questions that are often in conflict with one another. This literature review aims to explore the relationship between morals, legality, and religion in relation to abortion. It will also examine the different positions taken by various religions on the subject of abortion and how these positions affect the practice of abortion in different countries.

Morality is a set of principles that guide individuals' actions and decisions based on what is considered right or wrong. Legality refers to laws that govern a society or country and are enforced by the government. Religion is a set of beliefs and practices that guide individuals' spiritual lives and provide a moral framework for their actions.

The relationship between morals, legality, and religion is complex and often contentious. Some religious groups believe that abortion is morally wrong and should be illegal, while others support a woman's right to choose. The legality of abortion varies from country to country, with some countries allowing it under certain circumstances and others banning it altogether (Dozier, J. L., et al 2020).

The issue of abortion raises moral questions about when life begins and whether it is acceptable to end a pregnancy. Those who oppose abortion argue that life begins at conception, and therefore, abortion is equivalent to murder. They believe that all life is precious and should be protected, regardless of the circumstances surrounding the pregnancy.

On the other hand, those who support abortion argue that women have the right to control their bodies and make decisions about their reproductive health. They believe that women should have access to safe and legal abortions, especially in cases where continuing the pregnancy would endanger their health or well-being.

The legality of abortion varies widely across the world. In some countries, such as Ireland and Malta, abortion is illegal under all circumstances. In other countries, such as the United States, abortion is legal but subject to restrictions, such as waiting periods or parental consent laws.

The legality of abortion is often influenced by political and cultural factors. In countries where religion plays a significant role in society, opposition to abortion may be stronger, leading to stricter laws and regulations (Dozier, J. L., et al 2020).

Religious groups have different positions on the issue of abortion. Some religions, such as Catholicism and Evangelical Christianity, oppose abortion and view it as a sin. Other religions, such as Judaism and Islam, have more nuanced views on abortion and may allow it under certain circumstances.

The influence of religion on the practice of abortion varies from country to country. In some countries, such as Ireland, the Catholic Church has a significant influence on public policy, leading to strict laws banning abortion. In other countries, such as the United States, religious beliefs may influence individual decisions about whether to have an abortion, but the law allows for access to safe and legal abortions.

The issue of abortion raises complex moral, legal, and religious questions that are often in conflict with one another. The relationship between morals, legality, and religions is complex and varies widely across the world. Religious beliefs can influence individual decisions about whether to have an abortion, as well as public policy regarding the legality of abortion. Ultimately, the decision about whether to have an abortion should be left up to the individual woman, in consultation with her doctor and based on her own beliefs and values (Hovey G. 1985).

Moral, legality and religion all play a significant role in the practice of abortion in countries. In countries where there are legal restrictions on abortion due to moral beliefs, women may resort to unsafe methods of terminating a pregnancy. This can lead to serious health complications and even death.

Furthermore, moral, legality and religion all influence the availability and accessibility of abortion services. In some countries, healthcare providers may refuse to provide abortion services on moral grounds, further limiting women's access to care. Additionally, moral, legality and religion all affect women's decision-making regarding abortion. Women who come from cultures that view abortion as morally, legally and religiously wrong may experience guilt or shame when seeking out abortion services (Hovey G. 1985).

The relationship between moral, legality, religion and abortion are complex and varies across cultures, religions, and legal frameworks. Moral, legal and religious restrictions on abortion can lead to unsafe abortions and maternal mortality, while relax restrictions on abortion can provide women with access to safe and legal abortion services. Policymakers should prioritize access to safe and affordable abortion services and work to reduce barriers to care. Additionally, efforts should be made to address moral beliefs surrounding abortion and provide comprehensive sex education to promote informed decision-making.

2.1.17. The Social Science of Abortion

Abortion is a complex and controversial topic that has been debated for decades. Social sciences have played a significant role in understanding the various perspectives on abortion. In this literature review, we will explore the different approaches that social sciences have taken to study abortion. We will also examine the gaps in these perspectives and suggest new areas of research that social scientists should focus on.

Social sciences have approached abortion from various perspectives, including sociological, psychological, and political. Sociologists have focused on the social factors that influence women's decisions to have an abortion, such as economic status, education, and religion. For instance, studies have shown that women with lower levels of education and income are more likely to seek abortion services (Jones & Jerman, 2017). Sociologists have also studied the impact of abortion on society and the role of social institutions in shaping attitudes towards abortion.

Psychologists have studied the psychological effects of abortion on women. Studies have shown that while some women experience negative psychological outcomes following an abortion, such as depression and anxiety, most women experience relief and a sense of empowerment (Major et al., 2009). Psychologists have also explored the ethical and moral implications of abortion and the impact of religious beliefs on women's decisions.

Political scientists have examined the legal and political aspects of abortion. They have studied the history of abortion laws and policies, the role of political parties and interest groups, and the impact of court decisions on abortion rights. For instance, studies have shown that the political environment can affect access to abortion services (Jones & Jerman, 2017).

Despite the significant contributions of social sciences to our understanding of abortion, there are still gaps in these perspectives. For instance, sociological research has tended to focus on individual-level factors that influence women's decisions to have an abortion, but there is a need to explore the broader structural factors that shape access to abortion services, such as healthcare policies, funding, and availability. Studies have shown that restrictive policies can limit access to abortion services, particularly for marginalized communities (Roberts et al., 2014).

Psychological research has largely focused on negative psychological outcomes following abortion, but there is a need to explore positive outcomes such as relief and empowerment. Additionally, there is a need to examine the experiences of women from marginalized communities who may face additional barriers to accessing abortion services. Studies have shown that women of color and low-income women face more barriers to accessing abortion services (Jones & Jerman, 2017).

Political science research has focused primarily on the legal and political aspects of abortion, but there is a need to examine the social and cultural factors that shape attitudes towards abortion,

such as religion, gender norms, and social stigma. Studies have shown that social stigma can affect women's decisions to seek abortion services (Roberts et al., 2015).

There are several new perspectives or controversial topics on abortion that social scientists should focus their research on. One such topic is the impact of abortion restrictions on women's health and well-being. There is a need to examine the effects of restrictive laws, such as waiting periods and mandatory counselling, on women's mental and physical health. Studies have shown that restrictive laws can increase the risk of negative psychological outcomes following an abortion (Roberts et al., 2015).

Another important area of research is the experiences of women who seek abortions later in pregnancy. There is a need to explore the reasons why women may delay seeking an abortion and the challenges they face in accessing services. Studies have shown that women who seek abortions later in pregnancy often face more barriers to accessing services (Roberts et al., 2015).

There is a need to examine the role of men in the abortion decision-making process. While women are often the focus of abortion research, men also play an important role in the decision to have an abortion, and their experiences and perspectives are often overlooked. Studies have shown that men can have a significant impact on women's decisions to seek abortion services (Jones & Jerman, 2017).

Social sciences have made significant contributions to our understanding of abortion. However, there are still gaps in these perspectives, and there is a need for new research on controversial and important topics. By examining the broader structural factors that shape access to abortion services, exploring positive outcomes following abortion, and examining the experiences of marginalized communities, social scientists can provide valuable insights into this complex and controversial issue.

2.1.18. The Anthropology of Abortion

Abortion is a complex and controversial topic that has been debated for decades. Anthropology has played a significant role in understanding the various perspectives on abortion. In this literature review, we will explore the different approaches that anthropologists have taken to study abortion. We will also examine the gaps in these perspectives and suggest new areas of research that anthropologists should focus on.

Anthropologists have approached abortion from various perspectives, including cultural, medical, and feminist. Cultural anthropologists have focused on the cultural beliefs and practices surrounding abortion in different societies. For instance, studies have shown that in some cultures, abortion is viewed as a sin, while in others, it is considered a necessary evil (Inhorn & Birenbaum-Carmeli, 2008). Anthropologists have also studied the impact of globalization on attitudes towards abortion and the role of cultural norms in shaping access to abortion services.

Medical anthropologists have studied the medicalization of abortion and the impact of medical technologies on women's reproductive health. They have explored the medical procedures used to perform abortions and the impact of these procedures on women's physical and emotional well-being. Medical anthropologists have also examined the role of healthcare providers in shaping women's decisions to seek abortion services.

Feminist anthropologists have studied the impact of gender inequality on women's access to abortion services. They have explored the social and cultural factors that shape women's decisions to seek abortions, such as patriarchy, poverty, and lack of education. Feminist anthropologists have also examined the impact of feminist movements on abortion rights and access (Burtscher, D., et al 2020).

Despite the significant contributions of anthropology to our understanding of abortion, there are still gaps in these perspectives. For instance, cultural anthropology research has tended to focus on individual-level factors that influence women's decisions to have an abortion, but there is a need to explore the broader structural factors that shape access to abortion services, such as healthcare policies, funding, and availability. Studies have shown that restrictive policies can limit access to abortion services, particularly for marginalized communities (Roberts et al., 2015).

Medical anthropology research has largely focused on the physical effects of abortion on women, but there is a need to explore the psychological and emotional effects of abortion. Additionally, there is a need to examine the experiences of women from marginalized communities who may face additional barriers to accessing abortion services. Studies have shown that women of color and low-income women face more barriers to accessing abortion services (Jones & Jerman, 2017).

Feminist anthropology research has focused primarily on the impact of gender inequality on access to abortion services, but there is a need to examine the impact of intersectionality on access to abortion services. Intersectionality refers to the ways in which different forms of oppression, such as racism, classism, and ableism, intersect and compound each other. Studies have shown that women from marginalized communities face multiple forms of oppression that can limit their access to abortion services (Roberts et al., 2015).

There are several new perspectives or controversial topics on abortion that anthropologists should focus their research on. One such topic is the impact of abortion restrictions on women's health and well-being. There is a need to examine the effects of restrictive laws, such as waiting periods and mandatory counseling, on women's mental and physical health. Studies have shown that restrictive laws can increase the risk of negative psychological outcomes following an abortion (Roberts et al., 2015).

Another important area of research is the experiences of women who seek abortions in different cultural contexts. There is a need to explore the cultural beliefs and practices surrounding abortion in different societies and the impact of these beliefs on women's decisions to seek abortion services. Studies have shown that cultural norms can affect women's decisions to seek abortion services (Inhorn & Birenbaum-Carmeli, 2008).

There is a need to examine the impact of the COVID-19 pandemic on access to abortion services. The pandemic has disrupted healthcare systems worldwide, and there are concerns that women's access to abortion services may be further limited. Anthropologists can provide valuable insights into the impact of the pandemic on women's reproductive health and well-being.

Anthropology has made significant contributions to our understanding of abortion. However, there are still gaps in these perspectives, and there is a need for new research on controversial and important topics. By examining the broader structural factors that shape access to abortion services, exploring the impact of intersectionality on access to abortion services, and examining the impact of the COVID-19 pandemic on access to abortion services, anthropologists can provide valuable insights into this complex and controversial issue.

2.1.19. The Epidemiology and Public Health of Abortion

Abortion is a significant public health issue that affects women worldwide. Epidemiology and public health have played a crucial role in understanding the prevalence, incidence, and risk factors associated with abortion. In this literature review, we will explore the different approaches that epidemiologists have taken to study abortion. We will also examine the gaps in these perspectives and suggest new areas of research that epidemiologists should focus on.

Epidemiology and public health have approached abortion from various perspectives, including population-level, clinical, and social determinants. Population-level studies have focused on the prevalence and incidence of abortion in different populations. These studies have examined the trends in abortion rates over time, the factors associated with abortion, and the impact of abortion on maternal, neonatal and infant health outcomes.

Clinical epidemiology and public health have studied the safety and effectiveness of abortion procedures. They have examined the risks associated with different types of abortions, such as medical and surgical abortions, and the impact of these procedures on women's health outcomes. Clinical epidemiology and public health have also explored the impact of access to abortion services on women's health outcomes.

Social determinants epidemiology and public health have studied the social and economic factors that influence women's decisions to seek abortion services. They have explored the impact of poverty, education, and access to healthcare on women's access to abortion services. Social determinants epidemiology and public health have also examined the impact of stigma and cultural norms on women's decisions to seek abortion services.

Despite the significant contributions of epidemiology and public health to our understanding of abortion, there are still gaps in these perspectives. For instance, population-level studies have tended to focus on aggregate-level data, but there is a need to examine the individual-level factors that influence women's decisions to seek abortion services. Studies have shown that women from marginalized communities face additional barriers to accessing abortion services (Jones & Jerman, 2017).

Clinical epidemiology and public health research have largely focused on the physical effects of abortion on women, but there is a need to explore the psychological and emotional effects of

abortion. Additionally, there is a need to examine the experiences of women from marginalized communities who may face additional barriers to accessing abortion services. Studies have shown that women of color and low-income women face more barriers to accessing abortion services (Jones & Jerman, 2017).

Social determinants epidemiology and public health research has focused primarily on the impact of social and economic factors on access to abortion services, but there is a need to examine the impact of intersectionality on access to abortion services. Intersectionality refers to the ways in which different forms of oppression, such as racism, classism, and ableism, intersect and compound each other. Studies have shown that women from marginalized communities face multiple forms of oppression that can limit their access to abortion services (Roberts et al., 2015).

There are several new perspectives or controversial topics on abortion that epidemiology and public health should focus their research on. One such topic is the impact of abortion restrictions on women's health and well-being. There is a need to examine the effects of restrictive laws, such as waiting periods and mandatory counseling, on women's mental and physical health. Studies have shown that restrictive laws can increase the risk of negative psychological outcomes following an abortion (Roberts et al., 2015).

Another important area of research is the experiences of women who seek abortions in different cultural contexts. There is a need to explore the cultural beliefs and practices surrounding abortion in different societies and the impact of these beliefs on women's decisions to seek abortion services. Studies have shown that cultural norms can affect women's decisions to seek abortion services (Inhorn & Birenbaum-Carmeli, 2008).

There is a need to examine the impact of the COVID-19 pandemic on access to abortion services. The pandemic has disrupted healthcare systems worldwide, and there are concerns that women's access to abortion services may be further limited. Epidemiologists can provide valuable insights into the impact of the pandemic on women's reproductive health and well-being.

Epidemiology and public health have made significant contributions to our understanding of abortion. However, there are still gaps in these perspectives, and there is a need for new research on controversial and important topics. By examining the individual-level factors that influence

women's decisions to seek abortion services, exploring the impact of intersectionality on access to abortion services, and examining the impact of the COVID-19 pandemic on access to abortion services, epidemiologists can provide valuable insights into this complex and controversial issue.

2.2. THEORETICAL FRAMEWORK

In every field of study there are specific ways or approaches to permit its scientist to analyze and interpret data. Thus, it is imperative to construct a theoretical framework. A theoretical framework is presented in this work to provide the rational for conducting this research to investigate a particular problem. The theoretical framework is thus a conceptual model that establishes a sense of structure that guides analysis and interpretation of a research work. It is a summary of your theory or theories regarding a particular problem that is developed through a review of previous research on the variables involved. It identifies a plan for investigation and interpretation of findings. According to Mbonji (2005), the theoretical framework is what a researcher has found in a theory, a specialization, or several, which he formulates in his own words and which will serve him as a key to understanding the data of a problem; it is an elaboration of the researcher from material drawn from the theoretical field. Below are 3 theories selected judiciously to help understand and interpret the data developed by the findings of the research problem of this work.

2.2.1 Functionalism

Every society has cultural items or elements and they in turn all have a function each which answers to a basic need of the society. Functionalism is a theory that makes culture and thus function a challenge to satisfy human and social needs, the function being defined as the role played or the end means to the satisfaction of human and societal needs. Thus, there exist variations or differences between cultural items or elements depending on the function each element plays in a society. According to Malinowski (1926), functionalism is more psychological by affirming that the function of a cultural element is the role played either to satisfy individual needs or to seal social cohesion. Malinowski (1926) also affirms that in every type of civilization, every custom, every object, every idea, every belief, fulfills a vital function, has a task to fulfill and represents an indispensable part of an organic totality. Malinowski explores more on the human role in society and the outcomes of the role they play. On the other hand, Radcliffe’s (1904) form of functionalism is referred to as structural functionalism because he views

functionalism in terms of how cultural elements contribute to the total functioning of that social system. His functionalism is more interested in social needs as he holds that It is from social reality that we draw social structure.

In his turn, Robert King Merton stated the 3 major principles of functionalism:

2.2.1.1. Principle of functional unity

This principle stipulates that all the different parts of a cultural and social organic system function or work together for the proper functioning of the system as a whole. Thus, it represents or stands as an inseparable totality to the functioning of the cultural or social organic system.

2.2.1.2. Principle of functional necessity

This principle stipulates that all the elements belonging to a cultural or social organic system don't only coexist but are all indispensable and play a vital role to the functioning of the system.

2.2.1.3. Principle of functional universality

According to this principle, all elements of a society perform effective social functions and its effectiveness can only be judged by the functioning of the whole social system. Robert King Merton (1949), in addition to these principles sharpens 3 conceptual tools to be employed in a functional analysis to the development of functionalism that Bronislaw Malinowski created in 1922 while studying the Trobriand islanders in the West Pacific, namely.

2.2.2. Latent Functions

Latent functions are those functions that are neither recognized nor intended. A latent function of a behavior is not explicitly stated, recognized or intended by the people involved. Merton sees attention to latent function as increasing the understanding of society. He perceives latent function as those objective consequences of cultural items or elements which are neither intended nor recognized by the members of a society.

This concept will help us greatly in seeing through certain functions of newborn care methods and better analyze and understand the factors leading to the change in perspectives of their usage in the health system. Thus, understanding the unintended and unrecognizable reasons behind their failure and constant change over the years.

2.2.3. Manifest Functions

On the other hand, manifest functions are those consequences that people observe or expect. It is explicitly stated and understood by the participants in the relevant action. It is the visible role that cultural items play in a given society. According to Robert King Merton in his book Social Theory and Social Structure, 1957, p.61*, 'Manifest functions are those objective consequences of a cultural item contributing to the adjustments or adaptation of the system which are intended or recognized by participants in the social system.'* Talcott Parson in his own explanation lays emphasis more on the manifest function of social behavior.

This concept will greatly help us to see through the intended and recognizable functions of newborn care methods and better understand their expected outcomes, why they aren't attained, why they keep on failing and why they are forced to always be on a constant change or mutation over the years.

2.2.4. Dysfunctions

Dysfunctions can be manifest or latent. While some functions are intended or recognized (manifest) and may have positive effects on society, dysfunctions are most often unintended or unrecognized and have a negative effect on society. Thus, dysfunctions can be considered to be cultural elements undesirable or desirable consequences for the operation of the society. For Robert King Merton, not all cultural and social elements contribute to the normal functioning or social harmony of society. Manifest dysfunctions are anticipated disruptions of social life while latent dysfunctions are unintended and unanticipated disruptions of order and stability.

In the context of this study functionalism will help in understanding the function of the available and existing newborn care methods. Helping to bring out the task every custom, every object, every idea and belief fulfills in the care for newborns in Yaounde. Functionalism in this study will help reveal how indispensable the various newborn methods are in providing wholeness of being to newborns. This will be done by observing and studying the meaning produced by the actors involved in newborn care and the cultural reality they create. There by bringing out the latent function, dysfunction and manifest function of some actors in the creation of cultural reality. Also bringing out the necessity, unity and universality of these cultural elements and actors in creating meaning of their cultural realities.

The theory of functionalism in anthropology emphasizes the importance of understanding how cultural practices and institutions serve a purpose in meeting the needs of individuals and society as a whole. This theory is important in our research on culture and abortion in Yaoundé because it allows us to understand how abortion functions as a means of meeting people's sexual reproductive health needs, as well as a means of survival for women, men, the family, and the community.

Abortion is often viewed as a controversial and divisive issue, but functionalism allows us to approach it from a different perspective. By examining how abortion functions within the cultural context of Yaoundé, we can better understand its role in meeting the sexual reproductive health needs of individuals and the community. For example, in a society where access to contraception and family planning is limited, abortion may function as a means of controlling fertility and preventing unwanted pregnancies.

Additionally, functionalism allows us to examine how abortion functions as a means of survival for women, men, the family, and the community. For women, abortion may be necessary to protect their health and well-being, particularly in cases where pregnancy poses a risk to their life. For men and the family, abortion may be seen as a means of economic survival, particularly in cases where they cannot afford to support another child. Finally, for the community as a whole, abortion may be viewed as a means of maintaining social order and stability by preventing unwanted pregnancies and reducing the burden on social services.

Overall, the theory of functionalism is important in our research on culture and abortion in Yaoundé because it allows us to understand how abortion functions within the cultural context and serves a purpose in meeting the needs of individuals and society as a whole. By examining the role of abortion in meeting sexual reproductive health needs and as a means of survival for women, men, the family, and the community, we can better understand its place within the cultural landscape of Yaoundé.

2.3. CULTURAL DYNAMICS

Cultural dynamics is an anthropological theory promoted by Georges Balandier which focuses on the cultural change, transformation and or mutation of society. Balandier (1971) lays more emphasis on change, mutations, movement and social transformations. Balandier in his studies of societies focuses his attention on the dynamic’s criterion, against studies that are based on

stability and balance therefore the isolation of societies from their historical reality. He takes movement into account as the source of the dialectic of contradictory structures. It is this movement that is the driving force of history and which generates the change of situations and experience, while transforming these social structures from one state to another. Thus, marking evolution, as a continuous process in the time that is irreversible.

Balandier (1971) proposes an approach in terms of dynamics of structures' 'where society is not a given but an appropriate adjustment between various structures in which three orders of dynamics are at work: the dynamics of reproduction, the dynamics of full realization of society and the dynamics of change.

Balandier's (1971) approach is dynamic in the sense that society is built; which means that it is not an object of study only when the researcher marks a distancing, as Bourdieu says towards common sense and towards his position. Society is not a given but constructed and that means that one destroys the vulgar speech to build the anthropological problematic. Society becomes an object of study only when the mechanisms of functioning are revealed beyond the appearances to which common sense is satisfied. It is in this way that the structures are not in our eyes juxtaposed but in relation of inter-dependence where they influence each other, as G.Balandier says of the three orders of dynamics. He sees change as a permanent state that can be endogenous; that is to say, inherent to the internal structure where the strategies of the actors confront each other in an issue in which various institutions and structures are contradictory. May be too exogenous that is relating to contacts and relations between society and other societies. Thus, cultural dynamics come from contradictions and conflicts between different instances which lead to mutations. But the result of the conflict and contradictions that is the change, which results from changes in society in general, is not something obvious and given but remains to unmask and seek to understand behind the appearances of reality. With this, Balandier in 1971 affirms that societies are never what they appear to be or what they claim to be. They express themselves on at least two levels: the superficial one, which presents the "official" structures, so to speak; and the deeper one, which provides access to the most fundamental real relationships.

This theory helps us not to look at the cultural phenomenon of abortion in Yaoundé not as a given but as an appropriate adjustment between structures where meaning is created due to the shift in abortion care. It also helps us in understanding the society in which abortion is found as it

appears not to be what it seems due to the superficial meaning created by official structures. There by giving us an in-depth view of the society's cultural reality in the context of abortion.

The Anthropological theory of Cultural Dynamics is important in research on Culture and Abortion in Yaoundé because it allows us to understand how cultural practices, beliefs, and values influence the dynamics of abortion. Cultural Dynamics emphasizes that culture is not static but rather a dynamic process that is constantly changing, mutating, and transforming. Therefore, understanding the dynamics of culture is crucial in understanding the realities of abortion in Yaoundé.

Abortion realities in Yaoundé are based on change, mutations, and social transformation of people's sexual reproductive health needs. The cultural dynamics of Yaoundé have shaped the way people perceive abortion, its acceptability, and accessibility. For instance, the cultural belief that children are a blessing has influenced the perception of abortion as a taboo subject. However, with the changing dynamics of culture, there has been a shift in attitudes towards abortion, and it is becoming more acceptable.

Furthermore, Abortion realities are not a given but an appropriate adjustment between various structures in which the dynamics of reproduction, dynamics full realization of society, and dynamics of change are at work. This means that the realities of abortion are not fixed but rather depend on various factors such as social norms, religious beliefs, economic factors, and political structures. Therefore, understanding the cultural dynamics of Yaoundé is essential in understanding how these factors influence the realities of abortion.

In conclusion, the Anthropological theory of Cultural Dynamics is crucial in research on Culture and Abortion in Yaoundé. It allows us to understand how cultural practices, beliefs, and values influence the dynamics of abortion. By understanding the changing dynamics of culture, we can comprehend how people's attitudes towards abortion are evolving and how they adapt to various structures that influence their sexual reproductive health needs.

2.4. ETHNO-PERSPECTIVE

This theory was founded by Mbonji Edjenguèlè (2005). Ethno-perspective seeks to understand cultures from the insider's perspective in order to get primary and or firsthand data as well as giving or providing an interpretational tool for cultural specialist or anthropologist.

Etymologically it is derived from 2 words namely; *'ethnos'* which means a group of people or people and on the other hand perspective which is derived from the word *'perspectus'* which means to look, to explore, to penetrate. Thus, Ethno-perspective is the descriptive and or analytical study of a group of people looking, exploring, penetrating, understanding and interpreting what so ever they do from an insider and or from the people's own perspective.

For Clifford Geertz in *The Interpretation of Culture (1973),* the concept of culture that I belief to is that culture is an interpretative process in search of the meaning constituting to the knowledge and understanding of man's behavior and actions in a society (Geertz 1973). For Mbonji (2005) ethno-perspective seeks to understand every community, ethnic group or society from their own specific ways of interpreting their daily life realities which no one apart from them can provide a better understanding and interpretation of their realities than themselves. In line with the above explanation, Mbonji (2005), gives three important criteria necessary for an anthropological analysis of the Ethno-perspective theory.

2.4.1. Contextuality

Contextuality refers to the understanding of a particular phenomenon under study as well as analysis of institutions in a particular culture where they are produced. It is also considered to be sociocentralism where by every cultural element has its meaning in its given context. Thus, the explanation of a given element should be done in its given context and not the contrary. The credibility of a work according to the contextuality criteria has to depend on the sociocultural context of interpretation. Therefore, the presence of different context leads to different interpretations. This is so because every culture has its specificities and their behavioral patterns which differ from each other.

2.4.2. Endosemy

According to Mbonji Edjenguèlè (2005), Endosemy is etymologically from 2 words that is *'endo'* meaning inside or within and the other *'semy'* which according to Mbonji Edjenguèlè (2005), means significance. From its etymological meaning, it is defined as the meaning or meanings that members of a given culture attach to a given phenomenon at a particular given time. According to Mbonji Edjenguèlè (2005), every cultural element or item in a society has meaning and given the fact that it was invented by the members of that society, it has its very meaning best known by the same members who invented and actually use them. Thus, the meaning of every phenomenon

produced by a cultural element within a culture is found inside the cultural group producing it. This explains why the emic point of view is considered by this theory to look at culture. According to Mbonji Edjenguèlè (2005), the people of a given culture can choose to respect or ignore the meaning they produce consciously or unconsciously, through participating or not in the activities of the society.

2.4.3 Holisticity

Also known as globality or totality, holisticity holds that cultural elements in a given society act as a complex whole since they are interralated to each other. Therefore, in order to derive meaning from a given society, cultural elements have to be related to each other.

This theory with its principles of contextuality, endosemy and holisticity is essential to the understanding of newborn care in the study. This is so because, contextuality will help us better understand newborn care in the culture in which they are produced. This is explained by the fact that every cultural reality has its meaning in its given context. Endosemy will help this study to understand the cultural realities of newborn care from an emic perspective. This is so because the actors involved in newborn care better understand their cultural realities. Holisticity in this study will help derive meaning from cultural elements which act as complex wholes of a given culture due to their interrelation as it is the case with newborn care in Yaoundé.

The Anthropological theory of Ethno-perspective is crucial in our research on Culture and Abortion in Yaoundé. Ethno-perspective is a theoretical framework that emphasizes the importance of understanding cultural phenomena from the perspective of those involved. This means that research on abortion in Yaoundé should be conducted with a focus on the experiences and perspectives of people who have had abortions, those who provide abortion services, and those who oppose abortion.

Ethno-perspective can help to look, explore, penetrate, understand and interpret Abortion realities from people’s sexual reproductive health experiences and perspectives by providing a framework for understanding the significance of cultural context in shaping attitudes towards abortion. Abortion is a highly sensitive and contentious issue, and it is essential to understand how cultural beliefs, values, and practices influence people's attitudes towards it. Ethno-perspective allows researchers to gain insights into the cultural context of abortion in Yaoundé by examining the meanings that people attach to it.

The principles of contextuality, endosemy, and holisticity are particularly relevant to understanding abortion realities through an Ethno-perspective lens. Contextuality emphasizes that the significance of phenomena is better understood within their cultural context. Therefore, understanding the cultural context of abortion in Yaoundé is crucial in understanding the attitudes and perceptions of people towards it. Endosemy emphasizes that meaning is derived from within a culture. This means that researchers must examine the meanings that people attach to abortion within their cultural context. Finally, Holisticity emphasizes that meaning is derived from the interrelation between cultural elements in a given society. Thus, we examined how various cultural elements such as social norms, religious beliefs, economic factors, and political structures interact to shape attitudes towards abortion.

The Anthropological theory of Ethno-perspective is essential in research on Culture and Abortion in Yaoundé. It provides a framework for understanding how cultural context shapes attitudes towards abortion and emphasizes the importance of examining the experiences and perspectives of people involved in abortion. By understanding the principles of contextuality, endosemy, and holisticity, we gained valuable insights into the cultural context of abortion in Yaoundé and better understood the realities of abortion from people's sexual reproductive health experiences and perspectives.

2.5. DEFINITION OF CONCEPTS

The key concepts of this work need to be understood given the fact that they are the pivoting concepts that run through this work. These concepts are explained below.

2.5.1. Cultural Context

This concept refers to the importance of understanding the cultural context of abortion in Yaoundé and how it shapes attitudes towards abortion. It emphasizes the need to examine the social norms, religious beliefs, economic factors, and political structures that interact to shape attitudes towards abortion.

2.5.2. Abortion as a survival mechanism

This refers to the behaviors or actions that individuals engage in to survive in difficult circumstances. This concept refers to the idea that women in Yaoundé may choose to have an abortion as a means of survival, either due to financial constraints or social pressures. This can

be seen as a form of reproductive agency, as women make decisions about their own bodies in order to navigate difficult circumstances.

2.5.3. Abortion as a cultural construct

This concept recognizes that attitudes towards abortion are shaped by cultural beliefs and values, including religious beliefs, gender roles, and ideas about family and community. Abortion may be perceived as morally wrong or socially unacceptable in certain cultural contexts, while in others it may be accepted or even encouraged.

2.5.4. Abortion stigma

This refers to the negative attitudes and beliefs that surround abortion, which can lead to discrimination, shame, and secrecy for women who have had abortions. This concept refers to the negative attitudes and beliefs that surround abortion, which can lead to discrimination, shame, and secrecy for women who have had abortions. Stigma can also affect access to safe and legal abortion services, as well as the quality of care that women receive. Abortion stigma is a significant barrier to reproductive health and rights, and efforts are needed to challenge and overcome it.

2.5.5. Abortion services

This concept refers to the availability and accessibility of safe and legal abortion services in Yaoundé. It emphasizes the need to examine the barriers that women face in accessing abortion services and how these barriers can be addressed. Access to these services can vary depending on factors such as geography, income, and legal restrictions, which can impact women's ability to make informed decisions about their reproductive health.

2.5.6. Abortion etiologies

This refers to the various factors that may contribute to a woman's decision to have an abortion, including social, economic, and health-related reasons. Understanding these etiologies can help to inform policies and programs that support women's reproductive health and rights. Efforts are needed to address the root causes of unintended pregnancy, including poverty, lack of access to contraception, and inadequate reproductive health education.

2.5.7. Reproductive health

Reproductive health refers to a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and its functions. It encompasses a range of issues including contraception, pregnancy, childbirth, and abortion. This includes access to family planning, safe and legal abortion, and prevention and management of sexually transmitted infections. The World Health Organization (WHO) defines reproductive health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

2.5.8. Human rights

Human rights are the basic rights and freedoms that are entitled to every person, regardless of their race, gender, religion, nationality, or any other status. These rights include civil and political rights, such as the right to life, liberty, and equality before the law, as well as economic, social, and cultural rights, such as the right to education, healthcare, and work. Human rights are protected by international law, including the Universal Declaration of Human Rights. These rights include the right to access safe and legal abortion services, as well as the right to bodily autonomy and self-determination.

2.5.9. Abortion technologies

This concept refers to the medical technologies and procedures used in the provision of safe and legal abortion services. These technologies can vary depending on factors such as the stage of pregnancy and the woman's health status, and can impact the safety and efficacy of the procedure. Abortion technologies refer to the methods and tools used to terminate a pregnancy. These can range from medical methods, such as natural abortion, medication abortion, to surgical procedures, such as aspiration or dilation and evacuation. The development of new abortion technologies has expanded the options available to individuals seeking to end a pregnancy.

2.5.10. Abortion practices

Abortion practices refer to the ways in which abortions are performed and regulated in different contexts. These practices can vary widely depending on factors such as legal restrictions, access to healthcare, cultural norms, and personal beliefs. Abortion practices can include both safe and unsafe procedures, and can have significant impacts on the health and well-being of individuals

seeking abortions. This concept refers to the social and cultural norms surrounding abortion, including attitudes towards women who have had abortions, and the role of healthcare providers in supporting women's reproductive health and rights.

2.5.11. Reproductive justice

Reproductive justice is a concept that emphasizes the importance of addressing the intersecting issues of reproductive rights, health, and justice. This includes recognizing how culture, gender, class, and other factors shape individuals' experiences with reproduction and access to healthcare. Reproductive justice advocates for the right to have or not have children, the right to parent in safe and healthy environments, and the right to access comprehensive reproductive healthcare. This concept recognizes that reproductive health is a social justice issue, and that access to safe and legal abortion services is a fundamental human right. It encompasses a range of issues including economic justice, cultural justice, and gender equality, and seeks to ensure that all individuals have the power and resources to make informed decisions about their bodies and lives.

2.5.12. Abortion taxonomies

Abortion taxonomies refer to the classification systems used to categorize different terminologies used to describe pregnancy termination in Yaounde. These taxonomies can be based on various factors, such as the representation of the pregnancy, the stage of pregnancy, the method used, or the reason for the abortion. This concept refers to the diverse experiences and perspectives of cultures, and women who have had abortions, including their reasons for seeking an abortion, their emotional responses, and their experiences with stigma and discrimination. Understanding these taxonomies can help to inform policies and programs that support women's reproductive health and rights.

CHAPTER 3

TAXONOMY OF PREGNANCY TERMINATION IN YAOUNDE

This chapter presents the taxonomy and representation of what people make of abortion in Yaoundé. This chapter attempts to unfold the representations of abortion with anchor point: the different denominations used by the informants to designate abortion and their symbolic significance, the aetiology of abortion as well as the symptoms which emerge from it.

Yaoundé is the capital city of Cameroon, located in the central region of the country. It is a vibrant city with a diverse population that speaks various languages and dialects. In this section, we will explore the linguistic components and distribution in Yaoundé. Cameroon is a multilingual country with several languages spoken throughout its territory. However, the official languages are French and English, inherited from the colonial era. In Yaoundé, French is the most widely spoken language, followed by English. These two languages are used in official contexts such as the government, education, and business. Besides French and English, there are also many indigenous languages spoken in Yaoundé. These languages include Ewondo, Bulu, and Beti, among others. These languages are part of the Niger-Congo language family, which is the largest language family in Africa.

The distribution of languages in Yaoundé is diverse, with different languages being spoken in different neighbourhoods. For instance, in the central business district and government offices, French is predominantly used. In contrast, on the outskirts of the city, where the Beti people are predominant, the Beti language is more commonly used. Yaoundé is a culturally diverse city with different ethnic groups, and each group has its own language. For example, the Bafang people of the Bamileke group, which is one of the largest ethnic groups in Cameroon, speak a language called Fefe. Similarly, the Bassa group speaks a language called Bassa. These languages are also spoken in Yaoundé, and they contribute to the linguistic diversity of the city.

3.1. TAXONOMY OF PREGNANCY TERMINATION BY DIFFERENT CULTURAL COMMUNITIES IN YAOUNDÉ

Culturally, several expressions are used by different cultural communities in Yaoundé to describe the practice of Abortion be it induced or spontaneous. It is to be noted that these verbal descriptions of the practice of abortion are an in-depth representation of what these cultural groups make of it. This chapter presents the taxonomy and representation of abortion. Firstly,

taxonomies across a sample of cultures found in Yaoundé are explored. Secondly, within these cultures, the representations are explored, described and explained.

We will present in this first part what the respondents understand by abortion. This part of this work constitutes an important step that aims to reveal the various ways that abortion was named and conceptions developed by the actors belonging to the cultures of participants in this research. Each respondent having been solicited for his cultural background and experience on the said topic. In this perspective, Awah (2005) makes us understand that each ethnic groups give a particular name to a pathology in the mother tongue, a designation that has a meaning in the culture of the people concerned. The taxonomies constitute a reference that allows us to understand a part of the history of the people based on their experiences and the context of emergence of this health problem within the community. In this line, Mebenga (2016) observes that naming is a constitution of symbols which are sources of knowledge, the screens of the people's lives, the retrospective picture of their civilizations. In this section of the work, it is a question of bringing out the basic elements that can elucidate the deep significance of what the actors and ethnic groups that were asked to give their opinions represent of abortion.

3.1.1. "Thrown everything in the toilet" or "geter ou balancer tout au WC"

In the city of Yaoundé, the colloquial languages are English and French. In terms of pregnancy termination, inhabitants of the city perceive pregnancy termination as a taboo practice. They have several expressions to describe someone who has terminated a pregnancy as the most popular of them are from 2 stigmatizing statements that is "*She has thrown everything in the toilet"* English *and "Elle a geter ou balancer tout au WC"* in French.

3.1.2. Feumi Nifoum and Lossè Nifoum

In Nen or Tunen a Bantu language spoken in Cameroon. The main population centres of Tunen speakers are in the Ndikiniméki community and Nitoukou, part of Makénéné, Bokito and Kon-Yambetta of the Mbam et Inoubou Division in the Center Region of Cameroon. It is a language spoken by the Banen people. Speakers of the Nen or Tunen language dub induced abortion as "Feumi Nifoum" etymologically meaning that the pregnancy has been terminated. The phrase has 2 words, the first-word "Feumi" refers to the act of removing and the second word "Nifoum"

refers to the pregnancy. Speakers of the Nen or Tunen language on the other hand designate a different term for spontaneous abortion as the term it as “Lossè Nifoum” which etymologically refers to the fact that the pregnancy did not make it to term. The phrase has 2 words, the first word “Lossè” refers to or means spoiled, alteration or destruction and the second-word “Nifoum” refers to pregnancy.

3.1.3. Ateymu Ntam Mvamsi and Muhpopsi or Muhpie Ntam Mvamsi

In Fefe, the language spoken by the Bafang people of Haut Nkam, induced abortion is called “Ateymu Ntam Mvamsi” and it is on this term that a particular explanation is grafted. The first word “Ateymu” has two syllables: the first syllable “Atey” refers to the act of removal and the second syllable "Muh" refers to the contents being removed or being removed. The second word has a syllable “Ntam” which describes the place or location from which the contents are removed or being removed. The last word, “Mvamsi”, describes the place from which the content removed or being removed is removed. For Fefe speakers, this statement describes the process of voluntary termination of pregnancy from the act, the contents removed and the place where it is removed. For Fefe speakers, miscarriage is called “Muhpie Ntam Mvamsi”, as mentioned above, and it is from this term that a particular meaning is derived. The first word “Muhpie” has two syllables: the first syllable “Muh” refers to the contents of the pregnancy, namely the child, and the second syllable "Pie" means "spoiled". The second word has a syllable “Ntam” which describes the place or location where the pregnancy is spoiled. The last word, “Mvamsi”, refers to the place from where the pregnancy was spoiled. For Fefe speakers, this statement describes the process of spontaneous termination of pregnancy from the act, the spoiled pregnancy and the place where it is spoiled.

3.1.4. Nsufunsu Wain and Wainchomen

In Kom, all Itanghi Kom refer to induced abortion as “Nsufunsu Wain”. The label they give to induced abortion expresses the act of induced abortion. The first word “Nsufunsu” refers to the act of abduction and the second word "Wain" is the content of the pregnancy being abducted or removed. The label that the Itanghi Kom give to spontaneous abortion is different: they call it “Wainchomen”, which etymologically means that the child was just passing through and had not come to stay, in other words, the child was passing through or a passer-by. Thus, the first

syllable “Wain” refers to the child and the second syllable “Chomen” means “passing through”, which also means “died”. In summary, it can be interpreted that the child passed or died in the womb of a pregnant woman.

3.1.5. Itiemeh and Mehpi

In Bamougoum, all the Mu'ngoum speakers are part of the 5 dialects of Nguemba and a language spoken by 6 villages: Bameka, Bamendjou, Bamougoun, Bansoa, Bafounda and Mangou. Sharing the same language, they also share the same word for induced abortion, which they call “Itiemeh”. The word “Itiemeh” has two syllables: the first syllable “Itie” refers to the act of abduction and the second syllable “Meh” is the content of the pregnancy being or being abducted. For all Mu'ngum speakers, a different label is used for miscarriage: it is referred to as “Mehpi”, which means that the child has been destroyed. Thus, the first syllable “Meh” refers to the child and the second syllable “Pi” means the alteration or destruction of the contents of the pregnancy. In short, we can say that the pregnancy has been destroyed.

3.1.6. Sohmen and Abagdemen or Atchamqui

In Bagante, all Medumba speakers in the Nde division of the Western Region with their main settlements in Bagante, Bakong, Bangoulap, Bahouoc, Bagoun and Tonga. The Medumba language and its speakers call induced abortion “Sohmen”, which etymologically means that the child has been abducted or the contents of the pregnancy have been removed. The word “Sohmen” has two syllables: the first syllable “Soh” refers to the act of removing the child and the second syllable “Men” represents the contents of the pregnancy removed or being removed. The Medumba language and its speakers refer to spontaneous abortion differently as “Abagdemen” or “Atchamqui”. “Abagdemen”, which is the first way of referring to spontaneous abortion, means that the child has been destroyed, while “Atchamqui”, which is a substitute for spontaneous abortion, etymologically means that the pregnant woman has kicked herself in the leg, which is a metaphor for describing that an accident has occurred and the woman has lost her pregnancy.

3.1.7. Ava Abum and Lebum Endamni or Lebum Apam

The Eton or Iton Beti people who are the second largest ethnic group in the central region of Cameroon after the Ewondo and who constitute several large families such as: The Abam, Mbog Kani, Megnag'ra, Benyimbaha, Benyimbang'a, Ipep, Essogo or Issogo, Ingab, Bekaha, Imbembeng, Mbog nankwag, Beyidjolo, Indo Mbog, to name but a few, refer to induced abortion by the term “Awair Abum” which etymologically means the removal of the belly or stomach. The phrase has two words: “Awair”, which refers to the act of abduction, and “Abum”, which refers to the stomach or belly of the woman who terminates the pregnancy. Eton or Iton Beti speakers call spontaneous abortion “Lebum Endamni” or “Lebum Apam”, which etymologically means that the stomach or womb has deteriorated or been destroyed. The expression has two words: “Lebum”, which means stomach or belly, and “Endamni” or “Apam”, which means destruction or alteration.

3.1.8. Sungha Moy and Moy Puhndumah

In Kako, Mkako or Mkaka a Bantu language spoken mainly in Cameroon, with some speakers in the Central African Republic and the Republic of the Congo. The main population centres of Kako speakers are Batouri and Ndélélé in the East Region of Cameroon. Speakers of this language can be divided in three main closely related dialects stretching from eastern dialect (Bɛra, Bèra) near the Cameroon-Central African Republic border area to a middle dialect (Mgbwako, Mgbako) in near the Batouri area to a western dialect (Mbo-Ndjo'o, Mbo-Ndjokou) near the Bertoua-Doumé area. The difference is the greatest between the eastern Bɛra dialect and the western Mbondjóo, with the Mgbwako dialect forming a middle ground. All three remain mutually intelligible. The Bɛra and Mbondjóo dialects have 85.5% of their words in common, of which 26.4% are identical and 59.1% are cognates. Speakers of Kako language dub induced abortion as “Sungha Moy”. The label they give to induced abortion expresses the act of induced abortion. The first word “Sungha” refers to the act of removing and the second word “Moy” is the content of the pregnancy being removed or removed and which means child. The label that the speakers of Kako language give to spontaneous abortion is different: they call it “Moy Puhndumah”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Moy” refers to the child and the second word “Puhndumah” means spoiled or

destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.9. Itiredu and Orufiredu

Fula also knownas Fulani or Fulah (Fulfulde, Pulaar, Pular; Adlam) is a Senegambian language spoken by around 25 million people as a set of various dialects in a continuum that stretches across some 18 countries in West and Central Africa. Along with other related languages such as Serer and Wolof, it belongs to the Atlantic geographic group within Niger-Congo, and more specifically to the Senegambian branch. It is spoken as a first language by the Fula people ("Fulani", Fula: Fulɓe) from the Senegambia region and Guinea to Cameroon, Nigeria and Sudan and by related groups such as the Toucouleur people in the Senegal River Valley. It is also spoken as a second language by various peoples in the region, such as the Kirdi of northern Cameroon and northeastern Nigeria. In Cameroon be it the Fula people who use it as first language and the other people like the Kirdi people who use the language as a second language all have the same word for induced abortion, which they call "Itiredu". The word "Itiredu" has two parts: the first syllable "Iti" refers to the act of removing and the second syllable "redu" is the content of the pregnancy being or being abducted. For all Fula speakers, a different label is used for miscarriage: it is referred to as "Orufiredu", which means that the child has been destroyed. Thus, the first part "Orufi" means the alteration or destruction of the contents of the pregnancy and the second part "Redu" refers to the child or content of the pregnancy. In short, we can say that the pregnancy has been destroyed.

3.1.10. Tebelewa Geisem and Tebeleisem

In Mofu-Gudur or South Mofu, a Chadic language spoken in northern Cameroon with dialects like Dimeo, Gudur, Massagal, Mokong, Njeleng, and Zidim. The Mofu Gudur language is spoken in the massifs south of the Tsanaga River as far as Mayo Louti in the Mokong and Mofou cantons of Mokolo council, Mayo Tsanaga division, and Gawaza council, Diamaré division, in the Far North Region. For the Mofu Gudur speaking people induced abortion is labelled "Tebelewa Geisem" The word "Tebelewa Geisem" has two words: the first word "Tebelewa" refers to the act of removing and the second word "Geisem" is the content of the pregnancy being or being abducted. For the Mofu-Gudur speaking people, a different label is used for

miscarriage as it is referred to as “Tebeleisem” which means that the child has been lost. Thus, the first part “Tebel” means the alteration or destruction of the contents of the pregnancy and the second part “eisem” refers to the child or content of the pregnancy. In sum, it can be said that the lady was pregnant but now she is no more pregnant according to the Mofu Gudur speaking people.

3.1.11. Nacre Maleu shikemtuku and Nacre Kebredeh

The Kapsiki a people living on both sides of the border between North Cameroon and Northeast Nigeria. They are called Kapsiki in Cameroon, and Kamwe (Higi) in Nigeria. Together they amount to about 120,000 people. Their language, Psekiye or Kamwe, consists of eleven dialects including Nkafa, Sina, Ghye, Humsi, Dakwa and Tilli and belongs to the Chadic language family. In Cameroon, the Kapsiki live on a plateau in the Far North Province in the center of the Mandara mountains, they are considered one of Cameroon's Kirdi (*pagan*) ethnic groups due to their resistance to Islamization during the Fulani jihad of Modibo Adama and Hama Yaji. For the Psekiye speaking people induced abortion is denominated as “Nacre Maleu shikemtuku” etymologically meaning that she terminated or finished the pregnancy. The phrase has three words: “Nacre” which means to finish something, and “Maleu” which is the lady finishing something and “shikemtuku” which refers to the stomach or belly of the woman who terminates the pregnancy. The Psekiye speaking people denominate spontaneous abortion as “Nacre Kebredeh”, which etymologically means that the stomach or womb has deteriorated or been destroyed. The expression has two words: “Nacre”, which means to finish something and “Kebredeh”, which means destruction or alteration. Thus, for the psekiye speaking people miscarriage is the pregnancy ended in destruction.

3.1.12. Afosenebem and Mohchia

In Mendakwe, a language spoken in the north and east of Bamenda town on either side of the Ring Road and on the mountain circles of Menda Nkwe in the Bamenda Central Subdivsion, Mezam division in the North West Region of Cameroon. Speakers of the Mendakwe language term induced abortion as “Afosenebem” etymologically meaning that the pregnancy has been terminated. The word has 2 parts, the first part “Afosene” refers to the act of removing and the second part “Bem” refers to the stomach or the belly which actually means the pregnancy.

Speakers of the Mendakwe language on the other hand designate a different term for spontaneous abortion as the dub it as “Mohchia” which etymologically refers to the fact that the pregnancy did not make it to term. The word has 2 parts, the first part “Moh” refers to the unborn child and the second part “Chia” refers or means spoiled, alteration or destruction.

3.1.13. Afokmun and Awuqwesi

In Yemba or Bamileke Dschang is a major Bamileke language of Cameroon spoken by the Dschang people of the Menoua division of the West Region of Cameroon. Yemba speaking people dub induced abortion as “Afokmun” etymologically meaning that the pregnancy has been terminated. The word has 2 parts, the first part “Afok” refers to the act of removing and the second part “mun” refers to the content to the pregnancy or the unborn child. Speakers of the Yemba language on the other hand designate a different term for spontaneous abortion as the dub it as “Awuqwesi” which etymologically refers to the fact that the pregnancy did not make it to term. The word “Awuqwesi” refers to or means spoiled, alteration or destruction.

3.1.14. Asokmun and Abiamun

In Akum a language spoken by the Akum people in the Mezam division of the North West Region of Cameroon. Speakers of the Akum language dub induced abortion as “Asokmun” etymologically meaning that the pregnancy has been terminated. The word has 2 parts, the first part “Asok” refers to the act of removing and the second part “Mun” refers to the content to the pregnancy or the unborn child. Speakers of the Akum language on the other hand designate a different term for spontaneous abortion as the term it as “Abiamun” which etymologically refers to the fact that the pregnancy did not make it to term. The word has 2 parts, the first part “Abia” refers or means spoiled, alteration or destruction and the second part “Mun” refers to the unborn child.

3.1.15. Shisibem and Weshulewey

Babanki, or Kejom, is the traditional language of the Kejom people of the Western highlands of Cameroon. Babanki is a member of the Center Ring subfamily of the Grassfields Languages which is in turn a member of the extensive Southern Bantiod subfamily which includes the Bantu languages, such as Swahili of the Atlantic-Congo branch of the

hypothetical Niger-Congo language family. It is mainly spoken in the villages of Kejom Ketinguh and Kejom Keku also known as Babanki Tungo and Big Babanki, respectively which are located in the Mezam division of the North West region of Cameroon. The Kejom speaking people designate induced abortion as “Shisibem” etymologically meaning that the pregnancy has been terminated voluntarily. The word has 2 parts, the first part “Shisi” refers to the act of removing and the second part “Bem” refers to the stomach or the belly which actually means the pregnancy. Speakers of the Kejom language on the other hand designate a different term for spontaneous abortion as the dub it as “Weshulewey” which etymologically refers to the fact that the pregnancy did not make it to term. The word “Weshulewey” means the child has been washed away and refers to or means spoiled, alteration or destruction.

3.1.16. Ariwe Reme and Reme Dipangi

The Oroko also known as the Bareka/Batekka) are an ethnic group that occupy the Ndian and Meme mangrove plains as well as the most part of the Rumpi hills towards the Bakossi Mountains to the northeast and the Ejagham forest to the northwest. The Ndian and Meme rivers, together with the Massaka and Makunge rivers form the major watersheds of the Cameroonian coast, northwest of the Cameroons River. All rivers played significant roles in the migration and settlement of the Oroko people. There are currently 250 known Oroko towns and villages, the largest semi-urban center being Ekondo Titi and the largest indigenously settled community being Dikome Balue. They belong to the coastal bantu group, widely known as *Sawa*, and primarily occupy the Ndian and Meme divisions of the South West region of Cameroon. They are related to several ethnic groups (or tribes) in Cameroon's coastal areas, with whom they share a common traditional origin, and similar histories and cultures. These include the Bakweri (Kwe), Bakole, Duala, Ewodi, Bodiman, Pongo, Bamboko, Isubu (Isuwu or Bimbians), Limba (or Malimba), Mungo, and Wovea people. The Oroko language is a dialect cluster comprising nine dialects, namely: Londo, Lolue, Lokoko, Lotanga, Lokundu, Lokombe (Ekombe), Longolo, Loma (Bima), and Lombongi (Mbonge). Speakers of the oroko language refer to induced abortion by the term “Ariwe Reme” which etymologically means the removal of the belly or stomach. The phrase has two words: “Ariwe”, which refers to the act of removing, and “Reme”, which refers to the stomach or belly of the woman who terminates the pregnancy. Oroko speakers call spontaneous abortion “Reme Dipangi” which etymologically means that the

stomach or womb has deteriorated or has been destroyed. The expression has two words: “Reme”, which means stomach or belly, and “Dipangi”, which means destruction, spoiled or alteration.

3.1.17. Ntumeheuyem and Mpeuwayem

In Bamum or Shü Pamom, “language of the Bamum”, or Shümom “Mum language”, also spelled Bamun or in its French spelling Bamoun, is an Eastern Grassfields Language of Cameroon. The language is well known for its original script developed by King Njoya and his palace circle in the Kingdom of Bamum around 1895. Speakers of the Shü Pamom language designate induced abortion as “Ntumeheuyem” etymologically meaning that the pregnancy has been terminated voluntarily. The word has 2 parts, the first part “Ntumeheu” refers to the act of removing and the second part “yem” refers to the pregnancy. Speakers of the Shü Pamom language on the other hand designate a different term for spontaneous abortion as the term it as “Mpeuwayem” which etymologically refers to the fact that the pregnancy did not make it to term. The word has 2 parts, the first part “Mpeuwa” refers or means spoiled, alteration or destruction and the second part “yem” refers to the unborn child.

3.1.18. Tiehmun and Muumpi

In Ghɔmálá’, or Bamileke-Banjun (Baméléké-Bandjoun), a major Bamileke language of Cameroon spoken by the people of Bandjoun or “La 'Djo” in local language a town and community in the Koung Khi Division in the West Region of Cameroon. Ghɔmálá’ speakers label induced abortion “Tiehmun”. The word “Tiehmun” has two syllables: the first syllable “Tieh” refers to the act of removing and the second syllable “Meh” is the content of the pregnancy being removed or removed. For all Ghɔmálá’ speakers, a different label is used for miscarriage: it is referred to as “Muumpi”, which means that the child has been destroyed. Thus, the first syllable “Muum” refers to the child and the second syllable “Pi” means the alteration or destruction of the contents of the pregnancy. In short, we can say that the pregnancy has been destroyed.

3.1.19. Fei mah wai and Meurmbeh mah wai

In Laimbeu a Grassfields Bantu Language spoken by people in both the Boyo and Menchum division of the North West Region of Cameroon. For the Laimbeu speaking people, induced abortion is termed “Fei mah wai” The first word “Fei” refers to the act of removal. The second word “Mah” which describes the act of throwing away. The last word, “Wai”, describes the content removed or being removed. For the Laimbeu speaking people, this statement describes the process of voluntary termination of pregnancy from the act and the pregnancy content removed. For Laimbeu speakers, miscarriage is called “Meurmbeh mah wai”, it is from this term that a particular meaning is derived. The first word “Meurmbeh” has two syllables: the first syllable “Meur” refers to the person, namely the carrier of the pregnancy or the child, and the second syllable “Mbeh” means “spoiled”. The second word “Mah” which describes the act of throwing away. The last word, “Wai”, describes the content removed or being removed. For the Laimbeu speaking people, this statement describes the process of spontaneous termination of pregnancy from the act, the spoiled pregnancy and the child.

3.1.20. Nching Yan Achuoh and Yan Mbomeh Achuoh or Glomeh Achuoh

In Menka a Grassfields Language spoken by Widikum people in both the Momo division of the North West Region of Cameroon. For the Menka speaking people, induced abortion is termed “Nching Yan Achuoh” The first word “Nching” refers to the act of removal. The second word “Yan” which describes the content removed or being removed which is the child. The last word, “Achuoh”, describes the act of throwing away. For the Menka speaking people, this statement describes the process of voluntary termination of pregnancy from the act and the pregnancy content removed. For Menka speakers, miscarriage is called “Yan Mbomeh Achuoh”, it is from this phrase that a particular meaning is derived. The first word “Yan” which describes the content removed or being removed which is the child. The second word “Mbomeh” which describes the fact that something is spoiled or destroyed. The last word, “Achuoh”, describes throwing away the content spoiled or destroyed. For the Menka speaking people, this statement describes the process of spontaneous termination of pregnancy from the act, the spoiled pregnancy and the child.

3.1.21. Achokmun and Muhpapsi

Among the people of the Haut Plateau division of the West Region of Cameroon in the Baham, Bamendjou, Bangou and Batié communities, induced abortion is dubbed “Achokmun” etymologically meaning that the pregnancy has been terminated. The word has 2 parts, the first part “Achok” refers to the act of removing and the second part “Mun” refers to the content to the pregnancy or the unborn child. Speakers of the Akum language on the other hand designate a different term for spontaneous abortion as the term it as “Muhpapsi” which etymologically refers to the fact that the pregnancy did not make it to term. The word has 2 parts, the first part “Muh” refers to the unborn child and the second part “Papsi” refers or means spoiled, alteration or destruction.

3.1.22. Frenmuh and Chahseh Muh

In Limbum is a Grassfields Language of Cameroon, with a small number of speakers in Nigeria. It is primarily the mother tongue of the Wimbum people, who live in the Donga-Mantung division of the North West Region of Cameroon, at the top of the Ring Road. The Wimbum consist of three clans: War clan headquartered at Mbot, Tang clan at Tallah, and Wiya clan at Ndu. Scattered around the area are other Wimbum villages, each associated with one of the three clans. The three clans are geographically interspersed, sharing the language. Some linguists consider Limbum to have three dialects: a northern, a middle, and a southern dialect. Speakers of one dialect can generally understand speakers of any other. The three dialects cut across the three clans, and may result from influence of the neighboring languages to the north and south. Limbum is closely related to some neighboring languages like Yamba and more geographically distant ones like Bamum, Ngemba and Bamileke. It is quite different from some other neighboring languages like Bebe and Noni. In Limbum, all Wimbum people refer to induced abortion as “Frenmuh”. The label they give to induced abortion expresses the act of induced abortion. The word has 2 parts, the first part “Fren” refers to the act of removing and the second part “Muh” refers to the content to the pregnancy or the unborn child. The label speakers of Limbum give to induced abortion expresses the act of induced abortion. The phrase “Frenmuh” refers to the act of removing the content of the pregnancy. The label that the Wimbum people give to spontaneous abortion is different as they call it “Chahseh Muh”, which

etymologically means that the child was just passing through and had not come to stay, in other words, the child was passing through or a passer-by. Thus, the first word “Chahseh” means “passing through”, which also means “died” and the second word “Muh” refers to the child. In summary, it can be interpreted that the child passed or died in the womb of a pregnant woman.

3.1.23. Nfihmuh and Bong Muh or Mbuh Muh

In Bafut the Bafut language or Fut, is an Eastern Grassfield language of the Niger-Congo languages, and related to Bamum. Oral tradition traces dynastic origins to the Ndobo or Tikar areas. It is spoken by people of the Bafut and Tuba sub-division, in the division of Mezam and in the division of Menchum in the North West Region of Cameroon. In fut, all Bafut people refer to induced abortion as “Nfihmuh”. The label they give to induced abortion expresses the act of induced abortion. The word has 2 parts, the first part “Nfih” refers to the act of removing and the second part “Muh” refers to the content to the pregnancy or the unborn child. The label speakers of Fut give to induced abortion expresses the act of induced abortion. The phrase “Nfihmuh” refers to the act of removing the content of the pregnancy. The label that the Bafut people give to spontaneous abortion is different as they call it “Bong Muh” or “A Mbuh Muh”, which etymologically means that the child was just passing through and had not come to stay, in other words, the child was passing through or a passer-by. It means that the child got bad or destroyed in the stomach and couldn’t make it. Thus, the first word “Mbuh” or “Bong” means “passing through” or spoiled, which also means “died” and the second word “Muh” refers to the child. In summary, it can be interpreted that the child passed or died in the womb of a pregnant woman.

3.1.24. Enva Aboum and Aboum Y’a Kekui or Aboum Y’ake Daman

In Bulu a Bantu language spoken by the Bulu people of Cameroon. Bulu belongs to the group of Beti languages and is intelligible with Eton, Ewondo, and Fang. Bulu speakers are concentrated primarily in Cameroon's South Region, with the largest number at Ebolowa and Sangmelima. Some speakers live in the Nyong et Mfoumou division of the Center Region and the Haut Nyong division of the East. According to ALCAM (2012), Bulu is spoken in the division of Mvila and Dja et lobo (Southern Region), and also the south of the division of Upper Sanaga (Center Region) where the Yezum dialect of Ewondo is also spoken. Speakers of the Bulu language refer to induced abortion by the term “Enva Aboum” which etymologically

means the removal of the belly or stomach. The phrase has two words: “Enva”, which refers to the act of removing, and “Aboum”, which refers to the stomach or belly of the woman who terminates the pregnancy. Bulu speakers call spontaneous abortion “Aboum Y’a Kekui” or “Aboum Y’ake Daman”, which etymologically means that the stomach or womb has deteriorated or been destroyed. The expression has two words: “Aboum”, which means stomach or belly, and “Yakekui” or “Yakedaman”, which means destruction or alteration.

3.1.25. Chiebum and Mbeubum

In Meta a Grassfields language spoken by people east and southeast of Mbengwi, east of the Batibo subdivision, Bamenda subdivision including the Bafuchu and the Nja villages. The Moghamo variety is perhaps divergent enough to be considered a separate language. Ngamambo is 88% similar lexically to Meta’, and often is considered separate. Speakers of the Meta language designate induced abortion as “Chiebum” etymologically meaning that the pregnancy has been terminated voluntarily. The word has 2 parts, the first part “Chie” refers to the act of removing and the second part “Bum” refers to the pregnancy. Speakers of the Meta language on the other hand designate a different term for spontaneous abortion as the term it as “Mbeubum” which etymologically refers to the fact that the pregnancy did not make it to term. The word has 2 parts, the first part “Mbeu” refers or means spoiled, alteration or destruction and the second part “Bum” refers to the unborn child.

3.1.26. Mvusefueh and Laayeh

In the Noni language, also called Noone, an Eastern Bediod language of the Niger-Congo family in Cameroon. The Noone, Ncane, and Mungong varieties are sometimes considered three distinct Noni languages. Ethnologue reports that Ncare is 88% lexically similar with Noone, and 84% with Saari (Nsari). Noni is the native language spoken by the Noni people in the northwest of Kumbo Subdivision of the Bui Division in the North West Region of Cameroon. The Noni speaking people designate induced abortion as “Mvusefueh” etymologically meaning that the pregnancy has been terminated voluntarily. The word has 2 parts, the first part “Mvuse” refers to the act of removing and the second part “fueh” refers to the stomach or the belly which actually means the pregnancy. Speakers of the Noni language on the other hand designate a different term for spontaneous abortion as the dub it as “Laayeh” which etymologically refers to the fact that

the pregnancy did not make it to term. The word “Laayeh” refers to or means spoiled, alteration or destruction.

3.1.27. Ituh Meme Mueh and Mueh Ntumue

In Supapyak’ language a grassfield Bantu language spoken in Baba village in the Ndop plain of the Babessi subdivision in the Ngo-Ketunjia division of the North West region of Cameroon. For the Supapyak’ speaking people, induced abortion is termed “Ituh Meme Mueh” The first word “Ituh” refers to the act of removal. The second word “Meme” which describes the act of throwing away. The last word, “Mueh” describes the content removed or being removed which is the child. For the Supapyak’ speaking people, this statement describes the process of voluntary termination of pregnancy from the act and the pregnancy content removed. For Supapyak’ speakers, miscarriage is called “Mueh Ntumue”, it is from this phrase that a particular meaning is derived. The first word “Mueh” which describes the content removed or being removed which is the child. The second word “Ntumue” which describes the fact that something is spoiled or destroyed. For the Supapyak’ speaking people, this statement describes the process of spontaneous termination of pregnancy from the act, the spoiled pregnancy and the child.

3.1.28. Nsinsi wei and Ndo’oh Bolo

In Aghem, Wum or Yum, a grassfeild bantu language spoken in the Wum Central Sub-division in the Menchum Division of the North West Region of Cameroon. The Aghem, Wum or Yum speaking people designate induced abortion as “Nsinsi wei” etymologically meaning that the pregnancy has been terminated voluntarily. The phrase has 2 words, the first word “Nsinsi” refers to the act of removing and the second word “Wei” refers to the child terminated or being terminated. Speakers of the Aghem, Wum or Yum language on the other hand designate a different term for spontaneous abortion as the dub it as “Ndo’oh Bolo” which etymologically refers to the fact that the pregnancy did not make it to term. The word “Laayeh” refers to or means spoiled, alteration or destruction.

3.1.29. Heya Man and Mbom Beba Gwal

In Basaa also spelled Bassa, Basa, Bissa or Mbene, a Bantu language spoken in Cameroon by the Bassa people. It is spoken in the Center and Littoral regions. They live in Nyong et

Kelle (Central Region) and Sanaga Maritime with the exception of the Edèa community which has a Bakoko majority and most of Nkam community the Littoral Region. In the western and northern parts of this department, the peripheral Basaa language is spoken by the Yabasi in the community of Yabassi, Diɓuum in the community of Nkondjok in the Diboum Canton north of Ndemli and Dimbamban. Similarly, Basaa Baduala is spoken in the Wouri Division of the Littoral Region, traditional Basaa territory that is being transformed by the growth of Douala. Basaa is also found in the Océan Division in the community of Bipindi in the Southern Region of Cameroon. Speakers of the Basaa language refer to induced abortion by the term "Heya Man" which etymologically means the removal of the belly or stomach. The phrase has two words: "Heya", which refers to the act of removing, and "Man" which refers to the child the woman has terminated or seized life from. For Basaa speakers, miscarriage is called "Mbom Beba Gwal", it is from this phrase that a particular meaning is derived. The first word "Mbom" which describes the pregnancy or the stomach in which the child is. The second word "Puh" which describes the fact that something has stopped, is dead, spoiled or destroyed. The last word, "Gwal", describes the vessel or the stomach where the child got bad. For the Basaa speaking people, this statement describes the process of spontaneous termination of pregnancy from the act to the spoiled pregnancy.

3.1.30. Awair Bum and Lebum Endamni or Lebum Apam

In Ewondo Ewondo or Kolo the language of the Ewondo people more precisely Beti be Kolo or simply Kolo-Beti of Cameroon. Speakers of this language include Badjia (Bakjo), Bafeuk, Bamvele (Mvele, Yezum, Yesoum), Bane, Beti, Enoah, Evouzok, Fong, Mbida-Bani, Mvete, Mvog-Niengue, Omvang, Yabekolo (Yebekolo), Yabeka, and Yabekanga. Ewondo speakers live primarily in Cameroon's Center Region and the northern part of the Ocean division in the South Region. Ewondo is a Bantu language spoken by the Beti or the Yaunde-Fang, and it is intelligible with Bulu, Eton, and Fang. Ewondo language or Beti covers the whole of the divisions of Mfoundi, Mefou and Afamba, Mefou and Akono, Nyong and So'o, Nyong and Mfoumou in the Center Region, and part of the Ocean Division in the South Region. Speakers of the Ewondo language refer to induced abortion by the term "Awair Bum" which etymologically means the removal of the belly or stomach. The phrase has two words: "Awair", which refers to the act of removing, and "Bum", which refers to the stomach or belly of the woman who

terminates the pregnancy. Ewondo speakers call spontaneous abortion “Lebum Endamni” or “Lebum Apam”, which etymologically means that the stomach or womb has deteriorated or has been destroyed. The expression has two words: “Lebum”, which means stomach or belly, and “Endamni” or “Apam”, which means destruction, spoiled or alteration.

3.1.31. Vissi Baga and Baga Yila or Baga Vugah

In the Nga'ka language, or Munga'ka, also known as Bali, a Grassfields language spoken by the people of Bali Nyonga. Speakers of this language can be found in the north of Bafoussam subdivision, southeast of the Galim subdivision, in the Mifi division and Bamboutos division respectively in the West region and Bali subdivision in the Mezam division of the North West region of Cameroon.They are the descendants of the Chamba of northern Nigeria. Speakers of the Bali language refer to induced abortion by the term “Vissi Baga” which etymologically means the removal of the belly or stomach. The phrase has two words: “Vissi”, which refers to the act of removing, and “Baga”, which refers to the stomach or belly of the woman who terminates the pregnancy. Bali speakers call spontaneous abortion “Baga Yila” or “Baga Vugah”, which etymologically means that the stomach or womb has deteriorated or has been destroyed. The expression has two words: “Baga”, which means stomach or belly, and “Yila” or “Vugah”, which means destruction, spoiled or alteration.

3.1.32. Nfruh Mveum and Wang Puh Mveum

In Lamnso a grassfields language of the Nso people of the Bui division in the North West Region of Cameroon. Speakers of the Lamnso language refer to induced abortion by the term “Nfruh Mveum” which etymologically means the removal of the belly or stomach. The phrase has two words: “Nfruh”, which refers to the act of removing, and “Mveum”, which refers to the stomach or belly of the woman who terminates the pregnancy. For Lamnso speakers, miscarriage is called “Wang Puh Mveum”, it is from this phrase that a particular meaning is derived. The first word “Wang” which describes the content removed or being removed which is the child. The second word “Puh” which describes the fact that something is dead, spoiled or destroyed. The last word, “Mveum”, describes the vessel or the stomach where the child got bad. For the Lamnso speaking people, this statement describes the process of spontaneous termination of pregnancy from the act, the spoiled pregnancy and the child.

3.1.33. Nyie Mbili and Yelrubé

In Mundang a Mbum language of southern Chad and northern Cameroon. The Mundang language is mainly spoken in the Mayo Kani Division of the Far North Region, in the communities of Mindif, Moulvouday, and Kaélé. It is also spoken to a lesser extent in the south of the Mayo Kebi division, in the east of the Bibemi community in the Benue Division of the North Region towards the Chadian border. The Mundangs' of Lere in Chad and Mundang of Cameroon centered in Lara and Kaélé are highly similar. For the Mundang speaking people induced abortion is labelled "Nyie Mbili" The word "Nyie Mbili" has two words: the first word "Nyie" refers to the act of removing and the second word "Mbili" is the content of the pregnancy being or being removed. For the Mundang speaking people, a different label is used for miscarriage as it is referred to as "Yelrubé" which means that the child has been lost or the pregnancy got lost. In sum, it can be said that the lady was pregnant but now she is no more pregnant according to the Mundang speaking people.

3.1.34. Gui Haya Goy and Haya Goy Niya

In Massa or Masana is a Chadic language spoken in southern Chad and northern Cameroon by the Masa people. Its speakers can be found in Bongor, Bugudum, Domo, Gizay, Gumay, Ham, Walia, Wina (Viri), Yagwa. Masa is spoken in the southern part of Mayo Danay division in the Far North Region, in the sub-divisions of Yagoua, Kalfou, Wina, Yele, and Guéré. Central Masa is spoken along the Logone River, with four varieties. The varieties, as listed from north to south, are: Yagwa (spoken around Yagoua), Domo (in Domo village), Walya, and Buguëum. Western Masa includes Gizay, spoken around Guéré, and Viri (Wina), former ethnic Tupuri who had shifted to the Masa language. The Muzuk dialect, which has long been considered a Munjuk dialect (ALCAM 1983), is in fact a Masa dialect since it is clearly mutually intelligible with the other Masa varieties (Ousmanou 2007). The speakers of Muzuk are bilingual, and speaking the Muzuk dialect of Masa, as well as Munjuk. It is spoken in the drier areas of the West (Guidigis, Mayo Kani, Far North Region). Massa Speakers dub induced abortion as "Gui Haya Goy". The label they give to induced abortion describes the act of induced abortion. The first word "Gui" refers to the act of removing and the second word "Haya Goy" is the pregnancy being removed or removed and which means child. The label that the speakers of the Massa

language give to spontaneous abortion is different as they call it “Haya Goy Niya”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Haya Goy” refers to the pregnancy or child and the second word “Niya” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.35. Lankeu Moyeu and Moyeu Langneye

In Awing, Mbwe'wi or Bambuluwe, is a Grassfields language spoken in the Awing-Bambuluwe village of the Mezam division in the North West region of Cameroon. It is a language that is related to Bafut, Bambili-Bambui, Kpati, Mendankwe-Nkwen, Ngemba and Pinyin. It is a language that is 74% lexically similar to Bamukumbit. Speakers of the Mbwe'wi language refer to induced abortion by the term “Lankeu Moyeu” which etymologically means the removal of the child. The phrase has two words: “Lankeu”, which refers to the act of removing, and “Moyeu”, which refers to the child of the woman who terminates the pregnancy. Mbwe'wi speakers call spontaneous abortion “Moyeu Langneye”, which etymologically means that the stomach or womb has deteriorated or has been destroyed. The expression has two words: “Moyeu”, which means the child and “Langneye”, which means the passing or death.

3.1.36. Nfi Mvem and Mvem Teh or Mvem Mpeub

In Yamba a grassfields language sparsely spoken in Bafia, Nkonsamba and well-spoken in plains east of Nwa in the Central Nwa subdivision of the Donga Mantung division in the North West Region of Cameroon with a small number of speakers in Eastern Nigeria. Mbem village has the largest population of Yamba speakers in the region. Alternate Names of the Yamba language is Bebaroe, Boenga Ko, Kakayamba, Mbem, Mbubem, Muzok, Swe’nga, “Kaka”. Speakers of the Yamba language refer to induced abortion by the term “Nfi Mvem” which etymologically means the removal of the belly or stomach. The phrase has two words: “Nfi”, which refers to the act of removing, and “Mvem”, which refers to the stomach or belly of the woman who terminates the pregnancy. Yamba speakers call spontaneous abortion “Mvem Teh” or “Mvem Mpeub”, which etymologically means that the stomach or womb has deteriorated or has been destroyed. The expression has two words: “Mvem”, which means stomach or belly, and “Teh” or “Mpeub”, which means destruction, spoiled or alteration.

3.1.37. Peh Eboum and Chemah

Nzime (Koonzime) is a Bantu language of Cameroon, spoken by the Nzime and Dwe'e (Bajwe'e) people. Maho (2009) lists these as two languages. It is closely related to Mpo. Koonzime is spoken in most of the southern part of the Haut-Nyong region (Eastern Region). The Nzime are located mainly around the east of Lomié, and the closely related to Njem, in Ngoila council. In Koonzime of the East region, Upper Nyong division in the local areas of Alouma, Lomie, Messok, Mindourou, and Somalomo villages north and northwest Dja river and also in the South region in the Dja and Lobo division. It has alternative names like Djimu, Dzimou, Kɔɔzime, Konzime, Kooncimo, Koozhime, Koozime, Nzime. For the Koonzime speaking people induced abortion is labelled "Peh Eboum" The word "Peh Eboum" has two words: the first word "Peh" refers to the act of removing and the second word "Eboum" is the stomach which refers to the pregnancy removed or being removed. For the Koonzime speaking people, a different label is used for miscarriage as it is referred to as "Chemah" which means that the child has been lost or the pregnancy got lost. In sum, it can be said that the lady was pregnant but now she is no more pregnant according to the Koonzime speaking people.

3.1.38. Omulé Loungeh and Émana Amanwa

In Kpwe or Mokpwe a Bantu language spoken by over 100 villages east and southeast of the Mount Cameron in the Fako Division of the South West of Cameroon. Kpwe speakers can also be found in the villages along the Mungo River and the creeks that fit into it with some other speakers in Limbe and the villages surrounding the town of Limbe. It is mutually intelligible with Bakole, and probably with Mboko or Wumboko as well. There are multiple variants of the name: based on "Kpwe" (*Bakpwe, Mokpwe*), on "Kpe" (*Mokpe*), on "Kweri" (*Kwedi, Kweli, Kwili, Kwiri, Bakwedi, Bakwele, Bakweri, Vakweli, Bekwiri*), as well as *Ujuwa, Vambeng*. Mokpwe Speakers dub induced abortion as "Omulé Loungeh". The label they give to induced abortion expresses the act of induced abortion. The first word "Omulé" refers to the act of removing and the second word "Loungeh" is the stomach or pregnancy being removed or removed and which conventionally means child. The label that the speakers of the Mokpwe language give to spontaneous abortion is different as they dub it "Émana Amanwa", which etymologically means that the child has died or passed. Thus, the first word "Émana" refers to

the child and the second word “Amanwa” means death or to die in Mokpwe. In summary, it can be interpreted that the child in the process of procreation died in the womb of a pregnant woman.

3.1.39. Bejila Abeja and Barza

Parkwa (Parəkwa) also known as Podoko, is an Afro-Asiatic language of Cameroon.The Podokos traditionally inhabit the Parekwa massifs, located to the west and southwest of Mora in the cantons of Gouvaka, Godigong, and Oudjila of the Mora community in the Mayo Sava division of the Far North Region of Cameroon. However, like all the ethnic groups of the Mandara Mountains, the Parekwa have spread widely to the surrounding plains and towns. The Podoko are administratively divided into three main cantons: Podoko-North, Podoko-Centre, and Podoko-South. They are under the leadership of different traditional chiefs, the most important of which is Mozogo Daoka of Podoko-South canton. In addition, other chiefs such as Tala Dabara are highly respected for their rather religious roles. The main villages are : Godigong, Oudjila, Namba, Dakwada, Méjè, Makoulayé, Kassa, Tala Dabara, Biwana, Ouzlegaya, Naïssa, Fika, Ouvada, Dizla and Slalawa-Zadava. Speaking Podoko or Parkwa, a Chadic language of the greater Mandara group, the Podoko are the largest of the Mandara group. For the Parekwa speaking people induced abortion is labelled “Bejila Abeja” The word “Bejila Abeja” has two words: the first word “Bejila” refers to the act of removing and the second word “Bejila Abeja” is the stomach which refers to the pregnancy removed or being removed. For the Parekwa speaking people, a different label is used for miscarriage as it is referred to as “Barza” which means that the child has been lost or the pregnancy got lost. In sum, it can be said that the lady was pregnant but now she is no more pregnant according to the Parekwa speaking people.

3.1.40. Achere Menier and Apouke Menier or Menier Afouh

In Kenyang, Nyang, Banyang, Manyang which is the most spoken language of the Mamfe language group. It is spoken in the Manyu and Meme divisions of the South West region of Cameroon. Kenyang speakers in Cameroon are known as Bayangi (Bayangui) people and are called Bayangi (Bayangui). There are three main dialects of Kenyang: Lower Kenyang, spoken in Eyumojock and in the Mamfe Central subdivisions, Upper Kenyang, spoken in the Upper Bayang subdivision and Kitwii, spoken in the Meme division. The Upper Kenyang and Lower Kenyang dialects are more closely related to each other than to Kitwii. Variant names of

Kitwii include, Kicwe, Twii, Bakoni, Northern Balong, Upper Balong and Manyeman. All of them are mutually intelligible. Speakers of the kenyang language refer to induced abortion by the term “Achere Menier” which etymologically means the removal of the child. The phrase has two words: “Achere”, which refers to the act of removing, and “Menier”, which refers to the unborn child of the woman who terminates the pregnancy. Kenyang speakers call spontaneous abortion “Apouke Menier” or “Menier Afouh”, which etymologically means that the unborn child or fetus has been destroyed or has passed. The expression has two words: “Menier”, which means in this context unborn child, and “Apouke” or “Afouh”, which means destruction and the passing or the dying of the unborn child respectively.

3.1.41. Nko’o Za’a and Mbim Fezang

In the Gbaya languages, also known as Gbaya, Manza, Ngbaka, a family of perhaps a dozen languages spoken mainly in the western Central African Republic and across the border in Cameroon, with one language (Ngbaka) in the Democratic Republic of Congo, and several languages with few speakers in the Republic of Congo. Many of the languages go by the ethnic name Gbaya, though the largest, with over a million speakers, is called Ngbaka, a name shared with the Ngbaka languages of the Ubangian family. Speakers of the Gbaya language dub induced abortion as " Nko’o Za’a". The label they give to induced abortion expresses the act of induced abortion. The first word " Nko’o" refers to the act of removing and the second word "Za’a" is the content of the pregnancy being removed or removed and which means child. The label that the speakers of Gbaya language give to spontaneous abortion is different: they call it "Mbim Fezang", which etymologically means that the child got bad or got destroyed. Thus, the first word "Mbim" refers to the stomach and the second word “Fezang” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.42. Ferré Meunier and Moh Afou

In Menka a grassfield language spoken the northwest of Batibo in 10 villages west of Mbengwi in the Widikum-Menka Subdivision in the Momo Division of the North West Region of Cameroon. Other names for the Menka language include Mamwoh and Wando Bando. Speakers of Menka language dub induced abortion as “Ferré Meunier”. The label they give to

induced abortion expresses the act of induced abortion. The first word “Ferré” refers to the act of removing and the second word “Meunier” is the content of the pregnancy being removed or removed and which means child. The label that the speakers of Menka language give to spontaneous abortion is different: they call it “Moh Afou”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Moh” refers to the child and the second word “Afou” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.43. Nfugue Muh and Muh Waketsa

In Mankon a grassfield language spoken in Cameroon. It is closely related to Mundum and Mendankwe-Nkwen. Along with Mundum, it is called Ngemba. There are several distinct dialects in Ngemba: Mankunge (Ngemba), Nsongwa (Songwa, Bangwa), Shomba (Chomba, Bamechom), Mbutu (Bambutu), Njong (Banjong), Bagangu (Akum) and Alatening. Mankon Speakers dub induced abortion as “Nfugue Muh”. The label they give to induced abortion expresses the act of induced abortion. The first word “Nfugue” refers to the act of removing and the second word “Muh” is the content of the pregnancy being removed or removed and which means child. The label that the speakers of Mankon language give to spontaneous abortion is different: they call it “Muh Waketsa”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Muh” refers to the child and the second word “Waketsa” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.44. Thieme Yilé and Lou Yilé

In Mbom also known as Mboum, Buna, Mboumtiba and Wuna an Adamawa-Ubangi language of Central Africa spoken by the people in Ngaoundere in the Vina Division in Cameroon and the west of the Central African Republic. Speakers of the Mbum language refer to induced abortion by the term “Thieme Yilé” which etymologically means the removal of the belly or stomach. The phrase has two words: “Thieme”, which refers to the act of removing, and “Yilé”, which refers to the stomach or belly of the woman who terminates the pregnancy. For the Mbum speaking people, a different label is used for miscarriage as it is referred to as “Lou Yilé” which means that the child has been lost or the pregnancy got lost. The phrase has two words: “Lou”,

which refers to alteration or spoilage, and “Yilé”, which refers to the stomach or belly of the woman who terminates the pregnancy. In sum, it can be said that the lady was pregnant but now she is no more pregnant according to the Mbum speaking people.

3.1.45. Kwenza Njum and Njum Kuen

In Tikar a language spoken in the Magba subdivision of the Noun division in the West Region, small border area in the Donga-Mantung division of the North West region, scattered over northwest Yoko and northeast of Foumban in the Ngambe-Tikar subdivision and Mbam-and-Kim division respectively of the Centre region, Bankim subdivision in the Mayo-Banyo division of the Adamawa region. Speakers of Tikar language dub induced abortion as “Kwenza Njum”. The label they give to induced abortion expresses the act of induced abortion. The first word “Kwenza” refers to the act of removing and the second word “Njum” is the content of the pregnancy being removed or removed and which means child. The label that the speakers of Tikar language give to spontaneous abortion is different: they call it “Njum Kuen”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Njum” refers to the child and the second word “Kuen” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.46. Eyfeyse Eblèh or Wàn and Wàn Jaeble

In Oku and Ebkuo, Ekpwo, Ukfwo, Bvukoo and Kuɔ a grassfield Bantu language that is primarily spoken by the Oku people around the lake Oku and Mount Oku areas west of the Jakiri subdivision of the Bui division of the North West region of Cameroon. Speakers of Oku language dub induced abortion as “Eyfeyse Eblèh” or “Eyfeyse Wàn”. The label they give to induced abortion expresses the act of induced abortion. The first word “Eyfeyse” refers to the act of removing and the second word “Eblèh” or “Wàn” is the content of the pregnancy or pregnancy being removed or removed and which means child. The label that the speakers of Oku language give to spontaneous abortion is different: they call it “Wàn Jaeble”, which etymologically means that the child got bad or got destroyed. Thus, the first word “Wàn” refers to the child and the second word “Jaeble” means spoiled or destroyed. In summary, it can be interpreted that the child in the process of procreation got bad in the womb of a pregnant woman.

3.1.47. Fukè Moné and Kuitè Mbengme

In Pinyin, Bapinyi or Pelimpo a Bantu language of the Ngemba group, spoken in Cameroon, in the North-West Region, Mezam Department, south-west of Bamenda. Pinyin is a locality in Cameroon, located in the Santa subdivision of the Mezam Division, in the North-West Region. Pinyin is the largest village in the district, both in terms of population and area, covering a territory of about 750 km. Speakers of the Bapinyi language dub induced abortion as "Fukè Moné" etymologically meaning that the pregnancy has been terminated as the pregnant lady has removed the child. The phrase has 2 words, the first part "Fukè" refers to the act of removing and the second part "Moné" refers to the content of the pregnancy which is the unborn child. Speakers of the Bapinyi language on the other hand designate a different term for spontaneous abortion as the term it as "Kuitè Mbengme" which etymologically refers to the fact that the pregnancy did not make it to term as the content of the pregnancy was washed away or left her body. The refers to the fact that the body did not hold the content of the pregnancy in place to term. The phrase "Kuitè Mbengme" has 2 words, the first part "Kuitè" refers to the fact that something has left or gone and the second part "Mbengme" refers to the body in the Bapinyi language which in this context refers to the body carrying the pregnancy.

3.1.48. Abooh Bilhigo and Mbarga Hugo Bilbe

In Tupuri or Toupouri a language mostly spoken in the Mayo-Kebbi East Region of southern Chad and in small parts of northern Cameroon. It is spoken by the Tupuri people and it is predominantly spoken in the southeastern part of the Moulvouday plain, in Kaélé, Porhi, Taibong villages in Moulvouday community, Guidigis community, in the Mayo Kani Division, Kar-Hay, Kalfou, Datcheka, Tchatibali community in the Mayo-Danay division. The Viri or Wina are ethnically Tupuri, but today they speak a Massa dialect. Tupuri is also spoken in Chad. Speakers of the Tupuri language refer to induced abortion by the term "Abooh Bilhigo" which etymologically means the removal of the belly or stomach. The phrase has two words: "Abooh", which refers to the act of removing, and "Bilhigo", which refers to the stomach or belly of the woman who terminates the pregnancy. For the Tupuri speaking people, a different label is used for miscarriage as it is referred to as "Mbarga Hugo Bilbe" which means that the child has been lost or the pregnancy got lost. The phrase has two words: "Mbarga", which represents the child

or fetus, and “Hugo Bilbe”, which refers to alteration, destruction or spoilage. In sum, it can be said that the lady has lost her child or fetus who was awaiting to be born according to the Tupuri speaking people.

3.1.49. Atia Moh and Moh Kwele Mfeme or Moh Atchinte

In Ngiemboon (N'Jhamboon) language, which is one of a dozen Bamileke languages spoken in in the West Region of Cameroon. Its speakers are located primarily within the Bamboutos division in the West Region of Cameroon. Speakers of the Ngiemboon language refer to induced abortion by the term “Atia Moh” which etymologically means the removal of the child. The phrase has two words: “Atia”, which refers to the act of removing, and “Moh”, which refers to the child of the woman who terminates the pregnancy. Ngiemboon speakers call spontaneous abortion “Moh Kwele Mfeme” or “Moh Atchinte”, which etymologically means that the child has deteriorated or has been destroyed. The expression has two parts: “Moh”, which means the child, and “Kwele Mfeme” or “Atchinte”, which means destruction, spoiled or alteration.

3.1.50. Nfuh Wang and Mbeseu Wang

In Bamunka a language spoken by the village communities of the Ndop subdivision in the Ngo-Ketunjia division of the North West Region of Cameroon. Speakers of the Meta language designate induced abortion as “Nfuh Wang” etymologically meaning that the pregnancy has been terminated voluntarily. The phrase has 2 words, the first word “Nfuh” refers to the act of removing and the second word “Wang” refers to the unborn child. Speakers of the Bamunka language on the other hand designate a different term for spontaneous abortion as the term it as “Mbeseu Wang” which etymologically refers to the fact that the pregnancy did not make it to term or got bad. The phrase has 2 words, the first word “Mbeseu” refers or means spoiled, alteration or destruction and the second word “Wang” refers to the unborn child.

3.2. Significance of the Taxonomies of Pregnancy Termination

Anthropology as a science that has for objective the study of man in his cultural milieu and how culture shapes man’s being in society. This section of this chapter will be looking at the interrelation between the taxonomy of pregnancy termination and the cultural behaviour of those who speak these languages. The main questions which this chapter seeks to answer are: Does

pregnancy termination taxonomies shape culture or does culture shape pregnancy termination taxonomies? Which influence do pregnancy termination taxonomies have on the perception and thoughts of people from a given culture? How do pregnancy termination taxonomies patterns relate to cultural patterns? According to the Whorfian Hypothesis, the structure of a language conditions how a speaker of a given language thinks. For Edward Sapir, humans perceive the world principally through language (Language, 1921, Language, Culture and Personality, 1949).

Pregnancy termination is a sensitive issue that raises ethical, moral, and legal concerns around the world. In many cultures, pregnancy termination is considered taboo and is associated with social stigma and negative attitudes towards women who undergo the procedure (Fromer MJ. 1982). In Yaoundé, Cameroon, different cultural groups have their own taxonomies of pregnancy termination, which reflect their beliefs, values, and attitudes towards reproduction and motherhood.

The taxonomies of pregnancy termination in Yaoundé are shaped by cultural norms, religious beliefs, and socio-economic factors. For example, in some cultures, pregnancy termination is considered a sin or a violation of religious beliefs, while in others, it is seen as a necessary measure to preserve maternal health or prevent unwanted pregnancies. Some cultural groups in Yaoundé also believe that pregnancy termination can lead to spiritual consequences, such as curses or infertility.

The taxonomies of pregnancy termination among cultural groups in Yaoundé also vary in terms of the methods used to terminate a pregnancy. In some cultures, traditional methods such as herbal remedies or physical manipulation are used, while in others, modern medical procedures like surgical abortion or medication-induced abortion are preferred. The availability and accessibility of these methods also play a role in determining the taxonomies of pregnancy termination in different cultural groups.

Understanding the taxonomies of pregnancy termination among cultural groups in Yaoundé is essential in grasping how these cultural groups address pregnancy termination as a challenge to reproductive health. Misunderstandings and negative attitudes towards pregnancy termination can lead to stigmatization and discrimination against women who undergo the procedure, which can discourage them from seeking safe and effective methods of pregnancy termination (Bain

L.E, et al., 2020). By recognizing the diversity of cultural beliefs and practices surrounding pregnancy termination, healthcare providers and policymakers can develop more culturally sensitive and effective strategies for promoting reproductive health and reducing maternal mortality (Bain L.E et al, 2020).

The taxonomies of pregnancy termination among cultural groups in Yaoundé reflect their beliefs, values, and attitudes towards reproduction and motherhood. Cultural norms, religious beliefs, and socioeconomic factors shape these taxonomies, which vary in terms of the methods used to terminate a pregnancy and the perceived consequences of the procedure. Understanding these taxonomies is essential for promoting reproductive health and reducing maternal mortality in Yaoundé, and for developing culturally sensitive and effective strategies for addressing the challenges of pregnancy termination.

3.2.1. Pregnancy termination taxonomies and Cultural norms

Morbidity is, first of all, revealing of the sense of the world that each human society gives itself human, it is the symbolic or ideological level, meditated by the language (Meziane, 2003: 66). The people living in Yaoundé use a variety of names to describe pregnancy termination. This is the case, for example, with the names “Awair Bum and Lebum Endamni or Lebum Apam” (Ewondo), “Enva Aboum and Aboum Y’a Kekui or Aboum Y’ake Daman” (Bulu), Thieme Yilé and Lou Yilé (Mbom), “Itiredu and Orufiredu” (Fulbe), “Nsufunsu Wain and Wainchomen” (Kom), Heya Man and Mbom Beba Gwal (Bassa), “Nko’o Za’a and Mbim Fezang” (Gbaya), “Eyfeyse Eblèh or Wàn and Wàn Jaeble” (Oku) are the names used by these cultural groups in Yaoundé-Cameroon to designate pregnancy termination. Is it by chance that these socio-cultural groups have identified or developed concepts to account for this social reality? It is to say that the adoption of these explanatory terms stems from the experiences shared within each socio-culture based on the realities they faced. They reveal characteristics related to the form, pain, approaches and many other signals that we recall in this research.

Taxonomies and culture are deeply intertwined, as language is a crucial aspect of cultural identity and communication. Culture encompasses the shared values, beliefs, customs, and behaviours of a group of people, and Taxonomies is the primary means by which those aspects of culture are expressed and transmitted across generations. Through taxonomies, people can

express their unique perspectives, share their experiences, and connect with others on a deeper level. This section of this chapter on taxonomies and culture is essential for understanding the complexities of human society and cross-cultural communication and understanding.

3.2.2. Taxonomies (languages) as a system of thought transference

Taxonomies are often described as systems of thought transference because they provide a means for individuals to transfer their thoughts and ideas to others. Taxonomies are not just a tool for communication, but it is also a means of expressing and shaping one's thoughts and perceptions of the world. Through taxonomies, individuals can convey meaning, share their experiences, and express their emotions.

Taxonomies are not just a set of words and grammar rules, but they also reflect the cultural values and beliefs of a society. Each language has its unique structure, vocabulary, and syntax that shape the way speakers think and communicate. Language acquisition is a complex process that involves not only learning the sounds and grammar of a language but also understanding its cultural context (Stagich 1995).

The relationship between Taxonomies and culture is symbiotic, as language is a primary means by which cultural knowledge is transmitted from one generation to the next. Taxonomies also play a significant role in shaping cultural identity and reinforcing cultural norms and values. Therefore, our research on Taxonomies as systems of thought transference is essential for understanding the complex interplay between language and culture and the role, they play in shaping human society.

3.2.3. Pregnancy termination taxonomies and semantics

Taxonomies and semantics are closely related because semantics is the meaning in language. Semantics focuses on how words, phrases, and sentences convey meaning, and how context influences the interpretation of language (Yule 2005).

Language is a complex system of symbols and rules that allows humans to communicate and express meaning. Each language has its own unique set of words and grammar rules, which are

used to convey specific meanings. Semantics is concerned with the study of the meanings of these words and how they are used in context.

Semantics is important because it provides insight into how language is used to convey meaning and how different words and phrases can have different meanings depending on the context in which they are used. For example, the word “Chomen” in the Kom culture just like the word “Fezang” in the Gbaya culture which refers to passing, which also refers to death in their cultural context which means that the pregnancy or child has passed away. Understanding the context in which the word is used is essential for understanding its meaning.

Our research makes use of pregnancy termination taxonomies and semantics to understand the nuances of the meaning of pregnancy termination in different languages to accurately comprehend what every cultural group in our research through their taxonomies make of pregnancy termination.

3.2.4. Pregnancy termination taxonomies and pragmatics

The taxonomies of Pregnancy termination and pragmatics are interconnected concepts that shape the way we communicate and interact with one another. Taxonomies are much more than just a tool for communication; it is a complex system of symbols, rules, and conventions that allow us to convey meaning and express our thoughts and emotions. Pragmatics, on the other hand, is concerned with the social use of language and how it is used in specific contexts to achieve particular goals. Culture plays a significant role in shaping both Taxonomies and pragmatics, influencing the way we communicate and perceive the world around us.

The taxonomies of Pregnancy termination are not simply a neutral means of communication; it is shaped by the cultural and social contexts in which it is used. Different cultures have their unique taxonomy systems and ways of using taxonomy, which can affect the way that communication is perceived and understood. For example, the use of indirect language is common in many cultural groups, where direct communication may be seen as offensive or confrontational like “Atchamqui” which means that the lady hit her leg and refers to the fact that she has had an accident in the view of Medumba speakers of the Nde division. and “Kuitè Mbengme” which means that the content of the pregnancy was washed away or left her body in the Bapinyi

language. Similarly, the use of direct and formal language may be more prevalent in cultures that place a greater emphasis on direct communication and plain language like Sohmen for the Medumba speakers of the Nde division and Sungha Moy for the Kako-speaking people which describes directly the act of removing the pregnancy or child.

The taxonomies of Pregnancy termination and pragmatics are concerned with the social use of terms and how these terms are used to achieve specific goals in social interaction. This includes understanding how language is used to convey meaning beyond the literal or surface level, such as sarcasm, irony, and humour. In addition, the taxonomies of Pregnancy termination and pragmatics involve understanding the social norms and expectations that govern the symbolic interactionism of cultural groups in Yaoundé-Cameroon. These norms can vary widely across cultures, and failing to understand them can lead to misunderstandings and miscommunication (Yule 2005).

Culture plays a significant role in shaping both the taxonomies of Pregnancy termination and pragmatics. The values and beliefs of a culture can influence the way that language is used and perceived, as well as the social norms and expectations that govern social interactions. For example, in collectivist cultures, there may be a greater emphasis on maintaining harmony and avoiding conflict, which can affect the way that communication is structured and the types of language used for example in the Bapinyi language “Kuitè Mbengme” which means that the content of the pregnancy was washed away or left her body. In individualistic cultures, on the other hand, there may be a greater emphasis on individual expression and assertiveness, which can affect the way that language is used to convey meaning and achieve specific goals.

Understanding the role that culture plays in shaping language and pragmatics is essential for effective communication across cultures. By recognizing and respecting cultural differences in language and communication, we can better navigate the complexities of cross-cultural communication and build more meaningful and productive relationships.

3.2.5. Pregnancy termination taxonomies, syntax, and culture

Pregnancy termination taxonomies, syntax, and culture are closely intertwined concepts that configure the way we communicate and understand each other. As much as pregnancy

termination taxonomies represent symbols and rules that allows us to convey meaning and express our thoughts and emotions. Syntax refers to the rules governing the structure of sentences and phrases in a language. Culture plays a significant role in shaping both pregnancy termination taxonomies and syntax, influencing the way different cultural groups express themselves and how they understand themselves and are being understood.

Taxonomy is not a static system but is constantly evolving and adapting to new social, cultural, and technological contexts. Different cultures have their own unique language systems, each with its own syntax and grammatical structure. For example, the syntax of languages like Bapinyi and Medumba is very different from that of Shü Pamom and Oroko, with different word orders and sentence structures. Understanding the syntax of a language is crucial to understanding its meaning and the intentions behind its use.

Culture plays a significant role in configuring language and syntax. The values, beliefs, and social norms of a culture can influence the way that language is used and perceived. For example, in some cultures, there may be a greater emphasis on indirect communication like it is the case with languages like Iton, Ngiemboon, Menka, Aghem etc while in others, direct communication may be more valued like in Fefe, Oroko, Bamunka, Nooni etc. This can affect the syntax of a language, with some cultures placing a greater emphasis on clear and concise expressions, while others may value more complex and nuanced expressions.

In addition, culture can also influence the way that language is used to express social relationships and power dynamics. For example, in some cultures, there may be a greater emphasis on formal language and the use of titles to demonstrate respect for authority figures. In others, informal language and the use of nicknames may be more common to demonstrate familiarity and closeness.

Understanding the relationship between language, syntax, and culture is essential for effective communication across cultures. Misunderstandings and miscommunication can occur when individuals from different cultural backgrounds use language and syntax in different ways. By recognizing and respecting cultural differences in language and syntax, we can build more meaningful and productive relationships with people from different cultures.

This chapter has provided valuable insights into the denomination of pregnancy termination by different cultural groups living in Yaoundé. By exploring the various cultural perspectives and practices of pregnancy termination, we have gained a deeper understanding of how these factors influence people's thoughts and choices regarding the termination of pregnancies in Yaoundé, Cameroon.

The rich diversity of cultural groups in Yaoundé contributes to the existence of multiple views and approaches towards pregnancy termination. Each cultural group brings its unique set of beliefs, traditions, and norms that shape their perceptions and decision-making processes regarding pregnancy termination. These cultural influences can range from religious beliefs and practices to social and economic factors.

Religious beliefs play a significant role in shaping people's thoughts on pregnancy termination. For instance, among the Christian and Muslim communities in Yaoundé, these beliefs often equate the termination of pregnancy to a moral wrongdoing or a violation of religious teachings. Consequently, individuals from these cultural groups may generally condemn and stigmatize pregnancy termination, which can influence individuals' choices and deter them from considering this option.

Social and economic factors also exert a strong influence on people's thoughts and choices regarding pregnancy termination. In some cultural groups in Yaoundé, societal pressure and economic constraints can lead individuals to consider terminating pregnancies. Factors such as lack of access to healthcare services, financial instability, and the stigma attached to unmarried pregnancies can create a challenging environment for individuals, pushing them towards pregnancy termination as a viable option (Stagich 1995).

It is important to note that the denomination of pregnancy termination by different cultural groups is a complex and multifaceted issue. The views and practices surrounding pregnancy termination within these cultural groups are diverse and often nuanced. Therefore, any attempt to address this issue should be approached with cultural sensitivity and respect for the diverse beliefs and traditions held by the different cultural groups.

To promote a holistic understanding of pregnancy termination in Yaoundé, healthcare providers, policymakers, and community leaders must take into consideration the cultural factors that influence people's thoughts and choices. Awareness campaigns, educational initiatives, and the provision of accessible and affordable healthcare services are essential in empowering individuals to make informed decisions about their reproductive health (Stagich 1995).

Further research is needed to delve deeper into the various cultural perspectives on pregnancy termination in Yaoundé. Moreover, understanding the impact of these denominations on individual mental health and well-being can provide valuable insights for improving reproductive health services and support systems in the region.

In conclusion, the denomination of pregnancy termination by different cultural groups living in Yaoundé plays a significant role in shaping people's thoughts and choices regarding pregnancy termination. Recognizing and respecting these cultural influences is crucial in order to provide adequate support and services to individuals in Yaoundé, ultimately contributing to the overall well-being and reproductive health of the community.

CHAPTER 4

ETIOLOGY OF PREGNANCY TERMINATION IN YAOUNDE

This chapter explores the etiologies of pregnancy termination in Yaoundé from the viewpoint of health professionals (both Bio-medical and Ethno-medical), the community and people who choose to terminate pregnancies. It explains the motivations for pregnancy termination. We explore the explanations that women and other pregnancy termination actors often give for pregnancy termination by women who have unwanted pregnancies. Most often, they say that the pregnancy was unplanned and unwanted. However, the myriad social, economic and health circumstances that underlie such explanations are what we aim to explore. The ethnography gives us in the participant's own words the etiologies of pregnancy termination. These etiologies are connected to the World Health Organization's definition of health, linking it to the search for being physiologically, physically, mentally and culturally well.

4.1. Physiological and physical etiologies

Pregnancy termination, also known as induced abortion, is a complex and sensitive issue that varies across cultures and societies. In Yaoundé, the capital city of Cameroon, women may choose to terminate their pregnancies due to various physiological and physical etiologies. This chapter aims to explore the underlying reasons for this choice, examining the influences of physiological and physical factors on the decision-making process. Physiological factors refer to conditions or situations related to a woman's health and well-being that may influence the decision to terminate a pregnancy. Several physiological causes may lead women to consider abortion like maternal health complications as some women may choose to terminate their pregnancies if they experience complications that could endanger their health (Hailegebreal et al, 2022). Another important physiological factor driving pregnancy termination is the identification of genetic abnormalities in the fetus through prenatal screening or diagnostic tests (Grossman et al, 2020). According to Restrepo D et al, mental health issues, such as depression, anxiety disorders, or serious psychiatric illnesses, can significantly impact a woman's ability to cope with the demands of pregnancy and motherhood. When these conditions are severe and affect a woman's overall well-being, terminating the pregnancy may be considered as a means of preserving the mother's mental health. Other physiological and physical etiologies might include, ectopic pregnancies, intimate partner violence etc. The physiological and physical etiologies mentioned above significantly influence a woman's decision to terminate her pregnancy due to

the potential risks and challenges they pose. Women prioritize their own health and well-being, as well as the quality of life of their potential child when making this difficult decision.

4.1.1. Financial etiologies

The cost of child-rearing, childbirth and receiving prenatal care goes up greatly if the lady is not financially stable or receives financial support from someone. Because finances weighed so heavily on a woman's decision to have an abortion, some research participants shared their stories as per the financial weight they had when they got pregnant that pushed them to terminate their pregnancy. In relation to this, one research participant said:

> *I had my abortion within a week of finding out I was pregnant. So, luckily, I was less than 6 weeks which probably added to the ease of my experience. The abortion was very easy as I had support from a friend through a difficult decision. I had read about nausea and diarrhoea being some of the worst side effects next to the extreme cramps which not everyone experiences. Being prepared helped my experience go as far as it possibly could. I put the 4 pills of misoprostol 2 in each cheek) in my mouth and took a bath for 10 min. They were only about 1/2 dissolved when I swallowed them with water as directed. I think this quickly starts the process and then slowly finishes in my opinion it worked well for me. I started lightly bleeding once I was out of the bath and continued for 12 hours with nothing more than strong periods like cramps, some larger dark clots, nausea, a very gurgling stomach with some diarrhoea. I slept through the night thanks to some drug I took called fortadol making me tired and woke up to a 1/2 soaked pad so not as extreme as I expected. I've had no pain or discomfort less than 12 hours after starting the process other than some diarrhea which I'd gladly take compared to pain or complications. I was hoping before I started what I thought would be the worst thing that's ever happened to me and physically it turned out to be a mild experience. It was a great decision I took given that I had no financial support and I could barely have food to eat daily and it wasn't reasonable having a child to worsen things.* (Cecilia, Student, 2020)

From the words of this research participant, she underwent an abortion a week after she realized that she was pregnant. From her words, her abortion experience went well and with ease because the pregnancy was just 6 weeks old. She added that her difficult decision-making procedure was eased by a friend who stood by her and supported her. She also shared with us that she previously read about the side effects of an abortion procedure like nausea, diarrhea, over bleeding, coupled with the extreme cramps experienced during the procedure. As such she prepared herself for the abortion procedure which made her experience go as well as it could.

She took the abortion pills as she put 2 in each cheek of her mouth and later had a 10-minute bath. She added that she swallowed them as directed with water when they were half dissolved. These pills quickly started the process, which went smoothly and successfully. When she came out of the bathroom, she started bleeding and this lasted for 12 hours accompanied by cramps like dark clots, nausea, stomach pain and diarrhoea. For her, she slept well through the night due to the fortadol drugs she took which made her wake up with a half soak pad extremely as she expected. She further explained that for less than 12 hours after starting the comfort, she had no pain or discomfort compared to no pain or complications with diarrhoea which she would have gladly taken. Again, she thought that the abortion would be the worst thing that had ever happened to her and fortunately, it turned out to be a mild experience. From her words, she says that it was a great decision that she took, given that she had no financial support and that she could hardly have food to eat which is why she had to abort the child in order not to make things worse.

4.1.2. Child Birth Preparedness

Childbirth preparedness is crucial for ensuring a safe and positive experience during pregnancy, delivery, and the early stages of motherhood. Unfortunately, there are instances where women find themselves unprepared for childbearing and choose to terminate their pregnancies. Here we explore the reasons why some women perceive their pregnancies as unexpected and unwanted in Yaoundé, the capital city of Cameroon. In our research, several participants expressed not being ready for childbearing and rearing and that the pregnancy took them unaware, so was unwanted. Given that they weren't ready for the pregnancy they had to terminate it. A research participant explained in the following quote:

> *I am 32 and back in February I found out I was three weeks pregnant, first through counting how many weeks I was late for my period; secondly through a pregnancy home test strip that I bought from a pharmacy in my neighbourhood. I was kind of unsure, so I went for an ultrasound at a clinic. When I got the results from the clinic, I knew right away I didn't want to be pregnant. I didn't tell the person responsible anything because we were not in a relationship. I also didn't want to justify or explain my actions to anyone. On my way back home, I started thinking about what I would do to end my pregnancy. I thought about the safest way to get an abortion. But the only one I knew was the surgical abortion procedure which was an expensive option for me. I then got in contact with a local women empowerment group that uses Facebook to guide other*

> *women through medication at-home abortions. I then asked where I could get it. I was told that any pharmacy could have it. I went to the nearest pharmacy to buy misoprostol, and I was told that it wasn't available. I went to about 5 other pharmacies here in Yaoundé and received the same answer. I later said to myself that I should try street vendors. Immediately I reached the first vendor, and they gave me what I needed, associating it with Ibuprofen, pads, and antibiotics. I went back home and before taking the first dose of misoprostol, I decided to call my sister who lives in Douala and who had had an abortion a couple of years before. She was very supportive and helpful. I then took two doses of misoprostol and began to bleed lightly. I also got cramps, fever, and diarrhoea but these symptoms only lasted through the night. In the end, I only took 3 doses of misoprostol because that seemed to work.* (Khloe, Secretary, 2021)

Following the quote of Kloe, a feeling of emotionally and mentally unpreparedness to raise a child was mentioned by a handful of research participants. Research participants during our research related a lot to this by a feeling of exasperation and an inability to continue their pregnancies. A few participants shared similar stories with us as this one of Kloe.

Kloe was 32 years old when she discovered that she was pregnant, after counting how many weeks she was late for her period. Secondly, at home with a pregnancy test she bought from the pharmacy in the neighbourhood. And because she was not sure of the pregnancy test, she went for an ultrasound in a clinic. When the clinic gave her results, she knew very well that she would not be pregnant. But did not want to tell the person responsible because they were not in a relationship and she did not want to justify or explain her action to anybody. On her way back home, she thought of what she would do to end the pregnancy. The first thought that came to her mind was abortion which was saved. However, the only one she knew was the surgical abortion procedure, which was an expensive option for her. And she got in contact with the women empowerment group that used Facebook to sensitize other women on medicated home abortion. When she asked about the medication, she was told that she could have it from any pharmacy. According to Kloe the Misoprostol that she was advised to take to terminate her abortion was unavailable in all the 5 standard pharmacies which she visited in Yaoundé. However, makeshift and unauthorized-to-function vendors met her needs immediately, not only with Misoprostol but with associated medication. However, she needed social support from her sister.

Childbirth and motherhood entail profound emotional and psychological changes. Women who feel unprepared to cope with these changes may opt to terminate their pregnancies. Factors such

as mental health issues, lack of emotional support, or personal circumstances can contribute to this feeling of unreadiness. Maguire et al. (2023) found that emotional and psychological unreadiness are frequent reasons for considering pregnancy termination, particularly when the women believe they lack the necessary emotional strength and support.

A study by Tarkang et al., (2015) found that a lack of knowledge and access to contraceptives led to unplanned pregnancies in Cameroon. Inadequate access to contraceptives or inconsistent usage resulted in unintended pregnancies. Some women in Yaoundé perceived their pregnancies as unwanted due to a lack of prior contraception or contraceptive failure. Preparedness for childbirth is governed by Certain life circumstances, such as pursuing education, building a career, or dealing with personal challenges, which may make motherhood incompatible at a particular time. This led some women to perceive their pregnancies as unexpected and opt for termination. In a study by Ndiaye et al (2015), participants reported that pursuing education and career development were reasons for choosing to terminate their pregnancies.

4.1.3. Partner-related etiologies

Partner-related reasons included not having a good and stable relationship with the person responsible for the pregnancy. The following quote explains the concern of women about partner relationship.

> *In 2018 I was in a relationship with a man who was 13 years older than me. The relationship slipped from toxic, to mentally abusive to physically and sexually abusive. I'm a tough girl who never thought I would allow myself to be treated like that. But abusers are master manipulators who make you question everything you know. I also consulted the wrong person, a "friend" who instead of supporting me, victim-blamed me. Because of the abuse, I was drinking heavily at the time. When I got pregnant, I didn't even know until almost two months in. I had even gotten my period the first month, plus I assumed my cycle was thrown off a bit from unhealthy behaviours. When I told my abuser of the pregnancy, he was excited and not surprised (I believe he did it on purpose to trap me). But when I told him I wasn't going to keep it, the abuse got worse. Thankfully it wasn't my first time having an abortion. I got some medication and had it done. After the procedure, I was severely depressed. I have struggled with depression since I was about 21 when I finished my degree and had no job and both of my parents and sister also struggle with the disease. I would only leave my house to go to work. I completely isolated myself and even began self-harming and drinking heavily. It took me six months to dig my way out of that hole, and two years to open myself*

> *and start telling my story to people around me. Now, I am ready to let other girls know that they don't have to feel trapped or without options. That the situations they find themselves in do not have to reflect the rest of their lives. That they have the right to choose how their future looks. Not only did I get my abortion because I wanted to protect myself, but I came from a broken home which left me with a great deal of trauma. I never wanted my children to go through what I went through. If I had a child with my abuser, my child's life would have been broken from the start. That's not fair to them or me. You're not selfish for choosing abortion, you are strong for looking out for your future.* (Patricia, salesgirl, 2021)

Kloe, in the previous quote, had indicated unstable relationship was one of the motivations for the termination of her pregnancy. Patricia highlighted and explained this in the just-mentioned quote. Some women, like Patricia and Kloe mentioned wanting to be married first before getting pregnant, keeping the pregnancy and giving birth. For some other participants, not having a supportive partner, being with the "wrong guy", having a partner who does not want the baby, and having an abusive partner should be a valid motivations to terminate a pregnancy. According to Patricia and other informants explained that wrong partner choices can expose you to having a pregnancy without any support. The presence of a stable and supportive partner is essential during pregnancy and early stages of motherhood. In cases where women in Yaoundé lack stable relationships, they perceived themselves as unprepared to shoulder the responsibilities of parenthood alone and chose to terminate the pregnancies. A study conducted by Hepp et al. (2019) highlighted that the absence of a supportive partner was a contributing factor in women's decision to terminate their pregnancies.

Another informant shares a similar view:

> *When I was a teenager, I fell in love with a much older man. I thought we would be together forever. When I realized I was several months pregnant, I was sure he would see it as something to bring us together. I wasn't shocked at the suggestion of an abortion, but the way he began to treat me as a transaction hurt. He took me to a restaurant explaining why it was my fault. We had to end the relationship. Years later. I remembered the pain of that heartache but remained grateful that I was able to have the abortion. I couldn't have had a child with that man, nor been able to be a parent. Because of the medical abortion, I was able to graduate from university and live my life.* (Rosalie, Nurse, 2021)

Rosalie's quote supports that of Patricia. She thinks that it is reasonable to terminate a pregnancy from an unstable love relationship, rather than taking it to term, delivering and suffering the trauma later. Rosalie's quote is an example of an informed decision of a pregnancy termination.

She and her partner both agreed to terminate the pregnancy. But the relationship ended because they were incompatible partners. Rather than being a disappointment, the incompatibility of the relationship with her partner and the resulting termination of the pregnancy provided Rosalie an opportunity to pursue her education. The pursuit of education has always been a key etiology for pregnancy termination across the world. Research conducted across Africa (Masanabo DKK et al, 2020) explains this aetiology as key to pregnancy termination.

Another research participant affirmed:

> *I viewed strength before this experience as something about how physically capable you were. I saw it as something only a special few had that it came innately. What I didn't realize was my strength was uniquely designed for me, and came from a different source. The ability to go through a traumatic experience to then see the light through the dark space takes an enormous amount of courage and strength. I became resilient and used my experience as a transformational process. I discovered the young woman who was hidden deep in my soul.* (Corine, Teacher, 2021)

From Corine's quote, terminating a pregnancy requires courage and physical strength. When the pregnancy is from an irresponsible partner you need to muster extra energy to make it happen. Irresponsible partners are seen as a source of trauma and bearing children with them should never be an option to consider. It is when you succeed in terminating a pregnancy that you discover the courage that you have to face traumatic situations. Corine's case is an example. Going through such a traumatic experience is to Corine and others who share her experience a form of resilience and used her experience as a mechanism for transformation. It is a healing process. Corine like other participants considers the termination of a pregnancy as a healing process, an option that other women in her situation should emulate and be free from any resultant trauma from a pregnancy.

Another informant shares the same view as she added;

> *Having an abortion challenged me to rise to a new level of knowing that I always have the power to decide over my life choices, what is good for me when I want to do whatever and with whom. This is so because I believed the person I was pregnant for wasn't the right person and I also had a job that could have been disrupted by the pregnancy. Sharing my story is important to me because I want to feel free. After all, I know some young girls are in the same position I was, or currently going through to know they also are capable of getting through any*

> *perceived negative situation by the power of their mind. By moving forward with love & a pure heart, anything is possible with the intention, belief & faith. The story doesn't end once a decision is made to not bring a life into the world. You are valued, you are loved and your sovereignty is your imprint to the world.* (Adenyl, Student, 2021)

The above quote of Adenyl like that of Corine is an expression of women becoming aware of their right to decide whether to or not to terminate a pregnancy. Overcoming a trauma with pregnancy, and being the decision maker means claiming and exercising your right to reproductive health. Corine and Adenyl express these rights in their quotes. This highlights the feminist resolve (Edgington, 2002) and that of reproductive rights (WHO, 2021, UNFPA, 2022, UNWOMEN 2020). Setting aside the male partners' opinions in decision-making on reproductive health issues is a result of the high awareness among urban women. Going through the trauma of an unwanted pregnancy using a pregnancy termination is an indication of using the power that she had but which was not always used. She was able to use it and obtained satisfaction from it.

From the above informant, abortion was difficult for her but as soon as she succeeded in using it to terminate her pregnancy, it became obvious that she had risen to a new level of knowing that she always has the power to decide over her life choices. She was able to decide on what is good for her what she wants to do and with whom. However, this is because she believed the person, she was pregnant for was not the right person. Moreover, she also had a job that could be disturbed by the pregnancy; therefore, the termination provided her the opportunity to proceed with her job, contrary to which she could lose it. Corine's sharing of her story is important because she wants to feel free. It is healing, meaning that with the pregnancy, she was sick and the pregnancy termination has healed her. Further, sharing the storage creates an opportunity for other young women who may have the chance to read it to know how much decision-making power they have to decide on their reproductive health if they find themselves in a similar situation. According to her, women have value, they are loved and their power is their imprint on the world. Her assertion is supported by evidence from the works of …. But this, for several years has been more of a Western culture and had little to do with women of African background.

For another research participant,

> *The person responsible for my pregnancy was persistent on me going through with an abortion because he believed it was the best option. He came with me to the clinic but I was alone afterwards and for the following day. I was in disbelief that at no point did he stop and question anything. I was so unbelievably hesitant and I felt that if he was there and received all of the information I did, he would want to reconsider this. He never did. I felt so guilty, ashamed, alone and filled with sadness. It was one of the most traumatic things I've endured in a long time but it was even harder trying to mourn when I didn't even feel like I deserved that right. The next day, I cut ties completely and am still working on healing myself. If there was more support for pregnant and single parents, I wouldn't have done it. Yet, I feel very uncomfortable living in a place where abortion is not an option and I can't make the decision to have this procedure safely. It is still too soon to tell if I regret it or not.* (Raissa, Student, 2021)

From the above respondent, the man who was responsible for her pregnancy wanted her to perform an abortion because he thought it was the best option. He even went with her to the clinic but the following day she was alone. Moreover, she was unable to believe that he could not even stop to question anything. From her words, she was hesitant and could not believe it. Besides, she thought her boyfriend received all the information about her abortion because he wanted to reconsider the abortion. But he never did and she felt guilty, ashamed and filled with sadness. More so, it was one of the most traumatic things she had endured for years. It was even hard for her to cry when she felt like she did not even deserve what was right. The next day she cut herself completely from him and she is now working on healing herself. However, according to her, if there was support for pregnant and single parents, she would not have performed the abortion. And now she feels very uncomfortable living where abortion is not an option and making decisions to perform the abortion safely. According to Raissa, it is still too early to say if she regrets her action or not.

Another informant shares a similar view as she added:

> *It's been five years now that I have been married to Claude, who is a teacher. We have three beautiful kids, but recently, life has been really difficult on our side since I lost my little job as a salesperson. It has become difficult for us to pay our rents, handle the children's education, put food on the table and handle our bills. Claude has become a different person. It is hard to recognize him. He now drinks a lot, treats me bad especially when I ask money to cook. With all this going on, when I got pregnant again, I resorted to an abortion. It was difficult catering for*

> *the three others and a new born now would be very challenging for us. I did not inform my husband because I already knew he would not be thrilled by the news of my pregnancy. I did my abortion in the hospital. The doctor first gave me a medication to insert in my vagina so as to soften my uterus. The next day, the doctor swapped my vagina and cervix with Betadine, injected anesthesia into my cervix, then proceeded with the abortion. After, I bled for close to two weeks, he asked me to regularly drink warm water so it would melt any blood clots and also to flush my system. He then gave me other medications to drink so as to avoid future complications in my uterus.* (Alvine, Salesperson, 2021)

From the above participant, she had been married to Claude who is a teacher for 5 years at the time of the interview. They have three beautiful kids and besides, life had been very difficult on their side because of her little job that she lost as a sales person. Moreover, they even find difficulties to pay their rent, children education, food and bills. The husband, Claude's behavior had changed given the circumstances in which Raissa found herself. Claude's story is an example of what many women go through when unwanted pregnancies occur. Partners become unsupportive when unsafe sex and unwanted pregnancies set in. Partners in reproductive crisis would not come to terms with sustaining a pregnancy. They or the female partner would decide to terminate the pregnancy through an abortion.

Claude even goes as far as drinking much and treat his wife badly especially when she asked for food money to cook. And because of what happened, she underwent an abortion when she got pregnant. According her, it is first of all difficult to take care of the other three children and so it will not be different with the unborn baby and will be very challenging to them. She did not inform her husband because according to her the husband will not be interested with the news of pregnancy. She underwent the abortion in the hospital. When she arrived, the doctor gave medication to insert in her vagina in order to soften her uterus. The next day the doctor swapped her vagina and cervix with betadine, and injected anesthesia into her cervix, then proceed with the abortion. From her words she bled for close to two weeks and the doctor asked her to drink warm water often. So that it will melt any blood clots and to also flush her system. The doctor gave her other medications to drink so as to avoid future complex in her uterus.

4.1.4. Child Rearing Etiologies

The need to focus on other children was a common theme, mentioned by women during our research. As women mentioned this theme, most of them expressed terminating their pregnancy

as being related to feeling overextended with current children. Some women felt that having a baby at the time they terminated their pregnancies could have had an adverse impact on her other children.

> *Everyone is human. Everyone has done things that they regret. Having an abortion was the most upsetting and darkest decision of my life, however, not regretful for our family. We are a family of four and while we are happy now, we were miserable and believed that trying for a baby would save the marriage… that was not the case. After both agreeing that it was not the time, we went through the abortion and worked on our marriage. People like me who have experienced harm and trauma from society and interpersonal relationships are best equipped to make decisions for the world and themselves, especially when it comes to our bodies.* (Manuela, Housewife, 2021)

From the above respondent and according to her, everyone is human and did things that they regreted after. From her words, having an abortion was the most upsetting and darkest decision of her life however, her family did not regret. Also, we are a family of four and now a happy family because they were miserable and believed that performing an abortion will save their marriage however, that was not the case. Moreover, they both agreed that it was not the time and perform the abortion and they also worked on their marriage. People like her who have experienced harm and trauma from society and interpersonal relationship are best equipped to make decisions for the world and themselves, especially when it comes to their house.

Another informant shares the same view as she added;

> *I had unprotected sex once and was in no position to raise a child. I went to an abortion doctor in a friend's neighborhood. I wondered if I would die in a back room. If something had gone wrong, I knew there would be no hospital that I would be sent to. It was a terrifying experience. My next two abortions were soon after with medication that I used faithfully. I just had bad luck. I could not responsibly bring up a child. People in my community lack of compassion still astounds me as per abortion and people who commit and have abortions. People must realize that things are changing and we must adapt to the problems we face in our society.* (Karen, Student, 2021)

From the above participant, she had unprotected sex once and was not ready to raise a child. She when to a friend's neighborhood and met a doctor who helped her to abort the baby. From her words she wondered if she will die in the bath room. According to her, if something could have happened there would be no hospital that she will be send to. From her words it was a terrifying

experience. And her next abortion was just after the medications she used faithfully. Besides she just has bad luck. Also, she could not responsibly bring up a child. However, people in her community lack compassion to understand her with people who commit abortions. Moreover, people must realize that things are changing and they must adapt to the problems they face in the society.

Another informant shares the same view as she added;

> *When I was a teenager, I fell in love with a much older man. I thought we would be together forever, so when I realized I was several months pregnant I was sure he would see it as something to bring us together. I wasn't shocked at the suggestion of an abortion, but the way he began to treat me as a transaction hurt. He took me to a restaurant explaining why it was my fault we had to break things off. Years later, I remembered the pain of that heartache but remain grateful that I was able to have the abortion. I couldn't have had a child with that man, nor been able to be a parent. Because of the medical abortion, I was able to graduate from university and live my life.* (Rosine, Nurse, 2021)

From the words of the above research participant, when she was a teenager, she felt in love with a man old enough to be her father. According to her, they will be together forever so, when she discovered she was several weeks pregnant according to her he used the pregnancy as a means to get marry to her. She was not shock of the abortion suggestion which made him to her as transaction hurt. Moreover, he took her to the restaurant and start explaining how it was her fault and from her words, they had to sort out things. Years later she remembered the pains of the heartache according to her she remains very grateful that she was able to perform the abortion. And according to her she would not have had a child with the old man or be a parent. Because of the medical abortion, she able to obtain her bachelor's degree in the university and build her future.

Another informant shares the same view as she added;

> *I want to share my experience to inform others that it's not always a horrible experience to put an end to a difficult situation. When I found out I was pregnant I was a single mother of 2 children, barely getting by, and found myself in a relationship with someone who was kind and supportive but not someone I loved or had a future with. There was no way I could keep this baby, we couldn't afford it, and it would take away from the quality of my other children's lives. It really was what was best for all of us sadly, although not something I personally ever thought I'd be faced with especially at this point in my life. I was faced with the*

> *difficult decision of to make a surgical appointment which I've been told by friends is the quickest and less painful experience but sadly I feel like we've been taught to fear this option because it could turn out to be harmful or take a few pills to endure a miscarriage at home. I've heard this can be a longer and more painful experience but it was what I was more comfortable with.* (*Virginie,* Single Mom, 2021)

From the above informant, and from her experience, for others to learn, it is not always difficult to put an end to a difficult situation. When she found out she was pregnant and as a single mother of two children, barely recovering, she found herself in a relationship with someone who was kind and supportive but not someone she loved or had a future with. There was no way she could keep the baby because she could not afford it and could take away her other children quality of live. Sadly, according to her, that is really, what was best for them although not something she personally thought she will be face with at this point in time in her life. She was faced with difficult decisions to make a surgical appointment which she was told by her friends that is at home. From her words, it can be it can be a longer and more painful experience but she was more comfortable with that.

Another informant shares the same view as she added;

> *My husband and his family have always sowed interest in having a male child who would become my husband's heir. Unfortunately, I have been having only females. When I got pregnant again for the fourth time, I prayed it should be a boy since my marriage was suffering from this issue of having a male child. I did the echography when I was four months pregnant and it turned out to be a girl. My husband and I, laws were not happy with the news. They treated me bad and said they would not be welcoming another child if it were to be a girl. All this pushed me to abort the baby. I decided to abort when the baby was already six months in my stomach. The doctor used the induction method which was to take medicines that would provoke labor. When I felt my uterus contract, he used an instrument to clean out my uterus. I felt intense cramps, so I was given sedatives to help reduce the pain. It took a day for this process to be completed. When it was done, the doctor advised me to take some rest and avoid sex for two to six weeks. I regularly went to the hospital for check-up. The doctor told me that I needed to wait for five months before trying to conceive again.* (Alexia, Housewife, 2021)

From the above participant, her husband and his family were very desperate to have a male child who will become her husband's heir. Unfortunately, he has only females. When she got pregnant again, for the fourth time, her prayer was that it should be a boy since she was unable give birth

to a boy child since she got married. She did the echography when she was four months pregnant and it turned out to be a girl. However, her husband and her, in laws were not happy news. They treated her bad and said they will want to have another child if it were to be a girl. Because of this situation, she had to abort the baby. Moreover, she decided to abort when the baby was already six months in her stomach. The doctor used the induction method which was to take medicines that would provoke labor. When I felt my uterus contract, the used an instrument to clean out her uterus. And she felt intense cramps, so she was given sedatives to help reduce the pain. It took a day for this process to be completed. When it was done, the doctor advised her to take some rest and avoid sex for two to six weeks. She regularly went to the hospital for check-up. Also, the doctor told her that she will wait for five months before trying to conceive again.

4.1.5. Opportunities Related Etiologies

During our research several women explained that they chose abortion because they felt a baby at that time could have interfered with their future goals and opportunities. The goals they mentioned were centered around career plans and marriage goals they set for themselves. Usually, the reasons were related to the perceived difficulty of continuing to advance career goals and achieving having a stable marital home after haven had and raised a child. Some research participants expressed this in the below cases:

> *Right when I finished my graduate studies, I found out I was pregnant. I was in that in-between time where I was still thinking of continuing my university post-graduate studies, right before starting job hunting. Even before I took a pregnancy test, I knew that I would have an abortion if I were pregnant. I was just about to start my first full-time job since graduating with my master's degree. My partner was working at a restaurant. We knew that we did not feel emotionally or financially ready to be parents yet, and I knew that I did not want to be pregnant nor have i child at that particular point in time.* (Popina, Student, 2021)

From the above informant, when she finished with graduate studies, she found out she was pregnant. From her words, it was within the time when she decided to continue with her university post-graduate studies, before she starts hunting for jobs. Moreover, before she carried out the pregnancy test. Besides, she knew that she will have an abortion if she was pregnant. She was about to start her first full time job when she just graduated with her master's degree. Her colleagues were working at the restaurant. More so, they knew that they did not feel emotionally

or financially ready to be parents yet, and she also knew she did not want to be pregnant or have a child at that particular point in time.

Another informant shares the same view as she added;

> *My story is one of self-preservation, grief, emotions, interconnectedness and self-love. My story includes the duality of life and death, loneliness and community, nostalgia and joy. Among all these things, my choice to have an abortion is one of the most powerful and life-giving choices I have ever made for myself. Many made the choice to abort before me, many will take the decision after me, and many are making the choice right now. My story is unique and complexe given that my mother wanted me to keep the pregnancy but i chose to get rid of it as i just passed my Gendarme entrance exams. So, keeping it could have interrupted my going for training. I hope those going through it now and in the future are surrounded by support and filled with power. I have been here before and i will continue to be here, with my own unique story, full of life.* (Dorine, Nurse, 2021)

From the above participant, her story is self-preservation, grief, emotions, interconnectedness and self-love. Her story includes the quality of life and death, loneliness and community nostalgia and joy. Her choice to have an abortion is one of the most powerful and life-giving choices she has ever made for herself. According to her, many made the choice to abort before her, many will take th decision after her and many are making the choice right now. Her story is unique and complex given that given that her mother wanted her to keep the pregnancy however, she choice to get rid of it as she just passed her gendarme entrance exams. And keeping it would have interrupted her training. According to her, she hopes those going through it now and in the future are surrounded by support and filled with power. Besides, she had been there before and she want to continue to be there with a peculiar story, full of life.

4.1.6. Interference with educational plans

Several research participants explained that they chose abortion because they felt a baby at that time could have interfered with their education. Many feared an interruption in their education and instead thought of interrupting going through with the pregnancy by terminating it. The goals they mentioned were centered around school objectives they set for themselves. Usually, the reasons were related to the perceived difficulty of continuing to advance educational goals while taking care of a pregnancy, giving birth and raising the baby. Some research participants shared their experiences as appraised in the below cases:

> *I got my abortion during the Covid-19 Pandemic. I was finishing my final semester remotely and knew that my best option was an abortion. The person who got me pregnant was manipulating me constantly and I knew that I could not have a baby with this person. At the time, I was living in Biyem-Assi. I could not do a medication abortion because I was living at home with my chaotic family. I spent weeks arguing back and forth with my ex about keeping it or having an abortion. I finally decided to have an abortion and cried myself to sleep. I felt like I had nowhere to turn to, no one to talk to, and I was stuck navigating this with an emotionally abusive ex. I was so desperate that I used my school fees money my parents gave me to have the abortion. At the time, it was so stressful and I was not grateful because I just wanted it to be done. Almost a year later and I am so grateful that I had my abortion which freed me from my ex, I finished my degree, and my abortion allowed me to move on in life and focus on building my life. I would make this choice again and again if it has to put me in a difficult and compromising position. I am so grateful for my abortion given that it has helped me create a balance in my life.* (Nina, Student, 2021)

From the above informant, she had her abortion during the covid-19 pandemic. Besides, she was through with her final semester remotely and knew that her best option was an abortion. And the person who got her pregnant was manipulating her constantly and knew that she could not have a baby with him. When she was living in Biyem-Assi. Also, she could not do a medical abortion because she was living at home with her chaotic family. She took weeks arguing back and forth with her ex about keeping it or performing an abortion. She finally decided to have an abortion and cried herself to sleep. She felt like she had nowhere to turn to, no one to talk to and she was stuck navigating this with her ex, she finished her degree, and abortion which permitted her to move on in life and focus on building her life. She made a choice again even if it is a difficult and comprising position. She was very grateful for her abortion given that it helped her great a balance in her life.

Another informant shares the same view as she added;

> *I dealt with my abortion on my own. I'd lie in bed staring at the ceiling while my head was flooded with so many thoughts. I had to wait a long time to get an abortion. I spent endless days and sleepless nights. After my abortion, and after much time, there was a moment of relief and peace. I came to terms that I made the right decision given that i had to finish my final year at the university. That moment of my shame being lifted off me was so liberating. Now I stand my ground. I'll stand my ground and share my story in order to change the culture around abortion. I had an abortion and many other women have abortions and it shouldn't be a stigma.* (Nanou, Student, 2021)

From the above informant, she when through the abortion pain alone. From her words, during the abortion process, she would lie on the bed and look at the ceiling while her mind was full of with a lot of thoughts. However, she waited so long to perform an abortion. Besides, it took her days and sleepless nights. And after her abortion and sleepless nights, she had a moment of relief and peace. She therefore, took upon herself that she will finish her final year in the university. From her words she was free of shame the very moment. And she has taken a firm decision upon her life. According to her, she will stand firm on her decisions in order to change the culture about abortion. According to her, she is not the only one who had an abortion other woman also did and it should be a lesson to the women.

Another informant shares the same view as she added;

> *While at the university, i had seen several of my classmates drop out of school because it wasn't easy to handle both the pregnancy and book work. I don't know whether i should say fortunately or unfortunately for me in my degree year i got pregnant for a classmate and the most annoying thing is we weren't even dating.* (Victory, Accountant, 2021)

From the above participant, when she was at the university, she saw many of her class mates drop out of school because they were unable to handle pregnancy and school at the same time. From her words, unfortunately, she got pregnant during her degree program and she got pregnant for her class mate and the bad site of it is that they did not have an affair.

Another informant shares the same view as she added;

> *My first abortion was when I was in my sophomore year at the university and my second child was around six months old and I got pregnant again. My mother was very mad at me and said I could stay with her, so I went to live with my aunt and she took very good care of my second child whom I told you was six months when I had my first abortion. Then after six months again I still got pregnant and this time around I didn't tell anybody so I called a friend of mine and then I just told her I had messed up again. It was so crazy that was after I swallowed some emergency pills and after 4 weeks or so I didn't get my period, I thought I was careful. When I realized I was pregnant, I called my friend I told her I have messed up and I didn't even have money so she sent me money and then I told another friend of mine. I spoke to another friend and he spoke to another friend and they took me to a clinic in Essos. The day we were going for the abortion the only thing going through my head was the fact that I want it out of my body. As a mother of 2 kids, I didn't even think over it because my other babies 1 is with my mother the other is with my aunt and where was I going to keep this one given*

that I was in my degree year. I couldn't take care of this child and I wouldn't even. When I got to the clinic I actually bargained, the initial fee was 35000frscfa but I didn't have that money. So, I told the person that had to remove it that I have 20000frscfa. I was about 12 weeks. So, when performing the abortion, the problem was that my cervix couldn't open so the injected me with some drug to dilate the cervix. So, they inserted some things and told me to go and that after some time I will see blood. It was a painful process; I had a lot of contractions and I bled for almost 2 months. I went to the hospital and lied that my period had extended for almost 2 months. So, the doctor prescribed me a drug which I have forgotten the name but after a month I was back to normal. I went back to school and my life continued but at some point, I felt guilty. The guy who was responsible just told me it is not him and that I am on my own and that I should go sort my things out. At that time, I wasn't remorseful because for me it was the best thing to do. I felt like I had solved a problem, I can't even say i solved a problem, it's better to say I solved a crisis, so life goes on. I finished my degree that year and then I went looking for a job. Then I met a guy again and I got pregnant again for the fourth time. This guy was like that's ok, I will take care of the pregnancy. But from my previous experiences, this guy will beat me up you know like terrible, beat my kid up because we moved in with him and some times my kid was traumatized, he will cry any little thing he will beat him up. So, I thought another pregnancy with this guy so I thought where will my life go. So, by then I also just lost my job, so I have a kid, a pregnancy, no rent, no food, I am in a bad and abusive relationship. So, I talked with another friend of mine whom I heard so had had an abortion like a month ago. So, I called her and she told me she did it somewhere at Mini Ferme. So, I had some money with me and then she took me there. The doctor there told me I had to pay like 30000frscfa which I paid. While I was waiting, I said to myself that why am I really doing this. I remember that when I sat for the procedure to get started, I held my stomach and said "Baby I am sorry" and then I was like "ohhhh God why should I do this" and then I was like I have to do this. I had no other choice. The doctor was like it is going to hurt a little bit but I will last like 5 minutes. I was like 5 weeks pregnant. The doctor was like okay it's done. He is something like a tube which I don't know. This one was much easier than the previous one, up to like 10 minutes i was okay, I didn't feel any pain actually. After I went home, I had a lot of complications. I bled for another 2 months and I lost a lot of blood, I lost weight. I remember when I went back home, I actually had to go to another clinic of a friend of mine. She gave me some drugs as 2 months down the line I was still bleeding. I didn't go to a medical doctor because maybe I was naive but it is because it is complicated to go to a medical doctor and say that look doctor I am bleeding because I had an abortion. So, I was embarrassed and the stigma that comes with it and according to me it was a secret as I wouldn't say it openly. I kind of regret because six months after I got pregnant again that was pregnancy number 5. So, it wasn't with the same man but another man I met at work because I had moved on from the other guy. For this one I felt same that I wasn't going to keep it and I called the same doctor and I remember that he told me that I am very stupid and I was like yes, I am because I wasn't cautious enough. I wasn't on birth control based on my Christian

> *believes. I asked the doctor of the last time if I could get another abortion and he answered me no I can't. He was concerned and remember I bled before and if I was to get another abortion according to him perhaps, I will die and I had a talk with a religious and then he told me why don't you just keep the pregnancy and things will seek themselves out. The guy for this pregnancy didn't want me to keep it. I told my sister and my sister told my mother and my mother kept quiet. I decided to keep my pregnancy but as I was working in a private school and if the knew that I am pregnant they won't let me stay, they will start looking for my replacement so I went ahead and had another abortion. These abortions made me to learn that most people will just want to be with you for sex and not care about the consequences of the sex. Right now, I am doing my masters degree as this abortion made me to think of what is important for myself first.* (Mado, Office Clerk, 2021)

From the above informant, her first abortion was in her sophomore years at the university with her second child of around six months old and with another pregnancy. Her mother was very mad at her and said she could even come and stay with her instead of going to live with the aunty where her second child of six months was taken good care of and her first abortion. After six months she got pregnant again and this time around she did not tell anybody but she called a friend of hers and told her she has messed up again. She was so mad about it that she after swallowed some pills immediately and after 4 weeks she did not see her period, even though according to her she was careful. When she discovered she was pregnant, she called her friend and told her that she has messed up beside she had no money so her friend supported her with money and told another friend of hers. The friend of hers whom she spoke to when and told another friend and they took her to the clinic in Essos. The day she was going for abortion the only thing that was on her mind was the fact that want the child out of her body. As mother of 2 two kids, she did not even think over the abortion because the first is with her mother, the second with her aunt and if she gives birth where will she keep the child given that she is in her degree level. And so said she could not take care of the child not even at all. When she arrived at the clinic, she bargains for the initial fee which was 35000fcfa but she did not have the money. And she told the doctor that she has 20.000fcfa to for the abortion. She was about 12 weeks. During the abortion process her cervix did not open and so she was injected with drugs to dilate the cervix. She was inserted with some things and was ask to go after which she will see blood. When she went to the hospital, she lied that her period her period has been extended for two months. And, the doctor prescribed her a drug which has forgotten the name but after a month she was back to normal. She went back to school and continued her life but at some point, she

felt guilty. Unfortunately, the guy refused his responsibility and told her she is on her own besides should go sort out things. At that time, she was not remorseful because she aborted the child and according to her it was the best thing to do. And she felt like she had solved a problem and according to her it is better to say she solved a crisis and so life goes on. After having her degree that year she went looking for a job. And she met a guy who got her pregnant again for the fourth time. When she told the boyfriend about the pregnancy, he was very happy which made her think he will take care of the child. However, from her previous experience her boyfriend will beat her children up because she moved in with him and at time her kid were traumatized and he will cry and any little thing he will beat her child up. And so, she had another pregnancy with the boyfriend she also said that where will her life go to. Beside she just lost her job, with kids, pregnancy, no rent, no food, and that she is in a bad and abusive relationship. She spoke with another friend who just had an abortion a month ago. So, she called the friend who told her she did the abortion at Mini Ferme. From her words she had some money with her and the friend took her there immediately. And the doctor there told her she had to pay 30.000 FRS which she paid. While waiting, she asks herself why she is doing this. She remembers that when she said for the abortion procedure before the doctor started, she held her stomach and said "baby am sorry" and she was again like "ohhhh God why should I do this" then looking somehow worried like she had to this. And that she had no option. The doctor was like worried and that it is going hurt her a little bit however, will last for 5 minutes. She was like 5 weeks pregnant. And the doctor was like is okay it is done. Moreover, it was something like a tube which she does not know. According to her the recent abortion was easier than the previous one and for 10 minute she was fine and did not actually feel any pain. But when she arrived home, she had a lot of complications with 2 months of bleeding and she lost a lot of blood and weight. She remembered when she when back home she had to go another clinic of a friend of hers. And the friend gave her some drugs and for two months she was still bleeding. She did not go to a medical doctor because she was ignorant and the situation was complicated to meet a medical doctor and tell him she is bleeding because of abortion. So, she was embarrassed and stigmatize since it was a secret and she did not want everyone to know about it. She really regrets because six months after she got pregnant again that is number 5 pregnancy. This time around with another man which she met at her work place since she moved on when she separated with the other guy. With this pregnancy, she felt the same that she will abort the child and she called the

same doctor who told her that she is stupid which she accepted and blamed herself for not being cautious enough. As a Christian believer she was not on birth control. When she asks the doctor if she could carry out another abortion the doctor refused. Because he was concern and remembered when she was bleeding before and according the doctor she will die if she tried another abortion and when she had a talk with a priest, she was asked to keep the pregnancy and things will seek themselves out. Besides, the guy responsible for the pregnancy wanted her to abort the child. She told her sister and the mother heard it through her sister and kept quiet. Finally, she decided to keep the pregnancy and according to her, if the people in the private school where she works knew about it they would have allowed her stay and she will be replaced so, she went ahead and carried out another abortion. All the abortions she did made her learn and discovered that most men want to be with girls just for sex and not care about the consequence. Right now, she is doing her master's degree because the abortion made her to put her future first.

Another respondent had this to say as she added;

> *At age 17 everything started on very early for me, I was preparing to start university and i was so excited to do so. I went around with my parents buying things preparing to start my university life. I remember finding out that i was pregnant and that scared out my life. I was like how the hell did this happen for the child of a pastor like me that's a church girl. No way this can happen to me because i am only 17 or 18 or so. I remember being so excited about school and all my family was like we are so excited for; we know you are going to go far and all eyes were on me. Well, little did they know that their sweet little me was pregnant. So then i had to confirm this and i remember going to buy a pregnancy test and i was like i have to confirm this. I went, bought the test from this street drug vendor at the entrance leading to our home as if i was buying our usual paracetamol or malaria medicine. I brought the test home and in scare i did it and i saw 2 lines it confirmed that i was indeed pregnant. I was like i can't tell my mother, i can't tell my dad and i remember that at that time i had a really close aunt i always confined to and i ran to her and told her that i am pregnant and i don't know what to do. My boyfriend at the time i told him and he didn't say anything and he was like alright we got to find what is next. I was just being afraid and not having anyone to talk to because again i was a good girl, a church girl, no one gets pregnant in church and gets away with it, in church that was the worst thing you could ever do like a young girl. I didn't want to tell my family because i didn't want them to be disappointed or look down on me. I was in this box like who do i talk to and there was no one i can talk to. I googled how to have an abortion and i saw different ways. I remember reading about all the different methods available and the ones that scared me the most were the surgical procedures, so i was like if i have to terminate it then i will go for the safest and*

> *from what i read it was the medical abortion. So, i went to the same street drug vendor i bought the pregnancy test from and told him i needed misoprostol and mifepristone. He immediately understood why i needed it for and he kind of gave me directives on how to use and told me that it will be like seeing my period. Everything happened as he explained and it was done. After doing it i went through how it happened in my head and i was like i don't want to deal with this anymore and this won't ever happen again, ever again. I was feeling like i have accomplished something and i was feeling like my secert is hidden. So, i remember talking to myself, like i can't believe i just did this. I kept my pregnancy test close to myself like a reminder of don't ever do this again and of what happened. I kept it for it to be like a mirror on the wall for me. I was feeling like no one will ever know this, it was like my big secret, no one will ever know, God will never know, my family won't know, my friends won't know what i just did. I was just feeling like i just put this cover over myself and no one will ever know what i just did. This was my first abortion and this very first one triggered a series of abortion. It made me to do the same thing several times and receiving the same results while telling myself after every time i did one that it was the very last one. Nobody plans on getting an abortion, i had never planned on getting an abortion. It became a viscous cycle for me as i did it over and over it was like an addiction. Holding on to this big secret i knew that they will come a time that i will have to surrender this to God, to my family, to myself because to be honest holding on to this secret wasn't allowing me to love people, being loved by others like fully experiencing the creative side of myself like really enjoying life. I remember sharing with my parents that this is what i really am. There were like all surprised the reaction the give me after that. That's not what i had planned for my life growing up that wasn't in my goal list. I did not plan to have an abortion but i happened to have multiple and several abortions. I remember praying and telling God that i want to an exit out of.* (Remy, Social Worker, 2021)

From the above participant, when she was 17 years old everything started early for her besides, she was so excited during her university preparation. She went to the market things for her university. When she found out she was pregnant was afraid. And she was like how did it happen to a child of God like her. She said this cannot happen to her because she is 17 to 18 years. Then she remembered how her and the family were excited when she was going to the university with all eyes on her. Little did they know she was pregnant. In other to confirm it, she bought a pregnancy test from the street drug vendor at the entrance leading to her home as if she was buying a usual paracetamol or malaria medicine. She bought the test home with fear, did it and saw 2 lines which confirmed that she was pregnant. And she thought of telling her mother and dad and she remembered that the only person she was closed to was her aunt which she always confined to and she went and told the aunt about the pregnancy and that she does not know what to do. When she told her boyfriend, he said alright let's see what to do next. Besides, she was

afraid and no one to talk to moreover, she was a good girl, a Christian and no one get pregnant in church and get away with it and was the worst thing a young girl could ever do in church. She did not want to her family to know about the pregnancy because she does not want them to be disappointed or look down on her. She was disturbed and confused with no one to talk to. She did research on google on how to have an abortion and saw different ways. She read about the different methods and the one that scared her was the surgical procedure and was disturbed on which method to use which she decides to go for the safest and from what she read it was a medical abortion. Then she went to the same street vendor where she bought the pregnancy text from and bought misoprostol and mifepristone. Immediately he understood why she need it and gave her directives on how to use it and that it will be exactly like her period. According to her, everything happen as he explained and it was done. After that she thought of how it happened and from her words it will never happen again. After she aborted the baby, she felt like she had accomplished something and her secret hidden. From her words, she could not believe she did it. Then she kept her pregnancy test like a reminder of what happened. And like a mirror on the wall for her. According to her words it is a big secret that no one will never know, God will never know, her family will never know and her friend will never know what she did. And she felt like she was covered and no one will never know what happened. From her words, the first abortion triggered a series of abortions. Which made her to perform abortion with same results such that she promised not to ever do it again. According to her, nobody planned to have an abortion and she has never planned to have an abortion. But when she started aborting it became an addiction for her. Besides keeping the secret, she knew that a day will when she will surrender to God, family and herself and holding on the secret did not allow her to love people, experiencing the creative side of her life and enjoying life. When she shared her secret to the parents, they were all surprised. And according to her, the abortion experience was not even part of her objective in life. Also, from her words, she did not plan to have an abortion however, she happened to have multiple and several abortions.

4.1.7. Interference with vocational plans

During our research several women explained that they chose abortion because they felt a baby at that time could have interfered with their vocational goals and opportunities. The vocational plans they mentioned involved finishing their vocational training. Usually, the reasons were

related to the perceived difficulty of going through till the end of their vocational training till the end while bearing a pregnancy. A few cases shared by research participants are appraised below:

> *Having an abortion challenged me to rise to a new level of knowing that I always have the power to decide over my life choices, what is good for me and when i want to do whatever and with whom. This is so because i believed the person i was pregnant for wasn't the right person and i also had a job that could have been disrupted by the pregnancy. Sharing my story is important to me because I want to feel free because i know there are young girls who are in the same position i was, or currently going through it to know they also are capable of getting through any perceived negative situation by the power of their mind. By moving forward with love & a pure heart, anything is possible with the intention, belief & faith. The story doesn't end once a decision is made to not bring a life into the world. You are valued, you are loved and your sovereignty is your imprint to the world.* (Pelagie, Police, 2021)

From the above participant, aborting the child, enabled her to rise to a new level of knowing that she has the power and the choice to decide over her life, what is best for and when she want to do whatever and with who. This is so because she believed the person she was pregnant for was not the right person besides, she had a job that could have been disrupted by the pregnancy. And so, sharing her story was important to her because she want to feel free and to put in mind that they are also young girls who are in the same situation which she currently went through and to know that they are able of getting through any perceived negative situation by the power of their mind. According to her, they can do it by moving forward with love and pure hearts because anything is possible when they have faith and believe. However, the story does not end once a decision is taken to perform an abortion. From her words a story does not end once a decision is made to abort a child. According to her, they have value and are loved and their power is their imprint to the world.

Another respondent had this to say as she added;

> *My story is one of self preservation, grief, emotions, interconnectedness and self love. My story includes the duality of life and death, loneliness and community, nostalgia and joy. Among all these things, my choice to have an abortion is one of the most powerful and life-giving choices I have ever made for myself. Many made the choice to abort before me, many will take the decision after me, and many are making the choice right now. My story is unique and complexe given that my mother wanted me to keep the pregnancy but i chose to get rid of it as i just passed my police entrance exams. I hope those going through it now and in the*

> *future are surrounded by support and filled with power. I have been here before and i will continue to be here, with my own unique story, full of life*. (Christelle, Custom, 2021)

From the above participant, her passed life is her secrete, grief, emotions, interconnectedness and self-love is for her alone. From her words, her story includes the different experiences of life and death, loneliness, nostalgia and happiness. And from all these things, her highest powerful and life choices is abortion that she has ever made for herself. Besides, others made took upon their selves to abort before her, some will decide after her and others have made their choice to abort now. However, from her words, her story is peculiar and complicated since her mother wanted her to keep the baby but she took upon herself to abort the baby because she succeeded in her police entrance exams. According to her, she believes, those involved in the pregnancy experience now and in the future have support around them and strength. Moreover, according to she was once there and she will not stop being there with her own peculiar past full of life.

4.1.8. Health related etiologies

Some research participants mentioned health related reasons ranging from concern for her own health, health of the fetus, drug, tobacco, or alcohol use, and/or non-illicit prescription drug or birth control use. Maternal health concerns included physical health issues that would be exacerbated by the pregnancy or due to the pregnancy itself, as well as mental health concerns. They chose abortion because they were concerned about the effects of the pregnancy on their physical, mental and social health and wellbeing. Some research participant expresses themselves below as they say;

> *I had my first child normally but for the 3 other children it was through a c-section. The medical doctor told me that having a fourth c-section will be very risky for me. From what the medical doctor said i got very scared keeping any other pregnancy that came afterwards as whenever i got pregnant i got rid of it. I couldn't risk my life. I had had enough children already 4 children is enough for me. Than to undergo the stress of child baring to later end up loosing the baby or having the baby and loosing my life in the room, i better get rid of it and stay calm while living my life with the children i already have.* (Prisca, Housewife, 2021)

From the above participant, she had her first child without no stress and the other three children was through and operation. From the words of the medical doctor, it will be very risky for her if she is operated the fourth time. And she was scared of to keep another pregnancy immediately

the medical doctor told her about the fourth operation and whenever she is pregnant, she abort the child. And she was not ready to die. Besides, she had four children already which was already ok for her. She also said that instaed of her to go through the stress of child baring she prefer to abort the child, stay calm and enjoy her life with the children she already has.

Another respondent had this to say as she added;

> *I met my former boyfriend in June of 2010 and we started dating in February of 2011. He was like he loves me; he has feelings for me and i was only like that's very nice and obviously i also liked him. I told him that first there are certain things that i need to discuss with you. First if we are going to get into a relationship, he needs to know that i am a virgin and i don't plan to lose it untill i am married. That's is what i believe in, that's how i have been raised and this is something i feel strongly about. Back then i think i was 21 years and i told him that it is what i believe in and i take seriously and i wanted to understand how he feels about that. I wanted him to take it seriously and to know that I won't be convinced otherwise. I wanted to make sure that he understands that like i respect where you are coming from, i will never put you in a position where i want to change who you are or what you are and change what you believe in. For that reason, i didn't want him to come to me to date just for fun, i wanted someone who had strong intentions for me. I wanted someone with whom i can built something someone who sees me as i future wife and wants to be in a relationship with me and hopefully in a few years marriage. The person had to understand where i came from which was a very strict home, i went to school and came back straight home and never really had time to play about. I traveled for studies and we kept our relationship rolling and we were all wishing for the first time we were going to have sex. I came back to Yaounde and the first thing that came to my head was to do a HIV test. I did my test and my test result came out HIV negative and i sent it to my boyfriend. When it was time for my boyfriend to go for his own test, he was like do you know what the doctor will make fun of me because i go for my health check ups all the time. So naively in my mind i was like if he goes for check up all the time then surely, he should know his HIV status and i don't need to ask about it. It was the excitement in me too that made me not to ask for his HIV results and i blame myself. We had sex while i was in Yaounde before i went back. When i got back i was fine and our relationship was moving well. A year later when i finished my studies and came back i happened to take a HIV test again, that was on the 1st of December as there was a free testing campaign. My test came out HIV positive, when i saw my test i did it again and it was still positive. Immediately i called him given that it was the only man i have ever been with and asked him what was going wrong. I was all hyped and angry and he on the other hand was all calm unnecessarily and this wasn't a moment where he needed to be calm. He needed to be on the same level in terms of my shock but he was all calm and said can i call you back. I asked him if he just heard what i said about my HIV test and he said listen i have to go. I was like this guy is not serious.*

> *I later had to chat with him and he was like he doesn't know how it happened. We remain together and i take my ARV drugs and i am told that i can have a partner who is normal and while taking my ARV drugs I won't infect him even if we have unprotected sexual intercourse. So, my boyfriend and I use to have unprotected sex like most of the times and i happen to be late and i had never been late before. So, I did not really know how such functioned. I went for an ultra sound pregnancy test and the doctor is like "Hummmmm" then I am like what's wrong and he told me that i am at least 6 weeks pregnant. This week a shock to me, it was a shock more than me receiving my HIV positive test. I was like so there is something growing inside of me. From my reaction the doctor asked me why I am reacting like that i was like it because i wasn't ready nor expecting to be pregnant. When I discussed with friend, she asked me what my next step was and I told her my next step and I was like I can't keep it I am going to terminate it. I did not tell my boyfriend things weren't really stable between him and i and i didn't want to add more pressure so i decided that i was going to make the decision on my own. I terminated it and i can't really say if i felt pain or not because i just wanted to get rid of it.* (Mimie, Shop owner, 2021)

From the above informant, June 2010 was the year she met her former boyfriend and February 2011 they started dating. The boy had feelings for her and loved her so much and she liked him also. In the vibe of love, she told him she will want to discuss certain things with him that is if they get into a relationship, he should know she is a virgin and will keep it till marriage. According to her, that is what she believes in, she was raised like that and feel strongly about. Before, she thought she was 21 years when she told her boyfriend that she believed in and take seriously and she want to understand how he feels about keeping her virginity till marriage. And she wants her boyfriend to take it seriously and to know that she will not be convince except otherwise. According to her she wants to make sure the assertion "I respect where you come from, I will never put you in a position where I want to change who you are or what you are and change what you believe in". Reason being that she does not want the boyfriend to date her just for fun but someone who has strong intensions for her. Besides, she wants someone with whom they can build something, who sees her as a future wife and in a relationship hopefully few years before marriage. Also, the man who want to be in a relationship with her should know that she come from a strict home such that she went to school came back straight home and was not allowed to play. Moreover, she traveled for studies but their relationship was still intact and were all wishing to have sex for the first time. When she arrived Yaoundé, the first thing she thought of was HIV test. When she did her HIV test the results came out negative and she send it to her boyfriend. When it was time for her boyfriend to go for his own test, he told her "Do you know

what the doctor will make fun of me because i go for my health checkups all the time". And ignorantly, she believes him and said that if he goes for check up all the time then he should know his HIV status and no need to ask him about checkup. And because of her excitement she forgot to ask for his HIV result which she blame herself for. From her words, they had sex when she was in Yaounde before she went back. When she went back, she was fine and the relationship was moving well. A year later when she finished her studies and came back, she happens go again for HIV test on the 1th of December since there was a free testing campaign. Her HIV test was positive when the results came out and when she saw it, she did the test again and was still positive. Immediately she called her boyfriend since he is the only man she has ever been with and she asked him what went wrong. From her words she was hyped and angry and he was calm unnecessarily and according to her this is not moment he needs to be calm. And that he needed to be at the same level of shock but was calm and said she will call her back. He did not even give a listening ear when she asked him if he has heard about the HIV test. From her words this guy was not serious. However, they later met and discussed but he was confused how it happen. While together, she took her ARV drugs and she was told that she can have a partner who is normal while taking her ARV drugs and he will not be infected even if they have unprotected sexual intercourse. Besides, she uses to have unprotected sex most of the times and she happen to be late whereas she has never been late before. According to her, she does not how it functions. When she went for an ultrasound test the doctor was worried and same with her but the doctor told her she is 6 weeks pregnant. Moreover, it was a shock to her more than the HIV results that came out positive. And she was like so there was something growing inside of her. From her reactions, the doctor tried to find out why she reacts the way she did she said it is because she was not ready nor expected any pregnancy. When she met with the and discussed, the friend asks her what will she do about it she just thought of abortion. Besides, she did not inform her boyfriend about it because things were not ok between them and so she did not want to add more pressure and she decided to make the decision on her own. And so, she aborted the child and cannot really say if she felt pains or not because she just wants to terminate the child.

Another respondent had this to say as she added;

> *Pregnancy was hard for me. Harder than I originally thought, I mean who thought expecting a child could wreck such havoc on a body? I felt a lot of guilt like I was weak for not being able to carry a pregnancy to term. I have felt in the*

> *past like an outcast to my own self for having an abortion. I will no longer apologize or seclude myself for saving my own life and future that I share with my little family.* (Rachel, House help, 2021)

From the above informant, her pregnancy was not an easy one. Difficult than she expected, she meant that someone who expect a child can cause havoc to somebody. More so, she was guilty that she is unable to keep her pregnancy up till the end. Moreover, back then she felt like an outcast to her own self because of abortion. From her words she feels guilty and pleads for forgiveness because she safe her own life and future that she shared with her family.

In the same light another research participant said;

> *Her womb was situated in the wrong place and her getting pregnant was a big risk both during child bearing and eventual delivery. Due to her health conditions, Rachel was unable to carry her pregnancies to term without risking her life. Her abortions saved her life.* (Gladys, Caregiver, 2021)

From the words of this research participant, the fact that each time Rachel got pregnant it was an ectopic pregnancy as the pregnancy was not in its usual position. It posed a great health risk to both Rachel and the fetus she was carrying. Based on her health condition and the high risk of carrying the pregnancy till term her best option was to terminate the pregnancy.

4.1.9. Lifestyle Etiologies

Several research participants expressed their reasons for choosing abortion as being related to their desire to give the child a better life than she could provide. They expressed concerns for the child as they were afraid their living conditions were not the best for rearing a child. They had a feeling of inadequacy to parent the child. As some of them expressed themselves in the cases below:

> *I have been married to my husband for more than 20 years and we are blessed with 7 children. We have 3 girls and 4 boys among them a set of twins. It happens that after all of these I still got pregnant. This pregnancy came at the bad time because my husband was already retired and he and I were planning on how things were going to be. Given that he was retiring, our household income would reduce and it will be very difficult to bring up a baby with little or no resources. At the same time all my children were still at home none had left home or gained his or her independence and they were all dependent on my husband and I. When I noticed that i was pregnant the first time, i knew the situation of my household*

> *and i saw it as an extra mouth to feed. The first thought that came to my mind was that i wasn't keeping it. I was a few weeks pregnant and i just got rid of it. The second time it was just as the first time but for the fact that i had to inform my husband. When i noticed that i was pregnant, i was almost 4 weeks pregnant, i waited for night to fall to have a chat with him. At night in our bedroom, i told him that i wasn't feeling too fine and i started by explaining how our household have changed and things are not more the same and how we have to adapt to the changes going on and he was ok with what i explained. Then i told him that that's why i had an abortion about a year ago when the changes just started and i foresaw that things weren't going to move well. Immediately he got angry with me because i didn't inform him that it was the case and that's what happened but later on, he understood. Then i told him that i was still pregnant and that the pregnancy was about 4 weeks. He didn't receive what i told him like the previous times i got pregnant and told him. This time around he sat quite for a few seconds and instead asked me what we were going to do for this one. Then later he told me that it will be good if we had a retirement child but i told him that the last 2 which are a set of twins are still in primary school and all our kids are still living with us at home. He then told me that i know what is best for us and our household.* (Mago, Housewife, 2021)

From the above participant, she had been married to her husband for more than 20 years and blessed with 7 children. She had three girls and 4 boys amongst which she had a set of twins. And after all of that she still got pregnant. According to her, the pregnancy came at a bad time because her husband was already retired and they were both planning on how things were going to be. Given that her husband was retired and their household income will reduce and will be very difficult to bring up the baby with little resources. At the same time, all their children were still at home and none had gain independent besides, they all depended on her husband and her. When she found out that she was pregnant the first time and so she knew the situation of her household and saw it as an extra mouth to feed. And the first thoughts that came to her mind was abortion. Besides, she was few weeks pregnant and underwent and abortion. The second time was just as the first time given that she already informed her husband. And when she discovered that she was pregnant it was already 4 weeks of pregnancy and she waited for night to fall to chat with her husband. At night in her bedroom, she told him she was not feeling to well and started by explaining how much their household has change and things are not more the way they used to be and how they have adapted to the changes and he was happy with the explanation. Then, she told him why she had an abortion about a year ago when the changes just started and she foresaw that will not be fine as usual. Immediately he got angry with her because she did not inform the husband about it and later on, he understood. And she told her that she is 4 weeks

pregnant. From her words he did not receive what she told him like the last time she got pregnant and told him. This time around he said quite for a few second and asked what they will do about it. And later he told her that it will be good if they have a retirement child but she told him that the last 2 set of twins are still in primary school and are still living with them at home. He then told her that she knows what is best for them and their household.

4.1.10. Demographic Related Etiologies

Some research participants explained that their aged was a major constraint as their reliance on others or lack of maturity was a reason for choosing to terminate their pregnancies. Some other research participants felt they were too old to both bear and raise a child at their age. For them, carrying the pregnancy through may be a strain to their health and taking care of the child a strain to their life and eventually made them choose terminating the pregnancy. Some research participants felt they were too young, unable to take care of themselves, or too reliant on others to raise this baby.

From the words a young girl girl in yaounde;

> *I'm Jessica, I was 15-years when it happened. I was just an ordinary teenager, focused on my studies, dreams, and joys of being young. Then came the news that shook my world—an unplanned pregnancy. I couldn't believe it; I was far too young to navigate the responsibilities and challenges of motherhood. Overwhelmed and frightened, I made a difficult choice that I believed was best for me and my future. Within our community, the pressure to conform to societal norms is immense. Teen pregnancy is often met with judgment and shame. I feared being labeled as irresponsible or a failure, which only added to the weight of my decision. Society's expectations placed an additional burden on me, leaving me feeling isolated and hopeless. Facing this situation alone was incredibly daunting. My family, while loving, held traditional views on sex and pregnancy, making it difficult for me to confide in them. Friends my age lacked the life experiences necessary to provide me with mature guidance. Without a strong support system, I felt trapped and bewildered. My youth and lack of physical and emotional readiness to carry a pregnancy to term were legitimate concerns. I had dreams and aspirations that I wanted to pursue fully, and a pregnancy at such an early stage in my life would have significantly hindered my ability to achieve them. Taking into account my well-being and the potential long-term impact on my mental health, I decided to prioritize self-care. While grappling with my decision, I grappled even harder with the limited access to comprehensive sex education and reproductive healthcare services. I strongly believe that empowering young girls with accurate information and ensuring the availability of safe, legal, and confidential abortion*

> *services is essential. It is crucial to ensure that young women like myself have the ability to make informed choices about our own bodies and futures.* (Jessica, Mother, 2021)

From Jessica's words, sharing her experience is not intended to advocate for or against pregnancy termination. Rather, it is an opportunity to shed light on the demographic related etiologies of pregnancy termination in Yaoundé. By breaking the silence and taboo surrounding this topic, we can foster an open and compassionate dialogue, and work towards providing better support and education for teenagers who find themselves in similar circumstances to avoid unwanted pregnancies. According to Hailegebreal et al, 2022, communities should come together to address the root causes behind teenage pregnancies and explore comprehensive solutions that prioritize the well-being and future prospects of young women. Only then can an environment where all girls and women have the freedom to make choices that align with their personal circumstances and aspirations be created.

The below case helps better apprehend the aforementioned situation.

> *My child was too young to be a mother not to even talk about getting pregnant. She started menstruating not up to 3 years ago and she did not yet understand the functioning of her periods. I said to myself how will she even understand the functioning of a being within her not to talk about giving birth to a child and taking care of it. The first time she was barely 15 years and the second time barely 17 years. When you even think of it is like abominable for a child that young in our community to give birth at that age. I said to myself that my child needs to understand so many things before baring and giving birth to child. All the times she got pregnant and an abortion was done, she identified with difficulty the person responsible for pregnancy. Whenever she was asked who was responsible, she called several names and all of the times she was wrong. I thought several times of how people in my neighborhood will look at me, what they will think of me and what they will say about me as her mother.* (Monica, Mother, 2021)

From the above participant, her child is very young to be a mother not talk of being pregnant. To add, three years ago her menstruation started and by then she did not understand how her period is functioning. Then the mother ask herself that how will she understand the functions of a human being not to talk of giving birth to a child and take care of the child. Moreover, she was barely 15 years the first time and 17 years the second time. And according to her, she does not even what to think of it because in their tradition is a taboo for a young girl at that age to give birth to a child. More so, her mother said to herself that her child needs to understand many

things as a woman before she starts baring children. Besides, whenever she was pregnant, she aborted the child and had challenges with the person made her pregnant. In addition to that, whenever she was asking the name of the person who made her pregnant, she gave several names and were all wrong. What came to her mind was how people will look at her in the neighborhood, what they will think of her and what they will say about her.

4.1.11. Family Related Etiologies

Several women expressed concerns for family judgement, or fear to let family down as a reason for terminating their pregnancies. They feared that having a baby would negatively impact their relationship with family. Their concern was that it could have been a strain on their family and some didn't want others to know about their pregnancy or feared judgment or reaction from others. Some of them shared their experiences with peer influence as they said;

> *My mother had me when she was very young so she brought me up and she and i lived together. While living with my mother she happened to have several admirers and most of the times she came home with them. They were very friendly but most of the time the relationship with them did not last because my mother was a single mother. One day i saw my mother crying and i went towards her to share in her pain and she revealed to me that it is because of me that every man that she meets runs away from her. She told me that day that she regrets why she did not get rid of me back then and i felt her pain and felt bad too. Nonetheless, there was this other man who came and was very serious with my mother until they go married. He complimented me all the time that i was as beautiful as my mother and that i looked just like her. One day when my mother wasn't home, he made some advances towards me and tried to touch my breast and my body. I resisted several times and one day i was too weak to resist and he forced his way into me. Whenever my mother was away, he did it over and over. It was like that for like over a year and i didn't tell my mother anything tills one day i noticed that i was late on my period by almost 3 weeks. At first, he didn't know anything about it and my mother neither. I was scared that if i told my mother her life will be torn apart and i, she will blame me and cry again for ruining her life. I told no one the exact story but i told a friend that i was pregnant and together we dealt with this situation. He came again towards me to do what he always did and i was forced to tell him the truth to push him away. For a while he didn't come towards me and during that time i was looking for a place to live and when i found one i left the house without my mother's telling my mother. That's how i took care of my problem.* (Jeanne, Student, 2021)

From the above respondent, her mother give birth to her when she was very young so she brought her up and they now live together. While living with her mother she happened to have

several admirers and most of the times she came home with them. They were very friendly and most of the time the relationship amongst them did not last because her mother was a single mother. One day she saw her mother crying and when towards her to share her pain and she revealed to her that she is the reason why all the men she meets runs away from her. And the mother told her she regrets why she did not abort her back the and according to her, she felt her pain and felt bad too. Nevertheless, her mother had a man who was very serious such that they even got married. Moreover, the mother's husband, complimented her that she was very beautiful just like her mother. More so, it came a day when her mother was not in house, her husband made advances to her and tried to even touch her breast and body. She resisted several times and one day she was too weak and he forced himself on her. And each time her mother was away he had sex with her over and over. And this happened for one year and she did not tell her mother anything until one day she discovered that she was late with her period by almost three weeks. At first, him and her mother knew nothing about it. And so, she was scared that if she told her mother, their lives will be turn apart and she will blame her and cry again for ruining her life. She told no one the exact story however, she told her friend she was pregnant and together dealt with the situation. He came again toward her to do what he always did and she was forced to tell him the truth in other to push him away. And for some time, she did not go towards her and during that time she was looking for a place to live and when she found one, she left the house without telling her mother that she will take care of her problems.

Another respondent had this to say as she added;

> *After I had my Advanced level certificate, i was full of excitement and things were going very fast. My classmates organized outings and parties like every weekend and my secondary school boyfriend and i didn't spare any of them. My high school boyfriend and i indulged in several activities like drinking alcohol and having unprotected sex most of the times. After living my home town and coming to the University, i didn't really realize it but it happened that i was late on my period by 2 weeks. I got confused, my life had just begun in the university as it was my first year, i was my parent's first child and i had to set an example for my younger sisters. I thought of so many things like; what would my parents say i have become, what will they think about me, probably that i have let them down, that i am a failure. I couldn't even leave my room; it was like if i leave my room people will look at me and immediately know that i am pregnant. I got more confused when i thought of the fact that i had to go back home for Christmas holidays and by then that my belly will be long and showing that i am a few months pregnant. I had to get rid of it, i couldn't have kept it, i couldn't withstand*

> *the shame, the quarrels, the hearsay, the rumors etc. It was all more than me. I couldn't keep it and had to flush it out.* (Melanie, Student, 2021)

From the above respondent, when she had her advance level certificate, she was very happy and things were moving well. To add, her classmate organized outings and parties every weekend and she and her secondary boyfriend did not miss any of outings and parties. Moreover, she and her secondary boyfriend were involved in many activities such as drinking, alcohol accompanied with sex without protection almost every time. When she left her home town coming to the university, she was not aware that her period was late for two weeks. And she was confused since it was her first year and she just started besides, she is her parents first child and have to be an example to the younger sisters. To add, she thought of so many things such as what will her parents say about her and her attitude, obviously they would say she had let them down and that she is a failure. Moreover, she was unable to leave her room according her if she leaves the room people would notice that she is pregnant. More so, she was confusing the more when she when she thought of the fact that she has to go back home for christmas vacation and by then her stomach will be long and showing that she is few months pregnant. And she had to abort the child because she could not withstand the shame, the quarrels, the gossips, the rumors. It was really more than her and so she had to abort it.

Another respondent had this to say as she added;

> *I am a single mother of 2 kids but i had an abortion between the births of my kids. I first got pregnant when i was in my final year in high school. I was very naive and knew nothing then. My parents were very disappointed in me as it slowed down my studies as i didn't do well that year. After i gave birth, taking care of my daughter made me stay at home for a year so i missed going to school that year but i went to the university the following year as my parents took the child from me for me not to drop out from school with the excuse of i was taking care of my child. I went to the university conscious of the fact that i was a mother and i had to focus on my studies. I was very focused the first and second year. My focus dropped the third year given that i was over confident of the fact that i did well the 2 previous years. I started seeing a guy and little did i know things got serious between us. After a few months of seeing each other and obviously having sex like every adult, it happened that we had unprotected sex and i later 2 to 3 weeks after discovered that i was pregnant. I panicked for about 3 to 5 days, i didn't go to school, i wasn't reachable, habits which weren't like me. The guy for whom i was pregnant thought i had traveled because i earlier to him that i had to spent christmas holidays with my parents. A classmate of mine who doesn't live far from my hostel came by the house and she told she didn't see me in class these days*

> *and came to check what was going on. I told her i wasn't feeling too well that's why. She stood at my door and insisted to see me of which i didn't want her to. I later opened the door for her and she insisted in knowing what was the problem, i told her i was 4 weeks pregnant for my boyfriend and that i was confused on what to do. I told her i already had a pregnancy and gave birth 4 years ago and this one i am not sure i could stand the faces of my parents again and their judgment or thought of me being a failure. She told me that who still bothers of such these days when someone can abort and their live goes back to normal a few days after as if nothing had happened. She told me that she will help through the situation and all will be well. I told her that i had never had an abortion and that i am not sure to have the courage to do one. She anchored on the fact that i earlier told her about my daughter, the fear of having another child, the feeling of being a failure to my parents to ask me if that is what i prefer. I later got rid of the pregnancy under her advice and follow up and had my degree that year. Till date my parents have never known that such a thing happened nor my boyfriend for whom i got pregnant then and with whom i have my second child.* (Vanessa, Single Mom, 2021)

From the above participant, she is a single mother of two kids however, she had an abortion between the birth of her kids. She first got pregnant when she was in her year in high school. She was very naïve and knew nothing about at that time. Her parents were very disappointed with me as it slowed down her studies and did not perform well that year. When she gave birth, she stayed for one year at home taking care of her child and so she missed going to school that day year however, the following year she went to the university since her parents took the child from her so that she should not drop out of school with the excuse that she was taking care of her child. She went to the university conscious of the fact that she was a mother and had to focus on her studies. She was very focused the first and second year. Besides, she loses focus the third year because of the confident she had that she did well the 2 previous years. When she started seeing a guying, she never knew the relationship will be serious. Moreover, after a few months, they were not seeing each other even though, they had sex like any other adult, it happened that they had unprotected sex and later 2 to three weeks after, she discovered that she was pregnant. From her words, the pregnancy made her to panicked for about 2 to 5 days and she did not go to school and she was not even researchable besides, this has never been her habit. Moreso, the guy she was pregnant for thought she traveled since she told him that she will spend christmas holiday with her parents. A classmate of hers who leaves far from her hostel, when to her house to know why she did not come to school and what happened. She told her classmate she was not feeling too well and she insisted to see her whereas she did not what her to. She later opened the

door for her and she insisted to know what the problem was. And she ends up telling her she is 4 weeks pregnant for her boyfriend and that she was confused on what to do. And she said she was already pregnant and gave birth four years ago and she was not sure of standing in front of her parents again with their thought about her as a failure. And her friend told her who bothers for gone are those days that when someone perform an abortion and their lives goes back to normal as if nothing happened. Her friend assures her that she will help her through the situation and all will be well. She told her she had never had an abortion and that she is not sure she has the courage to do one. More so, she anchored on the fact that she earlier told her about her daughter the fear of having another child, the fear to be a failure to her parents and if that is what she wants. However, from the friend's advice, she later aborted the pregnancy and she followed up her school and had her degree that year. And till today, her parents had never heard that such a thing happened or her boyfriend who impregnated her and whom she had her second child with.

4.1.12. Peer Related Etiologies

Several women expressed concerns for, or influences from family or friends as a reason for terminating their pregnancies. They feared that having a baby would negatively impact their relationship with family or friends. Their concern was that it could have been a strain on their family and some didn't want others to know about their pregnancy or feared judgment or reaction from others. Some of them shared their experiences with peer influence as they said;

> *My niece was barely 17 years and she was in high school. After haven written her probatoire exams she and her friends hung out to celebrate the fact that the were finally free from studying and they had finally written their exams to end the year. In the process she got pregnant for her high school boyfriend. She thought of her future if she kept the child coupled with the fact that she was still waiting for the results of her exams which she wasn't sure if she will pass or not and the fact that she still had a class in high school to complete before getting to the university. In all of this confusion she had in her head at the time she shared the fact that she was pregnant with a friend. Her friend told her that she knew someone at marcher Ekounou that could help with the pregnancy situation and that it is where she always went to when she or other friends had a similar situation. When the got there, they met the man and he said he wasn't helping people to abort anymore but he knew someone that could help. He took them to someone that could help them have an abortion and the person said he could do it and asked them to give him 30,000frscfa for the procedure. My niece succeeded to gather the little she could have and had 15,000frscfa which she gave the man as advance payment for the abortion procedure. The man took the money and gave her some drugs to take*

> *when she got home and told her that she will bleed and that it is normal for her to bleed because that will be it (the baby) coming out.* (Tata, Housewife, 2021).

From the above respondent, her niece was barely 17 years when she was in high school. After passing her GCE O/L, she and her friends hung out to celebrate the fact that they were finally free from studies besides, they had written exams to end the year. However, in the process, she got pregnant for her high school boyfriend. Besides, the first things that came to her mind was her future and her exam results and she was not even sure of passing or not given that she still has a class in high school to complete before going to the university. Because of how confused she was at that moment; she had no choice than to tell her friend about the pregnancy. Her friend told her she knows somebody at marcher ekounou that could perform the abortion. Besides, that is where she always goes to and with other friends with similar situation. And when they arrived at marcher ekounou they met him but this time around he refused to and directed them to another person that could help her abort the baby. When he took them to the man, he accepted and asked for 30,000Frs for payment before he could start the produre. Moreover, her niece succeded to gather 15,000Frscfa which she gave the man as advance for the abortion procedure. The man took the money and gave her the drugs and told her she will bleed after haven taken the drugs and when it happens the pregnancy is terminated.

4.1.13. Fear of Child bearing, giving birth and rearing

Some research participants expressed reasons related to the fear of child bearing, giving birth and rearing. In expressing their fears phrases such as “I wasn’t ready”, and “It wasn’t the right time.”. Several research participants expressed a number of reasons why they feared the timing of her pregnancy was wrong like she didn't feel like she was ready yet, didn't feel financially, emotionally ready. For some others the due date of the pregnancy was at the same time period with her entry at school. Entering the workforce with a newborn would be difficult and she just wasn't ready yet. Several research participants expressed not having enough time or feeling too busy to have a baby. Some raised the fact that already raising a child, and rarely having enough money to meet her basic living needs explains how she has so many things going on now physically, emotionally, financially, pretty busy and can't handle anymore right now. Similarly, some other research participants describe how they didn't have time to go to the doctor to make sure everything was ok like they wanted to. So busy with school and work that they felt that

having an abortion would be the right thing to do until they really have time to have a child. Some research participants described being too old to have a baby as the timing and their age were the primary reasons for seeking abortion.

> *I think I got pregnant on this bedspread, a queen sheet, I bought from a broquante. It covered a mattress I bought from the same place. There are bloodstains on it, from other times. I have only missed my period once, been truly late a handful of times. I did not miss my period the first month I was pregnant. After the ultra sound, I was told I was at 10 weeks. Later, I would calculate that I must have conceived after my first ovulation back from vacation. I wasn't ready for this experience. This condition had always scared me and going through it seemed like hell to me. The worst situation I feared was caring for the baby. I have seen the pains it takes to be pregnant, to care for the pregnancy and the child when it is brought to this world. After I had my abortion, I would calculate my un-due date for an exact 40 weeks which could have landed on Christmas of that year.* (Mary, Student, 2021)

From the above respondent, according to her, she got pregnant on a bedspread, a queen sheet, she bought from a broquante. The bed spread covered the mattress she bought from the same place. However, the matrass was on the floor inside the room, very old and sloped. To add, the matrass will drift like a raft in the night from the wall to the middle of the room. And the matrass had bloodstains on it. Besides, she once missed her period and she also had late period a number of times. But, her first month of pregnancy, she did not miss her period. And when she had her ultrasound, she was told she is ten weeks pregnant. Moreover, according to her calculations she will give birth when she comes back from holidays immediately after her first ovulation. More so, she has seen the pains and what it takes to be pregnant and to take care of pregnancy and a child when he or she is brought to the world. Whenever she has an abortion, she would calculate her un-due date for exactly 40 weeks which could be on Christmas day of that year.

Another respondent had this to say as she added;

> *In high school, I dated a girl called Diana. We lasted for two years. Our relationship back then used to be the topic on campus because we looked good together. Everything was going on smoothly till she announced she was pregnant. She was scared of her parents' reaction, of what society and her classmates would say and so was I. I panicked because I was just an orphan who lived with his uncle. An uncle that made life difficult for me. Moreover, I had no job and was too young to be a father.*
>
> *We decided that going for an abortion was the best option. We met a man that a friend of mine introduced me to. He asked for twenty-five thousand francs for the*

> *abortion. I did not have that amount of money. I succeeded to borrow fifteen thousand francs while Diana provided the rest. We then went with the complete money to the man, who gave Diana a concoction to drink. He said it was going to dilute and evacuate the foetus. She was to drink a glass morning and evening for two days. She did so and started bleeding. She complained of feeling an unbearable pain in her belly. The man assured her she was going to feel better once the bleeding stops which would mean that the abortion has been effective.* (Paul, Businessman, 2021)

From the above informant, he had affair with a girl in high school called Diana. Which lasted for two years. From his words, their relationship back then used to be the topic on campus because they always look good together. And everything was going on smoothly on till she came up with the news of pregnancy. Diana, was scared of her parent's reaction and what class mates will say and him to. Moreover, he panicked because he was just an orphan still under the uncle. An uncle that made life difficult for him. More so, he had no job and still very young to be a father. However, they decided that abortion was the best option. They met a man whom a friend of hers introduced her to. They were asked to pay 25000Frs to perform the abortion. She did not have that amount of money. But he succeeded to borrow 15,000 FRS while Dianna provided the rest. From his words, they went with the complete money and the man gave him a concoction to drink. And the man told them that it will dilute and evacuate the foetus. She took the concoction for two days morning and evening. She took the concoction and started bleeding. Besides, she complained of stomach pain which was unbearable. Moreover, the man assured her that once the bleeding stopped, she will feel better and that will mean the abortion has succeeded.

Another respondent had this to say as she added;

> *I had begun dating again. A nice guy, with a son the same age as my daughter. Six wonderful months. We weren't stupid, we knew to be careful. We faithfully used condoms…always. One night, one broke. Once. We didn't give it a second thought. We ended up parting ways, on not so good terms. Three weeks later, I found out that I was pregnant. I thought about contacting him, but I knew it wouldn't change the decision I'd already made in my mind. We wouldn't get married and magically live happily ever after. I would be on my own, trying to juggle two children (one with special needs). I made the call. The closest clinic was a few minutes away. I needed to come up with the money, get someone to pick up my son from school and care for him before i left for the abortion. A friend of mine went with me. She was supportive and non-judgmental. The day of the procedure, the clinic was packed. I spoke to some of the other women that were there. Everyone had their own story and reason for why they had chosen to get rid of their pregnancy. I judge no one. People make the best decisions with what they have at that very moment. I have no regrets.* (Joy, Secretary, 2021).

From the above participant, she has started having an affair again. With a good man and son, the same age like her daughter. They have been dating for six months. And they were very careful and not stupid like the others. Before they always used condom during sexual intercourse. And one night it cut off just once. And they did not give it a second thought. Moreover, they ended up going their separate ways on bad terms. Three weeks later she found out that she was pregnant. And she thought of calling her boyfriend besides, she knew nothing will change because of the decision she made already on her mind. From her word, it will be a miracle if they get married and live happily ever after. And according to her, she will be on her own and try to get at least two children. In addition, she called. And the closest clinic was a few minutes away. And she had to look for the money, gat someone who will pick up her son from school and take care of him before she goes for abortion. A friend of hers went with her. And she was supportive and not judgmental. More so, the day of procedure, the clinic was locked. However, she spoke to some women that were present. Everyone, have a story and reason for aborting children. From her words she judges no one. However, people take the best decision; with what is available at that very moment. Besides, from her words, she does not regret.

The etiology of pregnancy termination in Yaoundé, Cameroon is a complex issue that involves a variety of factors. This chapter has explored the different etiologies that contribute to the high rates of pregnancy termination in the city and shed light on the reasons behind individuals' choices to terminate their pregnancies.

One of the key etiologies identified is the lack of comprehensive sexual education and access to contraception. Many young people in Yaoundé are not adequately informed about contraceptive methods and their proper use, leading to unintended pregnancies. Alongside this, the unavailability and inaccessibility of contraceptive services in some areas make it difficult for individuals to obtain the necessary resources to prevent pregnancy.

Another significant etiology is the social stigma associated with premarital and unplanned pregnancies. In Yaoundé, there are strong cultural and religious norms that view such pregnancies as shameful or unacceptable. This stigma often leads individuals to make the choice to terminate their pregnancies out of fear of societal judgment and ostracization.

Economic factors also play a role in the decision to terminate pregnancies in Yaoundé. Many individuals, particularly young women, do not have the financial resources to support a child.

The cost of raising a child is often cited as a reason why individuals choose abortion as an option. This is especially prevalent among those in low-income communities who struggle to meet their basic needs, let alone provide for a child.

Additionally, the lack of access to safe and legal abortion services in Yaoundé forces individuals to seek alternative, often unsafe, methods. Limited availability of trained healthcare professionals and restrictive abortion laws contribute to unsafe abortion practices, which can result in serious health complications and even death.

Addressing the etiologies of pregnancy termination in Yaoundé requires a multi-faceted approach. Firstly, comprehensive sexual education programs need to be implemented in schools and communities, providing individuals with accurate information about contraception and reproductive health. Additionally, efforts should be made to increase the availability and accessibility of contraceptive methods and services, particularly in underserved areas.

Destigmatizing premarital and unplanned pregnancies is also crucial. This can be achieved through community outreach programs, awareness campaigns, and education on reproductive rights. Providing support and resources to individuals facing unplanned pregnancies, such as counseling services, financial assistance, and access to healthcare, can help them make informed choices based on their circumstances.

Lastly, reviewing and reforming existing abortion laws is essential to ensure that safe and legal abortion services are available and accessible to those in need. This includes training healthcare professionals on safe abortion procedures and ensuring the provision of adequate post-abortion care.

In conclusion, understanding the etiology of pregnancy termination in Yaoundé, Cameroon is essential for developing effective strategies to address the issue. By tackling the underlying factors that influence individuals' decisions to terminate pregnancies, we can work towards reducing the rates of pregnancy termination and promoting reproductive health and rights in Yaoundé.

CHAPTER 5

AGENTS' EXPERIENCES OF PREGNANCY TERMINATION IN YAOUNDE

This chapter will be concerned with exploring the different agents involved in the pregnancy termination (PT) process and the cost of involved in the context of differential termination patterns. We will be exploring how the different agents understand how abortion laws are misconstrued and has led to the practice of unsafe termination of pregnancy. This chapter will be looking at how the different agents through different pregnancy termination patterns go about with the use of the means available to them and those performing the sick role. It also explores the role of different bio-medical, ethno-medical, faith-based and psycho-social agents. It is followed by chapter six which presents the multidimensional technology used in the abortion process.

5.1. AGENTS' EXPERIENCE OF PREGNANCY TERMINATION

Several agents are involved in terminating pregnancies. Guttmacher (2019) and WHO (2020) have revealed that pregnant women, health profesionals, community members are categories of agents involved in pregnancy termination. This research in Yaounde has confirmed their findings. Pregnancy termination experiences among women in Yaounde include the decisions they had to make, their emotions, physical experiences, strategies they used, including health care advice and dealing with clandestine medical abortions. The main experiences which emerged from the study included: abortion strategies, pain, decisions to seek post-abortion care, and support received from family and friends during the abortion processes.

5.1.1. Experiences of Induced Abortion

Induced abortion is a deeply personal and complex issue, its origins intertwined with cultural, socio-economic, and personal perspectives. This chapter aims to explore the experiences of individuals who have undergone induced abortion, shedding light on the emotional, physical, and ethical dimensions that surround this controversial topic.

Induced abortion has been practiced throughout history and across cultures. While the societal attitudes towards abortion vary significantly, it is essential to recognize the diverse range of experiences individuals face. In some societies, it is widely accepted as a reproductive choice, while in others it remains stigmatized and legally restricted. References to historical accounts

and cultural practices around the world can help understand the contextual factors influencing these experiences.

The decision to undergo an induced abortion often elicits a wide spectrum of emotions. For some, it may be a relief from undesired circumstances, such as financial constraints, unstable relationships, or personal health concerns. However, it is important to acknowledge that others may struggle with feelings of guilt, grief, or regret, whether due to conflicting moral values or societal pressures. In-depth personal narratives and psychological studies can provide valuable insights into the emotional journey individuals go through.

Induced abortion procedures can be invasive or medically induced, each having its own set of physical consequences. Surgical methods can involve discomfort, pain, or potential complications, while medical abortion often results in cramping, bleeding, and hormone-related side effects. The experiences of physical discomfort and recovery period following the procedure can vary between individuals, emphasizing the importance of comprehensive healthcare and support throughout the process.

Induced abortion raises complex ethical questions regarding personhood, individual rights, and the balance between maternal and fetal well-being. Different philosophical and cultural perspectives provide a framework for understanding the moral reasoning behind these decisions. The examination of various ethical arguments, including those from pro-choice and pro-life perspectives, fosters a deeper understanding of the complexities involved.

The stigma surrounding induced abortion can have profound effects on an individual's emotional well-being, particularly if they face societal judgment, isolation, or discrimination. Providing compassionate and non-judgmental support systems is crucial to ensuring safe and healthy experiences. Exploring the role of counseling, education, and access to reproductive healthcare services can shed light on strategies for reducing stigma and promoting informed decision-making.

The experiences of induced abortion are highly individualized, influenced by cultural, emotional, physical, and ethical factors. Recognizing and respecting this diversity is essential when shaping public discourse and policy surrounding abortion. By promoting empathetic dialogue and

comprehensive support systems, societies can strive towards fostering an environment that respects individual autonomy, ensures reproductive rights, and upholds the overall well-being of all individuals involved.

5.1.1.2. Pregnant Woman

Pregnancy termination, also known as abortion, is a complex and multifaceted topic with significant social, ethical, and legal implications. While the decision to terminate a pregnancy is deeply personal, it is crucial to recognize that pregnant women can also be viewed as agents of pregnancy termination. By acknowledging and respecting their agency in making reproductive choices, we promote the principles of bodily autonomy, self-determination, and women's rights. This article explores the factors that contribute to pregnant women's agency in pregnancy termination, highlighting the importance of providing support, access to comprehensive healthcare, and respecting their decision-making process.

The concept of bodily autonomy asserts that individuals have the right to make decisions concerning their own bodies without interference or coercion from others. Pregnant women, like any other individual, possess this fundamental right. The ability to decide whether to continue or terminate a pregnancy is an exercise of their autonomy and personal freedom.

Pregnant women, as autonomous individuals, have the capacity to make informed choices about their reproductive lives. They possess unique knowledge and understanding of their personal circumstances, including their physical and mental health, financial situation, and social support systems. Recognizing pregnant women as agents of pregnancy termination acknowledges their ability to weigh these factors and make decisions that align with their values and aspirations.

The decision to terminate a pregnancy can stem from various health-related concerns. Pregnant women may face medical complications, such as severe fetal abnormalities or life-threatening conditions, which necessitate pregnancy termination for the preservation of their own health. In such cases, they act as agents of pregnancy termination while prioritizing their physical and emotional well-being.

Pregnant women, when provided with comprehensive reproductive healthcare and accurate information, are empowered to make choices that align with their personal circumstances and

goals. Accessible and unbiased counseling services allow them to explore all available options, including pregnancy termination, adoption, or parenting. Empowering women to make informed decisions enhances their sense of agency and self-determination in the context of pregnancy termination.

Pregnant women face unique challenges when considering pregnancy termination. Providing a supportive environment that respects their autonomy and offers non-judgmental assistance is crucial. Support networks, including healthcare professionals, counselors, and organizations specializing in reproductive health, play a vital role in ensuring that pregnant women have the necessary resources and emotional support to make well-informed decisions.

Acknowledging pregnant women as agents of pregnancy termination is essential for upholding their rights, autonomy, and decision-making capacity. Recognizing the complexities surrounding pregnancy and the diverse circumstances that influence a woman's choice to terminate a pregnancy fosters a society that respects reproductive freedom. By empowering pregnant women, providing comprehensive healthcare, and fostering supportive environments, we can ensure that they have the agency and support they need to make decisions that are best for their own lives and well-being.

5.1.1.2.1. Uninformed Pregnant woman

Terminating pregancy in Yaounde is done through several techniques and according to several research participants medical abortion with the use of Mifepristone and Misoprostol is widely used by women in the termination of pregnancy. Our research revealed that most of the respondents induced abortion at home, using this medical abortion technology which involved the swallowing of pills and later the expulsion of the fetus from the uterus. According to some of the research participants in our research, they had access to pills from other people, especially friends. A research participant who had used these pills to terminate a pregnancy shared her experience as follows:

> *I took some medicine. I was discussing with a friend how I did not want the pregnancy with a friend and she told me she knows some medicine that she was given and she also used it, so she will bring it to me. She brought me the medicine, told me how to take it and I took it and I started bleeding not long from when I*

> *took the medicine and that is how I terminated my pregnancy.* (Seamstress, 26 years old, 22/07/2021)

According to this research participants, she took the medicine but she was not even aware of the existence of such a drug. So, while discussing with her friend how she did not want the pregnancy, the friend informed her of a medicine she knows that she was given when she got pregnant some time back. She said she will bring it to her and later brought it and explained how it is being used to her and she took it too. A while after taking the medicine she started bleeding and for her that is how she terminated her pregnancy with the help of her friend.

5.1.1.2.2. Informed Pregnant Woman

To add, some of the research participants themselves were well aware of the drugs they had to take to terminate the pregnancy. A research participant who got the drugs herself had this to say:

> *I went to this roadside drug vendors and I asked which drug I could get to terminate my pregnancy after he told me, I just bought some medicine and took it. The medicine is called Cytotec. After taking it, I stayed indoors for a while I think for about 8 hours and I started feeling cramps and not long after that the blood started flowing. It just happened as if I was having my usual menstrual cycle and I was having cramps.* (Housemaid, 23 years, old, 14/07/2021).

According to this other participant, she bought some medicine called Cytotec from a roadside drug vendor and after taking it she had to stay indoors till she was sure that it was over. So, she decided to stay indoors for a while till she started bleeding after 8 hours as she started feeling cramps. For her, it happened just as her usual menstrual cramps during her cycle.

5.1.2. Kin relations

Some of the pregnant research participants were coerced by a family member to take the drugs they had to take to terminate the pregnancy. A pregnant research participant who got the drugs under the coercion of a family member explained:

> *I was confused, I did not even know what to do. Little did I know who to go to or to talk to. I gathered myself and decided to share with my aunt who was staying with us in the house. She just told me that it is no big deal that by tomorrow it will not be an issue. She got back home in the evening and gave me this drug to take and explained to me how to take it. I took it just as she told me to and I started bleeding. A short time that I was having painful belly cramps. Everything went*

> *well though tough and that is how I terminated my pregnancy.* (Student, 19 years old, 09/07/2021)

From the words of this research participant, she got confused when she got pregnant. She was lost, not knowing what to do nor who to go to for help. After a long thought, she reached out for help from her aunt who lived with them. She assured her not to worry about her situation as she got back home that evening and gave her a drug to take. After haven explained things to her, she took it and started bleeding after a short while. Her aunt knowing what was going on told everyone at home that she had painful cramps. From her story, everything went well though it was a tough experience in her terminating her pregnancy.

Another research participants mentioned being given the drugs they had to take to terminate the pregnancy by their mother. She said:

> *As a single mother my mother was not readyfor me to go through what she went through when she was my age. In a way hers was worst because she had twin that is my sister and I. She told me to wait at home and that by the time she gets back home she will have a solution to our problem. On her return she handed some drugs to me and told me that a friend of hers told her to buy the drug by the road side from street drug vendors. She explained how I should take it and told me that by morning things will start getting better. I did as she said and started bleeding before morning. The drug terminated my pregnancy and I have my mother to thank for that. I don't know how I could have handled the situation if not of her. She was there all along and I still do appreciate her being there for me.* (Female student, 19 years old, 02/07/2021)

From the words of this research participants, her mother as a single mother was not ready for her to go through the same situation which she went through when giving birth to she and her sister. She left home and told her that all was going to be ok when she got back later that evening. Her mother described her unwanted pregnancy as a problem and not only a problem but their problem. As when she got back home, she gave her some drugs and said it was said she was told to buy the drug from street drug vendors by a friend of hers. She told her how to take it and assured her that their common problem will start ending by morning. She did as she was told and started bleeding by morning. After a while her pregnancy was terminated and she expressed profound gratitude to her mother for being there for her because without her mother she could not have known what to do in that situation.

These experiences indicate that some women who induce abortion resort to medical abortion and may seek information regarding the pills to be taken from friends, street vendors, mothers and family members. A plausible explanation is that women may not want people to know about

their abortion. As such, women would rather prefer to have a clandestine abortion. This could be as a result of women's attempts to avoid the stigma attached to abortions at the societal level.

5.1.3 Experiences with post- pregnancy termination care

We observed that different situations informed women's decisions to seek post-pregnancy termination care services. For instance, women who induced their pregnancy termination decided to seek post-pregnancy termination care only at the point where they felt the pain was becoming unbearable and needed professional help in dealing with their situations. A research participant had this to say:

> *My abdomen was aching severely and I went to the hospital. It started as some normal pains but was increasing as time passed so when I couldn't bear the pain any longer, I went to the hospital because I got scared that something must have gone wrong and I could lose my live due to over bleeding.* (Student, 20 years old, 11/06/2021)

From the words of this research participant, seeking post-pregnancy termination care was a last resort after her abdomen was aching severely. For her, it all started as a normal pain but the pain increased with time till the point where she could not bear it any longer. Thus, making her to rush to the closest hospital because she got scared that something went wrong and she could end up losing her life due to over bleeding from the induced pregnancy termination.

One other respondent who also waited till the pain became severe and unbearable before seeking post pregnancy termination care had this to say:

> *Well! When the thing (pregnancy termination process) happened, I didn't come to the hospital immediately. I stayed home for some time and I started feeling pains in my waist. I went to urinate and saw blood in my underwear. When the pain was becoming too much, I pushed. After pushing, the blood started coming out of me like water. I almost died due to over bleeding. The blood was just coming out like water for a long time so I became weak. I was rushed to the hospital and was taken care of though after losing my pregnancy.* (Trader, 29 years old, 08/05/2021)

From the words of this participant, when her pregnancy termination process started she did not want to see care at a health facility. She chose to stay home for a while and she started feeling serious pains in her waist. When she went to urinate, she saw blood in her underwear. When the

pain became excruciating, she pushed as if she was giving birth and after haven pushed, blood started coming out as if it was a tap. She almost died due to over bleeding. The blood was just coming out for a long time and with time she became weak. She was rushed to the hospital and was taken care of though she lost her pregnancy.

From the data collected we found out that some of the women who experienced complications from induced abortion were scared of stigma by society. This, to a large extent, affects the decision-making of some women to seek help at health care facilities. Their position was that they would not want anyone to know they have had an induced abortion. This made them to prefer to hide their situation and suffer in silence. A research participant stated that:

> *I knew that I was losing my pregnancy the process was painful and at some point, it became unbearable for me before I decided to go to the hospital. I was feeling pains but I was feeling shy and didn't want anybody to know what was happening to me so I refused to go to the hospital. But later on, the pain was too much and I couldn't breathe again so they had to hire a taxi to take me to the hospital. I lost my pregnancy and if I wasn't taken to the hospital to be taken care of, I could have lost the pregnancy and my life.* (Maid, 31 years old, 12/06/2021)

According to this research participant, housemaid, she knew that she was losing her pregnancy and for her the spontaneous pregnancy termination process was painful and at some point, this pain became unbearable for her before she decided to go to the hospital. She spoke about feeling pain and also feeling shy about what was happening to her and she didn't want anyone to know what was happening to her and thus refused to go to the hospital. A while later the same day, the pain was too much that she couldn't breathe well again, so the people around here hired a taxi and took her to the hospital to be taken care of urgently. She ended up losing her pregnancy and if she wasn't careful from her own words, losing her pregnancy couldn't have been the only thing she could have lost if not rushed to the hospital as she could have also lost her life.

Although the women were in pain, they were reluctant to seek early treatment from a health facility and delayed until the pain was unbearable. This could be attributed to the fact that women feared being stigmatized for having induced their pregnancy termination. It could also be that these women were not aware of their right to care and, as such, were scared to seek early post-pregnancy termination care.

Nonetheless, women who have been pregnant more than once who experienced spontaneous pregnancy termination did not take long in seeking care at the hospitals. They were quick to go to the hospitals when they noticed a change or felt something was not in order. As one of them mentioned:

> *I know that during pregnancy you are not supposed to see blood like when you are menstruating. I have given birth before and I know the process so immediately I saw something come out of me I knew something was wrong and I had to go to the hospital*. (Secretary, 37 years old, 16/06/2021)

From the words of this participant, she knew very well that during pregnancy, a woman is not supposed to see blood like when she is experiencing menstruation. As from her experience from previous pregnancies she has had, given that she has given birth before, immediately she saw something like blood coming out, she knew something was wrong and that she had to go to the hospital.

To corroborate this, another woman added:

> *I was feeling cold, very weak and all of a sudden, I started feeling dizzy too. I realized something was wrong with me but I wasn't too sure of what was wrong with me. I remembered that we were told that whenever we feel as if something is wrong, we should not hesitate to come straight to the hospital. So, I was rushed to the hospital*. (Farmer, 39years old, 20/06/2021)

According to this research participant, she was feeling cold, very weak and all of a sudden, she started feeling dizzy too. She realized that something was wrong with her and remembered that when she went for her visits in the hospital, she was told that whenever she feels as if something is wrong, she should not hesitate to rush to the hospital. So, she was rushed to the hospital and later she lost her pregnancy.

The above explanations show that the fear of stigma is a factor that delay the health-seeking behavior of women who have had a pregnancy termination. However, women who have been pregnant once or more and women who experienced spontaneous pregnancy termination were quick to seek post pregnancy termination health care. Seeking early post- pregnancy termination care by women who have been pregnant once or more could be as a result of earlier experiences with pregnancies. The women who have been pregnant once or more and women who experienced spontaneous pregnancy termination could have been opportune to learning the

importance of reporting for early treatment during antenatal care for their previous pregnancies. Knowing the dangers of delay in health-seeking, women who have been pregnant once or more would probably be more concerned with their health as compared to the stigma attached to pregnancy termination. This could be a probable reason why women who have been pregnant once or more and women who experienced spontaneous pregnancy termination seek early post abortion care.

5.1.4. Experiences of support received

From data collected we observed that several of our research participants received support from their partners, family, and friends in trying to terminate their pregnancies and in seeking health care after a pregnancy termination. This support mainly came in financial and emotional forms for women who experienced spontaneous pregnancy termination while women who experienced induced pregnancy termination mostly received financial support. In most cases, those who received support from their partners and families acknowledged that the support was very critical in their decisions to both terminate and seek care as well as their general experiences with the pregnancy termination and after pregnancy termination procedure. For instance, a participant who had a spontaneous pregnancy termination had this to say:

> *Yes, my husband. He has been very helpful right from the beginning till now. He was there for me by going to the hospital with me and when I was admitted, he came to visit regularly and bought food for me as well as being supportive in comforting and consoling me to go through the process.* (Cashier, 28 years old, 23/07/2021)

From the expression of this research participant, she explains how her husband was very supportive and by her side from the beginning of her pregnancy termination till now. He was there when she had to go the hospital and when she was admitted he came visiting regularly and brought food for her to eat. She also mentioned that he was very supportive in comforting and consoling her through her pregnancy termination process.

To corroborate the quotation above, another participant who received financial support for post pregnancy termination care from her family and partner had this to say:

> *Yes, my father was a watchman and he is now on pension but took some of his monthly pay about 50000frscfa so he sent it to me and the boy who impregnated*

> *me also added some as well as my elder brother and they took me to the hospital. They also visited me from time to time.* (Student, 20 years old, 18/07/2021)

According to the above quotation from one of our research participants, her father served as her watchman and as someone who depends only in his pension, he sacrificed some and sent her 50,000frscfa. From her words, the boy who got her pregnant also added some money as well and her elder did same and they also help take her to the hospital and visited her from time to time.

On the other hand, some other research participants did not have any support from their immediate families and partners after the pregnancy termination episode. This made these research participants to be left on their own wherever they were since they were afraid of stigmatization and in most of the cases lacked financial support too. Consequently, they stayed wherever they were against their will, although some had fully recovered from their conditions. This was what a participant said:

> *No one helped me. Even as I am here right now, I have been discharged but because of my bills, I can't go home. My sister was the one who got me a taxi but aside from that, I have not received any form of help from anybody again.* (Buyam Sellam, 32 years old, 04/07/2021)

From the words of this research participant, no one helped her and given that she is still in the hospital she has been discharged but she cannot leave because they are bills to pay. All the support she received was a sister of hers who got a taxi for her to go to the hospital but apart from that she has not received help of any kind from anyone.

To corroborate this, another respondent said:

> *Please no, there is no one, even up till now I don't have anybody who will just give me text message to tell me good morning and ask me how I slept. So, they can't even be someone who will ask me how I am feeling after what I have just gone through.* (Splinter, 23years old, 06/07/2021)

According to the words of this research participant, there is no one that can be kind enough to text her good morning or to inquire how she slept. So, from her words, they can't be someone who will be kind enough to ask he how she is feeling after what she has gone through.

5.1.5. Experiences of Pain and side effects

Several research participants expressed themselves on having minimal pain during their pregnancy termination process despite taking pain reliever or not. They had a lot to say on the pain they experienced as one said:

> *It was my first time of doing this as I had never had an abortion before, so I was expecting more pain so I took ibuprofen but there was no pain. It was just normal. I was doing the house chores I am used to doing and nothing seemed to be wrong with me and at the end all went well.* (Student, 31 years old, 13/06/2021)

From the experience shared by the above research participant, it was her very first time to terminate a pregnancy and she was expecting to feel more pain so she took a pain reliever called ibuprofen but she did not feel any pain. According to her she felt just normal as she went about doing her usual house chores and nothing seemed to be wrong with her and at the end of the day the pregnancy got terminated.

Another research participant explained:

> *It wasn't painful at all, not even a little. There was no such feeling of pain. Only when the pregnancy started to discharge, there was a feeling of something coming out, like when I'm on my period … but there was absolutely no pain.* (Mother, 35 years old, 10/06/2021)

According to the experience shared by the above research participant, her pregnancy termination process wasn't painful at all as she felt no pain during the whole process. She said that there was no feeling of pain and all she felt was something coming out when the pregnancy was being terminated and it felt normal menstruation discharge. From her was to sum it all, there was no pain.

Several other research participants expressed themselves on feeling brief intense pain and said it occurred right before expulsion of the fetus. As one participant had this to say;

> *It hurt terribly, it hurt in a way that it was very unlike any normal pain … I had 30 minutes of intense pain which I had never felt before, after that I felt better, then gradually it eased and then I could walk as usual.* (Secretary, 33 years old, 16/05/2021)

From the experience shared by the above research participant, the process hurt terribly and the way it hurt was very unlike any normal pain. She said that she experienced 30 minutes of intense pain and after that she felt better. After haven felt the pain, everything gradually eased and then she could walk normally as usual.

Some other research participants expressed themselves on having intermittent pain, which some described as similar to labor contractions;

> *It was my first time and the feeling was funny because I had never felt such before. I felt pain several times, it pained and disappeared and again pained and again disappeared. This happened like this till everything was done.* (Student, 25 years old, 20/05/2021)

According to the experience shared by the above research participant, it was her first time terminating a pregnancy and the feeling of the pain she felt was very funny and she had never felt such pain before then. She said that she felt such pain several times as it pained then disappeared and again it pained and again it disappeared. From her words, it happened this way till the pregnancy got terminated.

Another research participant had a similar experience and she explained;

> *As someone who has already given birth, I have had to feel this same kind of pain before. I think it is like labor pain, intermittent pain from light pain to heavy pain. It happens like this till the fetus finally comes out just like when one is giving birth to a child.* (Mother, 35 years old, 15/06/2021).

From the experience shared by the above research participant, she has given birth before and the pain she felt was from the pregnancy termination procedure was similar to that of labor pain. From her words the pain was intermittent, sometimes the pain is light and some other times the pain is heavy. As she described, it happened like this till the fetus finally came out just like giving birth.

And some other research participants expressed themselves on haven felt constant pain for an hour up to several hours;

> *The pains were like none I have felt before and more to that, it lasted for about 3 or 4 hours … there was no change it just kept on aching and aching. The pains were constant and unbearable.* (Sales girl, 20 years old, 22/06/2021)

According to the experience shared by the above research participant, she had never felt such pain before. The pain of her pregnancy termination lasted for about 3 to 4 hours. From her words there was no change in the pain she felt as it was constant and unbearable.

Together with the pain they felt, some research participants expressed themselves on several symptoms like chills and shivering, nausea, vomiting, fever, and diarrhea, and they had this to say on their experiences as one research participant said,

> *I felt an unusual cold breeze pass through me. I felt really cold, and I was shivering even when I left my room and went and sat under the sun it was the same thing, it still felt cold.* (Sales girl, 20 years old, 22/06/2021).

From the experience shared by the above research participant, she felt an unusual cold breeze pass through her as she got cold and was shivering. Even when she left her room to sit under the sun the cold feeling and shivering did not stop.

Another research participant shared her experience as she said;

> *The diarrhea I had was the most intolerable. It made my stomach gurgle and I felt nauseous so I needed to go to the bathroom constantly even though I felt cold and just wanted to stay in my bed… the diarrhea and nausea were the worst.* (Student, 25 years old, 20/05/2021).

From the experience shared by the above research participant, during her pregnancy termination procedure, the diarrhea she had was intolerable. From her this was so because, it made her stomach gurgle and at the same time she had nausea. This made her to visit the toilet on a regular. From her words, she also felt cold and just wanted to stay in bed.

Some other research participants expressed themselves on having weakness and/or dizziness;

> *The pain was unbearable but I tolerated the pain for half an hour, it was all because I felt seriously weak at some point that I couldn't tolerate the pain. Together with the weakness I also felt dizzy.* (Student, 25 years old, 20/05/2021)

According to the experience shared by the above research participant, the pain she felt was unbearable and she tolerated it for about 30 minutes. When she felt weak at some point, she could not tolerate the pain anymore as the weakness came with dizziness too.

Some other research participants said they had numbness or immobility (under the tongue or in the limbs). As they explained,

> *I think that it had its way to hit me because I felt so numb with pain…I think it was because of the pills melting in my mouth. I think they made me feel that numb in some parts of my body like my tongue and my limbs.* (Teacher, 40 years old, 21/06/2021)

From the experience shared by the above research participant, her pregnancy had its way to hit her as she felt numb with pain. From her words, she thinks that this was due to the pregnancy termination pill melting in her mouth. She believes that it is what made her feel numb.

Another research participant said,

> *There was no abdominal pain. Only my limbs, it felt like I can't handle it anymore, I felt paralyzed…It hurt terribly, it hurt in a way that it's very unlike any normal pain, I have never experienced such kind of pain. My limbs couldn't even move.* (Accountant, 35 years old, 15/03/2021)

According to the experience shared by the above research participant, she had no abdominal pain. It is only her legs which felt like she couldn't handle them anymore as she felt paralyzed due to the pain she felt. From her words, she had never experienced such a pain before as it match no other pain as she could not move her legs.

5.1.5.1. Experiences of Pregnancy Termination Pain Relative to other Pains

Several research participants compared the pain of their pregnancy termination with other pains they previously felt like pain during menstruation, labor, and previous pregnancy terminations using several references like the intensity of the pain they felt, pain duration, associated symptoms and side effects, and response to pain medications. One research participant rated her experiences in terms of intensity and duration as she said;

> *The least painful was suction abortion, at level 5-6 on 10 but only for a short period of time. The second one would be the recent (medical) abortion, heavy bleeding hurt at level 6-7 on 10. Third one is my second labor; pain level was at 7-8 but lasted longer than the abortion. And my first labor hurt the most, pain level 9-10 and lasted incredibly long.* (Seamstress, 42 years old, 02/03/2021).

From the experience shared by the above research participant during our interview, her experience of her most recent abortion in terms of intensity and duration of pain was second to the least sexual reproductive pain she had ever felt in her life time as on a scale of 10 she rated it between 6 and 7. She says this as she compares her most recent pregnancy termination experience to her last pregnancy termination by suction where she felt the least pain as she rated it between 5 and 6 on 10. She continued by adding that her second labor experience was the third least painful sexual reproductive experience she ever had as on a scale of 10 she rated it between 7 and 8. From her words, the most painful sexual reproductive experience was her first ever labor as it hurt her the most and the pain lasted for an incredibly long period of time as she rates it between 9 and 10 on a scale of 10.

With regard to pain intensity, another participant added;

> *This one wasn't that bad at all, I didn't even feel like I was doing an abortion, there wasn't a lot of pain. My menstruation pain is the worse one if I were to compare this abortion and my menstruation… When I was going for the abortion, I knew that it will be very painful and I did not expect it to be less painful than my menstruation pain.* (Student, 25 years old, 23/04/2021).

According to the experience shared by the above research participant, her pregnancy termination experience was not that bad in terms of the pain she felt as they were not a lot of pain. She later compares it to her menstruation pain and says that she feels more pain during her menstruation than during the pregnancy termination. She also adds that when she was going in to terminate her pregnancy, she knew that the procedure was going to be very painful but little did she know that the pain she will she during and after the procedure will be less painful that her menstrual pain.

In contrast to what the above research participant said, another research participant said;

> *People told me all is going to be well and that things are going to end with little or no pain. When I did the abortion, it gave me heavy pain…it was more painful than the period pains I used to have.* (Graduate, 33 years old, 17/04/2021).

From the experience shared by the above research participant during our interview, she was told by people close to her that everything was going to go on well and the process with little or no pain. When she went through the process, it happened to give her a lot of pain. For it was more painful than her usual period pains.

Several participants who had previous abortions attributed lower pain levels in the current abortion to the use of pain medications:

> *The bleeding was same like on the other times. But the pain was more in previous abortions than this time. I also didn't have much difficulty as I took fortadol I pain medicine I was given for after the abortion…Maybe that is why compared to the previous abortions I didn't feel much pain.* (Student, 27 years old, 25/05/2021).

According to the experience shared by the above research participant, she experienced the same amount of bleeding like on previous times she had an abortion. For her, she felt more pain in the previous abortion that this time. She attributes the fact that she felt less pain this time after the abortion because she was given a pain killer medicine called fortadol which made the process less painful than the process.

Another said that just having pain medications easily available to her made the experience better:

> *During my previous abortions, I wasn't told to do anything if I had pain. So, this time I had ibuprofen and metronidazole by me if I had pain, even though I didn't take it… so it felt really good having it by my side should in case I felt serious pain. Instead of going out and buying the medicine, when one has a packet with themselves, they can easily take it.* (Housewife, 37 years old, 11/05/2021).

From the experience shared by the above research participant, she wasn't told to do anything with pain during her previous pregnancy terminations. But during her most recent pregnancy termination she had ibuprofen and metronidazole at her disposal and just having it at her disposal was relieving during the pregnancy termination process even though she ended up not taking. For her, just having it by her side if need arose made her feel good. According to her it was preferable than feeling pain and having to rush out to buy pain reliever drugs

One more explained:

> *If I have to compare, my previous abortion was the most painful for a lesser time while using medicine … during my last abortion… I felt serious pain for about 6-7 days. But this time even if the pain was more than the previous, it got lessened after having ibuprofen and metronidazole.* (Cashier, 34 years old, 14/04/2021).

According to the experience shared by the above research participant, if she had to compare her previous abortion and the most recent abortion. She felt more pain for about 6 to 7 days but her

most recent abortion was more painful than the previous and the pain lessened after she took pain relieving medication.

Some participants explained that the pain intensity of labor was much higher than that of a medical abortion;

> *It was nothing compared to my labor pain, because my labor pain was extreme…the labor is the worst pain ever, then comes the suction abortion, finally the pain from this abortion using medicine.* (Receptionist, 31 years old, 20/05/2021).

From the experience shared by the above research participant, if she has to compare the pains, her labor pain was the gruesome than any other pain followed by the pain from suction abortion. For her the least pain she ever felt was from her medical pregnancy termination.

Another explained:

> *Labor pains for me are the most painful, the pain for some start and last like a week before and for some others a few minutes… Labor pain should not be compared to either menstruation or abortion pain.* (Hostess, 21 years old, 13/05/2021).

According to the experience shared by the above research participant, labor pains for her are the most painful for a lady as it can start a week before birth for some women and others a few minutes before birth. For her, labor pains should not be compared to any other pain like that of menstruation and pregnancy termination.

Some other research participants compared the duration of pain in menstruation to that of pregnancy termination as menstrual pain was shorter and predictable for most participants, whereas medical pregnancy termination was less predictable and the pain occurred throughout the experience. One participant explained;

> *For menstruation, the pain comes and goes, it pains a little on the first day and then it doesn't pain. But during abortion, it was paining on the first day and the pain continued till the third day.* (Athlete, 28 years old, 09/08/2021).

From the experience shared by the above research participant, pains from menstruation are sporadic as they come and go as the pain is felt on the first day and any other day. Whereas pains from pregnancy terminations are different as the pain is felt all the days of the process.

Another research participant said;

> *I don't get pain during every menstruation…I feel pain for like one day only and that is it most of the times. During abortion as well, I had pain for a day only. That is why I feel it's the same.* (Accountant, 35 years old, 15/03/2021).

According to the experience shared by the above research participant, the pain she experienced during her pregnancy termination was similar to the pain she experiences during her menstruation. For her, she doesn't really feel any pain as such during her menstruation period as she feels pain usually just for a day and that's all about her menstruation pain. She felt the same pain during all her pregnancy terminations.

Research participants who shared experiences of previous pregnancy terminations often determined which experience was more painful by comparing duration of bleeding and pain. One participant said she preferred her previous medical pregnancy termination to her most recent pregnancy termination because the time it took to expel the pregnancy was longer this time and the pain was longer too. Similarly, to the process of childbirth, participants said they experienced more pain depending on the duration of pain as one research participant said:

> *When I delivered my child, I felt serious pain the whole day. It felt like the time when I had my abortion. It was my first childbirth experience and the pain felt like when I had an abortion.* (Single Mum, 29 years 03/08/2021).

For some research participants, the experience of pain from pregnancy termination with that of menstruation or labor had a relation with symptoms other than pain alone. For example, one participant said:

> *My period pain is just normal, but with my abortion it was twisting and I had diarrhea together with fever also, I also had chills and I was shivering, shaking all the time. That's the difference may be because it was my first time.* (Hostess, 21 years old, 13/05/2021).

According to the experience shared by the above research participant, her period pain is always normal but that of her abortion was very complex. According to her coupled with the pain she had diarrhea, fever, chills, shivering and shaking. For her, that's how complex and different the experience between her usual period pains and her pregnancy termination felt like.

Another research participant said;

> *Normal delivery is painful because of many reasons, for example episiotomy and so many other things…. because there's no factors like that, medical abortion is much less painful.* (Mother, 41-year-old, 13/02/2021).

From the experience shared by the above research participant, childbirth is painful because of so many reasons like episiotomy and a couple of other procedures. For her, given that medical pregnancy terminations don't have such procedures, it is much less painful.

Another research participant added:

> *With giving birth and beside labor pain, you suffer also from the tear of vagina afterward as well, which prolongs the pain to after delivery. After the abortion, you only suffer for like 1 day or 2 at most 3 days.* (Single Mother, 26 years old, 05/02/2021).

According to the experience shared by the above research participant, the pain from childbirth doesn't end with labor pain and delivery. In her case there is also the tear of the vagina accompanied to labor pains and delivery which makes the pain to be prolonged. In the case of the pregnancy termination she had, she only suffered from the pain for a day and at most 3 days.

Some research participants also shared their experiences on having a previous abortion and compared it to their current experience. Some women explained that the lack of instruments helped reduce their pain with their current medical pregnancy termination compared to a previous surgical pregnancy termination. One research participant said;

> *This time hurt more than last time but was less scary because I didn't have to listen to the sound of the surgical tools, so there was less mental pain… the clanking sound of surgical tools scared me.* (Street Vendor 1, 32 years old, 16/02/2021).

From the experience shared by the above research participant, her medical pregnancy termination procedure hurt more than her last surgical pregnancy termination. She adds that despite the fact that it hurt more it was less scary because she was free from hearing the sound of surgical tools which was much more relieving. This is so because the sound from the surgical tools of her previous surgical abortion scared her a lot.

Another research participant said it;

> *It was much less painful, my mind was much at ease, and it was more private…I feel quite embarrassed every time I have gynecology check. Like taking my clothes off and checking, that's what makes me feel not comfortable at all.* (Street Vendor 2, 33 years old, 16/02/2021).

According to the experience shared by the above research participant, her medical pregnancy termination was much less painful than she thought as she had peace of mind and she did it privately. This is so because she feels embarrassed when she goes for gynecology checks as it demands her to take off her clothes and the checking procedure for her is kind weird and it makes her feel uncomfortable.

Another research participant who had experienced several surgical abortions mentioned the importance of supportive, non-judgmental providers;

> *In my other previous abortions, there was just me in the room. The doctors were scary and the things they said really annoyed me, like '… I don't want to do this. It's just that you asked for it,' … so I felt very uncomfortable. …I had to accept it. I was better this time, I was able to do self-check at home, and I had my friend next to me and also someone to talk to during the process. Everything was so fast. I felt stronger mentally not feeling like abandoned in the room like any of those previous abortions…this time was more painful but more relieved. I felt safer since the surgical ones are scary, not as painful but much scarier.* (Housewife, 35 years old, 18/01/2021).

From the experience shared by the above research participant, in her previous abortions it was just her in the room surrounded by the health personnel. She did not really appreciate the judgmental statements made by the health personnel which made her feel uncomfortable. With her most recent medical pregnancy termination, from her word's things turned out to be better as she did it at home and her friend was by her side to support her. She felt safer than her previous experiences which appeared to be scarier.

5.1.5.2. Experiences of Pregnancy Termination Pain Management

Pain management during pregnancy termination is an essential part of the process. More than half of women experience severe pain during pregnancy termination. Prophylactic use of ibuprofen, paracetamol, fortadol, amoxicillin and metronidazole is not adequate for pain

management as experiences of pain management during pregnancy termination differ from woman to women and also on the type or combination of pain relievers used to manage pain. However, predictive factors for severe pain during pregnancy termination in our research include advanced gestational age, a woman who has never been pregnant (nulligravida), young age, painful menstruation typically known as abdominal cramps or dysmenorrhea. Added to the aforementioned a history of pregnancy termination might also be a risk factor for severe pain. In this section we are exploring the experiences of pain management during pregnancy termination as one research participant said:

> *Because they not only gave me medicine when I was in pain but before I had pain, they had given me medicine. So, I felt my pain got cured after taking medicine. I didn't have to take additional medicine.* (Hostess, 21 years old, 13/05/2021).

According to the experience shared by the above research participant, the fact that she was given medication before the procedure and later on when she felt pain made her feel cured from the pain she felt. Due to this, she needed not additional medication later on. Another research participated said;

> *Everything went well for me as it was very satisfying because if it wasn't for the medication I took before the procedure and later when I felt pain, I could have slept in pain.* (Student, 21 years old, 11/12/2020).

From the experience shared by the above research participant, everything went well for her because she was given medication before the pregnancy termination procedure and after the procedure when she felt pain which helped her sleep well.

Another research participant mentioned;

> *After having the medicine, it lessened my pain and I felt like eating as well. I had a fear that if something might happen, after the pain was gone, I felt that I am fine now*. (Street Vendor 1, 32 years old, 16/02/2021).

According to the experience shared by the above research participant, after taking the pain medication it lessened her pain and she had appetite to eat. She feared that something might happen after she took the pain medication and the effects must have calm down. But when the pain medication effects calmed down, she felt fine.

For managing pain in general and not only specific to a method of pregnancy termination, only a few women said they took medications for more extreme pain. A woman said:

> *If sometimes I have more pain and I have to go to work, I take drugs like diclofenac and some other analgesic or antibiotics. Otherwise, I don't...If it is paining in the morning, I take medicine to help me feel less pain to go to work.* (Street Vendor 2, 33 years old, 16/02/2021).

From the experience shared by the above research participant, whenever she terminates a pregnancy and she felt more pain and had to go to work she will take diclofenac and any other analgesic or antibiotics. If she doesn't take anything she will not go to work. For her if the pain comes in the morning, she takes the pain relievers to feel less pain before going to work.

The use of non-medicinal methods for managing pregnancy termination pain were most common for women who lacked money and less so for women who had the money to buy drugs. These methods were similar to those mentioned for menstrual pain, including most commonly wrapping a piece of cloth around one's abdomen, eating or drinking hot foods and liquids, and using a hot water bottle or massage. One research participant said:

> *I was dependent on hot water…my husband used to give me water frequently. He boiled the water in a thermos and put a glass in front of me. I just took rest by drinking hot water.* (Mother, 41-year-old, 13/02/2021).

According to the experience shared by the above research participant, whenever she terminates a pregnancy, she is dependent on hot water and has husband give her water frequently. He usually boils water and keeps it in a thermos together with a glass and she took rest while drinking the hot water.

Other research participants also reported eating warm foods with protein, such as soup or eggs, to ease pain. One woman mentioned;

> *As support when I aborted only my sister massaged me. She massaged and pressed on the area where I said was feeling pain. Then she gave me a pot of hot pepper soup which really made the pain subside till I wasn't feeling any pain.* (Singe Mum, 31 years old, 03/12/2020).

From the experience shared by the above research participant, during her abortion her sister massaged her and touched the areas where she felt pain. Then her sister prepared some hot

pepper soup and gave her to eat. This really helped her feel relieve from the pain she felt till the point where she wasn't feeling any pain.

Also, several women said they took hot baths and lying flat on the floor to soothe the pain;

> *I tried several things to make me feel less pain like just being active and making as if nothing is bothering me but nothing. So, I just lay down on a cold floor and the pain reduced a little bit and later I just took a hot bath to relax my body*. (Street Vendor 2, 33 years old, 16/02/2021).

According to the experience shared by the above research participant, she tried several things to feel less pain like being hyper active and ignoring the pain but it didn't help. So, she laid down on a cold floor and the pain subsided a little bit thereafter she took a hot bath. One participant explained the use of a cloth wrap around the abdomen for menstrual pain:

> *Because there is just air in our stomach, so we have pain in stomach. That is why it gets better after wrapping a piece of cloth. ... I wrap it for 1-2 hours when I have pain. .... When I wrap it like that it lessens my back pain as well. When I have menstrual period, we have stomach and back pain, so it also lessens that pain. I haven't used any medicine to date.* (Student, 23 years old, 12/11/2021)

From the experience shared by the above research participant, the fact that there is air in her stomach she is supposed to feel pain that is why when she wraps her belly for about 1 to 2 hours whenever she feels pain and the pain subsides. She adds that the same thing applies whenever she has her menstrual periods and she has stomach and back pains. For her she has never taken any drugs for any of the pains be it pregnancy termination related pains or menstrual periods related pains.

A research participant also said;

> *I boil water and I take the hot water and I put in a bottle and then I put it there or something that is warm and eventually I become okay…it helps and sometimes it does not…I sleep if nothing works*. (Student, 24 years old, 19/11/2021).

According to the experience shared by the above research participant, she boils water and puts in a bottle or in the absence of a hot water bottle any other warm thing will help. She then places it wherever she feels pain and eventually with time she feels fine and this usually helps when she feels pain. From her experience, sometimes it works and the times it doesn't work she just sleeps.

One research participant said she tried taking a menstrual regulation pill, a combination of herbal extracts containing traditional medications in between periods to prevent pain:

> *I took this mix of medicine during my abortion and it helped greatly. My next menstrual period, the pain was much less intense… this medicine helps regulate the menstrual cycle too.* (Student, 22 years old, 04/11/2021).

From the experience shared by the above research participant, she took a mix of medicine both menstrual regulation pills and herbal medicine when she terminated her pregnancy and it helped greatly during the process. During her next menstrual period after her pregnancy termination, she took the same mix and she felt less intense pain like on her previous menstrual periods and the mix also helped to regulate her menstrual cycle.

For managing labor pain, many reported walking, keeping busy, and massaging their bodies and they said it was the same way they managed their pregnancy termination pain. One research participant said:

> *My mother massaged me with oil all over my stomach…my mother told me that the pain might lessen if I stayed in a hanging position…but I just stayed clenching my teeth.* (Single Mother, 26 years old, 05/02/2021).

According to the experience shared by the above research participant, she was being massaged with oil by her mother to reduce the pain she felt. When told to stay in a hanging position she couldn't as the pain was gruesome and she decided to clench to her teeth.

Another research participant mentioned that:

> *I took nothing, I did not know what to take for the pain to subside or for it to pain less as the pain was like no other pain I had felt before. The pain made I was just walking and screaming.* (Student, 26 years old, 05/09/2020).

From the experience shared by the above research participant, she took nothing as she did not know what to take for the pain to subside or to feel less pain. This is so because the pain was like none other, she ever felt. So, all she could do was to be walking and screaming.

A research participant added,

> *With my first pregnancy termination I asked them to bring me food… I would eat, when that pain comes…I ate for almost twelve hours… with my second one I was*

> *better…I realized that I should nurse the pain. The more you walk the more you relieve stress.* (Cashier, 37 years old, 07/10/2020).

According to the experience shared by the above research participant, during her first pregnancy termination, she asked for food whenever pain came to feel relieved. With her second pregnancy termination, she just realized that the best thing to do was to nurse the pain she felt by walking and the more she walked the more she relieved stress from the pain.

5.1.5.3. Pregnancy Termination Emotional Pain Experiences

Reminders of a past abortion pain often arrive unexpectedly, activating a deep and forgotten hurt. The emotional pain often different for each person, but the hurt is real. Various factors can influence how a woman responds to experiencing a termination, such as how important the pregnancy was to her, her ability to cope with the event and her capacity to deal with events subsequent to the actual termination. It all depends on her social support network, her personal characteristics and the gestational age of the fetus at the time of the termination, since the emotional experience tends to be less negative the earlier this takes place (Rondon, 2009; Lafarge et al., 2014).

There is a need for people to be present to provide quality emotional support during the process and after the loss. The lack of emotional support leads women to seek help from other disciplines in the area of health, even some time after the termination (Andersson et al., 2014; Ramdaney et al., 2015).

Many participants said they felt conflicted or guilty about having an abortion, but no one expressed regret about the decision. One research participant said;

> *Half of me wanted to have an abortion and the other half wanted to keep the child, but I couldn't…I stayed strong and went forward because I could not just sit and let the pain take over, I had to get up and get going, as sitting and crying will not help.* (Singe Mum, 31 years old, 03/12/2020).

According to the experience shared by the above research participant, part of her wanted to terminate the pregnancy and the other part wanted to keep the pregnancy and have the child. But she couldn't have kept the pregnancy so, she stayed strong and went through with the pregnancy

termination procedure. After the pregnancy termination procedure, she decided to toughen up, get up and get going with her activities because sitting and crying could not do her any good.

Another research participant mentioned;

> *And after I had the abortion, I felt happy and secured…I didn't feel anything emotionally. I didn't want this pregnancy, I only thought about how this pregnancy will go and I will feel relieved.* (Street Vendor 2, 33 years old, 16/02/2021)

From the experience shared by the above research participant, after her pregnancy termination she felt happy and secured. She literally didn't feel anything emotionally as she didn't want the pregnancy from the start. She only had to think of how the pregnancy could have gone and then she will feel relieved.

One research participant had this to say:

> *I was careless and I got pregnant and that I blame myself. Then I had to do everything to get rid of the pregnancy. I feel like I'm such a terrible human being for having an abortion.* (Student, 20 years old, 22/09/2020)

According to the experience shared by the above research participant, she was careless and got pregnant and for that she blames herself. By being careless and getting pregnant, she had to get rid of the pregnancy. By terminating the pregnancy, she feels like a terrible person.

Another research participant explained;

> *I had an unwanted pregnancy and I had to do an abortion. I feel guilty about what I have done and yet I think it was the best thing that my boyfriend and I could do provided our situation.* (Student, 21 years old, 11/12/2020).

From the experience shared by the above research participant, she had an undesired pregnancy and she had to terminate her pregnancy. She feels guilty about what she did and at the same time she also thinks that it was the best thing to do for her boyfriend and her given the situation in which they were.

Others were not emotional at all about their experiences;

> *I got pregnant and falling pregnant was a mistake. I didn't have any feelings as such. I just wanted it to finish as quickly as possible. They whole situation already got me so confused already.* (Singe Mum 2, 31 years old, 03/12/2020).

According to the experience shared by the above research participant, she got pregnant and getting pregnant was a mistake. She did not have any feelings about her situation and on first thought it was pregnancy termination. She just wanted the pregnancy to come to an end as soonest as possible given that the whole situation already got her so confused.

Another research participant explained;

> *If I had thought of keeping it then I would have been emotional and thinking about a lot of things. But when I had thought of having abortion, then I didn't feel anything about it.* (Student, 25 years old, 13/10/2020).

From the experience shared by the above research participant, the thought of keeping the pregnancy got her emotional and thinking of a lot of things. Nonetheless, the thought of having an abortion made her feel unemotional and she didn't clinch.

One research participant said;

> *I happen to get pregnant after a one-night stand and it was a big mistake from my part. I just wanted to get rid of the pregnancy. That's all I was thinking about and nothing else.* (Student 2, 21 years old, 18/10/2020).

According to the experience shared by the above research participant, she got pregnant from a one-night stand and it was a big mistake on her part. She just wanted to terminate her pregnancy and that's all that ran through her head and nothing else.

Most who struggled emotionally or were conflicted said their emotions did not affect their physical pain. However, many explained that having emotional support from family and friends during the process made them feel more secure and, in some cases, more physically at ease. One research participant said;

> *Because I was feeling really bad from inside, so my emotional pain was a lot more than my physical pain, so I think that was the reason that helped me to not focus on my physical pain.* (Student 1, 21 years old, 18/10/2020).

From the experience shared by the above research participant, she felt really bad that her emotional pain got to her a lot more than her physical pain. For her, this is the reason why she could get through and not focus on the physical pain she felt.

Several participants discussed the importance of family or partner support;

> *I think the mental state really affects how we feel during abortion. If we're more relaxed, then we will feel less pain. Maybe I was unhappy and not so comfortable about this, so I felt more pain. … if people have someone to comfort them that would be the best mental remedy to reduce the pain they feel during abortion.* (Student, 21 years old, 20/09/2020).

According to the experience shared by the above research participant, someone's mental state really affects how they feel during pregnancy termination. If they feel more relaxed then the pain they feel is less. She felt uncomfortable during her procedure and according to her that's why she felt more pain. For her, if someone has comfort around them it will be the best mental remedy for them to feel less pain during their pregnancy termination procedure.

One research participant said:

> *I felt that I wasn't abandoned, so that pain was better...I can feel less scared even when my boyfriend just holds my hands. Truth be told just that gave me strength to support the pain.* (Student, 19 years old, 10/09/2021)

From the experience shared by the above research participant, she felt that she wasn't abandoned so she felt better. She felt less scared about herself and the procedure when her boyfriend held her hand. Her boyfriend holding her hand gave her strength to support the pain she felt.

Another research participant mentioned:

> *Basically, when you're taking that pill, you'd better have someone next to you. That's for the best…. Firstly, just in case something happens there would be someone next to you to calm you down and help you. Secondly, it's better to have someone to talk to rather than being alone.* (Street Vendor 2, 33 years old, 16/02/2021).

According to the experience shared by the above research participant, when taking the pregnancy termination pill, it is good to have someone by you as it's what's best. This is so because, if something happens to you there will be someone to calm you down and help you. For her,

having someone by your side is good because it is good to have someone to talk to rather than being alone and lonely.

Some other participants shared similar sentiments. One participant said:

> *I happened to have my abortion and I cried a bit in the afternoon till at night when my friend came to look after me. I was fine because my friend was there if not, I am sure I could have felt bad.* (Hairdresser 1, 19 years old, 12/01/2022).

From the experience shared by the above research participant, she had an abortion and she cried that day till evening when her friend came to look after her. She said she was ok because her friend was there if not, she could have felt bad.

Another research participant had this to add;

> *After my abortion I don't think I would have coped without my friend Liza being around. Imagine if I had to go get the water on my own, get the pain killers, food to eat and all of that on my own.* (Student, 24 years old, 02/02/2022).

According to the experience shared by the above research participant, after her abortion she doesn't know how she could have coped without her friend Liza. She imagined herself going to get water, pain killers and food and many other things and she was happy her friend was there for her.

Those who lacked support explained that it would have helped. One research participant had this to share;

> *I contained everything within myself and I did not tell anyone and it was hard, so I am thinking maybe if I had shared with someone, I do not think I would have felt that much pain.* (Hairdresser, 29 years old, 16/02/2021).

From the experience shared by the above research participant, she contained the pain and everything within herself and did not tell anyone what she was going through though she wished she had done so. For her, if she told people around her, she could have felt less pain.

Another research participant explained;

> *I was the only one who knew…There was no one to help me, no one to talk to… I wish we had already been married so he could be by my side and everyone could*

> *know. If the pain got worse, everyone could have taken care of me or told me what to do.* (Student 2, 24 years old, 23/02/2022).

According to the experience shared by the above research participant, she went through her pregnancy termination procedure alone as there was no one to help her and no one to talk to. She wished her partner and her were already married so her partner could be by her and other people could support her. For her, it was the ideal situation if the pain got worse for her to receive help from him and those around her.

Women who had previous experience with abortion appeared more prepared psychologically to handle abortion pain. For example, one research participant said:

> *I accept that pain because I know it should happen like that. It is what I must accept because I had faced it before…. because I was prepared beforehand, I already knew all the steps, the pain that I had to endure, I can mentally be ready to overcome it easily…so I can be less nervous*. (Singe Mum 2, 31 years old, 03/12/2020).

From the experience shared by the above research participant, she accepted the pain because she already knew how it had to be. For her it was what she had to accept given that she faced it before. She was prepared beforehand as she already knew the steps and the pain that she had to endure. Given that she had faced a similar situation before, she was mentally equipped for this one and less nervous.

Another research participant said;

> *It was surprising that I got pregnant because I am sure I was safe when I had sex. I had to abort it anyhow so my focus was on abortion only. I felt normal as I had done abortion previous to this as well.* (Journalist, 37 years old, 11/03/2022).

According to the experience shared by the above research participant, it was surprising she got pregnant given that she was sure that she was safe when she had sex. She had to abort by any means so her focus was on abortion. For her, everything felt normal as she previously had an abortion.

5.2.1. Community Experiences with Pregnancy Termination

While some women believe that Cameroon continues to be a conservative country where pregnancy termination is still taboo and can be practiced only under 3 tight circumstances, others said they saw major progress in social attitudes. Almost all interviewees felt that pregnancy termination is their right and that they have the prerogative to decide what to do with their bodies and their lives. In general, pregnancy termination is seen as an individual experience that is only incumbent on the person who has to get one. In Yaounde from our research, pregnancy termination is seen as a socio-cultural experience that is not only incumbent on the person who has to get one but also on the person's partner, family members, friends and the community at large. This could be seen through their life histories and cases as most women who had terminated their pregnancy agreed with their partner, family members, or friends or sometimes members of their community before terminating their pregnancy. Several research participants had their thoughts to share on this subject as one said;

> *I have nothing to say concerning what I have done. People say things they think is right and what needed to be said got said and that's that. I did it and that is the most important thing for me. What is even more important is the fact that I did it and I'm fine, and that is all that matters. (Female Age 23).*

From the experience shared by the above research participant, she did not regret terminating her pregnancy. She took the decision for her self-satisfaction.

Another research participant said:

> *I thought several times of telling my husband, my sister, a friend or anybody but I didn't want any Sayers or someone to discourage me. So, I ended up doing it and I didn't talk about it with my husband, or my sister, or my friends, or with anybody. None of them is aware, the topic is now closed, that's that. (Female, Age 34).*

According to the experience shared by the above research participant, the decision was hers and a secret. In most of the research conducted in Africa, many women who have unwanted pregnancies would inform their kin and their intentions to terminate the pregnancy but these two participants above did not deem it necessary. They treated it as personal and not for a community.

However, generally women who terminate pregnancy all spoke about some level of guilt, describing “pangs of conscience,” and other feelings, such as “a non-physical pain,” shame, sadness, anger, depression, and loneliness, and some referred to themselves as selfish.

All interviewees shared the idea that terminating an was an experience that marked them for life. One research participant mentioned:

> *Like every other act we do in our short life on earth, every act has left a mark on us. It is just like the first time you fell in love or you bought a phone or when you visit a new city or town. You will live to remember it and I think I’m going to carry this memory until I die. (Female, Age 23).*

From the experience shared by the above research participant, the research participant treats pregnancy termination as a memorable event. This declaration resonates with many of the women with whom I conducted my research.

5.2.1.1. Traumatic event

Many research participants who had terminated a pregnancy expressed the fact that it was a traumatic event in their lives. One of the participants explained:

> *The experience of terminating a pregnancy is unique. I think it is a trauma that one does not get over that easily, even though one learns to live with it, it finds a way to leave a scar in your thoughts […] at the end you just come to the realization that the guilt of terminating it is going to be lifelong. (Female, Age 22).*

According to the experience shared by the above research participant, terminating a pregnancy is an event that a woman will live with throughout her lifetime. It is an indelible scar that fades and resurface at any thought of the termination. They have thoughts of guilt.

Exploring the experiences of agents involved in pregnancy termination in Yaounde, Cameroon sheds light on the realities surrounding this sensitive issue. Through their narratives, we see a diverse range of emotions, challenges, and motivations that shape the landscape of pregnancy termination in Yaounde.

These agents play a crucial role in facilitating and providing access to pregnancy termination services. Their experiences offer glimpses into the complex social, cultural, and economic

factors that contribute to the prevalence of pregnancy termination in Yaounde. It is evident that the decision to terminate a pregnancy is often influenced by societal pressures, lack of knowledge about contraception, and limited access to healthcare.

Furthermore, the experiences of pregnancy termination agents in Yaounde reflect the broader realities of pregnancy termination worldwide. The stigma surrounding this topic, the importance of confidentiality, and the need for safe and legal access to abortion services are recurring themes that transcend geographical boundaries. By examining the experiences of agents in Yaounde, we can gain a greater understanding of the challenges faced by individuals seeking pregnancy termination in various contexts.

However, it is important to note that these agents' experiences should not be viewed as representative of all individuals seeking pregnancy termination in Yaounde or beyond. Every situation is unique, with a multitude of factors influencing an individual's decision and experience. Therefore, it is crucial to approach this topic with empathy, understanding, and a commitment to providing comprehensive reproductive healthcare services.

To truly address the issue of pregnancy termination, it is imperative that policymakers, healthcare providers, and society as a whole engage in open and honest conversations. By addressing the underlying causes, such as inadequate access to contraception and comprehensive sexual education, we can work towards reducing the demand for pregnancy termination services and ensuring the reproductive rights and autonomy of all individuals.

In conclusion, the experiences of agents involved in pregnancy termination in Yaounde, Cameroon provide insights into the complexities of this sensitive issue. By understanding and addressing the factors that shape these experiences, we can strive towards creating a society that supports individuals in making informed choices about their reproductive health.

CHAPTER 6

ETHNO-MEDICAL TECHNOLOGIES IN THE ABORTION PROCESSES IN YAOUNDE.

This chapter will be concerned with exploring ethno-medical technologies in the abortion process from the different users of the technologies and what they make of the technologies. This chapter will be looking at how the users of these different technologies use these technologies to terminate the pregnancies of women in the abortion process. This chapter explores ethno-medical or naturalistic technologies in the abortion process. Despite legal or cultural restrictions, many women find themselves resorting to various methods to terminate unwanted pregnancies. In this chapter, we delve into the use of ethno-medical technologies in the abortion processes in Yaoundé, the capital city of Cameroon. We will explore the perspectives and experiences of different users of these technologies, shedding light on their beliefs, practices, and the outcomes they hope to achieve. It is followed by chapter seven which presents bio-medical technologies in the abortion process.

6.1. ETHNO-MEDICAL/NATURAL ABORTION TECHNOLOGIES IN THE ABORTION PROCESS

Ethno-medical technologies encompass a wide range of traditional practices and knowledge systems derived from indigenous cultures. In the context of abortion, these technologies consist of herbal remedies, traditional rituals, and other interventions passed down through generations. The use of ethno-medical technologies in the abortion process is deeply rooted in cultural beliefs and social norms, making it an integral part of reproductive healthcare for many communities.

To comprehensively understand the role of these technologies, it is essential to examine the diverse perspectives of the individuals involved. We aim to provide a holistic view by considering the perspectives of different actors, including the women seeking abortion, community healers, and traditional birth attendants. By examining their beliefs, experiences, and perceptions of ethno-medical technologies, we can unravel the complexity and implications of these practices on women's reproductive health.

Ethno-medical technologies are employed by various actors differently in the abortion process. Women who seek abortions, often driven by personal, social, or economic factors, resort to these technologies as a means of terminating their pregnancies. Their motivations and expectations may vary, ranging from the desire for confidentiality to the hope of a less invasive procedure

compared to clinical interventions. Understanding their dilemmas and choices sheds light on the unique circumstances that lead women to these alternative methods.

Aspiring mothers' welcome pregnancy. But sometimes, a woman may dread getting pregnant. Those who don't want a baby may think of natural abortion methods and its procedures. In general, pregnancy is not only a blessing, it is a responsibility too. Thus, for many it is essential that a woman makes up her mind thoroughly before going ahead with a pregnancy. For many, terminating a pregnancy is considered as the termination of a life. At the same time, for some it is worse to bring life to this world and not fulfill your responsibilities. This chapter of this work seeks to explain and bring out discussions about everything regarding ethno-medical pregnancy termination methods and procedures. The procedures of ethno-medical abortions are nothing but causes of spontaneous abortion if unintentionally practiced. Ethno-medical pregnancy termination is the use of natural remedies for inducing abortion.

6.2.1. Green Papaya

Picture 3**: Green Papaya**
Awah 2021

During our research some participants mentioned eating green papaya and said how it was a safe way of inducing abortion when you notice you are late on your period. For one participant, green papaya is what she uses to end her pregnancies as she says;

> *My mother showed me a few tricks when my husband came for me and i moved to his house, among those tricks was a safe way to solve the problem of being late on my period. She told me that consuming green papaya on an empty stomach will make me see my period again. For my mother it was a way to space her children.* (Farmer, 41 years old, 24/03/2022)

For this lady, the knowledge of the use of green papaya was passed to her by her mother. This methods as her mother explained to her will eventually help her in spacing her babies and should be taken as a remedy on an empty stomach.

When discussing with an ethno-medical health professional, she said it is very true as she expressed herself saying;

> *All you have to do is eat raw Papaya early morning on an empty stomach. The more you eat, the better and faster will be the action. You could even make a thick syrup of papaya as a home remedy for abortion. Make sure you don't eat anything soon after eating the papaya.* (Ethno-medical health professional 1, 68 years old, 02/03/2022)

For this ethno-medical health professional, green papaya should be eaten on an empty stomach early in the morning. For her, the more a pregnant woman eats green papaya the faster the results of what she desires to happen. She also mentions how it is good to make a green papaya syrup and keep at home as a home remedy for an abortion. To add, she reiterates that nothing be eaten after consuming the green papaya for fear of dwindling the effects of the remedy.

According to a pharmaco-toxicologist, he explains how green papaya works and how this is very possible as he says:

> *Papaya has an enzyme called Papain. It is a proteolytic enzyme which can degrade an embryo. So, it is a type of a natural abortion pill. This enzyme degrades the embryo when consumed by a pregnant woman and thus induces abortion in a spontaneous manner. As a proteolytic enzyme which degrades the embryo, it will have little or no effect on a well-developed fetus.* (Pharmaco-toxicologist 1, 48 years old, 14/03/2022)

In the perspective of this pharmaco-toxicologist, papaya contains an enzyme called Papain which is a Proteolytic enzyme which can gradually destroy the embryo of a pregnant woman. This enzyme makes papaya a natural abortion pill as it induces abortion by destroying the embryo. For him, this is very effective in the first trimester and thus will have little or no effect in the second trimester when the pregnancy would have left the embryo stage in the first trimester to a fetus in the second trimester.

6.2.2. Chamomile Tea

Picture 4: Chamomile Tea
Awah 2021

Some participants mentioned drinking chamomile tea and explained how it induced abortion when they noticed they were late on their period. For one participant, chamomile tea is what she uses to end her pregnancies as she says;

> *I don't know if I was pregnant but I was a week late on my period, with no breast tenderness, no cramps and no hormone acne. Usually, I get those symptoms a week before my period but no sign of it. I woke up and went for a fast walk and I bought papaya, chamomile and Vitamin C. I got home and ate half green papaya*

> *on an empty stomach and drank a cup of chamomile and took a tablet of Vitamin C, an hour later I started getting cramps and noticed light bleeding so I drank 2 more cup of chamomile and took more tablets of Vitamin C every hour during the day. This morning I woke up and I was bleeding full. This happened after I was engaged in a one-night stand unprotected sex 2 weeks before taking these remedies.* (Waitress, 35 years old, 22/10/2021)

For this lady, she doesn't really have an idea of if she was pregnant or not but after haven been engaged in a one-night stand unprotected sex 2 weeks before and losing her period, she had to take precautions. That is why she had to take precautions by drinking chamomile tea. Even after inducing abortion and bleeding she still drank 2 more cups of chamomile to be certain that she is safe from a pregnancy.

When discussing with an ethno-medical health professional, she said chamomile tea is an abortifacient as she expressed herself saying;

> *During the pregnancy, you can drink chamomile tea for many disorders such as insomnia and bloating. However, it is said the dosage differentiates between a drug and medicine. If you drink the same chamomile tea in large quantities, then you will have an abortion. It is an easy homemade abortion tea. Drink concentrated chamomile tea without milk several times a day till you get an abortion.* (Ethno-medical health professional 2, 72 years old, 18/09/2021)

For this ethno-medical health professional, chamomile tea is a remedy for insomnia and bloating. For her depending on the dosage it becomes an effective abortifacient. This applies for several drugs which falls in a balance between a drug and medicine depending on the dosage. A low dosage will help relieve from insomnia and bloating and on a high dosage it will be a high-risk abortifacient. She also mentions how chamomile tea is an easy homemade abortion tea when drunk concentrated and without milk several times in a day.

According to a toxicologist, he explains how green papaya works and how this is very possible as he says:

> *Chamomile tea biologically called matricaria recutita is a widely used complementary and alternative medicine therapy for promoting sleep and treating insomnia. Chamomile tea has as active components chamazulene, apigenin and bisabolol and a component called Cytochrome P450 polymorphism which is associated with high risk of spontaneous-like abortions. The abortion effect of Chamomile tea is most likely in the first trimester of pregnancy. Chamomile tea consumption during pregnancy stimulates the uterus and also leads to circulation*

> *problems in your baby. Thus, a high level of consumption of this plant will induce abortion in a miscarriage-like manner.* (Toxicologist 1, 52 years old, 14/06/2021)

For him, chamomile tea is well known for its complementary and alternative medicine therapy properties as its main purpose is to induce sleep and treat insomnia. He then explains how the active components of chamomile tea that is chamazulene, apigenin and bisabolol and a component called Cytochrome P450 polymorphism is highly associated with spontaneous-like abortions. Therein, its consumption in high dosage during pregnancy will lead to an abortion in a miscarriage-like manner.

6.2.3. Pineapple

Picture 5**: Pineapple**
Awah 2021

As they say, pregnancy is one of the greatest gifts bestowed upon women. But this gift comes with several challenges and shifts in their lives. From physical and emotional changes to eating

habits, a woman's body undergoes various transitions during this time period. They are advised to follow a nutrient-rich diet that is crucial for the development of both the mother and the baby. They have to eat for two people and the food should be completely safe for both. A healthy diet undoubtedly involves a lot of fruits, vegetables and cereals. Given that many of these fruits are good for both the mother and pregnancy, wherein some others are not too safe for the mother and her pregnancy. This is the case for pineapples as explained by a mother who lost her pregnancy after consuming pineapples after haven craved it as she explains;

> *I was a 1-month-old expecting mother and where I come from, an expecting mother has food which she is not supposed to consume when pregnant. It happened that one of those taboo foods for an expecting mother was my best fruit (pineapples). As an expecting mother I had my craving and what I craved the most were pineapples. I couldn't hold my cravings and when buying foodstuff from the market I bought pineapples. When I got home, while working in the kitchen I cleaned up one of the pineapples I bought and as hungry as I was given that I didn't eat anything since morning I ate a full pineapple. A few hours after haven eaten the pineapple, I have a bizarre sensation under my belly. A few minutes after feeling that sensation I started bleeding heavily. In a confused state the first thought that came to me was to use a hygiene pad and thereafter rush to the hospital. In the hospital it was said I had a miscarriage early in my pregnancy. When I returned home and my mum came to visit and I recounted the events of the day I lost my pregnancy. She told me it was the pineapple I ate that induced the loss of my pregnancy. That is when I blamed myself for the loss of my pregnancy.* (Maid, 35 years old, 22/10/2021)

From the above story, the consumption of pineapple induced an abortion. For the expecting mother in the above story, pineapple is a taboo fruit in her cultural group and the repercussions from its consumption are grave. Despite knowing that they could be repercussions from her consumption of pineapple her cravings made her eat pineapples. This induced an abortion and made her to loss her pregnancy. She later came to the realization that it is her consumption of the pineapple that induced her abortion when her mother told her that it is one of the reasons, they don't eat pineapple when pregnant. After her mother told her that, she knew that she was to be blamed for the loss of her pregnancy.

When discussing with an ethno-medical health professional, she said pineapple can both cause abortions and birth defects as she said;

> *When a woman is pregnant it is known to many that there are many foodstuffs that are not supposed to be consumed during the pregnancy period and as such expecting mother should not consume such foodstuffs for fear of what it can do to their pregnancies. Among these foodstuffs pineapples is a taboo fruit. It can make a woman to loss her pregnancy and if she doesn't loss the pregnancy, her child can be given birth to with defects. All expecting mother for me should therefore avoid pineapples when pregnant.* (Ethno-medical health professional 1, 68 years old, 02/03/2022)

According to this ethno-medical health professional, there are several taboo foodstuffs which are forbidden to pregnant women. For her pineapples falls within the category of foodstuffs forbidden for consumption by pregnant women. This is so because eating it will either make the woman who consumes it loses her pregnancy or later cause birth defects.

According to a toxicologist, he explains how pineapple works and how an abortion can be induced by eating a pineapple as he says:

> *Eating pineapple can induce abortion. Pineapple has an enzyme called Bromelain. This enzyme induces menstruation before the due date. Hence this enzyme will also induce abortion and start your periods. If an expecting mother eats plain pineapple with the central part of it too. Eating pineapple on an empty stomach will help. You can even drink pineapple juice. Pregnant women are advised to stay away from this fruit. Pineapples have a high bromelain content which is an enzyme that softens the cervix and can also trigger uterine contractions. It can induce early labor which is not good for both the mother and the pregnancy. Also, consuming pineapples in large quantities can lead to dehydration and diarrhea.* (Toxicologist 1, 52 years old, 14/06/2021)

According to him, eating pineapple can induce abortion. Pineapple has an enzyme called Bromelain and this enzyme is responsible for inducing menstruation before the due date and thus have the same effect on a pregnancy but for the fact that instead of inducing menstruation, it will induce an abortion. The enzyme bromelain found in pineapple according to him induces abortion by softening the cervix and triggering uterine contractions. For him the intake of this enzyme is of no good for the mother and the pregnancy.

6.2.4. Hot Water bath

Taking a bath is very important for a pregnant woman. This is so because after taking a bath cold or warm expecting mothers feel relieved, for those who had insomnia it becomes easy to find

sleep. During one of our interviews a mother shared her experience of inducing an abortion as she said;

> *I have had my fair share of pregnancy experiences; every pregnancy comes with its own complications. So far, I have had 4 pregnancies and just 2 went through and the 2 others ended up in abortions. For one of them which ended up in abortions, I didn't really understand what happened but for the second one it was after I had a hot water bath that I felt as to sleep and my body was too weak. I slept and when I woke up from sleep, I felt a wet sensation between my legs. When I checked it was blood and when I cleaned up and went to the hospital, I was told I lost the pregnancy. I immediately noticed that I am the one that provoked the loss of my pregnancy. I felt bad but after some time every came back to normal.* (Teacher, 39 years old, 12/08/2022)

For this research participant, every pregnancy has its mystery and its complications. She has had several pregnancies (4) of which 2 were carried to term and born and the 2 others ended up in an abortion. For her, she has no idea of what caused her to loss her first pregnancy but for the second one she is sure and certain that it was induced by the hot water bath she took before going to bed the day she lost her pregnancy. It was confirmed at the hospital that she lost the pregnancy and she blamed herself for that and later went over it.

An ethno-medical health professional shares the same perspective as she helps explain how when taken a hot water bath when pregnant induces an abortion as she says;

> *Taking a hot bath can raise your body temperature and when repeated several times a day will induce abortion. Aborting by taking a hot bath is the easiest way of abortion at home. How to abort by taking a hot bath? A hot bath has to be a hot bath. It doesn't mean that you've to burn yourself. But lukewarm water won't serve the purpose. And you have to repeat it several times a day for some women.* (Ethno-medical health professional 2, 72 years old, 18/09/2021)

For this ethno-medical health professional, a hot bath is undoubtedly an abortifacient and will induce abortions. This is so because it will increase body temperature and relax the organs holding the babies in place. By so doing depending on the gestational age the expecting mother will induce an abortion knowingly or unknowingly.

6.2.5. Cinnamon Powder

Picture 6**: Cinnamon Powder**
Awah 2021

Cinnamon is a spice that has been used around the world for centuries. Once traded as a currency, cinnamon has a pleasant flavor and warming aroma, and it works equally well in sweet and savory dishes. it is very much used in Cameroon in recipes for pastries like cake, cookies to boost their flavor and for meals like Mbongo, Achu, Nkwi just to name a few. Nonetheless it has its pros and cons as when discussing with some research participants they had to say on cinnamon as a dietician and Bio-nutritionist said:

> *Cinnamon comes from the inner bark of a small evergreen tree. The bark is peeled and laid in the sun to dry, where it curls up into rolls known as cinnamon sticks. Cinnamon is also commonly available in powdered form. Cinnamon is thought to have many medicinal and soothing properties, and is used frequently in herbal medicine. The distinctive smell and flavor of cinnamon derives from the essential oils contained in the bark, called cinnamaldehyde. Cinnamaldehyde displays anti-viral, anti-bacterial and anti-fungal properties. In fact, cinnamaldehyde can inhibit the growth of listeria and escherichia coli in*

> *food items and as a result may extend their shelf life. These anti-microbial effects may also help prevent tooth decay and minimize halitosis. Cinnamon can also serve as an antioxidant as it contains large amounts of plant compounds called polyphenols which have a protective antioxidant effect. Some studies suggest a possible anti-inflammatory action, including one study that evaluated the effects on arthritic symptoms. However, more evidence is needed to fully evaluate the potency of these anti-inflammatory properties and their value in real life. Some spices, including cinnamon, have prebiotic properties that promote the growth of beneficial bacteria and help suppress the growth of pathogenic bacteria. Likewise, the essential oils in cinnamon appear to dampen the inflammatory process involved in inflammatory bowel disease through its beneficial effects on gut microflora. There is also some evidence to suggest that the consumption of cinnamon is associated with a short-term reduction in blood pressure. These effects are thought to be due to the production of nitric oxide which relaxes blood vessels allowing the blood to flow more freely. Although the evidence is hopeful, it would be premature to recommend cinnamon for blood pressure control until a comprehensive randomized controlled trial (RCT) involving a larger number of patients has been conducted. It has long been suggested that cinnamon may have a moderate effect in improving glycemic control and managing type 2 diabetes. However, conclusions are mixed, some studies suggest the spice may mimic the action of the hormone insulin, although more human trials are needed to confirm this. A study suggested that 3-6g of cinnamon was enough to positively affect blood sugar control in some people and, in others, even as little as 1g was thought to have a beneficial effect. It concluded that a small amount of cinnamon, eaten as part of a balanced diet, may be helpful for those with a blood sugar issue. Cinnamon, when used as a culinary spice is generally recognized to be safe. However, it is worth bearing in mind that it contains high levels of compounds called coumarins, which can prove toxic in elevated doses. A significant intake of these compounds may impact blood clotting, which means caution needs to be exercised if you are on prescribed anti-coagulant medication, such as warfarin. Similarly, if you have a liver disorder you should avoid high doses of cinnamon. Those taking prescribed medication for blood sugar control should also exercise caution. It is not advisable to take cinnamon in relatively high doses (upwards of 3g per day) for a consistently long period of time, especially if you are on prescribed medication. It is a known fact that cinnamon powder causes uterine contractions. Rapid uterine contractions during pregnancy can lead to expulsion of the baby from the womb. In fact, Cassia Cinnamon Emmenagogue is a substance that increases menstrual flow, and an abortifacient thus provokes abortion. This one of the well-known natural abortion methods using cinnamon powder touted by women.* (Dietician and Bio-nutritionist, 39 years old, 13/11/2021)

For this dietician and Bio-nutritionist, cinnamon is a plant with several virtues no matter the form in which it is be it dried, stick, oil or powder it is thought and happens to have medicinal and soothing properties. He also explains that cinnamon's distinctive smell and flavor comes

from an oil it contains which has anti-viral, anti-bacterial and anti-fungal properties. As these properties are said to prevent tooth decay, contributes to a short-term reduction in blood pressure by improving glycemic control and managing type 2 Diabetes. Moreso, he explains that, cinnamon as part of a balance diet and as a culinary spice is generally helpful for people with blood sugar issues and its safe. However, cinnamon contains a substance that is toxic in elevated quantities, this substance according to him is said to impact blood clotting. According to him people suffering from liver disorder should not consume cinnamon and thus people taking blood sugar medication should do so with caution. He further explains that, cinnamon is also said to cause uterine contraction and according to him this may cause the expulsion of the fetus from the womb. In the same light this plant induces menstrual flow and thus an efficient abortifacient.

According to some research participants, cinnamon works efficiently for abortions as she explains;

> *To abort one has to take a stick of cinnamon or an eating spoon of cinnamon powder on an empty stomach. No tea or any other cinnamon recipe is recommended as eating cooked cinnamon won't lead to abortion.* (Journalist, 37 years old, 11/03/2022).

For this research participants, using cinnamon for terminating an abortion is quite simple as she says that consuming a stick or an eating spoon of cinnamon powder on an empty stomach is enough for the process of terminating an abortion to start. She adds that for it to work well in the termination of pregnancy it should not be taken as tea or in any other form different from the aforementioned procedure as eating cooked cinnamon will not lead to the termination of a pregnancy.

6.2.6. Intensive Activities

It is known that every woman undergoes serious body transformations when they are pregnant. Due to this, women have to adapt their life styles to their pregnant. When this is not done, they face a high risk of losing the pregnancy. During our research a handful of participants shared both their experiences and their views on intensive or vigorous activities during pregnancy as they said;

> *I was 6 weeks with child and I very much felt the same as though I weren't an expecting mother. I could still feel myself very strong as always so I went about my daily activities with no worries. I was invited to cook for a friend's wedding and as usual task were shared and I was told to cook corn fufu. I started cooking and after haven almost finished cooking the corn fufu I felt a sensation and my body was kind of vibrating. I stopped stirring the corn fufu and sat far from the fire, the heat and I later felt like to use the toilet. When I got to the toilet little did, I know that I was losing my pregnancy. When I sat on the toilet little or nothing came out and I felt a sharp pain on my lower belly. I later saw blood coming out and I felt bad.* (Singe Mum 2, 31 years old, 03/12/2020).

For this research participant, being an expecting mother did not stop her from going about her daily activities. She said that she felt very strong as always and had no worries as she was invited in a tedious activity and the task, she was given was tough enough to terminate her pregnancy as after starting the task, she did not have the opportunity to finish her task and she lost her pregnancy.

In the same perspective, a physical activity trainer shared his views on intensive exercise and losing a pregnancy as he said;

> *Lifting weights and going for running for a longer time. All of this will lead to muscle movements and might abort the pregnancy. It's good to avoid exercising methods of hitting or lying on the floor, all that comes under the category of physical abuse. I advise expecting mothers to do yoga to release stress and not to get involved in vigorous physical activity.* (Trainer, Age 39, 23/10/2021)

For this physical activity trainer, lifting weights, other perilous activities and activities that lead to muscle movement have great chances of terminating a pregnancy. Thus, for him it is advisable for expecting mother to avoid such activities as the mimic physical abuse to them, their body and the baby they are carrying. For him instead of getting involved in such activities, they should instead do yoga.

6.2.7. Goji Berries

Picture 7: Goji Berries
Awah 2021

It is known that not all fruit are safe for expecting mother and as such goji berries belong to the category of fruits to avoid during pregnancy. Goji Berry is very rich in a wide range of nutrients. The Goji plant is utilized as medicine with the fruit, bark, and leaves all serving different purposes. The fruit is mostly sold as dried fruit. The Wolfberry contains 18 Amino Acids, elevated levels of the Carotenoids like Beta-carotene, Zeaxanthin, Lutein, and Lycopene, Proteins, Omega 3 and Omega 6, Vitamins A, B1, B2, B6, C, and E, to name a few. For a few participants during our research, goji berries are a perfect abortifacient as for this nutritionist;

> *They are like concentrated pills of vitamin C. They can even induce contractions of the uterus and dilate the cervix. Goji berries can lead to an abortion. If a pregnant woman eats a bowl filled with Goji berries on an empty stomach it will provoke an abortion. Expecting mothers should abstain from goji berries. This is so because it contains a chemical called betaine. This chemical is not good for expecting mothers as it helps dilate the cervix and also provoke contractions.* (Nutritionist, Age 42, 03/09/2021)

For this nutritionist, this fruit is an abortifacient as it is like a concentrated pill of vitamin C. This is so because given that it has a high concentration of vitamin C it can induce contractions of the

uterus and dilate a pregnant woman's cervix. He further explains that this fruit contains betaine which is not good for pregnant women,

An ethno-medical health professional shared the same view as she was quick at identifying the plant as she said;

> *I know this fruit, my mother used to have a lot of them in containers in the house. I remember she used to give it to her patients and friends when they were almost due to provoke contractions and help them to ease giving birth. There are very sweet and we used to take some and eat.* (Ethno-medical health professional 2, 72 years old, 18/09/2021)

From the perspective of this ethno-medical health professional, it was used by her mother to help women and friends when they were almost due to provoke contractions in other to ease their process of giving birth.

6.2.8. Sesame Seeds

Picture 8**: Sesame seeds**
Awah 2021

This is a seed that many research participants identified themselves with as an abortifacient. Their experiences and thoughts are appraised in the following lines as one dietician said;

> *Sesame seeds are tiny, oil-rich seeds that grow in pods on the sesamum indicum plant and is very common in our kitchen and in our meals today. We see it on pastries and many other edible foods. We also see them sold in the streets as it is said that they are good sources of fiber, have properties of lowering cholesterol and triglycerides, a nutritious source of protein, may help lower blood pressure and also support healthy bones. With all the above benefits, Sesame seeds are well known to stimulate uterine muscle and may lead to abortion-causing expulsion of the fertilized ovum in an expecting mother.* (Dietician, Age 42, 15/05/2021)

From the perspective of this dietitian, sesame is an oil-rich seed that is commonly found in our kitchens and commonly used to decorate our pastries. For this informant, they are sold in our streets and are said to be a great source of fiber and have the qualities of lowering cholesterol and triglycerides. He also adds that, sesame is a good source of protein and may lower blood pressure and ensure healthy bones. He ends his explanation by emphasizing that sesame despite all his benefits is also well known for the stimulation of the uterine muscle and provoke the expulsion of a fertilized ovum thus causing abortion.

To concur with the perspective of the dietitian in the above quotation, an ethno-medical health professional shares her thoughts and how to use sesame seeds as an abortifacient a she says;

> *Many of us must have heard that sesame seeds are also known to cause abortion. They are ingredients of many savories. Cooked sesame seeds don't have the abortion-inducing properties. It is one of the safest home remedies for abortion. One can eat raw sesame seeds in sufficient quantities. Another method is soaking them in water and drinking the water. The water of soaked sesame seeds helps abort as a natural method.* (Ethno-medical health professional 2, 72 years old, 18/09/2021)

For this ethno-medical health professional, sesame is known to provoke abortion. She adds that cooked sesame does not have abortion inducing properties. For her it is one of the safest home remedies for abortion as she said that eating it in sufficient quantities will do the trick as soaking it in water and drinking the water will help start the pregnancy termination process.

For another ethno-medical health professional;

> *A little-known fact about Sesame Seeds is their ability to cause spontaneous abortion. The exact science behind why they can do that is unknown. Sesame seeds can be taken in several ways to avail abortion naturally. Firstly, to achieve termination, take a handful of Sesame Seeds and soak them in water overnight. First thing in the morning, drain them and drink the resulting water. Do this every day for a week. Another way to use Sesame Seeds for abortion is to fry them. Once they are ready, take them in equal parts with honey. You can also consume them throughout the day by mixing them in your food. There is no exact dosage for taking Sesame Seeds, but since they are entirely safe to take in large quantities, take them until you achieve your desired outcome.* (Ethno-medical health professional 1, 68 years old, 02/03/2022)

As explained by this ethno-medical health professional, sesame has the ability to induce a spontaneous-like abortion as she says that little is known about why sesame seeds have this ability. She adds that there are several ways of using sesame seeds to terminate a pregnancy. As she says the first is to take a handful of sesame seeds and soak in water to sleep over night and in the morning drink the water and this has to be done over a week. The second way is by frying sesame seeds and once ready should be consumed with an equal amount of honey. She further adds that given that there are safe to consume, when it comes to the termination of pregnancy, it should be consumed till the desired outcome which is the termination of the pregnancy is achieved.

6.2.9. Parsley Leaves

Picture 9**: Parsley Leaves**
Awah 2021

During our research parsley leaves was mentioned several times as an abortifacient by research participants as several of them used it, advised a friend or relative to use it or experience someone using it. As such, an ethno-medical health professional shared her thoughts as she said;

> *Most of us have Parsley leaves in our kitchens. These leaves one of the herbs that can cause abortion. Parsley leaves have the property of inducing abortion by dilating the cervix. Together with dilation of the cervix they also cause uterine contractions and thus lead to an ethno-medical abortion. They have medicinal properties and are useful for inducing labor. Premature labor is an abortion. Parsley is the best herb for abortion. Consume 4-5 Parsley leaves early morning. You can supplement it by taking other vitamin C rich foods. It is because both Parsley leaves and vitamins-C rich foods have the same mechanisms for inducing abortion.* (Ethno-medical health professional 2, 72 years old, 18/09/2021)

From the thoughts of this ethno-medical health professional, parsley is common and it is a recipe that is found in most of our kitchens. For her while being a recipe common in our kitchens, it also has the property to to induce abortion by dilating the cervix. She also adds that dilating the cervix is not the only thing parsley can do for it can also cause uterine contractions and thus provoke a spontaneous-like abortion. To add to this, she says that parsley medicinal properties help in inducing labor for mothers who are due to help ease their birth process and according to her when the labor is premature due to low gestational age,

A specialist in diet and nutrition shares the same thought as she explains;

> *When you are pregnant, you must pay attention to what you eat, as whatever you eat will affect your baby. If an expecting mother is wondering if she can consume parsley while pregnant, I will say yes. This is so because its diuretic properties help in getting rid of pregnancy related swellings. This wondrous herb is rich in* folic acid*, which is essential for the development of the nervous system of the baby. It also keeps congenital abnormalities at bay. Parsley, being rich in vitamin B and* vitamin c*, helps one cope up with oxidative stress in pregnancy. Lowered* immunity during pregnancy *can make you sick often. However, consuming parsley, which is rich in antioxidants, can keep your immune system intact during pregnancy. Also, the antioxidants present in parsley can help fight against free radicals. It is a rich source of magnesium and potassium, the minerals which help reduce swelling. Potassium is also beneficial to maintain good heart health. This herb also has anti-inflammatory properties, which reduce* joint pain *and swelling during pregnancy. It helps combat digestion problems such as* gas and bloating*. In case you suffer from anemia during pregnancy or have* an iron deficiency*, adding parsley to your pregnancy diet can prove to be helpful. Parsley has substantial amounts of* calcium *and vitamin K*

> *which is required by a pregnant woman to take care of her bone-health during pregnancy. It is also helpful in taking care of the osteoarticular system of the mother and the baby. It is also good for the skin. It even helps reduce swelling and calms the skin. Parsley is very safe for consumption during pregnancy; however, overconsumption should be avoided as it may lead to various health complications. if you are thinking that if parsley can terminate a pregnancy, then the answer is yes; it may terminate a pregnancy because it works as an abortifacient if consumed in large amounts. Myristicin and apiole are two compounds found in parsley can lead to uterine contractions and promote menstruation, and thus may lead to miscarriage or abortion during pregnancy. It may also increase your chances of going into* preterm labor. *The myristicin in parsley when consumed may travel through a woman bloodstream to the placenta and may reach the fetuses too. Myristicin can lead to increased heart rate in fetuses while in their mother's womb which is safe for them. Also, parsley is known to decrease milk supply, so people should use the herb in moderation* while breastfeeding. (Dietician and Nutritionist, Age 48, 15/03/2021)

From the words of this specialist in diet and nutrition, expecting mothers should pay attention to what they eat as whatsoever expecting mothers ingest affect both their bodies and their babies. She furthers adds that it is safe for an expecting mother to consume parsley while pregnant because it has properties that are said to be diuretic and helps with pregnancy related swellings. For this nutritionist, parsley is very rich in folic acid which is good for the development of the fetus nervous system and keeps the fetus safe from congenital abnormalities. She adds that given that parsley is also rich in vitamin B and C it helps the expecting mothers with oxidative stress during pregnancy thus helping in strengthening the expecting mother immune system. She explains that given that it is also a rich source of magnesium and potassium, it is also beneficial to maintain good heart health and its anti-inflammatory properties, which reduce joint pain and swelling during pregnancy. It also helps combat digestive problems such as gas and bloating. she also explains that in case you suffer from anemia or have an iron deficiency, as according to her adding parsley to a pregnant woman diet can prove to be helpful. For her it has substantial amounts of calcium and vitamin K which is required by a pregnant woman to take care of her bone-health during pregnancy. According to her, it is also helpful in taking care of the osteoarticular system of the mother and the baby and helps with maintaining a good skin. From her perspective it is very safe for consumption during pregnancy but however, overconsumption should be avoided as it may lead to various health complications and affirms that despite all the good that it does it can terminate a pregnancy. For her it may terminate a pregnancy because it works as an abortifacient if consumed in large amounts. For her there are 2 2 compounds that is

myristicin and apiole found in parsley that can lead to uterine contractions and promote menstruation, and thus may lead to miscarriage or abortion during pregnancy. For her it may also increase an expecting mother chance of going into preterm labor. According to her myristicin in parsley when consumed may travel through a woman's bloodstream to the placenta and may reach the fetuses too.

For another specialist in plants;

> *Parsley is one of our favorite garnishes. It smells lovely and tastes even better. There is no limit to the types of food that could benefit from the flavor of Parsley. As it turns out, Parsley is jam-packed with Vitamin C and volatile oils. These properties of Parsley make it a suitable abortifacient. The Vitamin C in Parsley encourages heightened levels of Estrogen and increased blood flow to the reproductive organs. The volatile oils help in thinning the uterine walls, softening the cervix opening, and inducing uterine spasms. To induce spontaneous abortion, take a handful of fresh parsley leaves in a cup of water and blend them. Strain the mixture and drink the resulting water 2-3 times a day for five days. In case you only have dried Parsley, take three teaspoons of the dried Parsley in a cup of hot water and drink the mixture. You can add a bit of lemon or honey to improve the taste. A third way that you can use Parsley to induce menstruation is by taking a few fresh sprigs and inserting them into your vagina overnight for five days. The sprigs are basically to heighten the Vitamin C concentration in your reproductive organs. You will need to change the sprigs at least 2-3 times a day to ensure the levels of Vitamin C stay constant. Some people also recommend that you combine drinking the Parsley with inserting the sprigs in your vagina to maximize your chances of successful abortion.* (Ethno-Botanist, Age 53, 21/07/2021)

According to this plant specialist, parsley is one of our favorite kitchen spices as it smells good and has a nice taste. For him the fact that it has a high level of vitamin C and volatile oils makes it a suitable abortifacient. This is so because, according to him the vitamin C it contains encourages heightened levels of Estrogen and increased blood flow to the reproductive organs and the volatile oils help in thinning the uterine walls, softening the cervix opening, and inducing uterine spasms. As such he explains the procedure of inducing an abortion with parsley as he says that fresh parsley leaves should be blended with water and drunk on an empty stomach for 2 to 3 times for five days. According to him, with dry parsley, 3 teaspoons in a cup of hot water and drink while adding a little bit of lemon or honey. For him, another way is by inserting fresh leaves of parsley in a woman's vagina overnight while sleeping. According to him other will advise both drinking and inserting the parsley in the vagina.

6.2.10. Vitamin C

Picture 10**: Vitamin C**
Awah 2021

Vitamin C is a vitamin that is very common in fruit we eat daily and it also happens to be sold as a dietary supplement. Using vitamin c to self-induce abortion is a way that requires taking large amounts of vitamin C, also known as ascorbic acid, for several days in a row. Thoughts on experiences of this abortion method was shared during our research as one of the participants said;

> *Eating foods that are rich in vitamin C such as oranges, lemons, and some berries may have adverse effects for an expecting mother. This is so because these have citric acid that can potentially induce abortion when taken in excess. You can even take vitamin C pills in excess, but fruits have a more decisive action. Aborting using vitamin C is one of the easiest home abortion remedies as you can gulp in a glass of plain extract of citrus juice and repeat it several times a day. This will cause your womb to contract rapidly and lead to self-induced abortion*. (Dietician and Nutritionist, Age 48, 15/03/2021)

For this research participant, an excess or high consumption of vitamin C foods or fruits is risking an exposure to a potentially induced abortion especially when consumed in excess. She also says that one can even consume vitamin C pills or drugs and insist that vitamin C fruits are more efficient and decisive when it comes to pregnancy termination. For her it is very easy and safe as to go about it an expecting mother can just ingest a plain extract of citrus juice several times in a day and this will cause the womb to contract fast and lead to a self-induced abortion.

For another research participant;

> *The use of* vitamin c as a natural way to end a pregnancy *is probably the most common of all the home remedies for abortion. Using Vitamin C appears to be comfortable enough, though there are factors that one should consider before selecting this method. It is possible to overdose on Vitamin C. Excess Vitamin C in your body will be detrimental to your kidneys. This method is not recommended for anyone with kidney stones, sensitive kidneys, or any other kidney problems. You must pay attention to the dosage and instructions. Vitamin C is abundant in lots of fruits. It is better, however, to consider Vitamin C supplements instead. This is mainly to keep a lid on the dosage. When purchasing the Vitamin C supplements, make sure they only contain Ascorbic Acid. Avoid any supplements that contain Bioflavonoids or Rose-hips because they have the opposite effect. Take a maximum of 10-12 grams of Vitamin C per day for 5-10 days. This dosage should be started at 500mg and then gradually raised to 10-12 grams. Split your dose intake into equal intervals to make sure that the rise in Vitamin C levels is gradual but steady. You might need to wake up in the night to ensure you keep your Vitamin C levels at par. Vitamin C works by raising the levels of Estrogen in your body. When Estrogen levels rise, Progesterone levels decrease. Progesterone is the hormone responsible for the growth of the embryo. Reduced levels of Progesterone will lead to bleeding and eventual spontaneous abortion.* (Ethno-Botanist, Age 53, 21/07/2021)

According to this participant, this is one of the most common ways of terminating a pregnancy as it is comfortable enough. From the words of this research participants, it should be consumed with caution as excess vitamin C in the body is detrimental to the kidney and as this method is not recommended for anyone with kidney issues. For this research participant, vitamin c is found in abundant quantities in lots of fruits but insist of using these fruits, the person should instead consider using vitamin c supplements. For this research participant, the vitamin c supplements containing ascorbic acid should be taken instead of those with bioflavonoids or rose-hips as they have opposite effects. Vitamin c to terminate a pregnancy raises the levels of estrogen in a

woman's body as when they rise progesterone levels decrease as it is responsible for the growth of the embryo. This will eventually lead to bleeding and eventual pregnancy termination.

6.2.11. Angelica Herb

Picture 11**: Angelica Herb**
Awah 2021

During our research a research participant mentioned using angelica herb for provoking a miscarriage or inducing an abortion. In this light, a research participants explains how it works and how to go about using it to induce a miscarriage like abortion as she says;

> *Boil in water and drink a cup 4 times a day. Angelica herb is another effective home remedy for abortion. This herb has two ways of causing self-induced abortion. It induces menstruation and also causes uterine contractions. You don't have to eat Angelica and instead boil it in water and drink a cup of it four times a day.* (Secretary, Age 36, 19/06/2022)

The research participant provides information regarding a home remedy for abortion using Angelica herb. Her statement indicates that boiling the herb in water and drinking a cup of it four times a day is believed to be an effective method for inducing self-induced abortion. The participant suggests using a natural remedy to terminate a pregnancy. This indicates a preference for non-medical and potentially safer alternatives. The participant specifically mentions Angelica

herb as an effective home remedy for abortion. This suggests that they may have prior knowledge or experience with this particular herb and its potential properties. The participant mentions that Angelica herb can induce menstruation and cause uterine contractions. This suggests an understanding of the physiological processes involved in abortion and how the herb may impact them. The participant recommends boiling the Angelica herb in water and drinking a cup of it four times a day. This indicates a specific procedure for preparing and consuming the remedy.

6.2.12. Black Cohosh

Picture 12**: Black Cohosh**
Awah 2021

During our research a few people mentioned using cohosh for provoking a miscarriage or inducing an abortion. In this light, a research participants explains how it works and how to go about using it to induce a miscarriage like abortion as she says;

> *Black, Blue, and Red Cohosh are all unique herbs each with a different set of uses. Blue Cohosh is excellent for balancing hormones in women. It eases menstrual cramps and pain and regulates the menstrual cycle. When used during the last week of pregnancy, it tones the uterine walls, prepares the body for easy and fast delivery and triggers labor in late pregnancies. Blue cohosh is also a*

> *leading ingredient in the treatment of endometriosis, chlamydia and cervical dysplasia. Black Cohosh is used by menopausal women to ease symptoms like hot flashes, mood swings, irritability, and insomnia among others. As far as termination of gestation is concerned, Black and Blue Cohosh when used together will cause uterine contractions. This is because they contain Oxytocin and Caulosaponin compounds. Black and Blue Cohosh should be taken as tinctures (A tincture is a medicine made by mixing a drug with alcohol). This is because the active ingredients in the Cohosh family of herbs are not soluble in water. The dosage should be 20 drops of every 4 hours for five days. The Blue Cohosh is primarily the one that triggers the abortion process while the Black Cohosh exacerbates its effects by softening the cervix and encouraging regular uterine contractions. Most herbalists recommend taking Red Cohosh for a full day after the process of termination begins to ensure complete extraction of all the fetal material from your uterus.* (Social Worker, Age 32, 09/08/2022)

For this research participant, herbs of the cohosh family have unique benefits for women as blue cohosh helps in balancing women hormones. It also eases menstrual cramps and pain and also helps in the regulation of the menstrual cycle. These herbs are usually used in the last week of pregnancy to tone the uterine walls, prepare the woman's body for easy and fast delivery and also to trigger labor in late pregnancies. Other cohosh herbs also so have great virtues. To use these herbs to terminate a pregnancy, black and blue cohosh are used together to provoke uterine contractions as they contain oxytocin and caulosaponin compounds. For this, to work the patient has to take them in a tincture that is mixed with alcohol. This is because the active ingredients for pregnancy termination are not soluble in water. One of the herbs actually triggers the pregnancy termination process while the other softens the cervix and provokes regular uterine contractions. Another herb of the cohosh family helps to ensure extraction of all the products of conception from the uterus.

To concur with the above participant, another participant shared the same views by saying;

> *This herb sets up the uterus for abortion by altering the hormones and pH. You have to take Red Cohosh after consuming the black one. It will complete the procedure. This herb, however, has significant side effects. Hence it is advisable to take only the recommended dose of it. Either eat Black Cohosh or drink the extract of it. After this take Red Cohosh and repeat the same.* (Maid, Age 43, 09/08/2022)

For this participant, the herbs stimulate pregnancy termination by altering patients' hormones and ph. The fact that one completes the other as one complimentary.

6.2.13. Dong Quai

Picture 13**: Dong Quai (Female Ginseng)**
Awah 2021

Commonly called female ginseng among women and in communities around Yaoundé. This plant is commonly touted for its antioxidant and anti-inflammatory effects. Among its users, it is also touted as it helps regulate blood sugar levels, it is also taken to strengthen the immune system, enhance brain function, fight fatigue just to name a few. Despite all this benefits Dong quai was still listed among abortifacients, dong quai was also mentioned as it was being used by several participants for several uses including abortion as one of them said;

> *Dong Quai has been used for centuries to remedy female reproductive issues. Its uses include alleviating Dysmenorrhea, improving circulation, inducing labor for overdue mothers, preparing the cervix for upcoming labor, and extracting delayed placenta just to mention a few. The workings of Dong Quai are very peculiar because it can cause two opposite reactions depending on the method of preparation. This is why Dong Quai it is used as a solution to both stimulate and quell uterine contractions. If you brew Angelica sinensis and take it as tea, the effect is to relax the uterus and prevent spasms. In this case, therefore, Dong Quai acts as a remedy for Dysmenorrhea. If you create a tincture or decoction from Angelica sinensis, the effect on the uterus is the opposite. It stimulates the uterus causing strong systematic contractions that lead to bleeding and abortion. So, in this case, Dong Quai is used as an abortifacient. In using it as an abortifacient, you have to take it in several doses, the first to provoke cramps and contraction, the second to bring on spotting and the later doses to start the bleeding.* (Nurse, Age 40, 16/03/202)

For this research participants, this herb has virtues in terms of female sexual reproduction. It uses vary from improving blood circulation, alleviating dysmenorrhea and most especially inducing labor for overdue mothers, preparing the cervix for upcoming labor and extracting delayed placenta. It can terminate pregnancy termination oppositely by drinking it like tea or by taking it as a tincture or a decoction as it stimulates the uterus causing severe systematic contractions that leads to bleeding and pregnancy termination. It has to be taken several times, the first time to provoke cramps and contraction and the second time to bring spotting and bleeding.

According to another research participant who shares the same viewpoint as they say;

> *This can cause rapid and intense contractions of the vagina. It is a useful natural method of abortion at a later stage of pregnancy. Its effectiveness increases when taken with vitamin C capsules. One has to buy Dong Quai from the chemist. You need to take a single capsule of Dong Quai. And following this, you have to take vitamin C pills for three days.* (Translator, Age 37, 09/10/2021)

From the perspective of this research participant, dong quai can cause intense contractions of the vagina. It terminates pregnancies at a later stage of pregnancy. When mixed with vitamin c it becomes more effective in the termination of pregnancies.

6.2.14. Acacia Pod With Banana Leaves

Picture 14**: Acacia Pods and Banana leaves**
Awah 2021

When discussing with some of our research participants, acacia pods and banana leaves were mentioned among abortifacient. A research participant explains how to use the combination of these plants to induce a miscarriage like abortion as she says;

> *The combination of Acacia pods and Banana leave shoots has been used for years to induce miscarriages. The exact science behind how this solution accomplishes the task is unclear, but the results are evident. For this to work, mix the equal quantities of unripe Acacia pods and shoots of banana leaves. Once they are dry, grind them into a fine powder. Mix this powder with equal ratios of sugar. Dilute a teaspoon of the resulting mixture in a cup of hot water and drink daily until bleeding starts. The remedy should be followed until the initiation of the periods.* (Sales Lady, Age 33, 12/11/2021)

From the perspective of the above participant, this combination has been used for a very long time for pregnancy termination. The mechanism behind this pregnancy termination process is unclear but the results are evident. The mixture of the powder of both plants should be added to hot water and sugar in equal quantities and drunk daily till bleeding starts. This mixture should be drunk till the patient's periods are initiated.

Sharing the same viewpoint with the above research participant is another research participant who shares her thoughts as she says;

> *Combining* Acacia pods *with banana leaves or banana shoot that has many enzymes can accelerate natural abortion. Take unripe Acacia Pod and make a powder of it with the banana shoot. Dry this powdered mix and then mix a spoon full of it in water and drink it.* (Airtime Vendor, Age 31, 28/09/2021)

According to the research participant in the above quote, this mixture has a lot of enzymes that accelerates natural pregnancy termination. For this to happen, unripe acacia pods and banana shoots have to be taken, dried and used to make a powder. Thereafter, the powder mix has to be added to water and the results will be evident.

6.2.15. Aspirin

Picture 15**: Natural Aspirin Mix**
Awah 2021

During our research, several participants spoke of using a natural aspirin mix as a post-abortion pain management medication. Together with using aspirin as a post-abortion pain management medication, some participants also shared the fact that they used it for inducing a miscarriage-like abortion. As per this, a participant shares her experience as she says;

> *I was expecting my period and it wasn't coming and in panic I said I should get a pregnancy test. When I got the test, it was clear that I was pregnant. I was a week pregnant when I checked from when I had to see my period and when I got pregnant. I spoke to a friend of mine and she told me that what will I do, will I keep it or get rid of it, that's what she asked me. I told her that I wasn't sure to keep it and she told me to take aspirin and take about 6 tablets every 8 hours in a day like 7am, 3pm and 11pm. I bought the aspirin that evening and started taking it in the morning the next day. I followed her instructions and the next morning my pants was wet with blood. I think the aspirin medication I took was what made the child to come out and for me to start bleeding again.* (Airtime Vendor, Age 31, 28/09/2021)

According to this lady, at the time she was for period and it was not coming she panicked then she said to herself to go for a pregnancy test. When she got the test, she discovered that she was pregnant for a week from the calculation of her gestational age. After discussing with a friend,

she decided not to keep it and her friend gave her an overdose prescription of aspirin. After buying the aspirin, she took it following the instructions her friend gave her and she started bleeding as her pants was wet with blood and later the pregnancy was terminated.

For another participant, aspirin is very susceptible to induce an abortion as they say,

> *A high dose of Aspirin can cause abortion. Aspirin is similar to a chemical salicylic acid found in plants. It serves the purpose of removing any radicals that can be harmful to the plant. Aspirin is also antipyretic and is used to cause natural abortion. Take 5 to 6 pills of Aspirin and gulp them in with water. Make sure you are not using an expired one.* (Pharmacist 1, Age 29, 23/09/2021)

For this participant, a high dose of aspirin can stimulate pregnancy termination. This is so because, aspirin shares similar chemical compositions with salicylic acid found in plants. Aspirin too is antipyretic and is used to stimulate pregnancy termination. As such, if 5 to 6 pills of aspirin in taken in one instance with water it is obvious to stimulate a pregnancy termination procedure. The patient should make sure they aren't using expired aspirin.

Another participant shared the same viewpoint as aforementioned as she said;

> *Consumption of Aspirin is highly banned for a safe and successful pregnancy. If you want an abortion for the unwanted pregnancy then here is a way out for you. Ensure the consumption of Aspirin pills, around 5 to 6 each day between initial 2 to 8 weeks of pregnancy along with the inclusion of warm ingredients such as Ginger, Cinnamon, coffee, figs, etc. It will help you to abort your child. The methods mentioned above are advisable home remedies to achieve natural abortion. You should consult the doctor to check the quantity that shall be consumed safely especially in the case of natural herbs to avoid any complications in future. Because Over-dosage of certain herbs may lead to severe problems in conceiving later.* (Pharmacist 2, Age 33, 14/09/2021)

For this other participant, taking aspirin is highly prohibited for a safe and successful pregnancy. If anyone wants an to induce pregnancy termination for their unwanted pregnancy, aspirin is a way out or solution for them. They person should take between 5 to 6 pills and should be between 2 to 8 weeks of gestation and the person should include other warm ingredients of their choice like ginger, cinnamon, coffee just to name a few. It is an ethno-medical procedure advised for the achievement of pregnancy termination.

6.2.16. Cotton Root

Picture 16**: Cotton Root**
Awah 2021

Cotton root was also a plant some of our research participants used to induce a miscarriage-like abortion. Some of them shared their experiences and methods of inducing a miscarriage-like abortion with us as they said;

> *It is not commonly used now because cotton plants are grown commercially with a lot of toxic chemicals. Back in the day, Cotton Root Bark was used as an aphrodisiac, an emmenagogue, a parturient and an oxytocic. Some of the diseases treated by Cotton Root Bark were amenorrhea, period pains, labia tumors, and fertility issues, loss of sex drive and to induce spontaneous termination of pregnancies. You can only ingest Cotton Root Bark if you have access to a cotton plant. Cotton Root has many antioxidants and other such molecules that are invasive and can alter the chemical reactions going in your body. This is why cotton root can also lead to natural abortion. Make a fine powder of dried cotton root. Take this powder with water until the bleeding starts.* (Ethno-medical health professional, Age 72, 20/08/2021)

For this research participant, the plant is not commonly used anymore because the toxins used to produce it nowadays for commercial purposes. It was formerly and it is still used as an aphrodisiac, an emmenagogue, a parturient and an oxytocic. It was and is still used as a medication or treatment for amenorrhea, period pains, labia tumors, and fertility issues, loss of sex drive and to induce spontaneous termination of pregnancies. It has lots of antioxidants and

molecules that can disrupt the chemical reactions of the body and that is why it can lead to pregnancy termination. All someone has to do is take the powder of cotton root or bark with water and bleeding will begin after a while and the results will be pregnancy termination.

Another participant shares the same viewpoint and explains her own method using cotton root bark as she says;

> *To induce spontaneous termination of pregnancies, take a quarter kilogram of the inner root bark and boil in a liter of water. Drink half a cup of the resulting tea every half hour or until menstruation commences.* (Housewife, Age 45, 23/07/2022)

For this research participant, the process of inducing a spontaneous termination of pregnancy is easy. This is so because, a person should just take the rook of the cotton tree and boil in water. Drink just half a cup of the tea extracts every half an hour and in no time, bleeding will start like menstruation.

6.2.17. Tansy

Picture 17**: Tansy**
Awah 2021

Among many plants and herbs mentioned by participants during our research a few participants mentioned the use of tansy as a plant used to induce a miscarriage-like abortion as they explain how it works by saying:

> *Tansy works differently, and that is by causing the womb to shrink. Your womb grows extensively during pregnancy. If the growth doesn't occur then sustaining the pregnancy will be impossible. Tansy works by stopping the growth of the uterus and instead it is shrinking it. Take a tiny amount of Tansy leaves and chew them and let the extract flow down in you. Don't try to eat a lot of it as it can be lethal because a lot of it might poison the person taking it.* (Housewife, Age 45, 23/07/2022)

According to this research participant, this plant works differently in terminating pregnancies as it instead causes the womb to shrink. This can be explained by the fact that given that a woman's womb grows extensively during pregnancy if the growth doesn't occur then sustaining the pregnancy becomes impossible. It is simple to terminate a pregnancy with it as one just need to take a few leaves and chew them and swallow. It is also a poisonous plant so eating a lot of it may be lethal to the person consuming it.

In the same light, another participant says;

> *Before proceeding with the use of Tansy, it is important to note that Tansy is a potent and toxic herb. The popularity of Tansy had been declining as people opt for less poisonous herbs that can bring the same results. Tansy still has its advantages. It is an excellent insect repellent. As an abortifacient, Tansy works well as long as you follow the dosage and instructions to the letter. The compound Thujone is very potent in Tansy meaning anyone with pre-existing epilepsy, kidney and liver problems, and phototoxicity should not use it. The essential oils derived from Tansy's flowers should never be ingested. They are toxic even in small quantities. To use Tansy for abortion, put a teaspoon of dried Tansy leaves powder in a cup of hot water and let it sit for 5-10 minutes. Strain and drink 3-4 times a day for no longer than seven days. To use Tansy as a tincture, put ½ -3/4 of a teaspoon in a cup of warm water. Drink 3-4 cups in a day for no more than seven days. Do not use Tansy together with Vitamin C to avoid a counteraction.* (Ethno-medical health professional, Age 72, 20/08/2021)

For the above participant, tansy is a potent and toxic herb, this has caused its use to drop for pregnancy termination as women go for less dangerous herbs that will bring about the same results. It is very effective for pregnancy termination when the dosage of consumption is followed but it should not be taken together with vitamin as it will instead protect the pregnancy.

6.2.18. Evening Primrose Oil

Picture 18**: Evening Primrose**
Awah 2021

During our research several participants spoke of using Evening primrose for inducing a miscarriage-like abortion. As per this, a participant shares her experience as she says;

> *It is useful for causing self-induced abortion as Evening primrose oil can induce labor. It also prevents stretch marks during pregnancy by shrinking the external walls. All this causes contraction of the uterus leading to natural abortion. You can apply this oil all over your cervical region, or you can even consume it in the form of a pill for natural abortion methods.* (Housewife, Age 45, 23/07/2022)

According to this research participant, this plant is useful to terminate pregnancies as its oil can cause uterus contractions and later natural pregnancy termination. To do so one just have to either apply its oil all over her cervical region or can also consume it as pills to terminate the pregnancy.

In the same light, another participant says;

> *Evening Primrose Oil is one of the most popular oils in the aromatherapy world. It has gentle sedative and laxative effects which relax and soothe the body. Evening Primrose seeds are rich in gamma-linolenic acids which are Omega-6 fatty acids responsible for the production of Prostaglandin. Prostaglandin is useful in keeping the blood flow smooth throughout the body, reducing High Blood Pressure and Cholesterol, soothing inflammation and maintaining optimal immunity. Evening Primrose Oil is also used to relax the cervical muscles and prepare the uterus to expel the baby during labor. Enough concentration of Evening Primrose Oil around the cervix is capable of causing spontaneous*

> *abortion. Evening Primrose Oil is entirely safe. The dosage for termination is not set. You can adjust accordingly until you get your desired results. It is easy to go about it an expecting mother just has to introduce evening Primrose Oil into her cervix by squeezing it onto a tampon and wearing it overnight. At the same time, ingest some with water to ensure elevated concentration of Evening Primrose Oil in your body.* (Pharmacist 3, Age 43, 17/04/2021)

According to the explanation of this research participant, the oil from evening primrose is one the most important as it acts as a gentle sedative and also has laxative effects as it helps to relax and soothe the body. The components of this plant have great virtues as it contains prostaglandin which is useful in keeping the blood flow smooth throughout the body, reducing High Blood Pressure and Cholesterol, soothing inflammation and maintaining optimal immunity. During labor the components of this plant are used to relax the cervical muscle and prepare the uterus to expel the baby. Enough concentration of this oil around the cervix will stimulate spontaneous pregnancy termination. This oil is actually safe during pregnancy termination as the dosage is not set and it can be adjusted accordingly till the pregnancy termination is done. It is easy to go about pregnancy termination with evening primrose as you just have to squeeze some onto a tampon and wearing it overnight to get it into her cervix. To ensure an elevated concentration in her body she can at the same time ingest some with water to speed up the pregnancy termination process.

6.2.19. Mugwort Leaves

Picture 19: Mugwort leaves

Awah 2021

Among several plants mentioned by participants during our research a few participants also mentioned the use of mugwort leaves as a plant used to induce a miscarriage-like abortion as they explain how it works by saying:

> *Leaves of Mugwort can also cause abortion if taken in a large dose. However large dose here is lesser than needed for chamomile tea. If you take mugwort tea in large amounts, it will have more side effects than benefits. Take Mugwort leaves and dry them in the shade and make a powder of it. Take a spoonful of this powder and add to a cup of lukewarm water. Let it cool before consuming it.* (Housewife, Age 45, 23/07/2022)

According to this research participant, this can also induce pregnancy termination when taken in large dose. When taken in large quantities it will have more negative side effects than benefits. The leaves of the plant should be taken and dried and a powder made of them. A spoonful of the powder should be drunk in a cup with lukewarm water and it should be left to cool before consuming it for pregnancy termination.

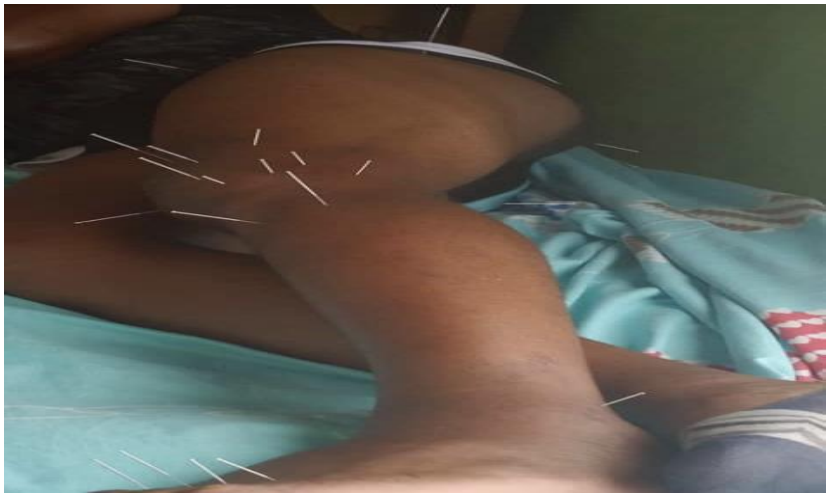
In the same light, another participant says;

> *Mugwort is a common shrub-like perennial plant that grows in Africa, Europe, and tropical Asia. Mugwort has been used for centuries to streamline women's reproductive systems primarily. It's also famous for treating digestive problems, colds and flu, epilepsy, bronchitis, parasites like tapeworms, roundworms, threadworms, and ringworms, and sciatica and muscle stiffness. It has antifungal, antibacterial, antiasthmatic and expectorative properties. More recently, Mugwort has gained popularity as a dream herb. This is because of its mildly sedative and calming effects. Mugwort is placed on sleep pillows to induce more lucid dreams. As an abortifacient, Mugwort contains volatile oils, absinthin, flavonoids, and tannin that stimulate the uterus. As an abortificient it is easy to use. It is recommended that Mugwort should be taken as a tea. A handful of fresh or dry Mugwort leaves. If the leaves are dry, grind them into a powder. Infuse the leaves or powder in a cup of hot water for 10-15 minutes. Strain and drink the resulting tea. Take 2-3 cups a day for five days or until bleeding are achieved.* (Pharmacist 3, Age 43, 17/04/2021)

From the words of this research participant, it is found in different parts of the world and has been used to streamline women's reproductive systems primarily. They also help with treating digestive problems, colds and flu, epilepsy, bronchitis, parasites like tapeworms, roundworms, threadworms, and ringworms, and sciatica and muscle stiffness. It has several properties like antifungal, antibacterial, antiasthmatic and expectorative. As a plant with mild sedative and

calming effects it has gained popularity. It also serves as a plant for pregnancy termination as it contains volatile oils, absinthin, flavonoids, and tannin that stimulate the uterus. It is easy to use as it is taken as a tea to stimulate pregnancy termination. The leaves of the plant should be taken and dried and a powder made of them. A spoonful of the powder should be drunk in a cup with lukewarm water and it should be left to cool before consuming it for pregnancy termination.

6.2.20. Acupuncture



Picture 20: Acupunture
Awah 2021

Among our participants a few mentioned the use of acupunture as a natural method used to induce a miscarriage-like abortion as they explain how it works by saying:

> *Acupuncture experts have singled out several points on the body called the Forbidden Pregnancy Points. These points should not be stimulated during pregnancy because they can cause a miscarriage. To induce termination by acupuncture, all you need to do is stimulate the forbidden points; the SP6 and the LI4. The SP6 is on the inside of the ankle, three fingers width above the anklebone, and close to the shinbone. The LI4 is at the back of the hand just above the web between the thumb and the forefinger. It is best to employ the services of an acupuncture expert to get the procedure right. Stimulating these points will cause an abortion in 1-3 days.* (Trainer 1, Age 39, 23/10/2021)

According to this research participant, this ethno-medical practice has identified several points on the body which they call the forbidden pregnancy points. These points should not be stimulated during pregnancy as it can also stimulate pregnancy termination. So, in other to

stimulate pregnancy termination all one has to do is to stimulate these points. These points stop blood circulation to the fetus and later on the fetus passes away.

In the same light, another participant says;

> *Acupuncture is an ancient Chinese technique used for treating many disorders. It has an almost solution for everything. There are ways how pressing specific Acupuncture points can cause abortion. How to abort using Acupuncture?... You will have to go to an Acupuncture expert for getting a self-induced abortion. Make sure you figure out the right Acupuncture expert. Abortion is a contentious topic and will probably never have a unanimous agreeable conclusion. However, there are cases when it is essential. Abortion is necessary when the pregnancy isn't sustainable or when it is posing a threat to the health of the mother. We can only present you the answers to your question the decision of doing it or not is yours. Our word would be that it is better that you avoid such a situation from arising and it does then always take a second opinion from a medical expert.* (Trainer 2, Age 54, 23/10/2021)

From the words of this research participant, this ancient Chinese practice for treating disorders almost has a solution for treating everything. When it comes to abortion, they are ways of pressing specific points on the body to provoke the dead of the fetus by preventing the circulation of blood to the fetus.

6.2.21. Sage Tea Plant

Picture 21: Sage Tea Plant
Awah 2021

Among many plants and herbs mentioned by participants during our research a few participants mentioned the use of tansy as a plant used to induce a miscarriage-like abortion as they explain how it works by saying:

> *Leaves of the sage tea plant can also cause abortion if taken in a large dose. If you take sage tea plant in large amounts, it will have more side effects than benefits. Take sage tea plant leaves and dry them in the shade and make a powder of it. Take a spoonful of this powder and add to a cup of lukewarm water. Let it cool before consuming it.* (Housewife 3, Age 41, 13/03/2022)

According to this research participant, this can also induce pregnancy termination when taken in large dose. When taken in large quantities it will have more negative side effects than benefits. The leaves of the plant should be taken and dried and a powder made of them. A spoonful of the powder should be drunk in a cup with lukewarm water and it should be left to cool before consuming it for pregnancy termination.

6.2.22. Watermelons

Picture 22: Watermelons
Awah 2021

Among several plants and herbs mentioned by participants during our research a few participants also mentioned the use of watermelon as a fruit used to induce a miscarriage-like abortion as they explain how it works by saying:

> *The water content of the watermelons keeps the body hydrated. It also flushes out the harmful toxins from the body but while doing this the baby gets exposed to these toxins which is not good for the baby. Also, consuming large amounts of this fruit can raise blood sugar levels in women with gestational diabetes.* (Housewife 2, Age 45, 12/05/2022)

From the words of this research participant, watermelons keep the body hydrated due to its water content and it also flushes out toxins from the body. In this process, the fetus gets exposed to harmful toxins which is not good for the well-being of the fetus. Also, consuming large amounts of watermelons can raise blood sugar levels significantly in women with gestational diabetes.

This chapter delved into the ethno-medical technologies employed in the abortion processes in Yaounde, shedding light on the perspective of users and the methods utilized for terminating pregnancies. Through exploring the experiences of different users, including traditional healers, herbalists, and other indigenous practitioners, we have gained valuable insights into the cultural significance and relevance of these technologies.

From the narratives shared by users, it is evident that these ethno-medical technologies hold a deep-rooted place within the local society, often being sought after due to cultural beliefs, accessibility, and perceived effectiveness. Traditional healers, for instance, play a crucial role in the abortion process, utilizing not only medicinal plants but also rituals and spiritual practices to address both the physical and emotional aspects of terminating a pregnancy.

On the other hand, herbalists present alternative methods through the administration of specific medicinal plant concoctions. These practitioners have a thorough understanding of the properties and effects of various plants, providing women with tailored remedies based on their unique circumstances. Additionally, other indigenous practitioners employ techniques such as massage, fumigation, and dietary adjustments to support the abortion process.

It is important to emphasize that the use of ethno-medical technologies in the abortion processes does not come without risk or potential harm. The lack of standardized dosages and quality control of the herbal remedies, as well as the potential for unhygienic practices during invasive procedures, poses threats to the health and well-being of women seeking to terminate pregnancies. Hence, it is crucial to raise awareness about safe abortion methods and ensure

access to professional healthcare providers who are equipped with the necessary skills and knowledge.

Given the limited research and documentation on ethno-medical abortion technologies, more studies are needed to comprehensively understand their efficacy, safety, and potential impact on women's health. As society progresses and becomes more inclusive, it is imperative to create an open dialogue that bridges the gap between traditional and modern medical practices, ensuring that women have access to safe and legal abortion services while respecting cultural diversity and indigenous knowledge.

In conclusion, the exploration of ethno-medical technologies in the abortion processes in Yaounde has highlighted the intricate interplay between cultural beliefs, accessibility, and perceived effectiveness. By understanding the perspectives of different users and the methods employed, we can foster informed discussions about reproductive health, ensure safe abortion practices, and provide inclusive healthcare services to all women in our society.

CHAPTER 7

BIO-MEDICAL TECHNOLOGIES IN THE PREGNANCY TERMINATION PROCESS

Many women in our research terminated their pregnancies using several abortion technologies available in Cameroon. Despite the fact that there is an existing reproductive health policy in Cameroon which specifies the need for pregnancy termination services in Cameroon health facilities, many health providers shy away from this practice and those who do provide such services do so in an illegal context according to Bain et al, 2018). A good number of women who seek pregnancy termination care delivery services are young, with restrictions on the technologies they can use to terminate their pregnancies. This is in line with Bain et al, 2018 as according to these authors the pregnancy termination law in Cameroon might be considered problematic on several fronts that is in constituting the legally recommended team, and also most women eligible for legally accepted pregnancy terminations might not even be aware of the law as this law is sometimes misconstrued. As most women still regard pregnancy termination practice as illegal in Cameroon and this usually results in the seeking of a handful of pregnancy termination technologies. In addition, many private clinics and drug shops are operated by attendants with varying backgrounds, experience and good medical knowledge. In this chapter, we examine how bio-medical technologies shape and are shaped in the practice of pregnancy termination.

7.1. BIO-MEDICAL TECHNOLOGIES IN THE ABORTION PROCESS

There are 2 main Bio-medical technologies in the pregnancy termination process that is the surgical pregnancy termination technology and its tools and the medical pregnancy termination technology and its tools. Below is an appraisal of these Bio-medical technologies shaping the practice of pregnancy termination in Yaoundé.

7.1.1. Surgical Abortion Technologies and processes

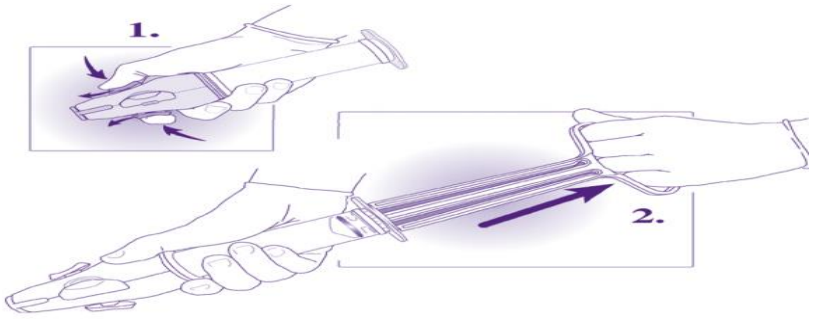
Surgical pregnancy termination is a procedure that ends an undesired pregnancy by removing the fetus and placenta from the mother's womb (uterus). it involves dilating the opening to the uterus (cervix) and placing a small suction tube into the uterus. Suction is used to remove the fetus and related pregnancy material from the uterus. The 2 main techniques involved in this procedure are manual vacuum aspiration and dilation and curettage as appraised in the below sections.

7.1.1.1. Manual vacuum aspiration

Manual Vacuum Aspiration is a procedure where a healthcare provider removes the contents from the uterus using a hand-held device (the aspirator). The Manual Vacuum Aspirator is critical to providing a safe pregnancy termination as recognized by the World Health Organization. The manual vacuum aspiration procedure is a minor surgical procedure that can be performed under local anesthesia in a hospital, health center or clinic. It has a short recovery time and is typically performed on an outpatient basis. It is a safe and effective method for pregnancies up to 12 weeks since a woman's last menstrual period. Vacuum aspiration uses gentle suction to empty the uterus. It can be performed either with a handheld vacuum which is a manual vacuum aspiration or with a machine which is known as an electric vacuum aspiration. Vacuum aspiration can be provided by any trained healthcare provider including specialists, general care providers, nurses, and midwives. A specialist in gynecology explains during our research how manual vacuum aspiration is done as he says;

> *What I always do first is to prepare my manual vacuum aspiration after it has been sterilized. I start by positioning the plunger all the way inside the cylinder till I have the collar stop in place with tabs in the cylinder holes. Then I push the valve buttons down and forward until they lock. I then pull the plunger back until arms snap outward and catch on the base of the cylinder.* (Central Hospital Health Professional, Age 46).

From the words of this specialist in gynecology, the first thing he does is to prepare his equipment for the procedure after which he has sterilized it. Thereafter he sets the equipment to be ready for the procedure. The steps as explained in the above quote by the specialist in gynecology can be illustrated in the below diagram.



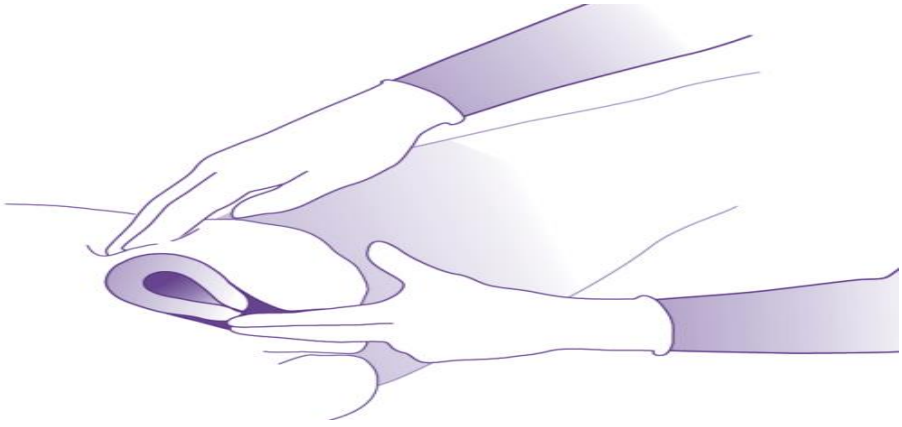
Picture 23: Aspirator Preparation
Ipas 2021

The above diagram shows us how, the plunger is positioned all the way inside the cylinder till the collar stops in place with tabs in the cylinder holes. The diagram also shows how the valve buttons are pushed down and forward until they lock and then the plunger is pulled back until the aspirator's arms snap outward and catch on the base of the cylinder

The specialist in gynecology continues the explanation of the procedure by saying;

> *After haven prepared my aspirator and it is all set for the aspiration procedure. I also have to make sure that the patient on which the procedure will be done is ready for the aspiration process by administering pain medication to have maximum effect when procedure begins. Then I make sure i give prophylactic antibiotics to all women whom i care for and therapeutic antibiotics if need be. Then I ask the woman to empty her bladder before I conduct a bimanual exam to confirm uterine size and position. I do all of this before inserting speculum and observing for signs of infection, bleeding or incomplete abortion.* (Central Hospital Health Professional, Age 46).

According to the explanation of this specialist in gynecology, after the preparation of his aspirator and it is set for the procedure, he proceeds by making sure that the patient too is ready for the procedure. He gives her pain medication together with prophylactic antibiotics and therapeutic antibiotics if need arises. He later asks then to ease themselves before he starts a bimanual examination. He says he does all of this to verify and confirm uterine size and position of the fetus before the insertion of a speculum and observation in case of signs of infections, bleeding and or incomplete abortions. The below diagram helps illustrate the explanation given by the specialist in gynecology in the above quote.



Picture 24: Bimanual Examination
Ipas 2021

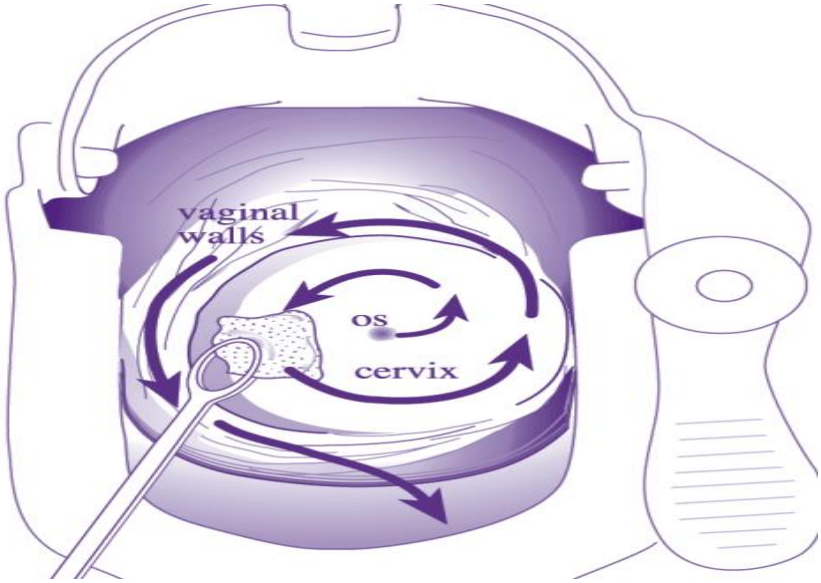
From the above diagram it can be seen that, the health professional is examining the size of the uterus and the position of the fetus by doing a bimanual examination. Thus, preparing the uterus for the insertion of a speculum and observation in case of signs of infections, bleeding and or incomplete abortions.

The specialist in gynecology continues the explanation of the procedure by adding that;

> *After haven conducted a bimanual examination to confirm uterine size and position and inserting speculum while simultaneously observing for signs of infection, bleeding or incomplete abortion. I then perform a cervical antiseptic preparation. I use antiseptic-soaked sponge to clean cervical os by starting at os and spiral outward without retracing areas. I continue the same movement until os has been completely covered by antiseptic.* (Central Hospital Health Professional, Age 46).

From the words of this specialist in gynecology, after the examination of the uterus and the observation for any abnormal signs he then prepares a cervical antiseptic preparation with an antiseptic soaked sponge to clean cervical os. For him this is done by spiraling the antiseptic soaked sponge around the outward part of the os till the os is completely covered.

The steps as explained in the above quote by the specialist in gynecology can be illustrated in the below diagram.



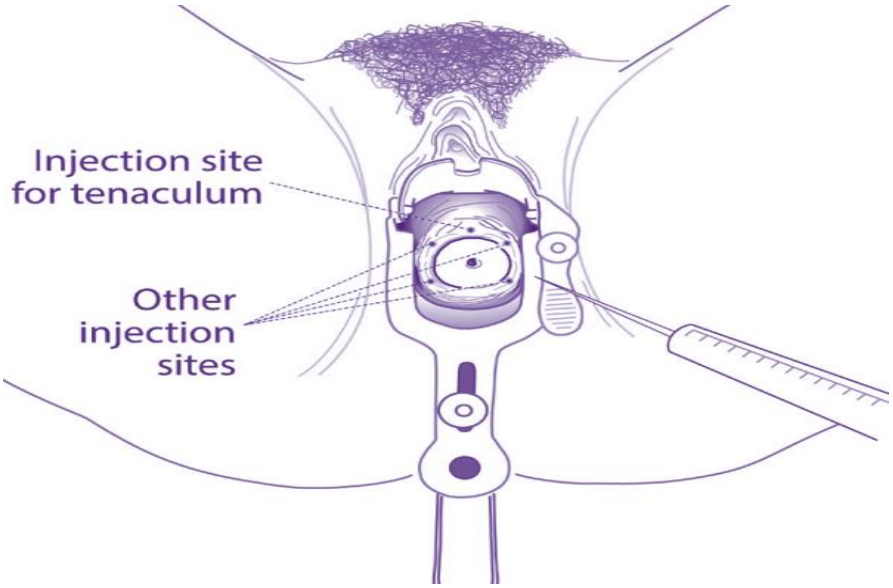
Picture 25: Cervical Antiseptic Preparation
Ipas 2021

The above diagram shows us how, a cervical antiseptic preparation with an antiseptic soaked sponge is done. As seen above the antiseptic soaked sponge is attached to a tiny metal and the cleaning is done from the os of the cervix while spiraling outward to the walls of the vagina.

The specialist in gynecology continues the explanation of the procedure as he says;

> *Immediately after I have used antiseptic-soaked sponge to clean cervical os by starting at os and spiral outward without retracing areas and repeated the movement until os has been completely covered by antiseptic substance. I later perform paracervical block as recommended when mechanical dilatation is required with manual vacuum aspiration. After administering paracervical block and placed tenaculum, I proceed by using lowest anesthetic dose possible to avoid toxicity for example, if I am using lidocaine, the recommended dose is less than 200 mg.* (Central Hospital Health Professional, Age 46).

According to the explanation of this specialist in gynecology, after the cervical antiseptic preparation he proceeds by performing a paracervical block and placing a tenaculum at the entrance of the uterus. He makes sure he uses the lowest dose of anesthetic he can possibly use to avoid toxicity. He cites the example of the use of lidocaine and says how the recommended dose is less than 200mg. The below diagram helps illustrate the explanation given by the specialist in gynecology in the above quote.



Picture 26: Paracervical Block and Tenaculum Injection
Ipas 2021

From the above diagram it can be seen that a paracervical block is done. This is followed by the injection of tenaculum at the os of the cervix and the entrance of the uterus as the different injection sites can be seen from the illustration above.

The specialist in gynecology continues the explanation of the procedure by adding that;

> *With the administration of the anesthetic, I later observe a no-touch technique when dilating the cervix and during aspiration. Instruments that enter the uterine cavity should not touch my gloved hands, the patient's skin, the patient's vaginal walls, or unsterilized parts of the instrument tray before entering the cervix. This can be avoided by using mechanical dilators or progressively larger cannula to gently dilate the cervix to the right size.* (Central Hospital Health Professional, Age 46).

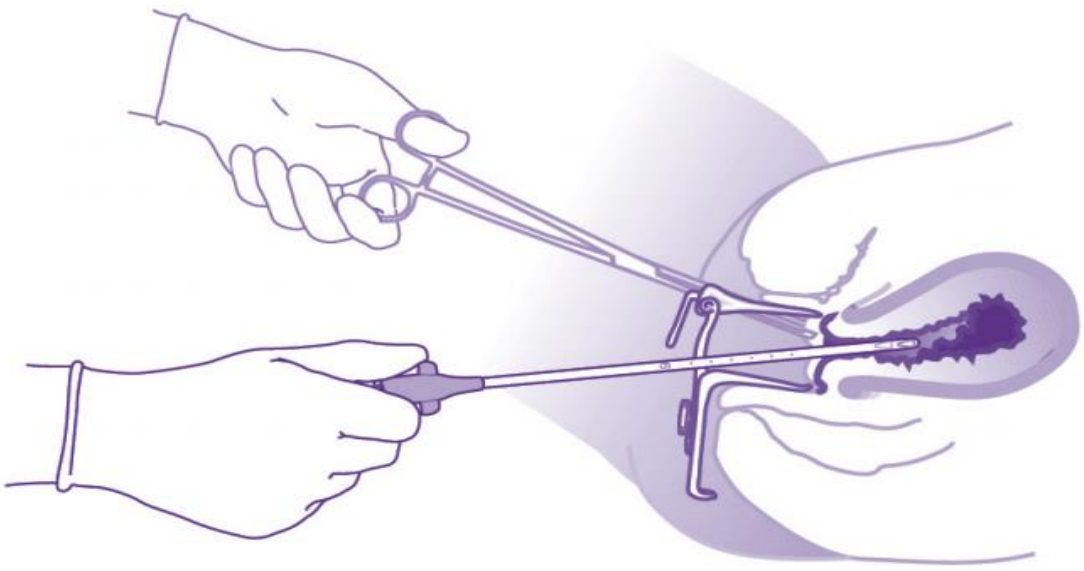
From the words of this specialist in gynecology, after anesthetic administration he applies a no touch technique as he is dilating the cervix and also during aspiration. From his words this is so because the instruments that has to go into the uterine cavity are not supposed to touch his gloved hands, the patient's skin, the patient's vaginal walls or any unsterilized part of the instrument before entering the cervix. For him the only way to do so is by using mechanical dilators or progressively a larger cannula in order to gently dilate the cervix to take the right size.

The specialist in gynecology continues the explanation of the procedure as he says;

> *After the dilation of the cervix, while applying traction to the tenaculum, I insert the cannula through the cervix, just pass the os and into the uterine cavity until it touches the fundus, and then withdraw it slightly. I take precautions not to insert the cannula forcefully.* (Central Hospital Health Professional, Age 46).

According to the explanation of this specialist in gynecology, after cervical dilation and while applying traction to the tenaculum, he proceeds by the insertion of the cannula through the cervix via the cervical os into the uterine cavity till it touches the fundus. Thereafter he removes it slightly. He says he does all of these with precaution in order not to forcefully insert the cannula and ending up damaging a tissue.

The below diagram helps illustrate the explanation given by the specialist in gynecology in the above quote.



Picture 27: Cannula Insertion
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The above diagram shows us how, after dilation the cannula is inserted through the patient's cervix via the cervical os to the fundus while going through the uterus. This is done by making sure that it doesn't touch any other surface as it goes in to avoid infections. It is also done gently and with precaution to avoid damaging a tissue as it goes in.

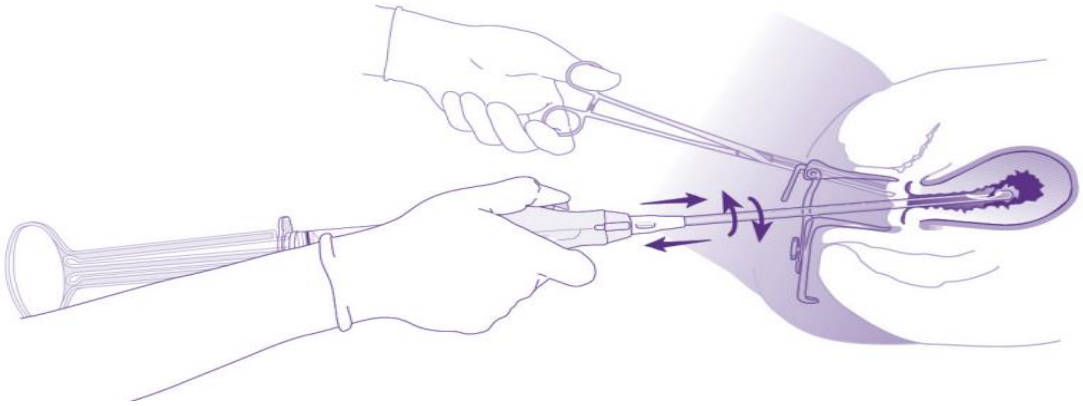
The specialist in gynecology continues the explanation of the procedure by adding that;

> *With the insertion of the cannula, the aspirator is later attached to the cannula if the cannula and aspirator were not previously attached. Then I release the vacuum by pressing the buttons. I later proceed by evacuating the contents of the uterus by gently and slowly rotating the cannula 180° degrees in each direction, using an in-and-out motion. When I am done with the procedure, I depress the buttons and disconnect the cannula from the aspirator. Alternatively, I can also withdraw the cannula and aspirator without depressing the buttons.* (Central Hospital Health Professional, Age 46).

From the words of this specialist in gynecology, when the cannula is sent into the uterus till it reaches the fundus, the aspirator is attached if they were not attached previously. He then releases the vacuum by pressing the buttons and then proceeds by removing the content of the uterus. He does so by gently and slowly rotating the cannula in an in and out movement while rotating it in 180° degrees clockwise and anti-clockwise. At the end of the procedure, he unlocks

the buttons and disconnects the cannula from the aspirator. He can also remove the cannula and the aspirator at the same time as it depends which method, he is more comfortable with.

The below diagram helps illustrate the explanation given by the specialist in gynecology in the above quote.



Picture 28: Uterine Content Aspiration or Suction
Ipas 2021

From the above diagram it can be seen that, the cannula has been sent in and attached to the aspirator. The vacuum is released and the removal of the uterus content starts. As seen from the illustration all the instruments are set in the aspirator is following an in and out movement and the cannula in the fundus rotates 180° degrees clockwise and anticlockwise till all the uterus content is judged to be completely evacuated.

The specialist in gynecology continues the explanation of the procedure as he says;

> *After haven gone through with the aspiration procedure, I will have to look out for signs that indicate the uterus is empty. I will be looking out for signs like if a red or pink foam without tissue is seen passing through the cannula. If a gritty sensation is felt as the cannula passes over the surface of the evacuated uterus. If the uterus contracts around or grips the cannula. If the patient complains of cramping or pain, indicating that the uterus is contracting.* (Central Hospital Health Professional, Age 46).

According to the explanation of this specialist in gynecology, after the aspiration procedure, he looks out for signs of an empty uterus. He will be looking out for indications like if a pink or red foam is seen passing through the cannula without tissue. He said he will also have to look out if he feels a gritty sensation as the cannula passes through the surface of the evacuated uterus and

also if the cannula grips or contracts around the uterus. He also has to watch if the patient complains of pain or cramping which is a sign of a contracting uterus.

The specialist in gynecology continues the explanation of the procedure by adding that;

> *After looking out for signs that indicate that the uterus is empty. It is good to inspect the tissues while emptying the contents of the aspirator into a container. It will be helpful to strain material, float it in water or vinegar and view with a light from beneath. Thereafter Inspect tissue for products of conception, complete evacuation and molar pregnancy. If the inspection is inconclusive, re-aspiration or other evaluation may be necessary.* (Central Hospital Health Professional, Age 46).

From the words of this specialist in gynecology, after haven looked for signs of an empty uterus. It will be good that while emptying the content of the aspirator in a container, tissues should be inspected. For him the inspection should be done above a light while straining the material and floating it in water. This is followed by the inspection of the products of conception, total evacuation and molar pregnancy. If this inspection turns out not to give a conclusion, re-aspiration of the products of conception or another evaluation will be needed.

The below diagram helps illustrate the explanation given by the specialist in gynecology in the above quote.

Picture 29: Tissue Inspection
Ipas 2021

The above diagram shows us how, a health professional does an examination of the tissues from the aspiration and inspection of the products of conception. As from the illustration, this is done above a bright light and with the tissues floating on water.

The specialist in gynecology continues the explanation of the procedure by adding that;

> *When procedure is complete, I usually proceed with contraception or other procedures, such as IUD insertion or cervical tear repair. Immediately the procedure is complete and contraception together with other procedures I disinfect and discard all instruments, according to local protocols.* (Central Hospital Health Professional, Age 46).

From the words of this specialist in gynecology, when the procedure comes to an end, he usually proceeds with contraception advice or insertion of IUD or cervical tear repair if there was a cervical tear. Ones all is over he disinfects and keeps all the instruments.

In the same light a nurse working in the same health facility gives her own perspective of how the procedure unfolds as she says;

> *It is normal procedure that the doctor gives the patient some pills to swallow before the procedure. These are for reducing pain, reducing the risk of infection, and dilating the cervix which makes the procedure easier. The doctor will begin by inserting a speculum into the patient's vagina to examine and clean the cervix. The doctor might also inject an anesthetic into the cervix; this may sting initially but will numb the surrounding area.* (Nurse, Age 40, 16/03/2021)

According to the explanation of this nurse, the procedure is a normal one as the health professional gives some pills to the patient to swallow before the procedure begins. From her words these medications are meant to reduce pain during the pregnancy termination process. They are also meant to reduce the risk of infection and also the dilation of the cervix to ease the pregnancy termination process. She adds that after the patient swallows the pills, the health professional then inserts a speculum into the patient's vagina to examine and clean the patient's cervix. In the same process the health professional also injects some anesthetic into the cervix of the patient. This process might sting but it is meant to numb the surrounding area of the cervix.

> *Next, the doctor will insert a narrow tube through the cervix into the uterus and attach it to a suction device. This will empty the uterus. This may be uncomfortable, and most women experience mild to moderate cramping during this stage of the procedure which will generally last for about five to 10 minutes).*

> *The cramping typically decreases once the tube is removed from the uterus.* (Nurse, Age 40, 16/03/2021)

From the explanation of this nurse, after the doctor administers the anesthetics, he then inserts a narrow tube through the cervix into the and thereafter attach it to the suction tool. For her, this is what will eventually empty the uterus and might be uncomfortable as most women during this process will experience a little bit of cramping which might last for between 5 to 10 minutes. From her explanation these cramping decreases or ends once the suction tool is removed from the uterus and out of the cervix.

> *The doctor will then ask the patient to stay under observation for the next 30-60 minutes after the procedure and then the patient should be free to go back home. Generally, the patients don't have to be accompanied by a relative or a friend, though the patients may want to have someone for support. Also, after the procedure patients should not hesitate to talk with the doctor if they have any questions or feel any discomfort. They patients are provided medicine for pain relief too as the leave the health facility. After the procedure, it is advised to rest quietly for the rest of the day. Depending on how the patient feels, the patients can restart their daily activities as soon as the following day.* (Nurse, Age 40, 16/03/2021)

According to the explanation of this nurse, after the procedure the health professional will tell the patients to stay a little bit longer for about 30 minutes to 1 hour for observation then she can go back. She adds that the procedure is fast and smooth to the extent where patients don't even need to be accompanied by anyone be it a friend or a relative though they may want to have someone for support. The health professional always tells the patients to report anything if need arises. They are also given pain relieving drugs as they depart from the facility. They health professional also advices patients to rest as they go home and tell them that they can resume to their daily activities depending on how well they feel.

In addition, this nursing assistant seems to have more knowledge on life after the procedure as she shares her experience by saying;

> *During the first two weeks, it is normal to experience irregular bleeding or spotting, so we always advise patients to use pads instead of tampons. Patients might also experience cramps similar to their menstruation for several days after the manual vacuum aspiration procedure. Avoid sexual intercourse during the first week and do not forget to take any prescribed antibiotics to avoid infection.* (Nurse, Age 40, 16/03/2021)

From the explanation of this nursing assistant, the weeks following the procedure usually the first two weeks it is very normal to experience irregular bleeding or spotting. This is why the usually advice patients to use pads which can contain more blood than tampons. She adds that after the procedure with the manual vacuum aspirator, patients might experience cramps similar to those from their menstruation for several days. She also mentioned that they advise patients to avoid sexual intercourse during the week following the pregnancy termination procedure and also not to forget any antibiotics they were being prescribed after the procedure.

The nursing assistant when asked about how effective, efficient and safe manual vacuum aspiration is, she expresses herself by saying that;

> *Manual Vacuum Aspiration is very effective as it succeeds 98% of the times it is done for first-trimester abortions. There are very few complications and the procedure is safe. From the best of my knowledge, complications may occur like; severe bleeding, signs of infection, severe pain in the abdomen, hot flushes or fever, vomiting, pain/swelling or redness in the genital area.* (Nurse, Age 40, 16/03/2021)

According to the explanation of this nurse, terminating a pregnancy through a manual vacuum aspiration is very successive as 98% of the time the patient's pregnancy is terminated especially when it is done during the first trimester of the pregnancy. She adds that the procedure has very few complications and from the best of her knowledge in a few cases complications might occur like severe bleeding, signs of infections, severe pain in the abdomen, hot flushes or fever, vomiting, pain and even swelling or redness in or around the genital area.

When asked about the advantages of choosing manual vacuum aspiration as a procedure, the nursing assistant expresses herself by saying that;

> *This method is very effective. It is a pregnancy termination method recommended by the World Health Organization. It is a short procedure with a shorter recovery time than other methods and the patient's pregnancy will be finished by the time the patients leave the facility. It is a procedure that is more comfortable than other surgical methods as it can be performed under local anesthesia instead of general anesthesia. Most of the time other women would recommend this method to a friend than any other method when it comes to making sure that the pregnancy has been terminated.* (Nurse, Age 40, 16/03/2021)

From the words of this nursing assistant, the fact that it is very effective, it is one of the most recommended procedures by the World Health Organization (WHO). This is so because the procedure is short with a recovery time that is shorter than those of other pregnancy termination procedures as the patients terminate their pregnancies before leaving the health facility. She adds that compared to other surgical procedures; manual vacuum aspiration is more comfortable as it can be performed under local anesthesia instead of general anesthesia. She also says that most of the times women would recommend this procedure to other women than other procedures especially when it comes to making sure that the pregnancy has been terminated.

In our research, manual vacuum aspiration was used by a handful of research participants, and was regarded as very effective for pregnancies under 12 weeks, especially with an incomplete abortion with retained products. Private clinic health professionals, however, felt that it was ineffective and that the available technology lacked aspiration capacity, particularly when gestational age was over 12 weeks, as one expresses herself

> *For us, we go for family planning meetings and they want us to use Manual vacuum aspiration for abortion. But Manual vacuum aspiration cannot work well if the pregnancy is over three months. We do not use this system because it cannot aspirate the contents from the uterus.* (Private Clinic Health Professional, Age 39)

From the words of this health professional in a clinic in Yaoundé, when they go for family planning training and meetings, they are being told to make use of the manual vacuum aspiration. She feels that the manual vacuum aspiration is not effective anymore when the gestational age is more than 3 months. She explains that it gets risky because by using the manual vacuum aspiration it will not aspirate the fetus from the uterus.

Health workers relied on information provided by patients to establish gestation age, and when this was inaccurate, the outcomes of the manual vacuum aspiration were compromised. On the other hand, manual vacuum aspiration was considered very inexpensive for both the health facility and research participants, since no drugs are used and a research participant does not need hospitalization. However, some health professionals considered it to be time-consuming, tedious and inefficient. Most research participants said that it took from 30 min to an hour, depending on whether tissue was retained in the uterus or not. Without adequate time and patience, the abortion would remain incomplete, with the risk of septicemia. Some research

participants returned to the health facility with complications as a result of a wrong procedure as one said;

> *You may think everything has been sucked out but you may find three to four days later, a patient comes back with lower abdominal pain, with labor-like contractions, and says that 'I am bleeding things which are clots. If there are no retained products, the patient would not have labor-like contractions.* (Central Hospital Health Professional, Age 46).

For this health professional, someone might think that everything has been sucked out through the aspiration process but it is not the case as a few days later like three to four days, some patients will come back with lower abdominal pain, labor-like contractions and explain how she is bleeding clot like substances. From the words of this health professional, if there are no products that were retained in the uterus during the procedure the patient would not have labor-like contractions.

Health workers also spoke about serious concerns relating to the sterilization and use of manual vacuum aspiration equipment, as some could not assemble the manual vacuum aspiration to create the vacuum needed for aspiration. At medical school, there was no discussion of signs of incomplete evacuation of products of conception from the uterus, and very few participants could assemble, use and disassemble the manual vacuum aspiration to the satisfaction of the lecturers. Some never even had the chance to see one during their medical school training and the first time they saw one was during practice in the hospital. Same scenario also happens during in-health facility capacity building training. This was despite that this was follow-up training on skills which, in theory, health professionals should already possess. If manual vacuum aspirations were sterilized according to the protocol, infection would be avoided, but this also required experience and adherence to a systematic process;

> *Health professionals need to master the procedure before going in to practice it. if one misses one step, then infection arises. If someone is not experienced in doing that, then incomplete abortion occurs.* (Central Hospital Health Professional, Age 46)

From the words expressed by this health professional, using a manual vacuum aspiration and its tools require mastery. It requires a great load of experiences before going in to terminate a pregnancy. From this health professional's words, if one step is missed then complications like

infections arises. More to that, if the health professional is not experienced in going about the termination of the pregnancy using the manual vacuum aspiration, then incomplete abortion occurs.

Some health workers sterilized the manual vacuum aspiration by boiling. According to the manual vacuum aspiration utilization guide, high level decontamination following the standards requires letting the instrument stay in a highly concentrated disinfectant for at least 20 min, and then washing it in sterilized or boiled water. However, few health workers could conduct adequate high-level decontamination to ensure that the manual vacuum aspiration was safe to use on the next woman. They did not use timers when disinfecting and, at times, manual vacuum aspirations were left for too long in boiling water or in disinfectant. Consequently, the plastic technology lost its effectiveness as explained by a health professional;

> *The manual vacuum aspiration is a plastic instrument and should not be exposed to high temperatures because it can shrink or left to long in sterilization. It shrinking will make the equipment to lose its efficiency in the abortion termination procedure. It is good to respect the temperatures and time required for disinfection.* (Clinic Health Professional, Age 39)

For this health professional, the fact that manual vacuum aspiration equipment is made of plastic and when exposed to long periods of disinfection under high temperature through boiling, the equipment will shrink. From the words of this health professionals the shrinking of the manual vacuum aspiration equipment will make it to be inefficient in the abortion termination procedure. So according to him, it is good to respect the required temperature.

Further, in public health facilities, sterilization was contingent on the availability of disinfectants, but supplies were irregular and well below facility needs based on activities as expressed by a health professional;

> *Here, we are expected to use at least 5 L of disinfectant every day because we have to decontaminate everything; because you find we are having fluids and blood all the time. But we are given only 2 L. Sometimes you get 5 L in a week.* (Central Hospital Health Professional, Age 46)

From the words of this health professional, the estimated amount of disinfectant they can use in a day is about 5 liters to use to disinfect everything. This is so because they have a lot of blood and fluids in their service. But their working situation are not ideal as they are given only 2 liters of

sterilizer or disinfectant a day and when it comes to the worst, they are given the 5 liters the normally have to use for a day for the whole week which is not practical.

7.1.1.2. Dilation and Curettage

A dilation and curettage procedure, also called a D&C, is a surgical procedure in which the cervix which is the lower and narrow part of the uterus is dilated that is expanded so that the uterine lining known by physicians as the endometrium can be scraped with a curette which is a spoon-shaped instrument to remove abnormal tissues. Other related procedures used for diagnosing and treating the endometrium include endometrial ablation, hysteroscopy, and hysterectomy. A gynecologist explains during our research how the dilation and curettage procedure is done as he says;

> *A dilation and curettage procedure may be used as a diagnostic or therapeutic procedure for abnormal bleeding. A dilation and curettage procedure may be performed to determine the cause of abnormal or excessive uterine bleeding, to detect cancer, or as part of infertility (inability to become pregnant) investigation.* (Clinic Health Professional, Age 39)

According to this health professional, this procedure may be used as a therapeutic or diagnostic procedure for abnormal bleeding. As such from his words the procedure of dilation and curettage may be performed to determine the cause of abnormal or excessive uterine bleeding, to detect cancer and sometimes as part of an inability to become pregnant investigation.

> *Causes of abnormal bleeding include the presence of abnormal tissues, such as fibroid tumors (benign tumors that develop in the uterus, also called myomas) polyps, or cancer of the endometrium or uterus. Tissues obtained from the* dilation and curettage procedure *can be examined under a microscope. Abnormal uterine bleeding may also be due a hormone imbalance or disorder (particularly estrogen and progesterone) especially in women approaching menopause or after menopause.* (Clinic Health Professional, Age 39)

From the words of this health professional, the causes of abnormal bleeding included the presence of abnormal tissues such as fibroid tumors which are benign tumors that develop in the uterus commonly called myomas or polyps. In some cases, it is cancer of the endometrium or uterus. From his words, tissues obtained from dilation and curettage procedure can be examined under a microscope. He further explains that abnormal uterine bleeding may also be as a result of

a hormone imbalance or disorder particularly estrogen and progesterone. This is especially with women approaching menopause or after menopause.

> *A suction dilation and curettage procedure uses suction to remove uterine contents. A suction dilation and curettage procedure may be used following a miscarriage to remove the fetus and other tissues if they have not all been naturally passed. Infection or heavy bleeding can occur if these tissues are not completely removed. Occasionally following childbirth, small pieces of the placenta (afterbirth) remain adhered to the endometrium and are not passed. This can cause bleeding or infection. A dilation and curettage procedure may be used to remove these fragments so that the endometrium can heal properly.* (Clinic Health Professional, Age 39)

According to the explanation of this specialist in gynecology, this procedure uses suction to remove uterine content. For him, it may be done after a miscarriage to remove the fetus and other retain tissues if they haven't passed out naturally. This is so because, an infection or over bleeding can occur if this procedure is not done to completely remove these tissues. For him, it is also done following childbirth when small pieces of the placenta remain after birth adhered to the endometrium and refuse to pass out naturally and can eventually cause an infection or bleeding. So, a dilation and curettage procedure is used to remove these remains so that the endometrium can be healed properly.

The specialist in gynecology continues the explanation of the procedure by adding that;

> *As with any surgical procedure, complications may occur. Some possible complications of a D&C may include, but are not limited to, heavy bleeding, infection, perforation of the uterine wall or bowel, adhesions (scar tissue) may develop inside the uterus. Patients who are allergic to or sensitive to medications, iodine, or latex should notify their doctor. If you are pregnant or suspect that you may be pregnant, you should notify your health care provider. There may be other risks depending on your specific medical condition. Be sure to discuss any concerns with your doctor prior to the procedure. A vaginal, cervical, or pelvic infection may interfere with a dilation and curettage procedure.* (Clinic Health Professional, Age 39)

From the words of this specialist in gynecology, as it is the case with any other procedure, complications might occur which includes and it is not limited to heavy bleeding, infections, perforation of the uterine wall or bowel, scar tissues which may develop inside the uterus. With this he advises that patients with allergies or who are sensitive to medication will have to notify their doctor during such a procedure, pregnant women should also notify. Patients should discuss

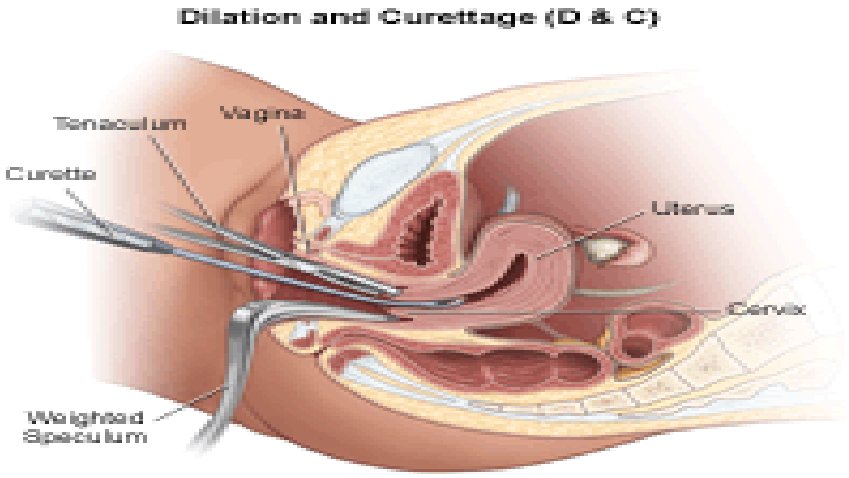
with their health care provider involving any concerns before such a procedure. In case of any infection, the procedure won't be done.

In the same light a nurse working in the same health facility gives her own perspective of how the procedure unfolds as she says;

> *Your doctor will explain the procedure to you and offer you the opportunity to ask any questions that you might have about the procedure. You will be asked to sign a consent form that gives your permission to do the procedure. Read the form carefully and ask questions if something is not clear. In addition to a complete medical history, your doctor may perform a complete physical examination to ensure you are in good health before undergoing the procedure. You may undergo blood tests or other diagnostic tests. If your procedure requires general, spinal, or epidural anaesthesia, you will be asked to fast for eight hours before the procedure, generally after midnight. If your procedure is to be done under local anesthesia, your doctor will give you instructions about fasting. If you are pregnant or suspect that you are pregnant, you should notify your health care provider. He or she may recommend a pregnancy test prior to the procedure. Notify your doctor if you are sensitive to or are allergic to any medications, iodine, latex, tape, and anesthetic agents (local and general). Notify your doctor of all medications (prescribed and over-the-counter) and herbal supplements that you are taking. Notify your doctor if you have a history of bleeding disorders or if you are taking any anticoagulant (blood-thinning) medications, aspirin, or other medications that affect blood clotting. It may be necessary for you to stop these medications prior to the procedure. If a sedative is given before the procedure, you will need someone to drive you home afterwards. You may want to bring a sanitary napkin to wear home after the procedure. Based on your medical condition, your doctor may request other specific preparation.* (Private Clinic Nurse, Age 39)

According to the explanation of this nursing assistant, the caring health professional will always give you the opportunity to ask questions concerning the procedure. In most cases you will be asked to sign a consent form before the procedure after you have read it, asked questions and you are ok with it. For the nursing assistant, after the health professional has reviewed your medical history, he proceeds by performing a complete physical examination. This is to ensure that the patient is fit and in good health before the procedure. Sometimes a pregnancy test is required prior to the procedure and the patient has to notify the health professional in case of any allergies to touch or medication. Also, the patient has to inform the health professional about any medication that she is taking before the procedure be it over the counter or herbal. She also has to notify the health professional if she has a history of bleeding disorders or on medications as

she has to stop taking them before the procedure. Some pain medications are given before the procedure and the patient will have to come for the procedure with sanitary napkins to wear after the procedure. Based on the patient's medical condition, specific preparation may have to be accommodated for the procedure.



Picture 30: Dilation and Curettage
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The above diagram shows us how, the cervix has been dilated, a tenaculum and a weighted speculum has been setup and a curette has been inserted through the cervix into the uterus to remove retained products in the uterus.

In addition, this nursing assistant seems to have more knowledge on the dilation and curettage procedure as she shares her experience by saying;

> *A dilation and curettage procedure may be performed in a doctor's office, on an outpatient basis, or as part of your stay in a hospital. Procedures may vary depending on your condition and your doctor's practices. The type of anesthesia will depend on the specific procedure being performed. Some dilation and curettage procedure may be performed while you are asleep under general anesthesia, or while you are awake under spinal or epidural anesthesia. If spinal or epidural anesthesia is used, you will have no feeling from your waist down. The anesthesiologist will continuously monitor your heart rate, blood pressure, breathing, and blood oxygen level during the surgery. Generally, a dilation and curettage procedure follow this process. You will be asked to remove clothing and be given a gown to wear. You will be instructed to empty your bladder. You will be positioned on an operating or examination table, with your feet and legs*

> *supported as for a pelvic examination. An intravenous (IV) line may be started in your arm or hand. A urinary catheter may be inserted. Your doctor will insert an instrument called a speculum into your vagina to spread the walls of the vagina apart to expose the cervix. Your cervix may be cleansed with an antiseptic solution. For local anesthesia, the doctor may numb the area using a small needle to inject medication. If general or regional anesthesia is used, the anesthesiologist will continuously monitor your heart rate, blood pressure, breathing, and blood oxygen level during surgery. A type of forceps, called a tenaculum, may be used to hold the cervix steady for the procedure. The inside of the cervical canal may be scraped with a small curette if the cervical tissue needs to be examined. A thin, rod-like instrument, called a uterine sound, may be inserted through the cervical opening to determine the length of the uterus. If you have local anesthesia, this may cause some cramping. The sound will then be removed. The cervix will be dilated by inserting a series of thin rods. Each rod will be larger in diameter than the previous one. This process will gradually enlarge the opening of the cervix so that the curette (spoon-shaped instrument) can be inserted. The curette will be inserted through the cervical opening into the uterus and the sharp spoon-shaped edges will be passed across the lining of the uterus to scrape away the tissues. In some cases, suction may be used to remove tissues. If you have local anesthesia, this may cause cramping. The instruments will be removed. Any tissues collected with the procedure will be sent to the lab for examination. Pregnancy tissues (called products of conception) may be sent to the lab for culture or testing for genetic or chromosomal abnormalities.* (Private Clinic Nurse, Age 39)

From the words of this nursing assistant, this procedure may be performed on a hospitalized patient or on a visiting emergency patient. The procedure might vary on the patient's medical condition or dependent on the health professional practice. This is so because the type of anesthesia is specific to the chosen procedure to be performed. Some dilation and curettage procedures are done with general anesthesia when the patients are asleep or when they are awake under epidural or spinal anesthesia. When epidural or spinal anesthesia is done the patient will feel no pain from the waist and below. The heart rate, blood pressure, breathing, and blood oxygen level of the patient will be constantly or continuously monitored while the surgery is ongoing. She adds that, generally the process is simple as the patient is required to remove her clothes and given a surgical gown to wear and she will be asked to empty her bladder. The patient will be placed on a surgery table as though it was a pelvic examination. This will be followed by the insertion of a urinary catheter and a speculum in the vagina to spread the walls of the vagina apart to expose the cervix. This will be followed by the cleansing of the cervix with an antiseptic solution and later the health professional will numb the cervix to administer the anesthesia. Whatsoever anesthesia is used be it general or local, the health professional will have

to monitor the patient's heart rate, blood pressure, breathing, and blood oxygen level. Thereafter, a specific forcep called a tenaculum may be used to make the cervix steady for the procedure. If the cervical tissue needs to be examined, the cervical canal may be scraped with a small curette. Later a uterine sound may be inserted through the cervical opening to determine the length of the uterus. Depending on the kind of anesthesia, this may cause some cramping. The sound will be removed and the cervix will be dilated by a series of insertion of uterine sounds with each one being larger than the previous one. For her, this is the process that slowly opens up the uterus till the curette can easily be inserted. Later on, the curette will be inserted into the uterus for the removal of the tissues to commence. The tissues from this procedure like product from conception are always examined.

When asked about the after dilation and curettage procedure, the nursing assistant expresses herself by saying that;

> *The recovery process will vary depending on the type of procedure performed and type of anesthesia that was administered. If you received regional or general anesthesia, you will be taken to the recovery room for observation. Once your blood pressure, pulse, and breathing are stable and you are alert, you will be taken to your hospital room or discharged to your home. If this procedure was performed on an outpatient basis, you should plan to have another person drive you home. After a D&C using local anesthesia, you may rest for about two hours before going home. You may want to wear a sanitary pad for bleeding. It is normal to have some spotting or light vaginal bleeding for a few days after the procedure. You may experience cramping for the first few days after a D&C. You may be instructed not to douche, use tampons, or have intercourse for two to three days after a D&C, or for a period of time recommended by your doctor. You may also have other restrictions on your activity, including no strenuous activity or heavy lifting. Because a D&C removes the lining of the uterus, the lining must build back up. Your next menstrual period may begin earlier or later than usual. You may resume your normal diet unless your doctor advises you differently. Take a pain reliever for cramping or soreness as recommended by your doctor. Aspirin or certain other pain medications may increase the chance of bleeding. Be sure to take only recommended medications. Your doctor will advise you on when to return for further treatment or care. Notify your doctor if you have any of the following: Heavy bleeding, foul-smelling drainage from your vagina, fever and/or chills, severe abdominal pain. Your doctor may give you additional or alternate instructions after the procedure, depending on your particular situation.* (Private Clinic Nurse, Age 39)

According to the explanation of this nursing assistant, recovery from this procedure is dependent on the type of procedure and the type of anesthesia administered. Once a patient's vitals are normal after a procedure the patient can be asked to go home after haven warn a sanitary pad for bleeding. As it is normal to bleed for a few days after the procedure. The health professional will administer you some pain relievers.

During our research, dilation and curettage was used by a handful of research participants, and was regarded as very effective for pregnancies under and over 12 weeks, especially with an incomplete abortion, induced death of fetus or miscarriage with retained products. Dilation and Curettage is a surgical procedure that involves the use of a set of instruments to remove the products of conception from the uterus. A health worker uses a dilator to open the cervix and then a curette to scrape the walls of the uterus and scoop out the products of conception. In most health facilities, health workers had phased out this technology and did not use it for abortion care. In public health facilities, dilation and curettage procedures were undertaken only by medical doctors, and at other small health facilities, research participants said that it was used before manual vacuum aspiration was introduced. Like the manual vacuum aspiration, its effectiveness was contested. Health workers in the private health facilities considered the technology effective because it could be used regardless of gestational age, in contrast to manual vacuum aspiration which should only be used on first trimester pregnancies. dilation and curettage procedure were also considered speedy and effective:

> *The dilation and curettage procedures are a faster procedure than any other procedure when it comes to terminating a pregnancy and it removes tissues very well.* (Health Professional, Private Health Facility).

From the words of this health professionals, pregnancy termination through dilation and curettage are faster than any other procedure. For him, it removes products of conception very well compared to any other procedure.

For another health professional, time-saving was important in induced abortion procedures for several reasons:

> *We have many of these cases because, to tell you the truth, we welcome them because we expect, to be straightforward, to get a lot of money. There is a lot of money in these cases more than other cases; we would not handle these cases if it*

> *were not for money, but because of the conditions in which we live, they bring money and we handle the cases. But when we begin to operate, you find that they are very difficult cases, what we expected it to be is not what it is.* (Health Professional, Private Health Facility).

According to this health professional, in his health facility, they receive a lot of this cases. As he says sincerely that they get a lot of money from these minor surgeries more than I other procedures of cases. For him, he will not take care of such cases if it weren't for the money. He adds that because of social realities and conditions, patients bring the money and he handles the cases. In his words, it is when they begin to the procedures that they find out that the cases are very difficult cases, as what they expected it to be is not what the procedures turn up to be.

Another participant shares the same view as he added;

> *The reasons for doing this on side of my colleagues is money. This is a very big issue. Not that I am helping her just to terminate her pregnancy. But a way of helping, hoping that you are going to get something (money). Those who come, we do not call them on phone to come for us to terminate their pregnancies. They come when they have their burdens, which they would like you to help them offload in this case it is their unwanted pregnancies. So even you who is helping her to offload the burden, you also expect something in return. This, in a way, I am earning a living.* (Health Professional, Private Health Facility).

From the words of this health professionals, the reason other health professionals do this is for the fast cash the get from the procedure. For him, there is a very big issue by not just helping her terminate the pregnancy but it is also a way to get some cash. He adds that those who come they don't call for them, they just show up for them to terminate their pregnancies. They come with their problems which they will like you as a health professional to help offload and the problem they come with is their unwanted pregnancies. So, when helping them with their problems and in doing their duties as health professionals, they expect something in return too. For him, by solving his patient's problem by terminating her pregnancy he is also earning a leaving.

Health workers who provided induced abortion care services did so for financial reasons, despite the risk of arrest and loss of their practicing license. Although induced abortions were more in the private health facilities, health professionals from public health facilities transferred patients with induced abortion needs or complications to their own private health facilities, where they delivered the service. In the private health facility, a patient's financial ability also determined

the medications received. For poor patients, painkillers were given and they were told to buy other medications from pharmacies once they had money.

> *After the termination of the pregnancy, we treat the patient and give her all the necessary help. But this depends on the ability of the patients to pay for our devices and for the drugs we need for the procedure.* (Health Professional, Private Health Facility).

According to this health professional, when the pregnancy termination procedure is over, they treat and care for the patient and give her all the necessary help she needs. He adds that this is all dependent on the patient's ability to pay for their devices and for the drugs they need for the procedure.

7.1.2. Medical Abortion Technologies and Processes

A medical abortion, also known as medication abortion, occurs when medically-prescribed drugs (medication) are used to bring about an abortion. A typical regimen consists of a combination of medications, with mifepristone followed by misoprostol being the most common abortifacient regimen (WHO, 2019). Mifepristone followed by misoprostol for abortion is considered both safe and effective throughout a range of gestational ages (WHO 2012). When mifepristone is not available, misoprostol alone may be used. In addition to mifepristone/misoprostol, other medications may be used depending on availability and patient-specific considerations. Medical procedures to physically induce abortion that do not primarily use medication are generally referred to as surgical abortions. In the below explanations, the different bio-medical technologies will be explained by users of this technologies.

7.1.2.1 Drugs

Three pharmacological drugs are used to terminate pregnancies in Yaoundé: Misoprostol, Mifepristone and Cytotec. Misoprostol in Cameroon is licensed to manage post-partum hemorrhage, to treat ulcers, and for abortion.

7.1.2.1.1. Misoprostol as used by Health Professionals

Misoprostol is intended to be used independently and was most commonly mentioned in interviews by health workers as ideal for completing abortion and removing retained products of conception, especially after Manual Vacuum Aspiration:

> *After the procedure is done (pregnancy termination procedure), When she has just been bleeding, that is when you give her the Misoprostol so that it clears all the fetal products.* (Central Hospital Health Professional, Age 46, 2021)

From the words of this health professionals, misoprostol is a drug that is usually used after a pregnancy termination procedure when a patient is bleeding. It is given to the patient to help clear all the products of the pregnancy termination procedure.

Health professionals across different health facilities and other research participants all supported its use. Misoprostol pills were accessible through the open market. Many women purchased Misoprostol from street pharmacies for personal use to secure an abortion (pregnancy termination).

However, purchase was constrained by lack of privacy at access points, as one respondent explained:

> *Remember drug vending spots are an open place. People who come for Panadol are also listening to somebody asking for misoprostol. It is a problem both to the clients seeking for it and to the dispenser giving that service, because he/she wouldn't want to be known to provide the service.* (Street Vendor, Age 52, 2021)

According to this health professional, street drug vending spots are open places. Thus, people buying other drug hear what other are buying and it is kind of stigmatizing knowing that you are buying or selling a pregnancy termination drug.

Once a woman had self-initiated termination by taking the drug, she would then seek post abortion care at a public health facility. Some health workers considered this a misuse of the drug:

> *We got Misoprostol for managing PPH (post-partum hemorrhage) which is the biggest cause of maternal mortality here, and if we used it that way then it would*

> *be OK. Unfortunately, people are using it for abortion.* (Central Hospital Health Professional, Age 46, 2021)

From the words of these health professionals, they have misoprostol in their health facility for managing post-partum haemorrhage which is a major cause of maternal mortality in their health facility. For him, if misoprostol was used for managing post-partum haemorrhage it would be ok but unfortunately, it is used for abortion.

7.1.2.1.2. Misoprostol as used by women terminating their pregnancies

Misoprostol is intended to be used independently for the termination of pregnancy and was most commonly mentioned in interviews by women terminating their pregnancies as ideal for getting rid of products of conception and removing retained products of conception in their uterus after pregnancy termination.

7.1.2.1.2.1. Deciding to Use Misoprostol

The most important reasons women preferred home use of misoprostol included the inconvenience of travel, difficulties in completing housework, and making arrangements for consultation care and examinations if they had to go to the clinic for many hours. This is illustrated in the statements of two women:

> *Because I have a small daughter and she can't live without me, and nobody was there at home to take care of her, that's why. If I have to go to the hospital and I have to spend the night due to some complications… who will take care of her at home?* (Vanessa, Age 24, 2022)

According to this research participant, she has a little daughter and going to a health facility will be time-consuming she is not sure of who will take care of her daughter the time she will spend at the health facility or the outcome of the procedure. So, she prefers to go for misoprostol.

Some women opted for home use because it provided them greater privacy, or they liked the comfort of family being around:

> *Because... the family stays near you and... you remain comfortable at home. In the clinic, lots of patients come and go, so there is no privacy... At home, we have privacy, we can sleep and sit as we wish, and we can do other work side by side.* (Mimie, Age 31, 2022)

From the words of this research participant, having the procedure done at home using misoprostol is more comforting as you have a family with you. For her, there is privacy at home as there are no patients that come and go, she can sit and sleep as she wishes and can also go about her home activities.

Lack of confidentiality related to repeated and long absences from home for a clinic visit was mentioned by some women who said,

> *I said why go to the clinic daily. My in-laws will say that she is not staying at home. If I go to the hospital again and again, they will ask*. In the clinic, I have to stay for two three hours, and I did not inform my family members about this, what if they came to know about this? (Monique. Age 28, 2021)

According to this research participant, spending time in the clinic is suspicious given that a patient will have to spend several hours in the clinic. So, going to a health facility will raise more suspicion about her hiding something.

One woman did not see any value in coming to the clinic:

> *What more is to be done at the clinic, I have to do household work also, and I have a small boy with me . . . that's why I went back home, if a problem occurs, then… I'll board a vehicle and can go there.* (Sil, Age 35, 2021)

From the words of this research participant, there is no need going to a clinic as she has to do household chores. She also has a child who needs her care that's why she prefers to go for misoprostol and if need or a problem arises, she will take a vehicle and head to the clinic.

Some women also expressed that they would find it difficult to go to the clinic because there was no-one who could accompany them to the clinic. On exploring on what anxieties women had before they administered misoprostol at home, we found that most women had no concerns at all. Some women attributed this to prior experience with a medical abortion, or because they felt they could reach the clinic quickly if they needed to:

> *Since I had taken tablets (for abortion) earlier too, I was not worried. Someone should be there. I was a bit afraid, but my husband was home. He said that if anything happens, we will take you to a hospital.* (Christelle, Age 34, 2021)

According to this research participant, this suggests husbands' involvement and willingness to mobilize resources for their wives, if need be or if problem arises, after using misoprostol for abortion.

One woman also mentioned that because the street vendor who sold the misoprostol to her had explained everything well, she was not worried:

> *Before taking the misoprostol, I bought from the local pharmacy, I had no tension taking the misoprostol on that day as the street drug vendor had explained everything very well so I wasn't worried.* (Manuella, Age 19, 2022)

From the words of this research participant, before taking the misoprostol to terminate her pregnancy, she wasn't worried because she was already briefed about everything by the street drug vendor. She wasn't worried because the explanation of the street drug vendor reassured her on the outcome of things.

7.1.2.1.2.2. Taking Misoprostol and managing its symptoms

All women took misoprostol in the morning hours some took it in early morning hours, whereas others took it after finishing their household work. Subsequently, they started experiencing symptoms such as nausea and abdominal pain lasting for a few hours, followed by bleeding and expulsion of products. The majority of women perceived expulsion as an important event in the process. For example, the sequence of events as

described by one woman was as follows:

> *After I took the pills, the bleeding started after half an hour. I had no other problem, no nausea, no abdomen pain, no giddiness… The day I took the pills, it was a little more bleeding. Clotted blood fell at 12 O' clock pieces were just little. When the piece fell, I was there on my farm.* (Manuella, Age 19, 2022)

According to this research participant, after she took the pills, bleeding started about half an hour later. She had no other problem, no nausea, no abdomen pain, no giddiness but a little bleeding. The products of fell off at midday and they were just

Some women described the size and colour of the expelled products as well. Most women described the reduction of pain and bleeding after expelling the products:

> *I took the 4 pills by mouth at intervals of 5–5 minutes, then I lay on my bed for some time. On that day, after I took all the pills, initially I had nausea, and then severe pain in abdomen… the bleeding started at around 11:00–12:00 a.m. and continued for the whole day. The blood clot expelled soon after it was about 5cm in size. After this, the pain reduced, and by the next day, it was almost gone.* (Christelle, Age 34, 2021)

From the words of this research participant, she took the pills orally with a 5 minutes interval then she went to bed. After she took the pills, she had nausea and later severe pain in her abdomen. Her bleeding started between 11 and noon and lasted the whole day. The product of conception got expelled during her bleeding and it was a blood clot of about 5cm in size. When the product of conception fell off, the pain she felt reduced and by the next day the procedure was over and all the pain was gone.

Majority of women continued with their daily household work as routine, for example, preparing food and taking care of children. The main change in women's routine was that they did not go for their work outside home, and instead stayed at home to rest. Some of the typical statements made by research participants were as follows:

> *I had only weakness and nothing more. On that day, I did not go to the office for work. I thought that if bleeding started on the way to work then what would I do, it will be very embarrassing.* (Sil, Age 35, 2021)

According to this research participant, she just felt weak and nothing other than that. Nonetheless on that day, she did not go to the office. She felt and thought that what if she started bleeding on her way to work, as it will be very embarrassing.

In the same light, another participant had this to say:

> *My husband was at the construction site, I was at home and did all work, looked after the children. But I did not go anywhere on that day but prepared food and took care of my child.* (Monique. Age 28, 2021)

From the words of this research participant, her husband was at a construction site and she was at home doing house chores. She did not go anywhere on that day as she stayed home all day, prepared food and took care of her child.

Some women did not change their routine at all, and continued with their household as well as outside work. One woman stated,

> *On that day also as usual, I had done all my routine work… went to the market in the morning. I am a nurse, and even went to take a round at the clinic. I had no problem.* (Mimie, Age 31, 2022)

According to this research participant, the day she took the pills her activities went on as usual. Woke up in the morning and went to the market. She is a nurse and she even went to her clinic where she worked her shift and she had no problem.

Most of the women took extra rest on the day they took misoprostol, mainly because of abdominal pain:

> *I did less work that day, because I had pain in my abdomen. My mother in-law did rest of the work. I had not taken any medicines for stomach pain and rested for the entire day.* (Vanessa, Age 24, 2022)

From the words of this research participant, she did less work on the day she took the misoprostol pills because she had pain in her abdomen. She didn't take any medicine for the abdominal pain and she rested the whole day.

7.1.2.1.2.3. Support by caregivers, but a secret from others.

For majority of women, only one person was aware that she had taken pills to terminate her pregnancy, whereas other people were not aware of it:

> *My mother-in-law went to some relative house, so she did not know about it. My husband knew about it, but was in some other city for his work. My in-laws were at home when I took the pills but they did not know about this. Only my husband was aware.* (Monique. Age 28, 2021)

According to this research participant, just one person knew about it as her mother-in-law went visiting a family relative. Her husband knew but he was out of town for work. Those who were at home with her had no idea of what was happening.

Majority of those who were aware provided some support to women who terminated their pregnancies on the day that they took misoprostol. Some had taken leave from their work, some came back earlier from work, whereas others dropped in home 2 to 3 times to inquire how they were doing. Many people helped women who terminated their pregnancies to do the household work, as illustrated by the following statements:

> *My husband was there at home. There was no one else. He was aware. When I had lot of nausea, he gave me a blanket. My husband did all work in morning like cooking, preparing for children and cleaning the house. He had gone for work, but he told me to call him if I developed any problem, so that he could take me for the checkup.* (Mimie, Age 31, 2022)

From the words of this research participant, her spouse was aware and he was home with her and there was no one else with them. When she felt uneasy, he gave her a blanket. He did all the work at home as he cooked and took care of the kids before going to work. Before leaving for work he told her to call him if need be or if any complications arose.

One woman expressed she feared that her mother-in-law would have quarreled if she knew about it:

> *Only my husband was home, he wasn't working on that day. My mother-in-law and sister-in-law were not at home, they didn't know that I have taken pills for abortion. If she knew, she would have quarreled . . .* (Christelle, Age 34, 2021)

According to this research participant, just her husband knew about the fact that she was terminating her pregnancy and he wasn't also working on the day she took the misoprostol. Her mother-in-law and sister-in-law were not at home and they weren't even aware of it.

In one case, the husband asked his mother to cook, to reduce his wife's work:

> *My mother-in-law went to the market to buy food stuff to cook, only my husband was there. When the bleeding was heavy, I told him that I had weakness, so he told my mother-in-law to cook. I ate food and lay down.* (Mimie, Age 31, 2022)

From the words of this research participant, her mother-in-law did the food stuff buying at the market for her and her husband was home with her. When she started bleeding heavily, she informed him that she is not feeling fine and he has his mother to please help with cooking. She ate the food and laid down.

When other family members were aware, they helped the woman with household work, or sent food. However, some women had to do all the work by themselves even though other family members were aware:

> *My mother-in-law was not at home, she was not aware… My sister-in-law knew about it and said nothing. I was not feeling well, but even (sister-in-law) did not cook food. I had to cook food myself.* (Sil, Age 35, 2021)

According to this research participant, most people weren't aware but the few that were aware were of no help as they said nothing. Despite not feeling, they did not help her out with house chores as she had to cook herself for example.

7.1.2.1.2.4. Making an extra visit to a health facility

Some women had to make an extra visit to a health facility, either because of symptoms such as severe nausea, or prolonged bleeding, or for not seeing the expulsion. One woman went to the clinic as she said;

> *I took the tablets at 11:00 a.m., then I had strong feeling of nausea and vomiting. Around 12 O' clock, my bleeding started. Stomach pain was little… Nausea was severe, so I thought if anything happens at night, (then I will be in trouble) … so I called my husband's nephew. At around 4:00 p.m., I went to the hospital on his motorcycle . . . the nurse gave me some tablet . . . I stayed there for about half an hour… then I returned… Two lumps came out after about 2 hours, and then the bleeding reduced.* (Sil, Age 35, 2021)

From the words of this research participant, she took misoprostol early before midday and she started feeling nauseated as she was also vomiting. At about midday bleeding and her stomach ache was mild but nausea was severe and she thought something was wrong and requested to be taken to the hospital. Her husband's nephew took her to the hospital and the nurse gave her some drugs to take then she returned home and the products of conception fell off as she bled when she returned home.

One woman who called the clinic for symptoms of severe abdominal pain and absence of bleeding was advised to come to the clinic. However, before the woman could leave for the clinic, the bleeding started, and hence the woman did not make a visit to the clinic.

Some women went to the health facility as they noticed that their expulsion had not occurred. some of them had heavy bleeding, whereas the some other had less than normal bleeding. these women underwent surgical uterine evacuation:

> *On 3rd day, I took these four pills at around 12 O' clock, but nothing happened to me. There was no problem… then bleeding started in the afternoon… it was same as it happens during periods… However, the lump did not come out. Then I went to the clinic, and there they did the "cleaning" (evacuation). After that, the bleeding reduced…* (Mimie, Age 31, 2022)

According to this research participant, she took misoprostol, bled and the product of conception did not fall out during the bleeding as her bleeding was same as during her periods. She later rushed to a health facility to get the product of conception evacuated from her body. After the evacuation procedure the bleeding reduced and later stopped.

7.1.2.1.2.5. Assessing the Outcome of Abortion

On exploring as to how women perceived whether their abortions were complete, we found that majority of them figured out about the completion of abortion through their symptoms such as seeing the expelled product or through the disappearance of pregnancy symptoms:

> *I had no doubts, I knew because (after taking four tablets), the bleeding started. When the products of the pregnancy fell down, then I came to know that nothing is there again.* (Christelle, Age 34, 2021)

From the words of this research participant, she doubted that it was done. This is so because, after she took the misoprostol pills, she started bleeding. The products of conception fell off and then she knew that it was done.

> *One thing is there when anyone gets pregnant, then appetite is lost, you do not feel hungry, feel irritable, there is nausea. After taking the tablets, I was not feeling anything, I was eating timely, and there was no nausea… so it means that abortion was complete.* (Monique. Age 28, 2021)

According to this research participant, she knew that the products of conception was out when all the symptoms she felt when pregnant were all gone. That is the appetite lost, lack of hunger, irritability and nausea.

Some women were of the view that they did the test only because it was given to them, although they had understood even before using it that they had aborted fully. This is illustrated by the statements from these women:

> *There was no doubt… because all the symptoms like nausea… had disappeared and bleeding had also started, so there was no doubt… I did the test only for satisfaction.* (Vanessa, Age 24, 2022)

From the words of this research participant, she did the test for satisfaction because all the pregnancy symptoms were gone. Also, because her normal menstrual periods had started so she had no doubt that the product of conception were out and her abortion complete.

> *On the day I took 4 tablets, bleeding started after some time… and I came to know… there was no doubt. A friend who is a nurse gave me something for testing… that why I did it.* (Manuella, Age 19, 2022)

According to this research participant, once she took the misoprostol pills and bled, she realized with no doubt that the products of conception were out. She did the test eventually because a friend of hers who is a nurse gave her the test to do.

7.1.2.1.2. Cytotec as used by women terminating their pregnancies

Mifepristone and Divabo are used together as a combination drug therapy for pregnancy termination. These were less commonly expressed by our research participants, but were said to be very effective. One health worker recounted the following:

> *Administered the first tablet and before the client came for the second dose, the thing (product of conception) was already out, meaning it works effectively for the patient.* (Health Professional, Private Health Facility).

From the words by the health professional in the above statement, this combination is very effective. This is so because she just gave one dose of the pregnancy termination combination to the patient and the product of conception was already out before the patient could take the next dose.

Picture 31: Cytotec
Awah 2022

7.1.3. Gestation and ultrasound

Gestation and Ultrasound for many users of bio-medical technologies is very important in having both a medical abortion or a surgical abortion procedure. According to Kiggundu et al., 2008, gestational age is key to understanding the choice of technology for abortion. Several health professionals express themselves on this as they say;

> *Gestational age is conventionally estimated as the number of completed days after the onset of the last normal menstrual period, and this is important for two reasons. First, the medical technologies accessible at primary care level are designed to induce and complete abortions of a fetus under 12 weeks. Although the concept of abortion is used for terminations of pregnancy up to 28 weeks.* (Biomedical Health Professional, Age 46, 2021)

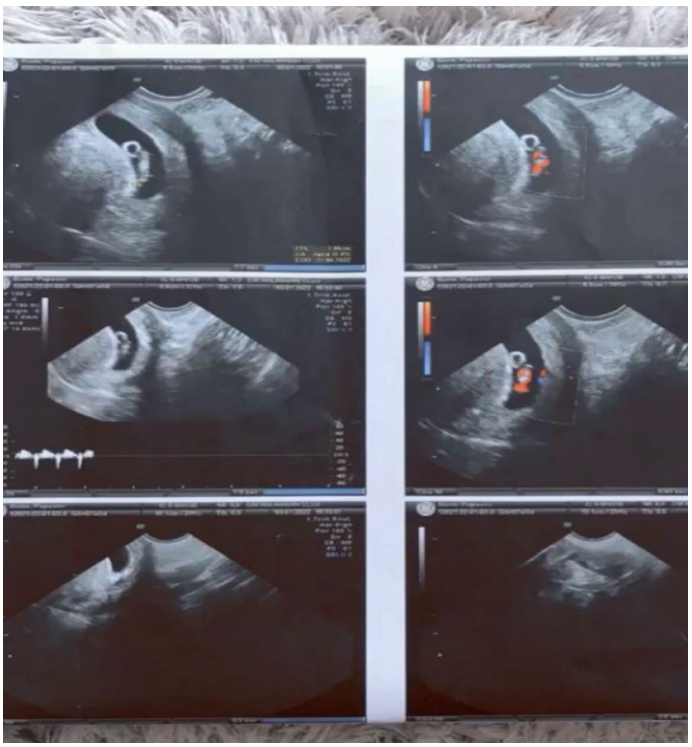
According to the words of this health professional, gestational age is colloquially the number of days from the patient's last menstrual period. This is key because it is a determinant of the pregnancy termination technology to be used to evacuate the products of conception.

This point was reiterated by health professionals as one explained this by saying;

> *For me, it is worse when it is more than 12 weeks because I feel it is a real human being in existence but the other one (under 12 weeks), it is still in formation and*

> *some things are not yet visible like the limbs and eyes...* (Nurse, Biomedical Health Facility, Age 40, 2021)

From the explanation of this health professional, an abortion is bad after 12 weeks. This is so because she feels that it is a real human being in existence. For her, before 12 weeks, it is still forming and some things like the fetus limbs and eyes aren't yet visible.



Picture 32: Gestation and Ultrasound
Awah 2022

According to many health professionals, fetuses above 12 weeks represent bodies closer to full humanity and need to be protected, and accordingly, gestational age serves as a moral as well as technical control limiting the application of medical technologies for pregnancy termination. However, determining gestational age is challenging as most health professionals rely on what patients tell them. Ultrasound technology allows for greater certainty of gestational age as a health professional expresses himself by saying;

> *For me accurate pregnancy dating is important for diagnostic and management decisions during… For me dating by last menstrual period is less reliable than dating by ultrasound. Dating by last menstrual period is linked to memory and several inaccurate sources...* (Biomedical Health Professional, Age 46, 2021)

According to the words of this health professional, accurate pregnancy dating is important for diagnostic and management of decisions during the pregnancy termination process. The health professional adds that, the last menstrual period dating is less reliable than dating by ultrasound as it is linked to memory and several inaccurate sources.

In general, ultrasound was used for emergency abortion care rather than prior to abortion to determine method of termination. Patients were referred for ultrasound as an out-of-pocket expense to detect retained products of conception and uterine perforation, conditions associated with the prior use of MVA and D&C respectively. Ultrasound was also used to complement history notes in emergency cases where concealment of information was suspected. As one health provider noted, it was "tricky" to solicit information from women seeking abortion care:

> *Remember they are young people; they would not like to disclose that they are getting such conditions from this (abortion) problem. History taking becomes very tricky, they will never disclose. And if someone is not very good at doing physical examination, they may miss the complication resulting incomplete abortion.* (Biomedical Health Professional, Private Health Facility, Age 42, 2021).

From the explanation of this health professional, the fact that most of the patients are young women they will not like to disclose information on how they feel from their pregnancy termination. This makes history taking of patients very complicated as they might never disclose. Health professionals need to be very good at doing physical examination they may miss it.

Without access to ultrasound, health workers relied on physical examination to identify possible incomplete abortion and uterine perforations. Some health workers also felt that scanning was a waste of time and money for already impoverished patients, and they preferred to rely on experiential knowledge as a health professional shared:

> *You go and do an abdominal ultrasound to see whether it is this or that, so those investigations take time. With my experience I can say this one, no, let us just go direct to evacuation.* (Biomedical Health Professional, Age 46, 2021)

According to the words of this health professional, doing an abdominal ultrasound is to identify one or two things and it takes time. The health professional's experience is enough to know these things through the identified symptoms.

The utilization of biomedical technologies in the abortion processes in Yaoundé has sparked a myriad of perspectives and practices among its users. Through exploring the experiences and opinions of those who have engaged with these technologies, we gain a deeper understanding of the complex and multifaceted nature of this topic.

The perspectives from different users shed light on the varying attitudes towards biomedical technologies in the abortion process. Some individuals view these technologies as a means to regain control over their reproductive choices and assert their autonomy. They perceive these advancements as a safer and more convenient alternative to traditional methods, eliminating the need for invasive procedures. Moreover, these technologies provide a level of privacy and confidentiality that is crucial when navigating societal and cultural barriers surrounding abortion.

However, it is essential to acknowledge that there are also individuals who hold reservations about the use of biomedical technologies in the termination of pregnancies. These concerns primarily center on potential ethical dilemmas and the growing commercialization of abortion procedures. Critics argue that the accessibility and ease of use of these technologies may trivialize the decision-making process surrounding abortion and contribute to a perceived disregard for the sanctity of life.

Nonetheless, it is crucial to recognize that the use of these technologies is not without its risks and challenges. While advancements in this field have made abortions safer and more accessible, it is vital to ensure that individuals seeking these services are adequately informed and supported throughout the process. Access to reliable information and counseling services should be prioritized to ensure the physical and mental well-being of those undergoing abortion.

The ways in which users of these technologies employ them to terminate pregnancies are diverse and ever-evolving. From medication-induced abortions to the use of portable ultrasound devices for early detection, the range of available options enables individuals to make choices based on their personal circumstances and beliefs. It is necessary to emphasize the importance of proper medical supervision and comprehensive reproductive healthcare services to mitigate potential risks and provide adequate post-abortion care.

While biomedical technologies in the abortion process offer potential benefits, they should not be seen as a solution in isolation. Comprehensive reproductive healthcare services should encompass a broader approach that includes counseling, access to contraceptives, and sex education. It is only through a comprehensive and multidimensional framework that individuals can make informed decisions about their reproductive health and exercise their agency.

In conclusion, the utilization of biomedical technologies in the abortion processes in Yaoundé highlights a complex landscape with varying perspectives and practices. The attitudes and experiences of different users offer valuable insights into the benefits, concerns, and challenges associated with these technologies. By fostering a comprehensive and holistic approach to reproductive healthcare, we can ensure the well-being and autonomy of individuals seeking abortion services in Yaoundé and beyond.

CHAPTER 8

UNSAFE ABORTION AS A CULTURAL CONSTRUCT: CULTURALLY CONSTRUCTING PREGNANCY TERMINATION IN YAOUNDE

This Chapter focuses on analyzing how research participants in Yaounde construct unsafe abortion. It explores responses to emerging questions generated by several themes. These include the lack of knowledge of safe abortion services, socioeconomic conditions orchestrating unsafe abortion practices, safe abortion as a perceived religious taboo in Yaounde. Further, cultural taboo around safe abortion, stigma of unplanned pregnancy; a desire to bear children only after marriage; avoiding parental/guardian disappointment and resentment; a desire to pursue education and their relationship with abortion in the city of Yaounde are themes that have been explored in the process of constructing unsafe abortion.

8.1. ABORTION LEGISLATION, POLICY AND SERVICES

Knowledge shapes the way people view and construct phenomena. Unsafe abortion goes through the same process. Most African countries retained the legislation introduced by the country that colonized them as obtains with countries that were formally colonized by Britain, France and Spain. For that reason and, in most cases, abortion is in practice authorized only when it is necessary to preserve the life of the pregnant woman. However, the adoption of more liberal legislation in the United Kingdom in 1967 has not so far influenced the legislation in the English-speaking countries of Africa. These countries continue to follow the provisions governing abortion in the Offences against the Person Act of 1861 (see p. 44). The same pattern obtained in French-speaking countries, where the legislation on abortion frequently remains based on the corresponding provisions of the French Penal Code, Public Health Code and Code of Medical Ethics. In the Ivory Coast, for example, Section 36 of Law No. 62-248 of 31 July 1962 establishing a Code of Medical Ethics reproduces the provisions of Section 38 of the French Code of Medical Ethics (analysed on p. 40). In Senegal, where 94% of the population is Islamic and Islam permits abortion to the full extent of Islamic principles, the state law prohibits it entirely except to safe a pregnant woman’s life. The Penal Code of French speaking countries like Senegal, Algeria, Mali, and others prohibits abortion except where it is essential in order to save the life of the mother and is carried out openly by a physician or surgeon after he has notified the administrative authorities to this effect. Certain countries have however diverged from the French legislation, this being the case with Cameroon.

In Cameroon, Section 339 of the Penal Code promulgated by the Law of 12 June 1967 prescribes that the penalties imposed in cases of abortion are inapplicable to acts performed by a qualified person and proved necessary to save the mother from serious danger to her health. Moreover, in cases where pregnancy has resulted from rape, an abortion performed by a physician does not constitute an offence provided the facts of the case have been verified by the public prosecutor's office.

In the context of this research, majority of research participants demonstrated poor knowledge of safe abortion legislation, policy and services. Many participants that included patients, nurses, religious leaders, community members and health professionals indicated that they did not know of the abortion policy. Instead, their understanding provided that abortion was out rightly prohibited and that no health facility is authorized to provide safe abortion services. Lack of knowledge on abortion policy and services led to unsafe abortion practices by women who had unwanted pregnancies. Though almost all patient participants interviewed could identify complications of unsafe abortion practices such as bleeding, death, uterine damage, infertility, gastric damage, and infections, many said they indulged in unsafe abortion practices because they did not know of the safe abortion options they had. As a participant expressed in the following statement by saying:

> *I didn't know where to go and terminate the pregnancy. I knew that it is illegal to have an abortion in Cameroon and so I could not have gone to any facility to have my pregnancy terminated. All my friends that I asked only recommended some herbal mixtures for me to take. They also did not know of any hospital where I could boldly go and abort safely. Although I know I could bleed to death from terminating my own pregnancy, I didn't have a choice or options. So, I used the herbal mixture.* (Manuella, Age 19, 2021)

According to this statement, Manuella did not know where to go to terminate her pregnancy. Her construction of abortion in the context of Cameroon was that terminating a pregnancy was illegal. She could not boldly turn up to a health facility as a sick person needing the services and wanted to get treatment through terminating her pregnancy. The only option was to resort to drinking herbal medicine to terminate the pregnancy.

In the same perspective like the above participant, another participant shared her view as follows:

> *I know abortions are illegal in Cameroon so I couldn't go to any hospital looking for a safe abortion. I did not want to be caught doing an illegal thing such as abortion which people see as murder here. I could not also keep the pregnancy because it will be a disgrace to me and my parents. No one has ever informed me of safe abortion services in any part of Yaounde. I wish that existed and I will not have to try aborting my pregnancy myself. I have heard that some women have become infertile. I had to use herbal mixture from a plant called Ngomitang to terminate my pregnancy. Unfortunately, I started bleeding plenty and a friend brought me here.* (Vanessa, Age 24, 2021)

According to the words of this participant, she held the cultural construct that abortion is illegal in Cameroon. She could not go to any health facility to get a safe abortion procedure because she knew that she could be arrested for an illegal practice considered also in the community as murder.

Having an unplanned pregnancy in Vanesa's community is considered as an act of disgrace by her, her parents and peers. If she kept the pregnancy she would represent. So her community supported her terminating it. But they were ignorant of existing legislation permitting safe services. Her ignorance made her to wish there was a facility that could enable her obtain a safe abortion rather than engaging in a risky practice. From Vanesa's quote, this procedure turned out to be lethal as she over bled and was taken to the hospital by a friend of hers.

Another participant shared the same view, as she expressed herself saying:

> *Well, I am a state registered nurse here and no one has ever taught me that abortion in Cameroon is legal. In fact, what I know is that it is illegal to have an abortion in Cameroon. I feel that doctors who perform abortions are undertaking illegal activities so I don't even feel like helping them. They normally charge the women lots of money to perform the abortions. I think they are taking the risk because of the money they get from these clients. The patients sometimes tell you the truth of the kind of drug they tried using. Many of them have used several herbal mixtures. These herbal mixtures are not supposed to be taken by pregnant women but instead they take it to abort their pregnancies.* (Majori, Age 42, 2022)

According to this statement expressed by this participant, from the best of her knowledge, abortion is illegal in the Cameroonian context. She has the perception that any health professional that performs an abortion procedure is undertaking an illegal activity and she cannot help such a health professional to perform an illegal act. From her words knowing very well that abortion procedures are illegal they render the practice expensive by charging women who wish

to terminate their pregnancies lots of money. According to Majori, health professionals are taking such risk because of the money that they get from the abortion procedures. She also adds that sometimes the women tell doctors and nurses what they have gone through and the type of drugs they have consumed to terminate their pregnancies. Women know herbal foods and medicines that are abortificients so take them when they have unplanned pregnancies to terminate them.

Another participant adds:

> *I only know about family planning services but not abortion services. As for abortion it is a sin. Every life is precious to God. We are not supposed to take life in the form of abortion. In psalms, God said that human beings are his people and he cares for us. It is not humans who should be taking lives. Even in Isaiah, God showed us that he cares for even unborn children so no one is supposed to take the life of these babies. In Jeremiah God made it clear that before we were born, he knew us and cared about us. And I know our constitution is based on the bible so this country and its constitution will never allow for abortion in our land.* (Ma Mago, Age 56, 2022)

According to Mado's quote, she constructs abortion from a Christian perspective. However, she is unaware of the provisions of the Cameroonian law that provides some conditions of safe abortion. Whereas the constitution does not make any reference to the Biblical quotations that she quotes. The Cameroon constitution is secular. She like many other women is aware of the existence of family planning services in Cameroon but not abortion services. Mado, like some women think that abortion it is sin, and offence against God.

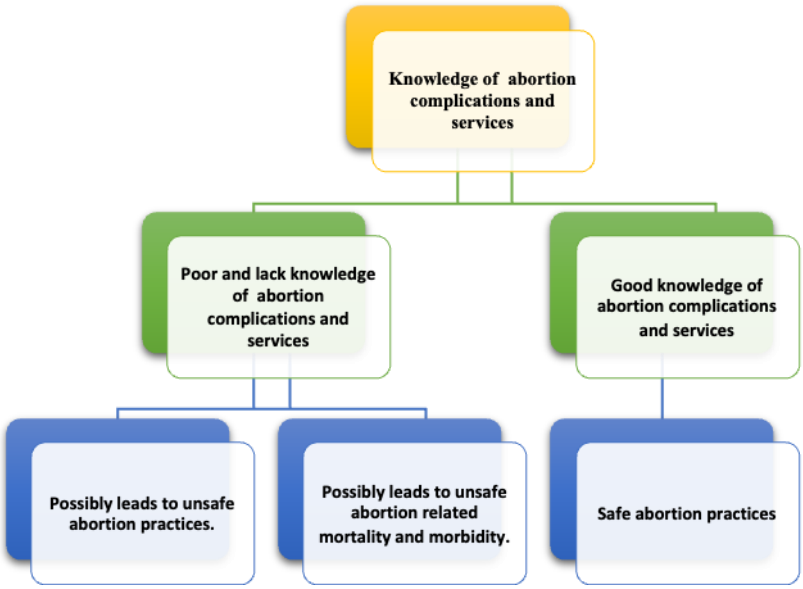
Another participant shared a view similar to that of many other women, stating:

> *Abortion is not allowed in Cameroon. I have heard there is some law that permits abortion under some circumstances. As for abortion policy, I don't know of any. People see abortion as a sin here. I do too. Usually, our view in Cameroon is that it is murder of babies. These are the reasons why young women who get pregnant feel they have to find other means of terminating their pregnancies rather than coming to us for help.* (Biomedical Health Professional, Age 33, 2021)

From the statement of this participant, abortion is not allowed in Cameroon. She has heard that there exist some circumstances under which women can terminate a pregnancy but, in her community, and under every circumstances it is considered to be murder. This is the reason why

young women who get pregnant go for unsafe abortion practices because they cannot go to health facilities to terminate their pregnancies.

Figure 1: **Knowledge of abortion law, services and complications as a contributing factor to unsafe abortion practices.**



Source: Conceptualized by Awah (2022)

This figure represents how lack of knowledge of safe abortion services led to unsafe abortion practices. From the above illustration knowledge of safe abortion services and complications is key when it comes to both safe abortion practices and unsafe abortion practices. As illustrated on this diagram, safe abortion practices are based on good knowledge on unsafe abortion complications like death, hemorrhage, uterine rupture, infertility just to name a few. On the other hand, poor or lack of knowledge on abortion law, policy, services and complications possibly leads to unsafe abortion practices.

Many of our research participants were Christians, single and unemployed. Many of them were in secondary schools, high school and universities or pursuing their tertiary education in professional schools. Many women in this study engaged in unsafe abortion practices because they lacked knowledge on abortion policies and services in Cameroon. Although there is an existing reproductive health policy in Cameroon which specifies the need for safe abortion

services in Cameroon health facilities, many health providers lack knowledge on the policy (Luchuo et al, 2018). A study by Wonkam et al. found that a high proportion of health professionals did not know of the policy governing the provision of safe abortion care in Cameroon. It is not surprising that many health providers particularly nurses do not educate women on abortion services in Cameroon health facilities as part of their reproductive health care for women. According to Schuster (2005), knowledge of the country's moderately liberal abortion law is not widespread among health professionals. Lack of knowledge on the legality of abortion services transcends to the general public especially women who are supposed to be aware and take advantage of these services. This is in line with Bain et al, 2018 as according to these authors the abortion law in Cameroon might be considered problematic on two fronts: firstly, in constituting the legally recommended team, and secondly, most women eligible for legally accepted abortions might not even be aware of the law. As most women still regard safe abortion practice as illegal in Cameroon and this usually results in unsafe abortion practices by these women. According to Kongnyuy (2016) some legal practitioners have proposed more amendments to the abortion law to enhance the implementation of safe abortion services in Cameroon. For him, this will help eliminate maternal deaths due to abortions. This is because as explains Hollander. D (2003) over the years the reproductive health policy of Cameroon only dwelt on the promotion of family planning, contraception and post-abortion care but not a provision of safe abortion within the confines of the law as recommended by World Health Organization (WHO, 2019). Education and policy implementation of the safe abortion policy and services in all health facilities in Cameroon is crucial since results in this study shows inadequate knowledge of abortion policy and laws leads to unsafe abortion practices as illustrated in the above figure. There is the need for strengthening of adolescent reproductive health education programmes at secondary and tertiary levels. There is an urgent need for national education on the abortion law and policy. According to a series by Child by Choice Trust on Abortion in Law, History and Religion, health professionals must realize that abortion is a fundamental human behavior that has been practiced in all cultural settings and that no level of restrictive laws has succeeded in controlling it. Thus, when a woman decides to end an unwanted pregnancy, she will often go to extreme length to do so, regardless of whether the procedure is safe or legal and as long as there are unwanted pregnancies, abortion will be a fact of life (Melese. T et al, 2017). Health professionals in Cameroon must, therefore, have the

necessary knowledge in order to transmit same to the general public especially women within the reproductive age group. Though evidence available shows that self-management of abortions with the use of abortions pills (misoprostol alone or misoprostol in combination with mifepristone) can reduce maternal mortality and morbidity, inadequate information can lead to wrong dosages which will subsequently end in unsafe abortions (Adonis. T et al, 2001).

8.2. Socio-economic conditions as perceived influence for unsafe abortion practices

Many participants who were involved in unsafe abortion practices admitted that their socio-economic conditions made them indulge in unsafe abortion practices. Respondents cited financial difficulties, schooling, and unpreparedness to care for a baby as reasons for practicing unsafe abortions. Several participants expressed themselves on how their socio-economic conditions was one of the cultural constructs that made them seek unsafe abortion practices as explained in a statement by a participant:

> *I can't look after a baby if I carry it to term. I took a home pregnancy test and it came out positive. I am not with the guy nor do I want to be with him. I considered an abortion because I could not afford to carry the pregnancy to term. I don't want to be a single mother because I don't have the money to look after myself and a child at this time of my life. I did not hesitate to abort it by taking a concoction mix of herbal leaves which was suggested by a friend.* (Mimie, Age 31, 2021)

From this participant's explanation, she cannot look after a baby if she carries the pregnancy to term. She took a home pregnancy test and it turned out to be positive and it happens that she is not in a relationship of any type with the person responsible for her pregnancy and she does not intend to be in any type of relationship with him. She says that she she chose to go for an abortion because she could not afford to carry the pregnancy to term. She expresses having fears of being a single mother because she does not have money to look after herself and not to even talk about looking after a child at this time of her life. She adds that she did not hesitate to abort by taking a herbal leaves mix which was suggested by a friend.

In the same light, another participant shared her view as she expressed herself saying:

> *There was no question of me keeping the pregnancy because I knew I was going to be admitted to the university. I would have a good education and I had a career path to go down. It was all laid down for me. I couldn't sacrifice my schooling for*

> *motherhood. I could not combine the two because I don't have the money to do that now. I am not ready for motherhood. I do not think lack of money is a good reason to have an abortion but the reality is that you can't take care of a baby without a job and money so I found a way to abort the baby by myself.* (Monique. Age 28, 2021)

From the words of this participant, there was never a question of keeping the pregnancy because she was about starting university. She was certain of having a good education and a career path to go down as per her words. For her it was all laid down and she could not afford sacrificing her schooling for motherhood. She adds that she could not combine being a mother and pursuing her education because she did not have the money. She further explains that she does not think that lack of money is a good reason enough to have an abortion but the reality is that it is difficult to have and care for a baby without a job and money. She then says that she found a way by herself to terminate the pregnancy.

Another participant shared the same view as she expressed herself saying:

> *I have seen many patients who have reported here when they have already attempted to abort their pregnancies and had complications. I think they fear the cost that they will have to bear when they come here, apart from the criminal aspect of it. Apart from being afraid that they are doing criminal things, and stigma, money is an issue for these young people who get pregnant and want their pregnancies terminated.* (Sil, Age 35, 2021)

According to this statement expressed by this participant, she has seen several patients who have come to their health facility haven attempted to induce an abortion and things got complicated. For her she thinks that women who seek natural unsafe abortion procedure are afraid of the cost of a hospital procedure apart from the criminal aspect of terminating a pregnancy. For her apart from the fear of terminating a pregnancy being a criminal act and the stigma that comes with it, money is the main issue for young women who get pregnant and want to terminate their pregnancies and thus they resort to unsafe abortion procedures.

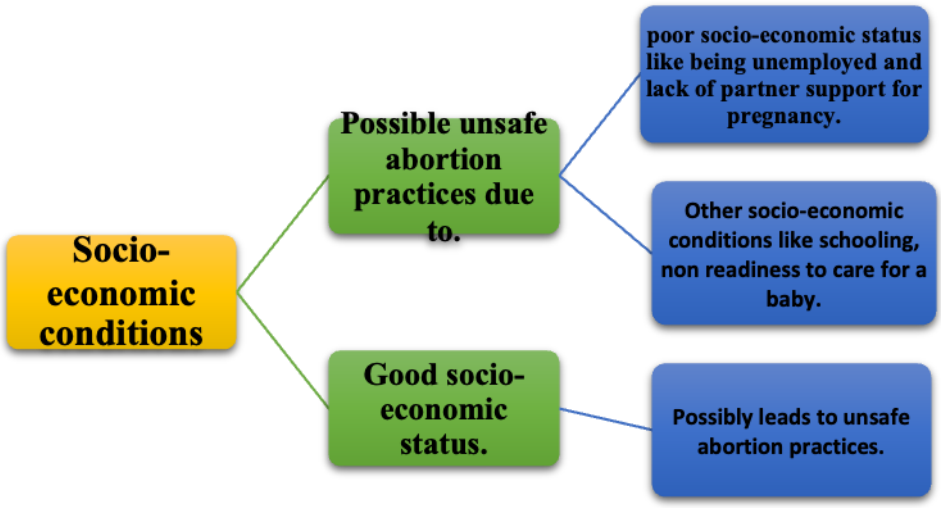
In the words of another participant as shares her view as she expressed herself by saying:

> *Normally when they come like that, you can see that they don't have money to buy the medications that we need to use to help them. Most of them provoke or induce the termination of the pregnancy before they are rushed to the hospital. Even the*

> *procedure to completely remove the remains of what they started, some of them find it difficult to pay for it.* (Edwin, Age 34, 2022)

According to this statement expressed by this Health professional, most of the women that come to the health facility are women who have provoked or induce a pregnancy termination procedure by themselves and due to complications, they are being rushed to the hospital for emergency treatment. According to him, when they come and when you look at them, you can see that they do not have money to buy medication that they need to help to treat them. From his words, some of them even find it difficult to pay for the procedure to completely remove the remains of what they started terminating.

Figure 2: Socio-economic conditions as contributing factors to unsafe abortion practices.



Source: Conceptualized by Awah (2022)

The above illustration tries to explain how socio-economic conditions influence unsafe abortion practices. From the above illustration socio-economic conditions are key when it comes to both safe abortion practices and unsafe abortion practices. As illustrated on this diagram, safe abortion practices are based on a good socio-economic status and have the means to procure a good abortion procedure. On the other hand, a poor socio-economic status coupled with other factors like unemployment, lack of partner support for pregnancy, schooling, non-readiness to cater for a baby possibly leads to unsafe abortion practices.

Many participants in this study admitted that their socio-economic conditions such as financial difficulties, unemployment and inadequate economic support made them indulge in unsafe abortion practices. Many of these women were also in school and were not ready to be mothers. According to others like Foumane. P et al, Ajong. AB et al and Njotang .PN et al women who are most vulnerable to abortions most especially unsafe abortions are usually younger, poorer, and lack partner support. As safe abortion has frequently become the privilege of the rich, while poor women have to resort to unsafe providers, causing deaths and morbidities that become the social and financial responsibility of the public health system (Calves A-E, 2002). Some Cameroonian legal practitioners believe the law on abortion needs more amendments to improve clarity to all stakeholders (Luchuo et al, 2018). Amendments to the abortion law in Cameroon will remove current bottlenecks where those involved in abortion such as health professionals and women who believe safe abortion services are illegal to therefore need to pay more for it as a service in formal health facilities. According to Assifi et al (2016), Women meeting conditions for a legal abortion might not even know they are eligible (e.g rape, fetal malformations, and medical reasons) to have a legal abortion. A restrictive legal atmosphere does not prevent women from obtaining unsafe abortions. There is compelling evidence which indicates that liberal abortion laws are associated with fewer unsafe abortions and abortion related complications and deaths (Fetters. T., 2010). The law on its own however, even in settings considered most liberal, does not always guarantee access to safe abortion services (Assifi et al, 2016). Even in settings with liberal abortion laws, women's knowledge with regards to the law remains sub-optimal (Fetters. T., 2010). Irrespective of the restrictive law reality, we continue to observe thousands of women die every year from an easily preventable cause like unsafe abortions. In a qualitative study in 2005 by Schuster with 65 in depth interviewees who sought for abortion services in the Cameroon, women would prefer to keep abortions secret. With most of these carried out under unsafe circumstances, easily preventable maternal deaths could be recorded since competent health care providers could be approached either late during the complication phase, or at times never. According to Gelman. A et al (2017) laws disproportionately affect women of the lower socioeconomic class more. Richer women can always approach private clinic staff to pay for induced abortions, while the poor are left to the mercy of clandestine abortion providers and services. The scope of choice for the poor is not only reduced, but also channeled in a direction with high possible adverse outcomes.

8.3. Safe abortion as a perceived religious taboo in Cameroon

Several participants expressed the fact that the abortion of a pregnancy is deemed a sacrilegious act in the Cameroonian society. All participants were Christians, Muslims, traditionalists or complemented one religion with the other and according to most of them their religion forbids abortion. Participants were against abortions in any form, whether safe or unsafe. A participant expressed her religious abhorrence of abortions in the following statement:

> *Abortion is not permitted in my religion because it is an offense against God. It is the killing of a human being which can even lead you to jail. I had an unsafe abortion by myself and I regret it more than ever and get depressed about it anytime I think about it. Abortion is bad because my religious doctrines speak against it. Abortion is the same as killing. It is a killing of a living breathing baby that God created. Life is not ours to give and take away. I feel God will not forgive me for what I have done.* (Ma Theresse, Age 42, 2022)

From the words of this participant, God sees abortion as an offense and abortion is not permitted by her religion. Abortion according to her is the killing of a human being and it is a criminal offense that can even lead to jail. She said she previously had an abortion by herself and she regrets what she did more than any other bad did she has done in her life and any time she thinks of what she did she gets depressed. She reiterates that abortion is bad because her religion doctrine forbids it. For her abortion is the same as killing that is killing of a living breathing baby that God created, for her life is not ours to give or take away. She thinks that God will not forgive her for terminating a pregnancy.

Another participant shared his view from a Muslim perspective as he expressed himself saying:

> *I am a Muslim and I can tell you that we don't agree to abortions. Taking the life of an unborn child is a sin against God and man and when one commits abortion the person kills which is against our beliefs. My religion completely frowns on the practice of all kinds of abortions.* (Imam, Age 57, 2022)

According to this statement expressed by this participant, he is a Muslim and his religion does not agree with abortions. For him taking the life of an unborn child is a sin against God and man and thus when someone commits an abortion the person is killing which is against Muslim beliefs. For him, his religion is completely against any form of abortion.

In the same light, another participant shared her view as she expressed herself saying:

> *I am a Christian and abortion whether safe or unsafe is seen as murder. We are not even supposed to get pregnant out of wedlock. It is a sin to have sex with someone you are not married to. We preach against these things all the time. People must change and ask for forgiveness otherwise they are lost souls.* (Pastor, Age 47, 2022)

According to this statement expressed by this participant, he is a religious leader and says how abortion be it safe or unsafe is murder. For him just being pregnant out of wedlock is not acceptable and it is a sin to have sex with someone to whom you aren't married to as it is fornication. For him, they preach against such things like fornication all the time. As such for him people must change and ask for forgiveness, if they don't change and ask for forgiveness they are as good as lost souls.

In the same light, another participant shared her view as she expressed herself saying:

> *Abortion is not allowed here. It is a sin. Personally, my religious beliefs don't allow for me to just abort a pregnancy for a client. I stay away from such acts. I only get involved when it is a life and death issue. When the patient has already attempted and is in danger of dying, that one I have no choice but to help save life. People feel like why do you take a life that you didn't create? And I think it is a legitimate question. All Christians and Muslims in this community see it as religiously wrong. It is just not acceptable.* (Medical Doctor, Age 39, 2022)

From this statement expressed by this participant, above all abortion is not allowed and personally his religious beliefs do not allow for him to terminate a pregnancy for a patient as he stays as much from such acts. He said he only gets involved in abortion when it was a life and death situation when the patient has already provoked or induced abortion and their life is in danger. To this regard, he ought to help save the patient's life. According to him people feel like why do you take a life that you did not create and for him this question is legitimate. For him, all religious groups be it Christians or Muslims see abortion as religiously and not acceptable.

In the same perspective, another participant shared her view as she expressed herself saying:

> *Religions in Cameroon do not support abortion. We have two main religions in Cameroon and I know that none support abortion. I do not support it because of my religion. No good Christian or Muslim will allow for the abortion of an unborn baby.* (Lydia, Age 23, 2022)

For this statement expressed by this participant, religions in Cameroon do not support abortion. As she says, there are 2 main religious faiths and from the best of her knowledge none of them

support abortion. For her, she does not support abortion because her religion does not support it either. According to her, no good or conscious Christians or Muslims will allow for the termination of a pregnancy.

Figure 3: The religious unacceptability of abortion as a contributing factor to unsafe abortion practices.

Source: Conceptualized by Awah (2022)

The above illustration tries to explain how the practice of abortion as a religious taboo in Cameroon. From the above illustration religion is key when it comes to both safe abortion practices and unsafe abortion practices. As illustrated on this diagram, the fact that abortion is seen as a religious taboo is directly linked to the conception of the practice abortion by people in a given community. Thus, making them to seek for unsafe abortion procedures. With the absence of the fact that abortion is seen as a religious taboo people will seek for abortion procedures without having in mind that abortion is a taboo.

Participants in this research indicated that they indulged in unsafe abortion practices because safe abortion of a pregnancy is deemed sacrilegious according to religions in Cameroon. Christianity, Islam and traditional religions are the three main religions in Cameroon and almost everyone belongs to one of these religions (Lambert M. et al). Religious leaders Christian, Muslim and traditional who were interviewed in this study indicated that the Bible, Quran and tradition are against abortions. There are debates about whether the moral behaviors of the Cameroon citizen

are influenced by religion rather than society and traditions. Some scholars believe that the moral beliefs of the Cameroon are religiously determined whilst other hold the contrary view (Lambert M. et al). A recent study by Lambert M. et al argued that Cameroonian society's beliefs are currently determined by religions because all cultures are affiliated to the various religions in Cameroon. Some researchers have concluded that replacement of Cameroonian cultural practices that prevented immoral sexual activities with foreign cultures is leading to increased unwed pregnancies and abortions (Kongnyuy et al, 2007). Earlier studies found that many Cameroonian health professionals feel providing abortion services was in conflicts with their religious and cultural beliefs (Pierre Marie Tebeu et al). Lack of knowledge of the Cameroonian abortion law and services, coupled with cultural and religious stigma results in clandestine procedures from untrained providers or self-induction (Pierre Marie Tebeu et al). These negative attitudes may be due to socio-cultural and religious views that impede the provision of safe abortion services. Sub-Saharan Africa women's access to safe abortion care is hampered by socio-cultural barriers (Luchuo et al, 2018). The WHO found that lack of social support and providers' negative attitudes were barriers to safe abortion in less developed countries (Guttmacher, 2019). Culturally, abortion is a taboo topic among many tribes in Cameroon. It is seen as an embarrassing and shameful act that is practiced by immoral women. This makes abortion a stigmatized practice in Cameroonian communities. Researchers have also established that individual religiosity influences abortion attitudes, and that abortion attitudes, in turn, shape abortion restrictions and access where most opponents cite religious reasons for their opposition (Luchuo et al, 2018). It is imperative to increase education on the benefits of safe abortion services. It is unacceptable to turn a blind eye to the death of women due to the social, cultural and religious stigmatization of safe abortion practices in Cameroon. The issue of forgiveness for safe abortion should not be decided by the general populace but should be left to the deity that the individual persons worship. The laws and policies regarding safe abortion services must be implemented regardless of the cultural and religious attitudes towards the availability of such services.

8.4. Safe abortion as a perceived cultural taboo in Cameroon

Several participants in this study also expressed themselves on the willful termination of pregnancy being against their cultural beliefs. Many participants stated that they practiced unsafe

abortions because their society did not approve abortion even if it was a safe one. Participants were afraid their families and friends would be disappointed and call them names if they found out that they were pregnant and wanted to abort their babies.

The cultural detestation was expressed in a statement by a participant:

> *Our culture here is very much against abortion. I don't think anyone here agrees with people having abortions. It is seen as killing so people do not condone it at all here. If people get to know you aborted a baby, they will always be pointing fingers towards you when you are passing. So, you have to find a way of doing it without people knowing, to avoid the stigma.* (Christelle, Age 34, 2021)

According to this statement expressed by this participant, abortion is not acceptable by cultural groups in Yaounde. She does not think that any cultural group and its people agree with people within or without their group having abortions. For her cultural groups see the willful termination of a pregnancy as murder and it is not an act that they condone. She adds that if people get to have information that someone has terminated a pregnancy, they will always be pointing accusing fingers towards that person when they meet them or when their paths cross. So, this is why according to her many women look for or go for ways to terminate their pregnancies without people knowing. Thus, they are pushed to go in for unsafe abortion procedures to avoid being stigmatized.

In the same light, another participant shared his view as she expressed herself saying:

> *Our community perceives abortion to be a bad practice and anyone who engages herself in it suffers as a result of people stigmatizing her. This is because it brings disgrace to victim's family and the whole community. My society and culture see abortion as very criminal, unacceptable and an abomination. They see it as a taboo. It brings disgrace to the family and if care is not taken it can lead to embarrassment for the woman and people around her.* (Bobe Yuh, Age 64, 2022)

From this statement expressed by this participant, his community perceives abortion like a bad practice and every woman who engages in terminating a pregnancy will suffer its consequences like exclusion and stigmatization. For him it brings disgrace to the woman and the whole community. He adds that his society and culture see abortion as very criminal, unacceptable and an abomination. For him his society and culture see terminating a pregnancy as a taboo as it

brings disgrace both to the woman and her family. According to him, if care is not taken, it will lead to social embarrassment for the woman and people close to her.

In the same light, another participant shared his view as she expressed herself saying:

> *Sexual intercourse is only legitimate in marriages. Therefore, when a woman gets pregnant without a husband, it becomes a disgrace to the woman. Apart from religious reasons for not allowing abortions, the culture here does not allow abortions. The whole society here is against abortion.* (Mola, Age 46, 2022)

According to this statement expressed by this participant, getting involved in sexual intercourse is only legitimate in marriages same as in pregnancy. Thus, if a woman gets pregnant without a husband, it is embarrassing and disgraceful to the woman concerned. According to him, its religion is not the only sphere where abortion is not allowed as culture also does not allow abortions. Thus, for him, the whole society does not allow abortion.

In the same light, another participant shared her view as she expressed herself saying:

> *As a nurse, I know our culture does not support abortion. We see it as killing in Cameroon. I am sure anyone you talk to in Cameroon will tell you that abortion is not good. To be honest with you, it is always seen as killing.* (Abigail, Age 32, 2022)

This participant, as a nurse is fully aware that her culture does not support the termination of pregnancy because culturally it is perceived as a killing. She adds, if the topic was brought up for discussion with anyone in Yaounde the person would share the same point of view that terminating a pregnancy is not good. For her, no matter the case and situation terminating a pregnancy is always seen as a killing.

Figure 4: The cultural unacceptability of abortion as a contributing factor to unsafe abortion practices.

Source: Conceptualized by Awah (2022).

The above illustration tries to explain how the practice of abortion as a cultural taboo in Cameroon. From the above illustration, culture is key when it comes to both safe abortion practices and unsafe abortion practices. As illustrated in this diagram, the fact that abortion is seen as a cultural taboo is directly linked to the conception of the practice of abortion by people in a given community. Thus, making them seek unsafe abortion procedures. With the absence of the fact that abortion is seen as a cultural taboo, people will seek abortion procedures without having in mind that abortion is taboo.

Participants in this research indicated that they indulged in unsafe abortion practices because safe abortion of pregnancy is deemed sacrilegious according to religions in Cameroon. Christianity, Islam and traditional religions are the three main religions in Cameroon and almost everyone belongs to one of these religions (Lambert M. et al). Religious leaders Christian, Muslim and traditional who were interviewed in this study indicated that the Bible, Quran and tradition are against abortions. There are debates about whether the moral behaviours of the Cameroon citizen are influenced by religion rather than society and traditions. Some scholars believe that the moral

beliefs of Cameroon are religiously determined whilst others hold the contrary view (Lambert M. et al). A recent study by Lambert M. et al argued that Cameroonian society's beliefs are currently determined by religions because all cultures are affiliated with the various religions in Cameroon. Some researchers have concluded that the replacement of Cameroonian cultural practices that prevented immoral sexual activities with foreign cultures is leading to increased unwed pregnancies and abortions (Kongnyuy et al, 2007). Earlier studies found that many Cameroonian health professionals feel providing abortion services conflicted with their religious and cultural beliefs (Pierre Marie Tebeu et al). Lack of knowledge of the Cameroonian abortion law and services, coupled with cultural and religious stigma results in clandestine procedures from untrained providers or self-induction (Tebeu et al). These negative attitudes may be due to socio-cultural and religious views that impede the provision of safe abortion services. Sub-Saharan African women's access to safe abortion care is hampered by socio-cultural barriers (Luchuo et al, 2018). The WHO found that lack of social support and providers' negative attitudes were barriers to safe abortion in less developed countries (Guttmacher, 2019). Culturally, abortion is a taboo topic among many tribes in Cameroon. It is seen as an embarrassing and shameful act that is practised by immoral women. This makes abortion a stigmatized practice in Cameroonian communities. Researchers have also established that individual religiosity influences abortion attitudes and that abortion attitudes, in turn, shape abortion restrictions and access where most opponents cite religious reasons for their opposition (Luchuo et al, 2018). It is imperative to increase education on the benefits of safe abortion services. It is unacceptable to turn a blind eye to the death of women due to the social, cultural and religious stigmatization of safe abortion practices in Cameroon. The issue of forgiveness for safe abortion should not be decided by the general populace but should be left to the deity that the individual persons worship. The laws and policies regarding safe abortion services must be implemented regardless of the cultural and religious attitudes towards the availability of such services.

8.5. Stigma of unintended pregnancies

Many participants said pregnancy before marriage is not acceptable in Cameroonian society. Therefore, women who got pregnant before marriage were most often stigmatized in their community. Many people expect women to get engaged and properly married before getting

pregnant. Women who became pregnant out of wedlock avoided embarrassment by aborting their babies through unsafe abortion procedures. Research participants from patients, religious leaders, nurses and health professionals both bio-medical and ethno-medical stated that stigma of unexpected pregnancies was a key cultural construct for abortions in the communities in Yaounde. The stigma of unexpected pregnancies resulting from the unacceptability of pregnancies outside marriage is expressed in the following statement by a participant:

> *Society perceives pregnancy out of wedlock as fornication because the person is not being married but has given birth from nowhere. Sexual intercourse is only legitimate in marriages. Therefore, when a woman gets pregnant without a husband to care for her and the unborn child, it is a disgrace to the woman and her family. This forces the woman to abort the pregnancy to avoid disgrace and social stigma. In my case, I was thinking about what people will think of me knowing how my society is.* (Pelagie, Age 29, 2022)

According to this statement expressed by this participant, pregnancies out of wedlock are perceived by society as a product of fornication because the woman is not being married which is not the norm. For her, in her community sexual intercourse is only legitimate in marriage. Thus, from her words, when a woman gets pregnant without a husband to care for her and the pregnancy it is a disgrace to both the woman and her family. From her words, this pushes the woman to seek to terminate the pregnancy to avoid disgrace and social stigma for both her family and her. She takes herself as a point of reference as she said that she was thinking about what people in her neighbourhood or community would think of her.

In the same light, another participant shared her view as she expressed herself saying:

> *Pregnancy out of wedlock in my society is perceived as fornication. The child when it is born becomes a bastard. The woman who gets married before having babies is always admired but the person who gets pregnant without marriage is seen as a spoiled girl. Though no civilized society permits one human to intentionally harm or take the life of another human through abortions, women sometimes have no choice because of the embarrassment unexpected pregnancies bring. The stigma is serious here in my community.* (Nanou, Age 23, 2022)

From the words of this participant, pregnancies out of wedlock are perceived as fornication and the child born from such a pregnancy is considered to be a bastard in her community. From her words, the woman who gets married before getting pregnant and have her babies is admired by

society while the woman who gets pregnant before getting married is considered to be a bad who. She adds that though no civilized society permits the willful or intentional harming or taking the life of another person, some women are left with no choice. This is so because to evade being a subject of mockery and embarrassment because of their unwanted pregnancies they resort to terminating the unwanted pregnancies. She ends by saying that the stigma associated with unwanted pregnancies is serious in her community.

Another participant shared her view as she expressed herself saying:

> *It is nice to attend engagement and wedding ceremonies where women get married before they get pregnant and have babies. That is what is accepted in this community. Anything aside this is a disgrace to the woman and her family. Apart from being religiously wrong, the society does not accept such behaviours. We don't want our young women getting pregnant without marrying. If they are not ready for marriage, they should not be doing what married people are supposed to be doing. Sex is for only married people. For me when I see a girl pregnant without marriage, I see her as a bad girl.* (Nawain, Age 53, 2022)

According to this statement expressed by this participant, experiencing people getting engaged, marrying and having children as a family is satisfying as she says that it is what is accepted in her community. For her, abortion apart from being religiously wrong, members of her society do not accept such behaviour as they consider it to be deviant behaviour. She adds that they do not want their young women to get pregnant without marrying as it also spoils the image of the society, they live in. For her, if they are not ready for marriage, they should not be doing what married people are supposed to be doing as she reiterates that sex is only for married people. From her words, when she sees a young girl pregnant without being married, she sees a bad girl.

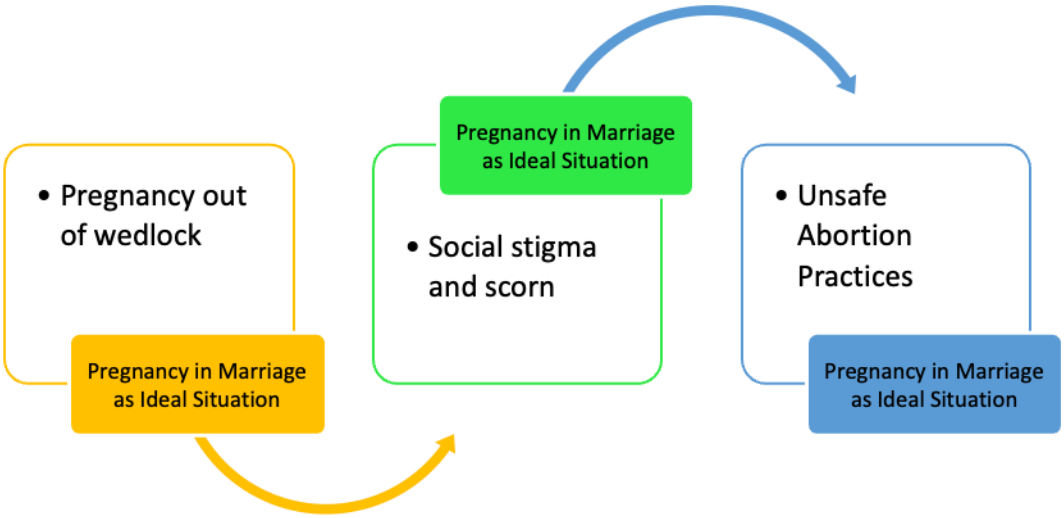
Sharing the same aforementioned view, another participant shared her view as she expressed herself saying:

> *We usually see people who get pregnant outside wedlock as prostitutes. You have to marry before you get pregnant and have babies. Some young women these days get pregnant without getting married and our society does not respect them at all. The way people will be looking at the pregnant girl, she will feel very embarrassed. They normally regret these pregnancies and so attempt to abort them.* (Monica, Age 36, 2022)

From this statement expressed by this participant, women who get pregnant out of wedlock are seen be the society where they live as prostitutes as a woman has to get married before having

babies. From her words, the women who get pregnant nowadays and give birth to the children without getting married are not being respected by society and they and their children find it difficult to have a place in society. This is so because the way people will look at the pregnant woman, she will feel very embarrassed and alienated. It makes these women regret the pregnancies and thus always attempt to terminate the pregnancies.

Figure 5: Stigma of unintended pregnancies as a contributing factor to unsafe abortion practices.



Source: Conceptualized by Awah (2022)

Our research participants indicated that they indulged in unsafe abortions because they feared the stigma that accompanied unwed pregnancy in Cameroon. Religious leaders, and health professionals both bio-medical and ethno-medical expressed the fact that pregnancy before marriage is unacceptable in Cameroonian society. Therefore, young women who got pregnant before marriage decided to terminate their pregnancies to avoid the stigma that comes with getting pregnant without marriage. The unacceptable perceptions towards out-of-wedlock pregnancies and abortions in Cameroon may result from the religious affiliations of Cameroonians. Most Cameroonians are Muslims and Christians. Moral beliefs influence laws and policies in many countries (Luchuo et al, 2018). The majority of religious leaders interviewed in this study stated that both unwed pregnancy and abortions were unacceptable in Christian or Muslim religions. Many other research participants said they had to use unsafe and unapproved means of aborting their pregnancies because of the fear of stigma that resulted from

pregnancy out of wedlock. Guttmacher Institute and the United Nations Population Fund (UNFPA) estimated the level of unintended pregnancies at 49 per 1000 pregnancies in Asia, 72 per 1000 in Latin America and the Caribbean and 86 per 1000 in Africa (Guttmacher, 2021). The unintended pregnancy rate stood the highest in Africa. Guttmacher Institute and the United Nations Population Fund (UNFPA, 2021) also stated that in Central Africa (Cameroon inclusive), 37% of all births are unplanned and 89 to 134 per 1000 women aged 15 - 44 years have unintended pregnancies (UNFPA, 2021). In Cameroon, marriage before pregnancy is a cultural and religious expectation of adult women. Pregnancy before marriage is seen as a dishonour to the lady as a woman. As a result of the cultural and religious expectations of marriage before pregnancy, many unmarried women who get pregnant prefer to terminate the pregnancy to avoid any public stigmatization and scorn (Luchuo et al, 2018). Many researchers have found that unplanned pregnancies carry serious consequences such as stigma for women and their families leading to unsafe abortions (Singh S. et al 2010). The rate of unplanned pregnancies in Cameroon shows inadequate accessibility of reproductive health services by women (Bowring et al 2020). The solution to this challenge could be increased health education on contraception which could help prevent unplanned pregnancy and the consequent stigma that comes with it. Additionally, stakeholders such as professional bodies, the Ministry of Health, and health professionals must endeavour to implement the law and policies of safe abortion to prevent deaths among women due to unsafe abortion practices. Strategies that would help to destigmatize abortion in Cameroonian communities and allow women with low socio-economic status access to safe abortion services at an affordable cost have been suggested. These strategies are the liberal interpretation of the law on abortion; expanding community awareness of the reproductive health benefits of safe abortion services, and improving and increasing access to legal abortion services within health facilities in Cameroon (Luchuo et al, 2018).

8.6. A desire to bear children only after marriage

Many participants involved in this study indicated that they desired marriage before bearing children. This desire is brought about by the admiration and respect offered to individuals who get married before bearing children. Though some women get pregnant without getting married, they usually believe their chances of getting someone to marry are higher if they get rid of their

unwanted pregnancies. This phenomenon is expressed in the following statement by a participant:

> *In my community, it is a pride for a woman to have a man marry her in a nice ceremony and be recognized as officially married. Every woman wants such an honour and will even prefer aborting an unwanted pregnancy so that someone can marry her. My parents have always wanted me to get married to a man before getting to have babies so I was embarrassed when I found out that I was pregnant. It is difficult to get a good man to marry you when you have given birth. People think you are already used. I talked to a trusted friend and she led me to a place where someone tried to abort the baby for me. It was however not successful because I started having severe abdominal pain and passed out and had to be brought to the hospital.* (Manuela, Age 22, 2022)

According to this statement expressed by this participant, in her community getting married to a man officially during a ceremony is a pride for every woman. For her, every woman wants such an honour and will do everything to terminate an unwanted pregnancy to receive such an honour in getting married. She adds that her parents have always wanted her to get married to a man before getting to have a family of my own. According to her, the desire of her parents almost got ruined when she had an unwanted pregnancy given that it is difficult to get a good man to marry after which she gives birth and has a child. She feared the fact that any man coming towards her would think she had already been used. She got to discuss with a friend who took her somewhere to terminate her pregnancy which turned out to be unsuccessful due to severe abdominal pain which led to her fainting and later being taken to a hospital facility.

In the same light, another participant shared her view as she expressed herself saying:

> *It is an honour for women to get married in Cameroon. Marriage ceremonies here are more or less a ceremony to glorify women in our society. Most women would want to be married before they have children so they can enjoy the respect and honour given to other women who have done that. Sometimes when you talk to the young women who attempt abortions and are brought here, they tell you that their friends, and families will stop respecting them when they have babies out of wedlock. All of them want marriage before bearing children.* (Bio-Medical Health Professional, Age 42, 2022)

From this statement expressed by this participant, it is a great honour to get married in Cameroon, this is so because, during marriage ceremonies in Cameroon, the intent is more or

less to a ceremony to glorify women in the society. As such from her words, most women will want to get married before having children to enjoy the respect and honor given to women who have gotten married. From her words when you discuss with young women who have attempted to terminate their pregnancies, they will tell you that their friends and families will stop respecting them when they have babies when they are not yet married and all of them intend to get married before bearing children.

Sharing the same perspective, another participant shared her view as she expressed herself saying:

> *Every woman here will always wish that she gest married before having children because of the respect for women who do that. Your dignity as a woman is seen when you marry before getting pregnant. That is how it is here. Many women will prefer aborting on their own to avoid the embarrassment of having babies without a husband.* (Prisca, Age 30, 2022)

According to this statement expressed by this participant, every woman in her community will very much wish to get married before giving birth to her children because of the respect given to women who bear and give birth to children in their marital homes. She adds that a woman's dignity and respect are preserved she when she marries before getting pregnant and birthing children. In her words, that is how it ought to be in her community, it is the norm and thus many women will prefer terminating their pregnancies on their own to avoid the stigma and embarrassment of having children without a husband.

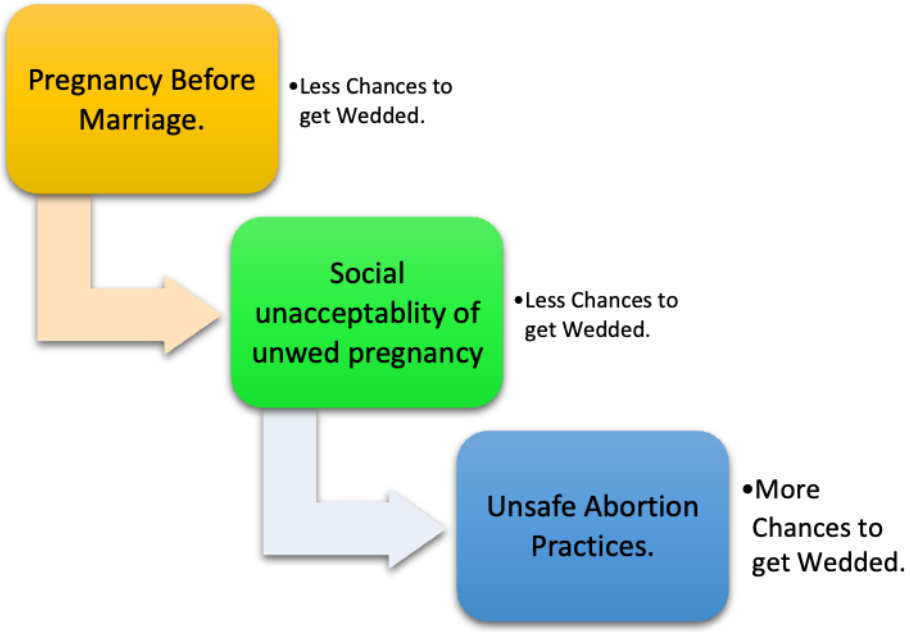
In the same light, another participant shared her view as she expressed herself saying:

> *Our religious inclinations tell us that people must marry before having babies. Right from the era of Adam and Eve, it has been shown that men and women cannot just start having sex and having babies without officially getting recognition as husband and wife. It is not acceptable. Whether you are Muslim or Christian you will need to do the official thing before having children. I think this is part of the reason why some of our women will prefer to avoid the embarrassment of taking away the lives of their unborn children. That one too is against God's rules.* (Christian Religious Leader, Age 48, 2022)

From the expressions of this participant in our research, people must marry before having children based on our religious inclinations right from Adam and Eve. This is so because men and women cannot just start having sex and having babies without officially getting the religious

and social recognition of husband and wife. Without this recognition of union, it is unacceptable for a woman to have children. He adds that be it of the Muslim or Christian faith being married is required before having children. He further explains that this is the reason why some young women will terminate their pregnancies to avoid the embarrassment of not being married and being pregnant or having a child which is also against God's rule.

Figure 6: A desire to bear children only after marriage as a contributing factor to unsafe abortion practices.



Source: Conceptualized by Awah (2022)

Many of our research participants stated that they had unsafe abortions because they desired to bear children only after marriage. Though, we, in this study did not find any related study to this theme, having a biological child is an essential part of marriage in Cameroon (Schuster, 2005). The pride of having children only after marriage is a predominating phenomenon in Cameroon. Some studies have found that advantages exist for children who are born in intact families rather than non-intact families such as co-habiting and single parenthood. On many social, educational, and psychological outcomes, children in cohabiting or single households perform significantly worse than children in intact, married families (Schuster, 2005). Despite the desire to bear children only after marriage, more children are being born out of wedlock. Cameroonian women prefer to bear children after marriage because of the social and psychological advantages that

currently exist for doing so. Marriage occurs relatively early in Cameroon, and one in four women aged 20–24 is currently married (Schuster, 2005). Marriage marks the point in a woman's life when childbearing becomes socially acceptable in Cameroon. In Cameroon, by age 18, more than two-fifths of women (44%) and 26% of men have had sexual intercourse. Though more women than men have sexual intercourse by their 18th birthday, knowledge of contraceptives is higher in men than women (Tarkang et al, 2018). Unless strategies are developed to increase the knowledge of young women on contraceptives, the desire to bear children only after marriage will only be achieved through abortion or unintended pregnancies. In the absence of safe abortion options, these young women will opt for unsafe abortion methods to get rid of their unintended pregnancies thereby increasing maternal morbidity and mortality.

8.7. Avoiding parental disappointment and resentment

Several research participants indicated that many pregnant young women would always want to prevent disappointment and resentment from parents and guardians about their unintended pregnancies. They would want to maintain existing cordial relationships between themselves and their parents/families as many of them were still living under the care of their parents or guardians. The attempt to maintain cordial relationships with parents/family and avoid disappointments and resentment from them is seen in the following statement from a participant:

> *I didn't know what my parents would think of me getting pregnant while in school at the University. My mum for instance has always talked to me about the need to remain a virgin, practice abstinence and be careful until I get married. She believes I am still a virgin so I didn't want her to be disappointed about the pregnancy so I had to take steps to do something about it. She will always tell me to finish school, have a good job marry and have beautiful babies. She would have even gotten angry with me. I was scared about the reaction of both my dad and Mum.* (Raissa, Age 22, 2022)

According to this statement expressed by this participant, she did not know what her parents would think about her getting pregnant while still schooling at the university. She said that her mother for example is always telling her of the need to stay a virgin, practice abstinence and take care of herself until she got married. She adds that her mother still believes that she is still a virgin, so to it she did not want her mother to be disappointed about the pregnancy she had so she

had to resort to terminating the pregnancy. She remembered what her mother always told her and it was to finish school, have a job, marry and have beautiful babies.

In the same light, another participant shared her view as she expressed herself saying:

> *I am still in school and being looked after by my guardian who is my uncle from my mother's side of the family. My parents brought me to Yaounde to stay with my uncle who is looking after me in school and everything. My uncle expects me to finish school and get married before thinking about babies. I cannot all of a sudden tell him or his wife that I am pregnant. He may get angry and take me back to the village or ask me to leave the house. To avoid all these, I just had to find a way of terminating my pregnancy since I had no other option. My boyfriend too is a student and does not have the money to look after me and the child now.* (Stephanie, Age 19, 2022)

For this participant, she is still in school and still being looked after by a guardian who is her uncle from her mother's side of the family. She adds that her parents brought her to Yaounde to stay with her uncle who has to care for her and to sponsor her in school. To this her uncle expects her to finish school and get married before thinking of bearing and giving birth to children. Thus, she cannot all of a sudden tell her uncle and guardian that she is pregnant for fear of him getting angry and taking her back to the village or asking her to leave the house. So, for her to avoid such a situation she found a way to terminate the pregnancy since it was the only thing she had to do. She added that the person responsible for the pregnancy is also a student like her and neither has a job nor money to look after her, the pregnancy and a child eventually.

In the same perspective, another participant shared his view as she expressed herself saying:

> *When you take the history of illness from these young women, you realize that their parents were not aware of their attempts to terminate their pregnancies. They always want to hide it from their parents because of the embarrassment, disappointment or anger from parents or guardians. They will always prefer confiding in friends when they want to terminate their pregnancies rather than talking to their parents.* (Bio-Medical Health Professional, Age 46, 2022)

From the statement expressed by this participant, when a closer look is taken at the history of illness of young women who have terminated their pregnancies, they as health professionals realize that their parents were not aware of their pregnancy termination attempts. He adds that these young women do this because of the embarrassment, disappointment, resentment and anger

from parents or guardians. For him, this is why they prefer to confide in friends when they want to terminate their pregnancies rather than talking to their parents and or guardians.

Another participant shared her view as she expressed herself saying:

> *Honestly, the ladies who attempt termination of pregnancies before coming here more often than not don't tell their parents. Sometimes it is even their friends that bring them here. Maybe they don't feel comfortable talking to their parents about it. Maybe to avoid any ill feelings from parents they would rather tell their trusted friends. They probably fear the disgrace and disappointment of parents who are still looking after them.* (Bio-Medical Health Professional, Age 37, 2022)

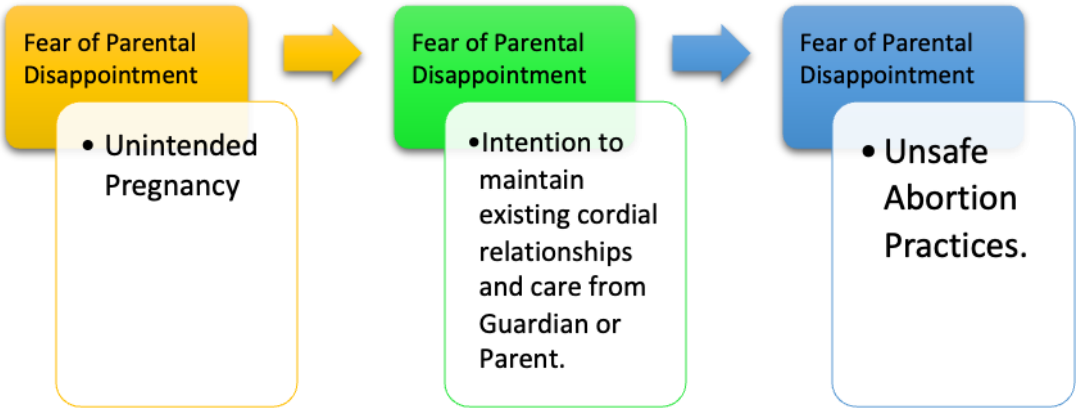
According to this statement expressed by this participant, ladies who attempt to terminate their pregnancies most of the time don't tell their parents as such they are brought to the health facility by their friends. She thinks that maybe they do not feel comfortable talking to their parents about it perhaps because they want to avoid any ill feelings from their parents and guardians so they choose to inform close friends. This is so because of the fear, disgrace and disappointment of parents who are still looking after them.

In the same light, another participant shared her view as she expressed herself saying:

> *They will always feel embarrassed by getting pregnant because it is not part of our culture or religion to have women get pregnant before marriage. Most of these girls are still in school and still get pregnant. It is not good enough. Their parents should feel disappointed. I will feel the same way too. I think they need more education. As for me when I hear and see these things, I feel bad within my spirit.* (Ethno-Medical Health Professional, Age 49)

According to this statement expressed by this participant, young girls will always feel embarrassed because getting pregnant before marriage is traditionally and religiously unacceptable. Most of these girls are young adults who are still schooling and thus their parents should feel embarrassed if they get pregnant as they will feel the same way too. For her, she thinks that these young girls need more education. She adds that she feels bad within her spirit when she hears all of this happening in her community.

Figure 7: Avoiding parental disappointment and resentment as a contributing factor to unsafe abortion practices.



Source: Conceptualized by Awah (2022)

According to the data from our research, young women had unintended pregnancies terminated because they feared the disappointments and resentments of their parents and or guardians. Unsafe abortions were practised to avoid disappointment and resentment from parents and guardians. Parents in Cameroon usually assume that their daughters will remain chaste until they are married and do not see a reason to communicate with them about sexuality issues. Parents in Africa will rather trust teachers to talk about issues of abstinence and contraceptive use with their children in school (Tarkang et al, 2018). In Cameroon, sexuality issues are not also discussed in the church because the church is regarded as a holy place (Kongnyuy et al, 2006). Studies in some African countries that explored mother-daughter communication about sexual maturation, abstinence and unintended pregnancies revealed that mothers felt that it was taboo to communicate with daughters about sexuality issues (Tarkang et al, 2018). Parents will always feel disappointed when they assume that their children will automatically avoid premarital sex even if they are not educated and warned of the dangers associated with it. Many parents lacked the requisite knowledge of such communications and were therefore uncertain about what to tell their children (Tarkang et al, 2018). However, data have consistently shown that half of high school students have had sex, which is why all young people need the information, skills, and

access to services that will help them make and carry out informed, responsible decisions (Takwa et al, 2019). Parents have the responsibility to teach their adolescent children how to deal with sexual problems confronting them by educating them on what they need to do to avoid risky sexual behaviours (Tarkang et al, 2018). Parents should take a keen interest in the sexual maturation of their children rather than feel disappointed when they become pregnant out of wedlock. Whether mothers have knowledge of abortion policies in Cameroon and are ready to send their daughters to health facilities for safe abortion services remains to be explored by researchers. The evidence available shows that sex education continues to generate debates and controversies around the world (Takwa et al, 2019). Notwithstanding, many researchers have found more advantages for educating the girl child on sexuality issues (Rwenge, 2003). Parents must be educated about sex education and know what to tell their children during sex education. Mothers must also be educated on safe abortion services in Cameroon so that they can help their children by educating and seeking the appropriate safe abortion service for them in health facilities or acquiring the right medications for them.

8.8. A desire to pursue education

Many participants in our research stated a desire to pursue education as a factor that leads to unsafe abortions in Cameroonian communities. Almost all women who terminated their pregnancies were at various levels of their education and did not want to drop out of school or put a pause on their education as a result of their pregnancies. Religious leaders, Bio-medical health professionals (nurses and medical doctors) and Ethno-medical health professionals (herbalists and traditional doctors) also thought the desire to continue with education made some students attempt terminating their pregnancies. This research participant made it evident as she states in the following statement:

> *I have always wanted to finish school and be on my own and also work as my parents do. When I realized I was pregnant I thought about my schooling and I could not afford to sacrifice my education for family life as a single mother. The future looked bleak without my education. So, I had to talk to her boyfriend who bought some herbal medicine for me. Unfortunately, it didn't work well.* (Angela, Age 21, 2022)

According to this statement expressed by this participant, she has always desired to finish school, be independent and work as her parents. So, when she realized she was pregnant she thought

about her education and said to herself that she could not sacrifice her education for a family life as a single mother. For her, her future was uncertain without her education so she had to the guy responsible for her pregnancy and he bought some herbal medicine for her to take though it did not go well.

In the same light, another participant shared her view as she expressed herself saying:

> *I am a student at the university. My whole future is ahead of me which can only be better with education. I can't sacrifice that for a pregnancy whose father isn't ready either. So, I am left with no better decision than to try aborting this pregnancy. Hopefully, I will finish school get a job and live a better life.* (Elodie, Age 19, 2022)

From the words expressed by this participant, she is still a student at the university and her whole future is ahead of her and it can only get better with her finishing her university studies. She adds that she cannot sacrifice finishing her education for a pregnancy when the person responsible is not even ready for it. Thus, she was left with no better option than to terminate the pregnancy to enable her to hopefully finish school, get a job and have a better life.

In the same light, another participant shared her view as she expressed herself saying:

> *The patients that we see are mostly students either in high school or in their sophomore or degree year at the university or any other tertiary education. They usually say that when they carry their pregnancy to term and deliver, it will disturb their education. They cannot imagine studying with pregnancies. Some also fear that they will be stigmatized or sent off from school because of the pregnancy.* (Bio-medical health professional, Age 37, 2022)

According to this statement expressed by this participant, the patients they see in their health facilities are mostly students who are in high school or the university or at an advanced level of their education whereby they cannot risk taking a break or stopping because they are afraid that their education will stop there. From his words, they also say that they cannot imagine studying with a pregnancy. They also fear being stigmatized and called names in school because of their pregnancy.

Another participant shared her view as she expressed herself saying:

> *The patients we have seen here are people who want to continue being in school and don't want their pregnancies to make them stop schooling. In Cameroon, some schools actually dismiss their students from school. These students see their*

> *classmates being dismissed especially from secondary schools and so they don't want to go through the same ordeal. I think now the ministry says school administrators should not sack their female pupils or students but I think it is still happening in some places. Normally they say they try using an herbal tonic to abort so they can be free to continue their schooling.* (Bio-medical health professional, Age 37, 2022)

From this statement expressed by this Bio-medical health professional, the young women who terminate their pregnancies found in their health facility want to continue schooling and thus do not want the fact that they are pregnant to stop them from pursuing their education. She adds that in Cameroon some schools dismiss pregnant students in secondary schools so other students who get pregnant fear being dismissed too. From her words, the government has through the ministry stopped the law of students being dismissed when they are pregnant but some schools still dismiss students. So many of these students terminate their pregnancies to conceal the fact that they are pregnant so that they can pursue their education.

In the same light, another participant shared her view as she expressed herself saying:

> *In this country, you are mostly withdrawn from school when you get pregnant, especially in private schools. That is why they have to concentrate on their schooling and not getting pregnant. How can you be in school and get pregnant whilst your parents are trying to do their best to look after you? It is not the best. I have heard that some head teachers sack them from school.* (Adelaide, Age 32, 2022)

According to this statement expressed by this participant, in this country, young girls are mostly withdrawn from school when they are pregnant. For her that is why while in school young girls have to concentrate on their education and not do things that will get them pregnant. This is so because it is not normal for a young girl to school and get pregnant while her parents are trying their best to look after her.

Figure 8: Desire to pursue education as a contributing factor to unsafe abortion practices.

Source: Conceptualized by Awah (2022)

A desire to pursue education was a contributing factor to unsafe abortion practices by young women in senior high and tertiary institutions in Cameroon. In Cameroon, a girl child who gets pregnant in secondary school and high school is likely to drop out of school. There are no marked differences in the proportion of males and females attending school up to age 16 (Rwenge, 2003). However, there are substantially higher proportions of males than females attending school beyond the age of 16 (Rwenge, 2003). Pregnancy and poverty have been mentioned by some researchers who studied dropout rates in Bamenda as contributing factors to dropout rates in the region (Dupas et al, 2011). In our research, most of our research participants who had abortions were unemployed at the time they underwent the abortion procedure. These research participants probably hoped to find employment after school and therefore did not want an unintended pregnancy to shatter their dreams. Though the influence of education desire on unsafe abortions has not been studied, one can assume that students at various levels of education in Cameroon preferred to abort their pregnancies even if it meant resorting to unsafe means, to continue being in school. This usually happens because the future of these students usually looks bleak without education. There are many calls by civil society groups for educational institutions to allow women who get pregnant to continue being in school if their conditions allow it. These human rights considerations will have to be considered by every institution in Cameroon to

prevent dropouts from school as a result of pregnancy. Education on contraception should also be improved in schools to prevent unintended pregnancies among students.

The issue of unsafe abortion in Yaoundé is not solely a matter of healthcare or women's reproductive rights, but also deeply intertwined with cultural beliefs and practices. This chapter aimed to understand how unsafe abortion is a cultural construct, and how it contributes to the continuation of culturally constructed pregnancy termination in Yaoundé.

Through the exploration of cultural constructs surrounding pregnancy termination in Yaoundé, it becomes evident that societal norms, religious beliefs, and traditional practices all play a significant role in perpetuating unsafe abortion. The cultural control over women's reproductive choices, fueled by stigma and fear, leads many women to turn to unsafe methods of terminating unwanted pregnancies.

The cultural construct of pregnancy termination in Yaoundé is also influenced by the limited availability and accessibility of safe and legal abortion services. Restrictive laws, lack of comprehensive sexuality education, and limited healthcare facilities contribute to the prevalence of unsafe abortion practices. Without access to safe abortion services, women are driven to resort to dangerous methods, putting their health and lives at risk.

8.9. A Pregnancy Termination Decision-Making Well-Being Model

The Pregnancy Termination Decision-Making Well-Being Model seeks to provide a comprehensive framework for understanding the complex interplay of factors that influence individuals' decisions about pregnancy termination and their overall well-being. This model integrates anthropological perspectives on health, socio-cultural contexts, and individual agency to illuminate the holistic nature of reproductive health choices. By examining the intersections between physical, mental, and social aspects of health within the context of pregnancy termination.

Figure 9: Pregnancy Termination Decision-Making Well-Being Model

Source: Conceptualized by Awah (2022)

The Pregnancy Termination Decision-Making Well-Being Model Diagram presented above provides a comprehensive framework for understanding the multidimensional aspects of well-being in the context of pregnancy termination. This model acknowledges from our research the complex and interconnected nature of emotional, financial, physical, occupational, social, spiritual, intellectual, and environmental well-being with the decision to terminate a pregnancy.

From an anthropological perspective, this model reflects the cultural and social contexts that shape individuals' experiences with pregnancy termination. Medical Anthropologists study how cultural beliefs, norms, and practices influence health-related decisions and outcomes. The consideration of emotional well-being in the Pregnancy Termination Decision-Making Well-Being Model aligns with anthropological research on the importance of social support and emotional care in reproductive health contexts (Yaya, S., et al., 2019).

The emphasis on financial well-being in the model recognizes the economic implications of pregnancy termination, reflecting anthropological studies on the intersection of health and socioeconomic factors. Access to affordable healthcare services and financial assistance programs is crucial for addressing disparities in access to reproductive healthcare services (Ogundele, O. J., et al., 2020).

Physical well-being is highlighted as a key component of the model, emphasizing the importance of safe and legal reproductive healthcare services for protecting individuals' health. Medical Anthropologists have examined how legal frameworks and healthcare policies impact individuals' access to reproductive healthcare services and their overall well-being (Biggs, M. A., et al., 2023).

The consideration of occupational well-being in the model reflects anthropological research on work-life balance and the impact of reproductive health decisions on individuals' employment status and job security. Medical Anthropologists have studied how workplace policies and accommodations can support individuals navigating reproductive health choices (Sara, C., et al., 2000).

The focus on social well-being underscores the role of social support networks in individuals' experiences with pregnancy termination. Medical Anthropologists have explored how family dynamics, community relationships, and cultural norms influence individuals' reproductive health decisions and outcomes (Yates, J. F., et al., 2016).

Incorporating spiritual well-being into the model acknowledges the diversity of individuals' beliefs and coping mechanisms in the context of pregnancy termination. Medical Anthropologists have examined the role of religion, spirituality, and cultural practices in shaping individuals' experiences with reproductive health decisions (Koenig H. G., 2016).

The consideration of intellectual well-being highlights the importance of access to accurate information and resources for informed decision-making. Medical Anthropologists have studied how knowledge dissemination, education campaigns, and public health interventions can address misinformation and promote reproductive health literacy (Amanu, A., et al., 2023).

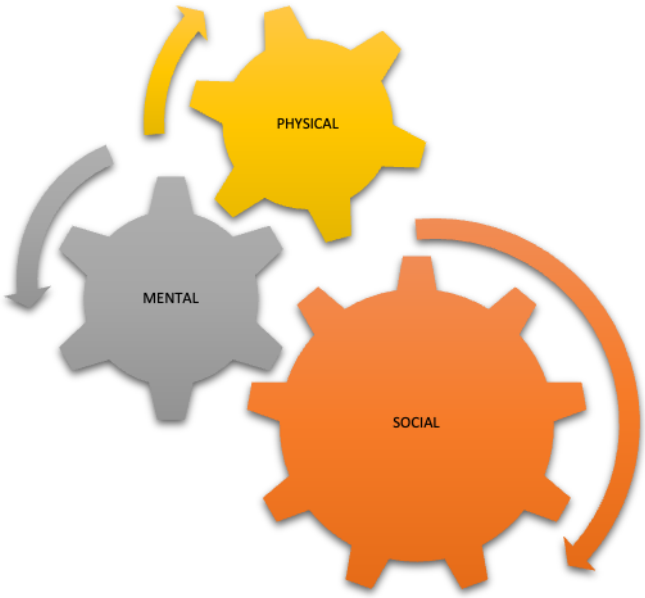
Environmental well-being is addressed in the model by recognizing the significance of supportive policies and legal frameworks for protecting individuals' reproductive rights. Medical Anthropologists have examined how environmental factors, including legal regulations, societal attitudes, and healthcare systems, shape individuals' access to reproductive healthcare services (Sutton, P., et al., 2010).

By integrating these dimensions of well-being into a holistic framework, the Pregnancy Termination Decision-Making Well-Being Model Diagram provides a valuable tool for understanding the diverse needs and experiences of individuals facing pregnancy termination decisions. Medical Anthropological perspectives contribute to this model by highlighting the cultural elements that influence individuals' reproductive health choices and overall well-being.

8.10. A Pregnancy Termination Decision-Making Well-Being Model

In this section, we delve into the deconstruction of traditional notions of health and the construction of socio-cultural health realities. By critically examining how health is defined, understood, and experienced across diverse cultural contexts, we aim to challenge conventional frameworks that may overlook the complex interplay of cultural elements shaping individuals' well-being. Through a lens that emphasizes the importance of considering cultural beliefs, practices, and power dynamics in shaping health outcomes, we seek to illuminate the intricate ways in which socio-cultural contexts influence health behaviours, access to care, and overall health disparities. By deconstructing dominant narratives around health and exploring the construction of alternative sociocultural health realities, we aim to foster a more inclusive and nuanced understanding of health that prioritizes diverse perspectives and experiences as illustrated and explained below.

Figure 10: Deconstruction of Health and Construction of Socio-Cultural Health Realities



Source: Conceptualized by Awah (2022)

An anthropological analysis of the intersections between health, socio-cultural contexts, and pregnancy termination through the lens of traditional notions and perspectives of health. The discussion highlights the holistic nature of health, the importance of physical, mental and social well-being in the context of pregnancy termination, individual agency in health decisions, and the evolution of societal attitudes towards abortion.

Drawing on the World Health Organization's definition of health as a state of complete physical, mental, and social well-being, the text emphasizes the multidimensional aspects of health that extend beyond the absence of disease (WHO, 1948). This aligns with anthropological perspectives that recognize health as a complex interplay of biological, social, and cultural factors.

The reference to Plato's emphasis on the connection between a healthy body and a sound mind underscores the historical significance of physical well-being in philosophical thought (Plato, 429-347). In the context of pregnancy termination, ensuring access to safe and legal abortion services is crucial for protecting individuals' physical health and well-being.

Aristotle's assertion that humans are social beings who thrive in the community highlights the importance of social support in promoting well-being (Aristotle, 384-322). This perspective resonates with anthropological research on the role of social networks and relationships in shaping individuals' health outcomes and decision-making processes.

Democritus' belief in individual agency over health decisions is relevant to discussions about reproductive health choices, including pregnancy termination (Democritus, 460-370). While individuals have control over their health choices, external factors such as access to healthcare services and societal norms can influence decision-making processes.

Charles Darwin's theory of natural selection and adaptability to change (Darwin, 1859) is applied to the evolving societal attitudes towards abortion. Recognizing the socio-cultural contexts surrounding pregnancy termination is essential for addressing stigma, promoting reproductive rights, and creating supportive environments for individuals seeking abortion services.

By deconstructing traditional notions of health and understanding how socio-cultural factors influence individuals' experiences with pregnancy termination, the text advocates for a holistic approach to promoting well-being and empowering individuals to make informed decisions about their reproductive health. This anthropological analysis underscores the interconnectedness of health, culture, and individual agency in shaping reproductive health outcomes.

This chapter draws attention to the urgent need for comprehensive reproductive healthcare policies that address the cultural construct of pregnancy termination in Yaoundé. Efforts must be made to challenge societal norms and stigma surrounding abortion, promote awareness of safe abortion practices, and ensure that women have access to the necessary healthcare services they need.

Moreover, a multi-faceted approach is necessary to address the root causes of unsafe abortion in Yaoundé. This includes advocating for legal reforms to decriminalize abortion, improving access to quality reproductive healthcare services, and providing comprehensive sexuality education to empower individuals to make informed decisions about their reproductive health.

Both policymakers and healthcare providers in Yaoundé must recognize and address the cultural construct of unsafe abortion. By doing so, they can develop interventions and strategies that not

only ensure the safety and well-being of women but also respect and uphold their reproductive rights.

In conclusion, the challenge of unsafe abortion in Yaoundé cannot be separated from cultural beliefs and norms. Only by addressing the cultural construct of pregnancy termination through comprehensive reproductive healthcare policies and initiatives can we hope to reduce the prevalence of unsafe abortion and protect the lives and well-being of women in Yaoundé.

CONCLUSION

This PhD thesis is titled: “Culture and Pregnancy Termination in Yaoundé-Cameroon: A Contribution to Medical Anthropology”. In this concluding section of our thesis, we summarize the contributions of this thesis to the field of the Anthropology of Pregnancy termination and the possible contribution to the field of Medical Anthropology as we see it, and discuss the important directions of future work.

The focus of this research is the phenomenon of pregnancy termination in Yaounde. Yaounde is the Political capital of Cameroon found in the Central African sub-region on the African Continent. It stands as the gateway to many health laws and measures both in the country and in the region. Pregnancy termination is one of the most sensitive and complex topics socio-culturally in Yaounde. The study site of this study is Yaounde because of the strategic nature of the city which is home to the best hospitals and a heterogeneous population together with a variety of cultures that exist and interact in this city. Yaounde is also the entry point through which pregnancy termination reforms make their way into the national territory and national health system. Hospitals in Yaounde are host to many of these reforms which see the influx of innovative measures, techniques and devices. The people and communities in Yaounde also receive these reforms and construe them in diverse ways.

This study sets out to answer one main research question and four specific research questions: How does culture influence the experience of pregnancy termination in Yaounde, Cameroon? The five specific questions are: 1) What are the representations of pregnancy termination in Yaounde, Cameroon? 2) What are the local etiologies of pregnancy termination in Yaounde, Cameroon? 3) How do agents of pregnancy termination experience abortion processes in Yaounde, Cameroon? 4) What is the availability and accessibility of pregnancy termination technologies in Yaounde Cameroon? 5) What are the cultural constructions of pregnancy termination in Yaoundé?

The main hypothesis is that cultural factors significantly influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaounde, Cameroon, leading to maternal mortality and morbidity. The five specific hypotheses are: 1) There are diverse representations of pregnancy termination in Yaounde, Cameroon, influenced by factors such as language, religious beliefs, cultural norms, and

practices. 2) Local etiologies of pregnancy termination in Yaounde, Cameroon vary, including factors such as social norms, traditional beliefs, spiritual practices, and perceptions of gender roles and expectations. 3) Agents of pregnancy termination in Yaounde, Cameroon have varied experiences during the abortion process, influenced by stigma, socio-cultural factors, legal frameworks, and healthcare accessibility. 4) The availability and accessibility of pregnancy termination technologies in Yaounde, Cameroon is limited due to legal restrictions, gender roles, religion, socio-economic status, ethno-medical practices, socio-cultural taboos, and healthcare infrastructure challenges. 5) Cultural constructions of pregnancy termination in Yaoundé involve a complex interplay of values, beliefs, and practices influenced by factors such as societal norms, gender dynamics, religious and spiritual beliefs, and socioeconomic status and disparities.

The main objective was to explore the cultural factors that influence the use of pregnancy termination technologies, decision-making processes, and perceptions of pregnancy termination in Yaounde, Cameroon. The five specific objectives are: 1) To investigate and analyze the cultural representations of pregnancy termination in Yaounde, Cameroon, with a focus on the influence of language, religious beliefs, cultural norms, and practices. 2) To explore and document the local etiologies of pregnancy termination in Yaounde, Cameroon. 3) To examine the experiences and perspectives of agents of pregnancy termination in Yaounde, Cameroon, considering socio-cultural factors, legal frameworks, and healthcare accessibility. 4) To assess the availability and accessibility of pregnancy termination technologies in Yaounde, Cameroon, and identify the reasons behind limitations, such as legal restrictions, gender roles, religion, socio-economic status, ethno-medical practices, socio-cultural taboos, and healthcare infrastructure challenges. 5) To analyze the complex cultural constructions of pregnancy termination in Yaounde, Cameroon, by examining the interplay of values, beliefs, and practices influenced by factors such as societal norms, gender dynamics, religious and spiritual beliefs, and socio-economic status and disparities.

The design of the study was qualitative. Both primary and secondary sources of data were used. Purposive sampling and snowball sampling were respectively the sampling approaches and techniques used for sampling research participants, sites and events. Only mothers who gave birth to a newborn, caregivers, biomedical health professionals, and ethno-medical and faith-based health professionals were interviewed. We obtained documented informed consent from

the research participants and ensured that their privacy and confidentiality were respected. Thirty research participants were interviewed. The 60 participants were: 30 women, 10 men, and 20 health professionals: that is biomedical, ethno-medical and faith-based health professionals. In all the sites, that is; biomedical health facilities and all the Ethno-medical and faith-based health facilities visited, the first field research technique was observation. This took 2 phases. Phase 1 was direct observation which is just seeing how things are being done. Phase 2 was interactive observation which entailed working in one way or the other with the mothers, caregivers and health professionals. This technique of research enabled the researcher to gain the participants' confidence and this interactive approach made it easy to conduct in-depth interviews with the research participants. This also eased the holding of a focus group discussion. This process kept on till data saturation was attained to help the researcher to proceed to the next step of this work. Field work lasted for 1 year 09 months from July 2020 to April 2022. Data collection was a continuous process given the sensitivity of the topic. Photographs too were taken to attest and ascertain this study's findings. With the attainment of data saturation, the data was analyzed with the computer-assisted NCT analysis. NVivo was used to analyze the interviews, focus group discussions and photographs. The interviews were transcribed using an inbuilt tool within the software and codes were generated from quotations. Categories were generated to make analysis easy. Once all this was done, a network was built to show how the various themes and variables are connected or intertwined.

This research findings follow a six-way perspective. Firstly, it suggests that the taxonomy of abortions, or pregnancy termination, differs among ethnic groups in Yaounde, and Cameroon. This finding shed light on the crucial role that cultural backgrounds play in shaping individuals' perceptions and decision-making processes regarding pregnancy termination.

To explain this finding, it is important to understand the context of Yaounde, which is a diverse city in Cameroon with various ethnic groups residing within its borders. Each ethnic group has its own unique language, belief system, practices, and traditions, which can significantly influence their thoughts and choices related to pregnancy termination.

Within Yaounde, different ethnic groups have distinct ways of categorizing and understanding the concepts of pregnancy termination. For instance, one ethnic group may differentiate between

induced abortions (deliberate termination of pregnancy) and spontaneous abortions (miscarriages), while another ethnic group may further classify abortions based on the stage of pregnancy, reasons for termination, or the method used for abortion. These varying taxonomies reflect the diversity of cultural perspectives and norms surrounding pregnancy termination within the different ethnic communities in Yaounde.

The taxonomy of abortions is not static but evolves within each ethnic group. It is influenced by social, economic, and cultural changes occurring within Yaounde's society. For example, the introduction of modern medical technologies and healthcare systems may result in new categorizations of pregnancy termination that align with biomedical terminologies. Additionally, external factors such as globalization and the influx of international perspectives on reproductive health may also contribute to changes in the taxonomy of pregnancy termination among certain ethnic groups.

Secondly, it suggests that the primary reason behind pregnancy termination in Yaounde, the capital city of Cameroon, is deeply rooted in the local culture's embrace of various pregnancy termination technologies and the desire for individual autonomy in managing fertility.

In Yaounde, a diverse range of cultural beliefs and practices exist regarding pregnancy termination. This includes the acceptance and normalization of pregnancy termination technologies, such as medications, traditional herbs, and procedures performed by traditional healers or medical professionals. The availability and openness towards these termination methods shape the cultural attitudes towards pregnancy termination.

The culture in Yaounde promotes the belief that individuals have the right to make decisions regarding their own fertility and reproductive health. This desire for autonomy encourages individuals to actively seek out and engage with pregnancy termination options. By being able to control their own fertility, individuals in Yaounde strive to exercise agency over their bodies and lives.

Thirdly, we discovered that there are multiple actors involved in the process of terminating a pregnancy. These actors include individuals who are trained in biomedical and ethnomedical

practices, as well as individuals who have experienced unwanted pregnancies themselves and their social networks.

It was found that these individuals and their social networks shared their experiences related to pregnancy termination, revealing that they perceived the process as more of an achievement in fertility management rather than something to regret. This indicates that pregnancy termination is an ongoing cultural practice that is continually evolving within the context of Yaounde.

The involvement of both biomedical and ethnomedical practitioners in the process of pregnancy termination highlights the complex and multifaceted nature of this practice. Biomedical practitioners utilize biomedical medical techniques and procedures, whereas ethnomedical practitioners rely on traditional healing practices, rituals, and cultural beliefs. These two approaches often intersect and complement each other, providing individuals with a diverse range of options when it comes to pregnancy termination.

Fourthly, we discovered that in Yaounde, there exists a complex relationship between cultural beliefs, accessibility to medical facilities, and the perceived effectiveness of herbal medicine in terminating pregnancies. Cultural beliefs heavily influence the decision-making process surrounding pregnancy termination and shape individuals' perspectives on the most suitable methods to employ.

In many communities within Yaounde, herbal medicine plays a crucial role in the abortion process. Local herbalists are sought after for their expertise and the provision of herbal remedies to induce abortions. These ethno-medical technologies present an alternative to conventional medical procedures and are considered by some community members to be more culturally acceptable.

However, it is important to note that the accessibility to medical facilities plays a significant role in shaping individuals' choices. In cases where medical facilities offering safe and legal abortion services are readily accessible, individuals may opt for these modern interventions. Cultural beliefs may still influence the decision-making process, but the availability and legality of medical services prove to be essential factors.

The perceived effectiveness of herbal medicine, in contrast to medical interventions, also impacts the choices made by the community members. Some individuals may choose to rely on herbal medicine due to the perceived efficacy and long-standing cultural practices associated with its use in terminating pregnancies. The belief in the potency of herbal remedies may outweigh concerns about potential risks or complications associated with their use.

Fifthly, this finding emphasizes the complex landscape surrounding the use of biomedical technologies for pregnancy termination processes. These technologies consist of various devices and chemically approved drugs.

The research highlights that the attitudes and experiences of different users provide significant insights into the benefits, concerns, and challenges associated with these biomedical technologies for pregnancy termination.

The finding indicates that the use of biomedical devices, such as vacuum aspiration or dilation and curettage, for pregnancy termination in Yaoundé is prevalent. These procedures are performed in medical facilities under appropriate supervision and can be done safely and effectively. However, the thesis notes that access to these devices may vary depending on factors such as legal restrictions, socioeconomic status, geographical location, and cultural practices.

Furthermore, the use of chemically approved drugs for pregnancy termination, such as mifepristone and misoprostol, is also an important aspect of pregnancy termination in Yaoundé. These drugs are administered orally or vaginally and induce miscarriage. The research findings suggest that some individuals prefer the privacy and convenience of using drugs over undergoing a medical procedure. However, it is important to note that the availability and accessibility of these drugs may also be influenced by cultural norms, legal regulations, and medical professionals' viewpoints.

The PhD thesis acknowledges that the attitudes towards pregnancy termination technologies vary among different individuals and cultural groups in Yaoundé. Some individuals view these technologies as a way to exercise reproductive autonomy, giving them the ability to make choices related to their own bodies and reproductive health. On the other hand, some cultural and

religious beliefs may stigmatize or prohibit pregnancy termination, leading to negative perceptions of these technologies within certain communities.

Additionally, the research highlights the challenges associated with the use of these biomedical technologies in Yaoundé. These challenges include limited access to information about safe and legal pregnancy termination methods, lack of supportive healthcare systems, cultural taboos, stigma and inadequate resources. These factors may result in individuals resorting to unsafe and clandestine methods for pregnancy termination, posing threats to their health and well-being and the health system as well.

Sixthly, this research highlights the understanding that pregnancy termination is a multidimensional and intricate concept that cannot be viewed in isolation from other practices related to fertility regulation. This research, grounded in the field of medical anthropology, has provided valuable insight into the role of culture and its underlying characteristics in shaping attitudes and practices surrounding pregnancy termination.

It is important to first comprehend the significance of medical anthropology in the study of pregnancy termination. Medical anthropology examines how culture, society, and individual experiences intersect with health, illness, and healthcare practices. By adopting an anthropological perspective, this research recognizes that pregnancy termination is not solely a medical issue, but rather a complex phenomenon influenced by cultural beliefs, social norms, and individual experiences.

The research findings indicate that culture acts as a central force shaping attitudes and practices related to pregnancy termination in Yaounde, Cameroon. Culture refers to the shared beliefs, values, customs, and behaviours of a particular group or society. In this context, culture influences societal perceptions of pregnancy termination, as well as the individual decision-making processes and experiences surrounding this practice.

The findings of this study revealed through existing literature that Anthropology hasn’t had enough research on pregnancy termination. Our anthropological findings on pregnancy termination confirmed the fact that the study of human cultures is lacking in the field of

pregnancy termination. It revealed the complex ways women use pregnancy termination as a survival mechanism and in shaping their realities.

To understand these culturally diversified functions, dynamisms, dysfunctions and constants, this study used the theory of ethno-perspective. This theory helps this study to probe and better understand the pros and cons that are at play. It helps us take a revealing end at constituting meaning to the knowledge in the data enabling this study to understand the individuals' cultural behavioural dynamics and actions in their society. This is so because no one apart from them can provide a better understanding and interpretation of their realities than themselves. This is why the principles of this theory were best suited for this study. The use of contextuality as a tool of interpretation gave insights into the particular phenomenon, their institutions and the agents in the culture they are produced. This helped explain pregnancy termination in its given context and not the contrary. The contextuality criteria depended on the cultural context of interpretations. Thus, the presence of contextual differences led to differential interpretations of the collected data on newborn care. This was explained by the fact that every institution, phenomenon, and participant, had their various specificities and cultural behavioural patterns.

The use of endosemy as an interpretation tool helped in revealing the meaning the actors involved in pregnancy termination attach to pregnancy termination practices. It revealed the emic point of view of pregnancy termination realities, practices and technologies. As such, as users of pregnancy termination technologies and practices, they can either choose to respect or ignore the meaning they have of technologies and practices willingly or unwillingly by participating or not in pregnancy termination realities, practices and technologies. The use of holisticity revealed how global pregnancy termination realities, practices and technologies are as a cultural phenomenon in Yaounde. Holisticity revealed the interrelations between pregnancy termination realities, practices technologies and many other elements such as belief, economy, politics, law and psychology.

All of the research that has been done has been lacking in pregnancy termination realities, practices and technologies. This study is contributing to the limited anthropological research that has so far been conducted on pregnancy termination realities, practices and technologies. But it is not exhaustive. It has revealed limited research on pregnancy termination realities, practices and

technologies and suggests the need for more anthropological research to be conducted on pregnancy termination realities, practices and technologies. The study is restricted to Yaounde, a city with an abundance of health facilities in the fields of biomedicine and ethnomedicine. Settings beyond Yaounde are under-researched both in biomedicine and ethnomedicine so that future research be extended to these areas.

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Oral Sources

List of Informants

No	Name and surname	Gender	Age	Profession	Social status	Level of education	Place and date of interview
1	Mme Assomo Ngasse Emelda	F	43	Nurse	Married	Secondary +	Melen September 2020
2	Mme Ebene Gisele	F	35	Mother	Married	Secondary	Melen September 2020
3	Dr Ndiki	M	54	Biomedical Health professional	Married	University	Quartier Fouda September 2020
4	Manga Assiga Valerie	F	32	Mother	Single Parent	Secondary +	Ngousso October 2020
5	Ekobo Mvogo Marie Theresse	F	28	Mother	Single Parents	Secondary	Essos October 2020
6	Mme Meffo Ariane	F	32	Mother	Married	Primary	Ngousso October 2020
7	Nana Alvine	F	25	Mother	Single Parent	Secondary	Omnisport October 2020
8	Mme Kengfack Sidonie	F	27	Mother	Married	University	Elig Ejua October 2020
9	Mr Kengfack Isidore	M	35	Caregiver	Married	Secondary	Ngousso October 2020
10	Ngayou Gaelle	F	31	Mother	Single Parent	Secondary	Messa November 2020
11	Mrs Orock Victorine	F	26	Mother	Married	University	Bastos November 2020
12	Assomo Marie Claire	F	28	Mother	Single Parent	Secondary	Nkoldongo November 2020
13	Mme Fopa Nicoline	F	65	Caregiver	Married	Primary	Titi Garage November 2020
14	Dr Fosso	F	45	Biomedical Health Professional	Married	University	Mbala II November 2020
15	Mme Abessolo Christelle	F	58	Caregiver	Married	Secondary	Madagascar December 2020
16	Ako Nadege	F	47	Caregiver	Single Parent	Secondary	Carrier December 2020
17	Mr Mola Gilbert	M	45	Caregiver	Married	Secondary	Tsinga villageDecember 2020
18	Mme Acham Evelyne	F	56	Caregiver	Married	Primary	Nlongkak December 2020
19	Ngo Edele	F	42	Caregiver	Single Parent	Secondary	Ngousso December 2020

20	Mme Mbojoh Victorine	F	63	Ethno-medical health professional	Married	Secondary	Messasi December 2020
21	Mme Kengne Murielle	F	25	Mother	Married	Secondary	Olembe December 2020
22	Mme Ahmadou	F	28	Mother	Married	Primary	Emana January 2021
23	Mme Tankeu Christelle	F	27	Mother	Married	Secondary	Efoulan January 2021
24	Mr Timo Charlie	M	34	Caregiver	Married	Secondary	Bonnass January 2021
25	Mme Nguedjiyie Marie	F	43	Caregiver	Married	Secondary	Kondengui January 2021
26	Mme Abomo Messina	F	32	Mother	Married	University	Tsinga January 2021
27	Mr Tchengue Charle	M	32	Caregiver	Married	Secondary	Efoulan February 2021
28	Mewosso Yvette	F	39	Mother	Divorced	Secondary	Melen February 2021
29	Mewosso Gaelle	F	33	Mother	Single Parent	Secondary	Melen February 2021
30	Mengue Joseline	F	29	Mother	Single Parent	Secondary	Elig-Effa February 2021
31	Ngiaro Celestine	F	23	Mother	Married	University	Mvog-Ada February 2021
32	Mme Sandjeu Arielle	F	26	Mother	Married	University	Mendong February 2021
33	Mr Abega Jean	M	54	Ethno-medical health professional	Married	Secondary	Mendong March 2021
34	Penka Irene	F	34	Mother	Single Parent	University	TKC March 2021
35	Mme Tsayo Valerie	F	33	Mother	Married	Secondary	Rond point Express March 2021
36	Nyoh Gerald	M	36	Faithbased healer	Single	University	Mendong March 2021
37	Pastor Gregory	M	39	Faithbased healer	Married	Secondary	Biyem Assi April 2021
38	Ayoni Ethel	F	37	Mother	Married	Primary	Tam Tam April 2021
40	Aboya Marie	F	21	Student	Single	University	Cite Verte April 2021
41	Mbassi Liliane	F	35	Nurse	Single Mother	University	Mokolo April 2021
42	Fnny Okalla	F	32	Caregiver	Single Parent	Secondary	Nkolbisson May 2021
43	Diane Linda	F	39	Student	Married	University	Tongolo May 2021
44	Um Linzenge	F	33	Student		Secondary	Etoudi May 2021
45	Yolande Ndòsi	F	29	Caregiver	Married	Secondary	Kondengui May 2021
46	Liyshisha Bongo	F	23	Caregiver	Single Parent	University	Mimboman June 2021

47	Gracie Bahanag	F	26	Student	Single Parent	University	Emombo June 2021
48	Aïcha Wabou	F	54	Caregiver	Married	Secondary	Mvog-Mbi June 2021
49	Sakina Baliaba	F	34	Mother	Married	University	Efoulan July 2021
50	Edward Diwedi	M	33	Student	Single Parent	Secondary	Nkomo July 2021
51	Marthe Bapetel	F	36	Mother	Married	University	Obili July 2021
52	Achille Embolo	M	39	Caregiver	Married	University	Nsimeyong August 2021
53	Gbadio Ezwa	F	37	Caregiver	Married	Secondary	Awae August 2021
54	Néo Ndzie	F	21	Student	Single	University	Essos September 2021
55	Éliane Ebwélé	F	35	Mother	Married	University	Quartier Fouda September 2021
56	Martine Abanda	F	32	Student	Single Parent	University	Oyom-Abang October 2021
57	Raya Tigna	F	39	Mother	Married	University	Nkolbisson October 2021
58	Alban Kabange	M	33	Student	Married	University	Simbock November 2021
59	Stéphanie Elombè	F	29	Student	Married	University	Etoug-Ebe December 2021
60	Belti Kimya	F	23	Student	Single	University	Elig-Effa January 2022

APPENDIX

1. Informed Consent Form
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Appendix 1: Informed Consent Form

UNIVERSITÉ DE YAOUNDÉ I
UNIVERSITY OF YAOUNDE I

CENTRE DE RECHERCHE ET DE FORMATION DOCTORALE EN SCIENCE HUMAINES, SOCIALES ET EDUCATIVES
****
UNITE DE RECHERCHE ET DE FORMATION DOCTORALE EN SCIENCE HUMAINES ET SOCIALES
****
DEPARTEMENT OF ANTHROPOLOGIE
****

POST GRADUATE SCHOOL FOR THE SOCIAL AND EDUCATIONAL SCIENCES
****
DOCTORAL RESEARCH UNIT FOR SOCIAL SCIENCES
****
DEPARTMENT OF ANTHROPOLOGY
****

This Informed Consent Form is for health care providers, women and members of the community, who we are inviting to participate in this academic research, titled "Culture and Pregnancy Termination in Yaounde: A contribution to Medical Anthropology.

My name is **Awah Kum Tchouaffi** and I am a PhD student at the Department of Anthropology of the Faculty of Arts, Letters and Social Science of the University of Yaoundé

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)
- You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am **Awah Kum Tchouaffi** a PhD student at the Department of Anthropology of the Faculty of Arts, Letters and Social Science of the University of Yaoundé. I am doing research on Pregnancy Termination which is very common in this country and in this region. I am going to give you

information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or of my supervisor.

Purpose of the research

The purpose of this PhD thesis titled "Culture and Pregnancy Termination in Yaoundé-Cameroon: A Contribution to Medical Anthropology" is to explore and understand the cultural and social aspects surrounding the practice of pregnancy termination in Yaoundé, the capital city of Cameroon. Through a comprehensive examination of cultural norms, beliefs, and practices, this research seeks to contribute to the field of medical anthropology by shedding light on the sociocultural factors influencing women's decisions to terminate pregnancies in this specific context.

Type of Research Intervention

This research will involve your participation in an interview that will take about one hour.

Participant Selection

You are being invited to take part in this research because we feel that your experience as a health worker (or as a mother, or as a responsible citizen) can contribute much to our understanding and knowledge of Pregnancy Termination.

- **Example of question to elucidate understanding:** Do you know why we are asking you to take part in this study? Do you know what the study is about?

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive at this Centre will continue and

nothing will change. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

- **Examples of question to elucidate understanding:** If you decide not to take part in this research study, do you know what your options are? Do you know that you do not have to take part in this research study, if you do not wish to? Do you have any questions?

Procedures

We are asking you to help us learn more about newborn care in this health facility. We are inviting you to take part in this research project. If you accept, you will be asked to participate in an interview with myself. During the interview, I will sit down with you in a comfortable place of your choice. If it is better for you, the interview can take place in a place of your preference. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except Awah Kum Tchouaffi will access to the information documented during your interview. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The tape will be kept safe with a password and encryption if hacked. The information recorded is confidential, and no one else except Awah Kum Tchouaffi will have access to the tapes. The tapes will be destroyed after 8 weeks of data collection.

Duration

The research takes place till the researcher attains data saturation. During that time, we will visit you two times for interviewing you at one week interval and each interview will last for about one hour each.

- ***Examples of question to elucidate understanding:*** *If you decide to take part in the study, do you know how much time will the interview take? Where will it take place? Do you know that we will be sending you transport to pick you up from your home? Do you know how much time will the discussion with other people take? If you agree to take part, do you know if you can stop participating? Do you know that you may not respond to the questions that you do not wish to*

respond to? Etc. Do you have any more questions?

Risks

We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about Pregnancy Termination.

Reimbursements

You will not be provided any incentive to take part in the research. However, we will acknowledge you in the final work for your time.

- ***Examples of question to elucidate understanding:*** *Can you tell me if you have understood correctly the benefits that you will have if you take part in the study? Do you have any other questions?*

Confidentiality

The research being done in the Hospital Facility may draw attention and if you participate you may be asked questions by other people in the Health Facility. We will not be sharing information about you to anyone. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and passkey. It will not be shared with or given to anyone except my research supervisor. who will have access to the information.

You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

Part II: Certificate of Consent

This section must be written in the first person. It should include a few brief statements about the research and be followed by a statement similar the one in bold below. If the participant is illiterate but gives oral consent, a witness must sign. A researcher or the person going over the informed consent must sign each consent. Because the certificate is an integral part of the informed consent and not a stand-alone document, the layout or design of the form should reflect this. The certificate of consent should avoid statements that have "I understand…." phrases. The understanding should perhaps be better tested through targeted questions during the reading of the information sheet (some examples of questions are given above), or through the questions being asked at the end of the reading of the information sheet, if the potential participant is reading the information sheet him/herself.

Example: I have been invited to participate in research about malaria and local health practices.

(This section is mandatory)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

If illiterate [1]

[1] A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness_____ Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1.

2.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

Appendix 2: INTERVIEW GUIDE

Introduction

My name is **Awah Kum Tchouaffi** and I am a PhD student at the Department of Anthropology of the Faculty of Arts, Letters and Social Science of the University of Yaoundé 1.

I am contacting you because I am conducting a study on the termination of pregnancy and I would like to ask you some questions.

Please be assured that any information you may provide me will remain strictly confidential and will only be used for the study.

The objective of this study is to collect data on the termination of pregnancy in Yaoundé for academic purposes to acquire a PhD in Anthropology.

1) **Identification / Demographic Data**
   - Name
   - Date of Birth
   - Region of Origin
   - Marital Status
   - Occupation
   - Address
   - Sex

2) **Establishing Background Information:**

   1. Can you briefly describe your background and involvement in the topic of pregnancy termination in Yaoundé?
   2. Have you had any personal experiences or encounters related to the subject of pregnancy termination in Yaoundé?

3) **Understanding Representations of Pregnancy Termination:**

   3. How do people in Yaoundé generally view pregnancy termination?
   4. Are pregnancy terminations considered acceptable or taboo in Yaoundé's culture?
   5. What are some common beliefs, attitudes, or stigmas associated with pregnancy termination in Yaoundé?

4) **Exploring Etiologies of Pregnancy Termination:**

   6. In your opinion, what are the major reasons or causes that lead to pregnancy termination in Yaoundé?
   7. Are there any cultural or societal factors that contribute to the prevalence of pregnancy termination in Yaoundé?

5) **Experiences of Agents Involved in Pregnancy Termination:**

   8. Can you describe the experiences of individuals directly involved in the pregnancy termination process in Yaoundé?
   9. How are decisions made regarding whether or not to terminate a pregnancy in Yaoundé?
   10. Are there any particular challenges or obstacles faced by those seeking or providing pregnancy termination services in Yaoundé?

6) Biomedical and Ethno-medical Technologies Used:

11. What are the common biomedical technologies or medical procedures used for terminating pregnancies in Yaoundé?
12. Are there any ethno-medical or traditional methods utilized for pregnancy termination in Yaoundé?

7) Cultural Constructions of Pregnancy Termination:

13. How do cultural beliefs and practices influence the perspective of pregnancy termination in Yaoundé?
14. Are there any cultural rituals or customs associated with the process of pregnancy termination in Yaoundé?
15. How do gender roles and power dynamics affect the perception and handling of pregnancy termination in Yaoundé?

Appendix 3: Observation Guide

OBSERVATION SCHEDULE

Observation:

1. Setting:
   - Describe the physical environment of the observation location (e.g., clinics, hospitals, community centers).
   - Note the demographic characteristics of the participants, such as age, gender, and socio-economic status.
2. Representation of Pregnancy Termination:
   - Observe conversations and interactions among individuals in public spaces, such as markets, parks, or public transportation.
   - Note common beliefs, attitudes, and opinions related to pregnancy termination.
   - Pay attention to any cultural symbols, ceremonies, or rituals associated with this topic.
3. Etiologies of Pregnancy Termination:
   - Observe healthcare providers or traditional healers in their respective settings (e.g., clinics, traditional medicine centers).
   - Document the explanations given by these agents regarding the causes or reasons for pregnancy termination.
   - Note any differences in etiologies between biomedical and ethno-medical perspectives.
4. Experiences of Agents Involved:
   - Engage in conversations with healthcare providers, traditional healers, and individuals who have undergone or participated in pregnancy termination.
   - Use open-ended questions to explore their experiences, challenges, and motivations.
   - As an observer, take note of non-verbal cues, emotions, and personal perspectives.
5. Biomedical and Ethno-medical Technologies:
   - Observe healthcare facilities, clinics, or hospitals where pregnancy termination procedures are conducted.
   - Note the biomedical technologies used, such as medication, surgical procedures, or counseling sessions.
   - Observe the practices of traditional healers and document traditional remedies, herbs, or rituals used for pregnancy termination.
6. Cultural Constructions:
   - Attend community gatherings, religious ceremonies, or traditional events where cultural beliefs about pregnancy termination are expressed.
   - Observe any performances, storytelling, or messages conveyed regarding this topic.
   - Note the role of social norms, cultural values, and gender dynamics in shaping the cultural constructions of pregnancy termination.

Conclusion:

- Summarize the key findings from the observation.
- Reflect on potential patterns or themes that emerged from the data.
- Consider any limitations or challenges encountered during the observation process.

Appendice 4: Head of Department Research Authorization

UNIVERSITÉ DE YAOUNDÉ I
THE UNIVERSITY OF YAOUNDE I

FACULTE DES ARTS, LETTRES ET SCIENCES HUMAINES

DEPARTEMENT D'ANTHROPOLOGIE

FACULTY OF ARTS, LETTERS AND SOCIAL SCIENCES

DEPARTMENT OF ANTHROPOLOGY

Yaoundé, le 11 SEP 2020

AUTORISATION DE RECHERCHE

Je soussigné, Professeur **Paschal KUM AWAH**, Chef du Département d'Anthropologie de la Faculté des Arts, Lettres et Sciences Humaines de l'Université de Yaoundé I, atteste que l'étudiant AWAH KUM TCHOUAFFI, Matricule 13A174 est inscrit en Master dans ledit Département. Il mène ses travaux universitaires sur le thème : ***«culture and abortion in Yaounde-Cameroon : a contribution to Medical Anthropology»*** sous la direction du **Pr. SOCPA Antoine.**

A cet effet, je vous saurais gré des efforts que vous voudriez bien faire afin de fournir à l'intéressé toute information en mesure de l'aider.

En foi de quoi la présente autorisation de recherche lui est délivrée pour servir et valoir ce que de droit.

Le Chef de Département

Pr. Paschal Kum Awah

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