

## INDUCED ABORTION IN A GHANAIAN FAMILY

Wolf Bleek

There is considerable evidence that induced abortions account for a great deal of the decline in birth rate or slowing down of the growth in birth rate in a number of countries such as Japan, the USSR, Hungary, the other East European countries, Korea, Taiwan, Chile, and Uruguay. Tietze and Lewit (1969: 21) wrote: "Abortion is still the most wide-spread, and the most clandestine method of fertility control in the modern world." In Ghana public opinion also suggests that induced abortion is the most widespread method of fertility control.\* Whether this is true is difficult to ascertain, because induced abortion in Ghana is certainly, as Tietze and Lewit wrote, "the most clandestine method." It is forbidden by law and is generally condemned by the people. Usually, therefore, abortions<sup>1</sup> are performed in secret, which renders research extremely difficult. Ironically, however, the secret character of abortion makes the need of investigation even more urgent, because illegally performed abortions tend to cause the gravest medical complications.

To my knowledge, no one has yet made a scientific estimate concerning how often and under what circumstances induced abortion occurs in Ghana, and what its consequences are. I do not intend to make such an attempt either. My sole intention is to look at induced abortion in the context of a single Akan matrilineage in order to gain a more realistic insight into the conditions that lead to abortion, the ways it is practiced, and the reaction to it by the people concerned. This paper will, therefore, have little value for demographers who require statistical evidence. At best it may suggest a number of hypotheses about the incidence of induced abortion in Ghana and thus encourage further research.

### INDUCED ABORTION AMONG THE AKAN: PAST AND PRESENT

The Akan (about four million people) are a group of linguistically related societies such as the Asante (Ashanti), Fante, Akuapem, and Kwahu. The first to mention some kind of "abortion" in Akan culture was Rattray (1927: 56), who wrote that when delivery was difficult, the woman had to confess with whom she had committed adultery, but if this did not help ". . . it is legitimate (at any rate at the present day) to bring about abortion in order to save the mother's life, which is supposed to be endangered should nature be allowed to take her course. The means employed would be 'the drinking of medicine,' a decoction of the leaves called in Ashanti *abiniburu* (*Alternanthera repens*), mixed with salt." In the same context Rattray (1927: 55) mentions the power of witches and other

supernatural beings to cause abortion among their enemies. Another medicine, the pounded bark of the *opam* tree (*Indet*), mixed with eggs and cold water, is supposed to counteract this power. In both cases abortion is considered something evil: in the former it is the lesser of two evils; in the latter it is associated with witches and evil powers, which are used as metaphysical explanations for the misfortune of spontaneous abortion.

Twenty years later, in 1945, when Fortes carried out research in Asante, not much seemed to have changed. He (1954: 265) wrote that "The idea of an unwanted pregnancy in marriage is unheard of. An Ashanti country-woman would be horrified at the suggestion of an induced miscarriage. This applies even to an unmarried girl, provided she has celebrated the nubility ceremony. The only cases I heard of concerned married women empregnated in adultery, which is a very serious wrong against her husband . . ."

On the basis of Fortes' statement, Nag (1962: 219) decided to classify the Asante as having a low incidence of induced abortion. Nag's study appeared in 1962, but it seems that things have changed considerably since Fortes' survey of 1945. Old people in Kwahu, for example, confirm that abortion was never induced in their time, but that presently the opposite holds true. Abortion, together with sexual laxity and laziness, is one of the main items on the list when the elderly condemn the present-day society.

On 16 November 1970 the then ministerial secretary of health revealed in the National Assembly that 18,955 cases of abortion were handled by the hospitals in the country in the years 1967, 1968, and 1969. Those cases resulted in the death of 111 women. He stated that he did not know how many of these abortions had been illegally induced, but he thought that there was a high rate of illegal abortion in the country (*Daily Graphic*, 17 November 1970).

### RESEARCH METHODS

One way to investigate this phenomenon at a deeper level is to start from the hospital that treats the abortion cases. Ampofo has done such research in Korle Bu Hospital in Accra (Ampofo, 1971 and 1972). Although this approach has the advantage that the medical aspects can be studied, its use renders the social and demographic aspects much more difficult to determine. Another way is to start from the house, where the first step towards abortion, the unwanted conception, takes place, where the decision to abort is taken, and where sometimes the abortion itself is performed. Finally it should be realized that most abortion cases probably never reach the hospital.

The research to be described was carried out in a rural town of four thousand inhabitants in the Kwahu area of Ghana. The Kwahu are in their tradition, history, and language very closely related to the Asante. Information was collected on conjugal unions, sexual life, and attitudes and practices concerning birth control (see Bleek, 1976). A few questions referred to the incidence of induced abortion.

Nearly two hundred women between the ages of eighteen and forty-five were interviewed during their visit to the local child welfare clinic. One hundred men were approached with a similar questionnaire, some of them at the clinic while they were waiting for the doctor, but the majority in town through quota sampling. Finally 23 men and 19 women, all members of one matrilineage, were interviewed. I knew them all personally as I had been staying with that lineage for one year and had interviewed them before on other topics. The purpose of this new series of interviews was to check the reliability of the information of the two other

groups and to create a possibility of in-depth analysis by viewing induced abortion within the context of the entire life histories of the respondents.

It was to be expected that information about certain intimate aspects of the respondents' private lives would not be easily obtainable. Induced abortion was one of them. In his family research among the urban elite of a few years ago, Caldwell (1968: 161) even omitted the topic of abortion altogether for fear of endangering his entire research. The cabinet had then just imposed the death penalty for abortion. Although the death penalty was abolished in 1969, abortion is still a crime, thus making it difficult for people to admit involvement with it.

Westoff (1965: 113), in a discussion following a paper on abortion in Peru, remarked optimistically, "There is virtually nothing that cannot be asked as long as it is placed within a proper context, such as an antiseptical biological framework." With that optimistic view we employed six Ghanaian nurses who interviewed the 179 women at the clinic. They wore uniforms and in the introduction they assured the women that the information they were going to ask was meant for the doctors and nobody else.<sup>2</sup> The tactics failed. There were even two women who asked the nurses if they worked for the police. Only eight of them (14 percent of the total) admitted ever having caused abortion.

For the sample of the men we followed the line of friendship and familiarity. Part of the sample was interviewed by two male Ghanaian interviewers. They knew many of the respondents personally as they were living in the same town. I took the other part of the sample. Since I had lived in the center of town for more than a year, I was known to all of them and was treated very cordially by most. In this sample 14 reported that they had assisted their wife or girl friend to obtain an abortion. The apparent abortion rate rose to 14 percent. In addition, the taped follow-up interviews provided valuable information about the circumstances under which the abortion had taken place and the methods which had been used.

The apparent abortion rate rose still higher when I interviewed the 42 members of the matrilineage: 11 of them admitted having caused abortion at least once and two reported having attempted it in several ways. Additional background information was culled from these interviews.

Finally, in a very intensive interview with one lineage member who was always particularly friendly and open to me, I went over a list of 55 lineage members. He indicated that 13 of them, including himself, had participated in an abortion at least once. These 13 would make 23.6 percent of the total of 55.

From these 13, 11 belonged to my sample of 42 and of these 11, 5 had admitted abortion to me already, leaving 6 who had failed to report it. After further investigation I decided that two of these accusations<sup>3</sup> were doubtful and omitted them. I added the 4 others to my 11 admitted participants, making a total of 15, which is 35.7 percent. It is further worth noting that the informant did not know about 6 of the 11 persons who had admitted abortion to me, one being his real sister's daughter. This may be an indication how valuable and confidential the information was. Table 1 gives a breakdown of the lineage members in participants and non-participants in abortion.

The research methods described here suggest that information on induced abortion may not be given so easily in a clinical situation as might be expected. A friendly interview in a more relaxed situation is probably more successful. Doctors meet unwillingness in their patients to "tell the whole story," even if they threaten that they cannot help them unless they know what has happened. For the same reason, women are reluctant to go to the hospital with complications of induced abortion.

TABLE 1  
Participants and Non-Participants in Abortion by Sex

Participants	Men	Women	Total
Admitted abortion	5 (22%)	6 (32%)	11 (26%)
Suspected of abortion	—	4 (21%)	4 (10%)
Non-participants	18 (78%)	9 (47%)	27 (64%)
Total	23 (100%)	19 (100%)	42 (100%)

Ampofo interviewed 330 abortion patients in the hospital. Of these, 83 (25.1 percent) admitted induced abortion. It is virtually impossible to estimate the accuracy of this figure. There are some medical indications of induced abortion such as tetanus and perforation of the uterus, but those cases are few (Ampofo, 1971: 84). Thus the actual number of induced abortions can only be estimated. Ampofo (1971: 89) suspects, for example, that the group of traders "indulges more in illegally induced abortion, but they did not admit it when asked." It is likely that these women would be more willing to "talk" when everything is over. Apart from this, the much larger group of participants who are not admitted to the hospital, remains an entirely unknown quantity.

#### INCIDENCE OF INDUCED ABORTION IN THE LINEAGE

There are strong indications that the information on induced abortion as given in the two larger samples is not reliable. In the course of this paper I shall, therefore, almost exclusively deal with induced abortion in the matrilineage. It is obvious that the small number of respondents (42) and the random character of their selection inhibit statistical analysis and comparison. It is not altogether unlikely, however, that the situation in this particular lineage is to be found in other lineages as well. In other words, the figures for this lineage may also roughly apply to a larger group of rural Akan. In view of this, it may be useful to present the apparent incidence of induced abortion in the lineage in the form of commonly used ratios.

There are several methods of calculating the frequency of induced abortion. Some authors are of the opinion that the number of people inducing an abortion is more relevant than the number of abortions induced by these people, for it is a well known fact that someone who has caused abortion once is likely to do it again (Requena, 1968: 795; Armijo and Monreal, 1965: 265). For them the appropriate measure is the number of women having obtained an abortion per one hundred ever-pregnant women. Others, who are more concerned about the impact of abortion on fertility will use the ratio of abortions per one hundred pregnancies or per one hundred live births, but they should beware of assuming what Davis (1963: 346) has termed "the statistical illusion," that every abortion prevents one live birth.

In Table 2 these three measures have been applied to the lineage under study. Men who have impregnated a woman will here be regarded as "pregnant men." It is unusual to approach abortion from the male side, but it is worth while trying. The male partner usually plays an important role in the decision making. Being older and more experienced, he often takes the initiative (see case 1). Men who took an active part in terminating a pregnancy for which they were responsible have been included in the list of participants. When the abortion took place without

TABLE 2  
Apparent Induced Abortion Rates in the Lineage by Sex of Respondants

	Number of ever pregnant (wo)men	Number of pregnancies	Participants in induced abortion	Number of induced abortions	Participants in induced abortion per 100 ever pregnant (wo)men	Induced abortions per 100 pregnancies
Men	21	103	5	13*	23.8	12.6
Women	19	91	10	16**	52.6	17.6
Total	40	194	15	29	37.5	14.9

\*Two without knowledge of men and two not admitted.

\*\*Eight not admitted.

their knowledge or against their will, they have been excluded, but the abortion itself was put on the list, since it meant the termination of "male pregnancy."

We have selected two cases of abortion to give some idea of the wider social context in which it takes place. The cases present two common reasons for abortion: continuation of education (case 1) and spacing of births (case 2). Other common features of abortion which are shown by these cases are its unlawful character, the risk of complications, the use of unreliable contraceptives, and the involvement of school and teachers.

*Case 1. A Teacher.* Ntim is a teacher, 32 years old. At the age of 24 he was teaching in a primary school somewhere in Kwahu. He fell in love with a girl of 16 who was a pupil of the middle school. The girl told him that she did not want to become pregnant and Ntim bought "Apiol and Steel" for her, an (alleged) contraceptive.<sup>4</sup> Ntim says, "I was there when she took them but somehow the pills failed. After the girl had discovered that she was pregnant she came to me saying that she was a schoolgirl and if the parents would hear about it, it would affect the two of us. So it would be better to have an abortion and I should help her. So I gave her money. She bought medicines and caused the abortion. I did not know that kind of medicine.

"After the abortion the girl started to bleed and her brother saw it. He asked her questions and the girl mentioned my name. The brother came with some policemen to the town to trace me. They searched my room but did not find anything. I was taken to the police station and the grandfather of the girl, who is very rich, wanted me to be jailed. He gave gifts to the policemen to put me in prison. My uncle came between and the case was settled. I had to pay a fine; altogether it was about \$100 (others claim it was \$300). My mother paid [sic] for me."

The girl was admitted to a hospital where she remained for two days. According to Ntim, the pregnancy was two months old when the abortion took place.

Ntim continues: "I was even informed that later on the case had to appear before the court at K. I was then at college and I came back from college to contact the police. They told me that I had to see the chief judge at K. When I saw him he told me that he would dismiss the case if I gave him a certain amount. My mother paid \$70 and in 1966 everything was finished and I went back to school."

This was the only abortion that developed into a police case. In spite of its unlawfulness abortion crime rarely appears in the police court. No case was reported to the police of this town in the six months preceding the research. This is the more surprising when we take into account that several additional towns

come under the jurisdiction of the same police station. One case of a young woman who died after an abortion attempt did not reach the police station, although the whole town was talking about it. Practitioners of abortion—I knew six of them in this small town—can carry on with their business without fear of the police. Abortion is, however, busily discussed in the family courts. A reason why the police are systematically kept outside may be their ineffectiveness and corruption, which was demonstrated in case 1. It is not unusual for both parties to be cheated for money by the police after a complaint has been lodged for the case itself to be hushed up.

*Case 2. A Young Woman.* "After my first child I became pregnant again from the same man. The child was still very young. I did not like to have another child so soon and decided to remove it. My 'husband' (a friend) agreed. The pregnancy was only one month old. I took six Alophen pills,<sup>5</sup> three consecutive days two pills and after four days it came. When it came, much blood came with it, but it was later that I felt sick and went to the clinic for treatment. I don't think the nurse saw where my sickness came from; at least, she did not ask me any questions. If I became pregnant again, I shall not remove it, because I want to have four children and I have only two."

This young woman is now 24. Her second child was born shortly after the abortion, and is now 5 years old. It is not probable that she will have any more children.

After the relationship with the father of her two children broke off, she moved to Accra where she earned a living by prostitution and petty trading. Her grandmother looked after the two children.

#### ATTITUDES TOWARD ABORTION

Traditionally the idea of induced abortion was gruesome to the Akan. I have cited Fortes before. All old people I interviewed agreed with him. They unanimously assured me that induced abortion did not exist in the past. None of them had ever heard of a case. A very old man added that if you did such a thing and were found out, you were considered to have committed a murder and were taken to the chief to be punished. Whether this is a correct historical account or not, it certainly reveals the attitude of the present elderly generation toward abortion in the past.

This attitude is closely linked with ideas about fertility in the past. The old informants emphasized that the desired family size was unlimited. Many children died young, so that a woman had to bring forth as many children as possible to be sure that enough would survive. Moreover, food and meat were plentiful and children started taking part in the production process at an early age. Even when a woman brought forth quickly in succession, something which is ridiculed nowadays, people liked it, according to some. At any rate, spacing of children was not consciously pursued, as some scientists assume about pre-industrial societies (Neel, 1970: 27), and was observed for example among the Tswana (Schapera, 1955:27) and some other societies (Douglas, 1966).

Another important reason why induced abortion was not considered in the past is the fact that illegitimacy did not exist. In societies where legitimacy is highly valued, an illegitimate or premarital pregnancy is prone to be aborted (Japan: Muramatsu, 1960:161; USA: Heer, 1965: 535). In Akan society illegitimacy formally plays no role; a child is automatically incorporated in the lineage of the

mother, whether she is married or not, but it cannot be denied that some kind of stigma is nevertheless attached to a fatherless child.

Some of the old people considered abortion as murder. This is remarkable for two reasons. First, because in the Akan tradition a child only becomes a human being on the eighth day after birth. "This means that the reason for deploring abortion cannot be murder of human life in utero" (Ampofo, 1971: 100). Secondly, the practice of infanticide was not uncommon in Asante and thereabouts. Infanticide, however, was only practiced when the child was deformed or had other qualities which prevented it from fully becoming a human being. Abortion, however, is unnecessary killing and this is most likely the reason that some of the older people referred to it as murder.

Three questions in the survey deal with the attitude toward induced abortion. The first is an open question and is of more practical or technical nature: (1) Which method of birth-control is the worst and why? The two other questions are closed and ask for a rather moral judgment: (2) Some school girls cause abortion when they become pregnant. Good or bad? (3) Some married women cause abortion when they become pregnant. Good or bad?

TABLE 3  
Which Method of Birth-control is the Worst?  
(percentage in parentheses)

	Abortion is the worst	Abortion is not the worst	Total
Participants*	10 (59)	7 (41)	17 (100)
Non-Participants	22 (92)	2 (8)	24 (100)
Total	32 (78)	9 (22)	41 (100)**

\*Two who attempted abortion but failed included.

\*\*One woman, non-participant, had no idea. She has been excluded.

It was to be expected that participants would have a more positive opinion about abortion than non-participants, but the majority is still critical of abortion and think it is a very bad and dangerous method (Table 3). The statement, "I shall never do it again" is often heard from them, but it is doubtful whether this is true. On the contrary, unless they have had serious medical complications, they are likely to do it again. The more often one has caused abortion, the less chance there is that (s)he will call abortion the worst method. One woman found abortion the best method; she had had three abortions. Women in the lineage have a more positive attitude toward abortion than men (Table 4).

The change of attitude towards abortion evidently starts from the younger generation (Table 5). More than one-third of the respondents under 25 think that abortion is not the worst method. This proportion decreases in the 25-39 category and disappears completely among those of 40 years and older.

Thirty-two people condemn abortion as the worst method of birth-control. Table 6 reveals that only three of these referred to the killing of the fetus and used the expression of "murder." Ten gave no reason and twenty mentioned the danger for the woman concerned. They used expressions such as "It spoils the womb" or "it can cause death."

The data strongly suggest that the opposition to abortion in this lineage is not so much based on objections to abortion itself (termination of the pregnancy/killing of the fetus), rather on objections to the manner in which abortion is usually

TABLE 4  
Which Method of Birth-Control is the Worst?  
(percentage in parentheses)

	Abortion is the worst	Abortion is not the worst	Total
Men	20 (87)	3 (13)	23 (100)
Women	12 (67)	6 (33)	18 (100)
Total	32 (78)	9 (22)	41 (100)*

\*One woman (non-participant) excluded.

TABLE 5  
Which Method of Birth Control is the Worst?  
(percentage in parentheses)

	Abortion is the worst	Abortion is not the worst	Total
Under 25	7 (64)	4 (36)	11 (100)
25-39	20 (80)	5 (20)	25 (100)
40 and over	5 (100)	—	5 (100)
Total	32 (78)	9 (22)	41 (100)*

\*One woman (non-participant) excluded.

TABLE 6  
Reasons why Abortion is Considered the Worst Method of Birth-control  
(percentages in parentheses)

	Participants	Non-Participants	Total
It is dangerous, can cause sickness/death	5 (50)	15 (65)	20 (61)
It is murder of the child	—	3 (13)	3 (9)
No reason	5 (50)	5 (22)	10 (30)
Total	10 (100)	23 (100)	33 (100)*

\*One double reason included.

TABLE 7  
Approval/Disapproval of Abortion

	Approved of	Disapproved of	Total
For school girls	5	37	42
For married women	4	38	42

practiced in Ghana. Most people identify abortion with quack doctors and herbs (*abibiduru*). If abortion were to be practiced by qualified doctors without risks of morbidity, the opposition to abortion would probably be less. A rather large proportion of the respondents showed a great confidence in doctors. They spontaneously remarked, "Whatever the doctor will do is good." If the responses in this lineage are, to some extent, representative of contemporary Akan thinking, it can be presumed that legalization of abortion in Ghana will meet with little moral opposition (cf. Ampofo, 1971: 101). Adherence to Christian churches hardly seems to make any difference.

That the majority of the lineage is still opposed to abortion on moral grounds (Table 7) should probably be seen in the same light: rejection being because of morbidity and other reasons, but not because of fundamental objections. The moral acceptance of abortion is again most prevalent among those who obtained an abortion, among the women and among the young.

The respondents made little distinction between abortion for a school girl or a married woman. They were not asked for reasons, but when they gave one spontaneously it was written down. Those rejecting abortion mentioned the danger of sickness and death and "perhaps she can never get children anymore." Those approving of abortion by the married women gave the condition that she should have enough children before having an abortion. One respondent from the town sample (male) remarked that a school girl may cause abortion "only when she is a bright student." He referred to the fact that school girls have to stop schooling when they become pregnant. This regulation has contributed substantially to the sudden emergency of abortion.

#### CHARACTERISTICS OF PARTICIPANTS IN ABORTION

##### Age

One of the most striking features of those having obtained an abortion is their young age (Table 8). Almost half of the respondents under 25 had had an abortion, whereas no one over 40 had.<sup>6</sup> The young are also more open about it. The average age of those who admitted having had an abortion was 25.4 (only one over 30); those who concealed abortion were 31 on average and those who never caused abortion almost 35. The average age of the total group was 32. It should also be taken into consideration that many of those who caused abortion are now over 25, were much younger at the time of abortion (see Table 11).

TABLE 8  
Participants and Non-Participants in Abortion by Age  
(percentages in parentheses)

	Under 25	25-39	40 and over	Total
Participants (admitted)	4 (36)	7 (27)	—	11 (26)
Participants (suspected)	1 (9)	3 (12)	—	4 (10)
Non-Participants	6 (55)	16 (62)	5 (100)	27 (64)
Total	11 (100)	26 (100)	5 (100)	42 (100)

**Parity**

Table 9 seems to suggest that in the lineage abortion is most common at the beginning of the fertile age. The first pregnancies are often not wanted. They come too early because the person does not want to marry yet, cannot support a family, wants to complete schooling, or simply does not yet want to be burdened with a child. The presence of the matrilineage, which could take care of the child, does not always convince the expectant mother to have the child. Men in particular are reluctant to bear responsibility for their unwanted pregnancies. They may attempt to circumvent this responsibility either by abortion or by desertion of the mother and child.

TABLE 9  
Abortion and Parity of Women by Sex of Respondent

	Male respondent	Female respondent	Total
No child	11	6	17
One child	1	1	2
Two or more children	1	6	7
Unknown	—	3	3
Total	13	16	29

**Education**

Table 10 shows a weak tendency for abortion to be practiced most frequently by those who have attended school but the higher percentages of literates among the participants can also be the result of their younger age. Most young people have attended at least a few classes of the primary school. There are, however, also indications that the school itself encourages the practice of abortion.

TABLE 10  
Participants and Non-Participants in Abortion by Education  
(percentages in parentheses)

	Participant	Non-Participant	Total
Uneducated	3 (25)	9 (75)	12 (100)
Educated	12 (40)	18 (60)	30 (100)
Total	15 (36)	27 (64)	42 (100)

In every sizeable rural town of Ghana there is at least one middle school. Its pupils, boys and girls, vary from 12 to 20 years. The school is the heart of the community; it organizes sport festivities which are attended by the whole town and carries out communal labor that formerly was initiated by the town elders. The school, as an institution where something is learned, is, however, often shockingly inefficient. Shortage of teaching materials and lack of education among the lowly paid teachers are the major causes.

The school is also a place where young people of both sexes meet. Sexual relationships between pupils or between teachers and pupils are frequent and may carry some informal social obligation. Since effective contraceptives are neither available nor known, girls become pregnant before they realize. If the pregnancy is from a teacher, it has to be covered up before the rumors start to spread (see case 1). If it is from another pupil or someone else, she is not willing to have the

baby either. Although she may be 17 or 18 years old, she is not yet ready for it, because she is still in school and wants to finish it, however little she learns. Stopping school would mean having to settle down in this rural place with the child and become a farmer or petty trader like the illiterates. It is exactly what most girls do not want. The ambition level of young people is very high. They dream of respectable jobs in the big towns or going overseas. Two-thirds leave their home town after finishing middle school. Pregnancy, therefore, is most unwelcome and abortion may offer a solution.

### Marital Status

The marital status can be another important index of the reasons for abortion, and is brought up in discussion by many sociologists writing on abortion. It is at the same time a very treacherous variable. In the first place, because the classification of sexual unions is difficult. There are no clearly defined types of sexual union which lend themselves for cross-cultural comparison. In the second place, because it is not always possible to trace the exact marital position of the respondent at the time of the abortion, which may have occurred many years ago. Nevertheless in Table 11 an attempt has been made, to trace the type of union at the time of abortion, and it can be said that the table is reliable on this point. The age of the respondent at the time of abortion has also been entered, although this had to be estimated in a few cases. Three cases were admitted because nothing was known about them. By "free marriage" we understand a publicly known and recognized union for which the customs have not been performed. "Friendship" stands for temporary unions without children, which are secret and sometimes do not differ much from paid sexual service.

TABLE 11  
Abortion Cases by Marital Status and Age of Participants  
at time of abortion  
(percentages in parentheses)

	Under 25	25-39	Total
Customary marriage	—	3 (27)	3 (12)
Free marriage	1 (7)	3 (27)	4 (15)
Friendship	14 (93)	5 (45)	19 (73)
Total	15 (100)	11 (99)	26 (100)*

\*Included two cases that happened without knowledge of [male] respondent; excluded three unknown cases.

There is no denying that abortion is chiefly an extra-marital, and probably a pre-marital, affair for young people. Only two abortions occurred in an "ordinary" marital situation. In the other case the woman found that she was pregnant a week after her husband had hanged himself. Even of the four free-marriage abortions only two can be regarded as taking place in an ordinary free marriage; the other two abortions happened in a very explosive and forced "free" marriage where the woman clung to the man against the man's will. Not less than 19 of the 26 recorded cases occurred entirely outside marriage and it may well be assumed that this is the normal situation in which induced abortion is resorted to. Young people are more and more reluctant to enter customary marriage and fly into temporary unions or friendships. Knowledge and use of contraceptives is fragmentary and the resultant pregnancies account for the greatest number of induced abortions.

The data suggest that lineage women in normal customary unions will most rarely take to abortion. If they do it is likely that they have pre-marital experience with abortion, as applies to at least one of the two cases in the lineage.

This extra-marital incidence of abortion in the lineage is not an isolated phenomenon. Similar developments have been reported from other, very different, societies, for example, Chile (Monreal and Armijo, 1968: 12), Czechoslovakia and East Germany (Mehlan, 1966: 225) and Switzerland (Roth and Hofer, 1963).

### KNOWLEDGE AND PRACTICE OF ABORTION

The knowledge of methods of abortion is staggering. It can be said without the slightest hesitation that members of the lineage know more about abortion than about contraception. It was made clear to me several times that particularly the young girls, those in middle school and slightly older, have an immense knowledge of herbs which can cause abortion, but which they may not be willing to tell me about.

How is it possible that common people, and not only specialized herbalists, have knowledge of so many herbs that cause abortion even though abortion was hardly practiced until a few decades ago. Two possible explanations were suggested to me. The first is that herbalists had used them for the therapeutical purpose of cleaning the uterus after childbirth or miscarriage, and that the present knowledge stems from this tradition. The other explanation says that some of the herbs were used in the past for evil purposes to cause abortion among one's enemies. For example, the jealous co-wife, who could not conceive children herself, might have resorted to this tactic. The present practice is said to have developed from this occult origin. Both suppositions find some support from Rattray (1927: 55).

We leave these two opinions for what they are worth and proceed to give the complete list of abortive methods as they were reported to us. Most of the methods were mentioned by lineage members, and a few were added by respondents from the male sample of the town. In the following list I have as far as possible maintained the terminology of the informants. Between parentheses I sometimes add my own explanations.

#### "Modern" Methods

1. D. and C. by doctor (dilation and curettage).
2. Instruments by midwives and "dispensers" (bougie? needle?)
3. Menstrogen pills or injection, obtainable in drugstores.
4. Mensicol capsules, to be taken with alcoholic drink (constituents: Apiol, Ergotin and Pennyroyal).
5. Alophen pills, obtainable in drugstores (constituents: Aloin BPC=15 mg/ Phenolphthalein BP=30 mg Prepared Ipecacuanha BP=4 mg/Strychnine BPC=0.25 mg/Extract of Belladonna Green BPC 1959=5 mg). (See Case 2.)
6. "Stone cracker" pills (?), taken preferably with alcohol.
7. Apiol and Steel, obtainable in drugstores (constituents: Pil.Aloes et Ferr. BPC 1949=gr. 4/Apiol-min.=0.0625). (See Case 1.)
8. Dr. Bongean's pills, obtainable in drugstores (const. Ergot, Apiol and Ferrous Sulphate).
9. Quinine ampuls (injection).
10. Ergot Metrin (?).
11. Primodos Forte (injection; const.: Progrestenone=50 mg/Oestradiol=3 mg); also Primodos Oral (pills) (the numbers 9-11 were mentioned by a farmer-dispenser).

12. APC tablets, take about 20.
13. Dr. Monroe Iodised Blood Purifier with certain (?) pills attached to it.
14. Gynavion pills (?).

### Herbs<sup>7</sup>

15. *Nkrangyedua (Jathropa Curcas)*;
  - a. The twig inserted into the uterus.
  - b. The leaves, ground, mixed with pepper and ginger, and applied as an enema.
16. *Nyana (Passiflora Foetida)*; the seeds, ground, mixed with *wisa* (see 41 and 42), made into a ball, inserted deeply (herbal pessary); others add gunpowder and castor oil.
17. *Menyenemenyeme* or “Milkbush” (*Thevetia Peruviana*); the twig inserted into the uterus.
18. Mango (*Magnifera Indica*); the leaves, ground, mixed with warm water, applied as an enema.
19. Pawpaw (*Carica Papaya*).
  - a. The roots, ground, boiled in water, applied as an enema; some add epsom salt.
  - b. The leaves, ground, mixed with unripe pineapple and sugar, taken as a drink.
20. Pineapple (*Ananas Sativus*);
  - a. The unripe fruit, cut into small pieces, boiled, sieved, sugar added and taken as a drink.
  - b. The leaves, ground, mixed with the unripe fruit, etc. (see a.).
21. *Aberewa sekan* (?); the leaves, boiled, mixed with cooked palmtree, ground, prepared as a soup and taken as a drink.
22. *Dubrafo (Grossera Vignei)*; the leaves.
23. Cotton (*Gossypium*);
  - a. The leaves, ground, mixed with pepper, applied as an enema; some add lime juice.
  - b. The roots, add *Kawu* (see 43), boiled and taken as a drink.
24. *opo* (?); the leaves, prepared as an enema.
25. Sugar cane (*Sacharium Officinale*).
26. *Ogyamma*<sup>8</sup> (*Alchornea Cordifolia*); the leaves, ground, mixed with milk and sugar and taken as a drink.
27. Ankwadao, lemon (*Citrus Acida*); the juice, mixed with an alcoholic drink, taken as a drink; it is also mixed with soft drinks, cotton leaves and other herbs.
28. *Onyankyera (Ficus Asperifolia)*; the roots, ground, mixed with water, *Wisa* (see 41-42) and pepper, applied as an enema.
29. Coffee (*Coffea*);
  - a. Taken as a drink with plenty of sugar.
  - b. The roots, boiled and taken as a drink.
30. Coconut (*Cocos Nucifera*); drink the juice with much sugar added.
31. Tigernuts (*Cyperus Esculentus*); eat plenty of them.
32. *Odum (Chlorophora Excelsa)*; used as a chewing stick.
33. *Nunum (Ocimum Americanum)*; used as a chewing stick.
34. Cassava (*Manihot Utilissima*); the leaves.
35. *Twoantwene* (?); the leaves.
36. *Ogawa* (?); the leaves.
37. *Onyina (Ceiba Pentandra)*; the leaves.
38. *Nnukurewa* (?); the roots, applied as an enema.

39. *Seantie* (?); the leaves, applied as an enema.
40. *Kampepe* (?); the leaves, used as a chewing stick.
41. *Sorowisa* (*Piper Guineense*); the seeds are added to several other herbs (e.g., 16 and 28).
42. *Famwisa* (*Aframomum Melegmeta*).

#### Other Methods

43. *Kawu* or *akaw* ( $\text{Na}_2\text{CO}_3$ ; Natron-Native with Carbonate of Sodium); is added to other herbs (e.g. 23); also mixed with APC and *Pito* (native beer).
44. Epsom salt; dissolved in boiled water, taken as a drink; it is also added to other ingredients.
45. *Kontokoli samina* (indigenous soap); mixed with water, applied as an enema.
46. Blue (washing blue); mixed with water, taken as a drink (is considered extremely dangerous by most informants).
47. Fanta, Cola, Portella and other soft drinks with much sugar added.
48. Beer; boiled and cooled down, taken as a drink.
49. Sugar; excess of sugar added to other ingredients (there is a general belief that sweet things induce an abortion).
50. Gunpowder; mixed with water and taken as a drink; also with other mixtures (see 16).
51. Tobacco; let it soak in *akpeteshie* (52) for some time, remove the tobacco and drink the *akpeteshie*.
52. *Akpeteshie* (locally distilled gin) or any other strong spirit; it is believed that intoxication is a favorable condition for abortion (cf. 51).
53. Severe beating or strong sexual intercourse; it is believed that extreme tiredness is conducive to abortion.

This list of 53 methods of inducing abortion can still be extended considerably by making combinations of two or three methods, as informants explained to me. This fantastic collection gives an impression of how intensely people are occupied with abortion or, in other words, with the problem of unwanted pregnancies. It is not a list of pretexts or fables to mislead the doctor when he asks them awkward questions; they honestly believe in them. It is not only the poorly educated or illiterates who believe in them, but also teachers and university students.

What is most remarkable is that the same respondents could hardly come up with a total of ten methods of contraception. It shows how much they concentrate on abortion rather than on contraception. Otherwise they would certainly have known many traditional or even imagined methods of contraception. A survey of middle schools in Central Kwahu and in the city of Accra also reveals that pupils are better informed about abortion than contraception (see Bleek, 1976).

Two important questions in reference to the methods are: (1) Which of the methods are effective? and (2) Which methods are dangerous? Answering these two questions is mainly a task for chemists and doctors. It is probable that a number of them must be attributed to the fantasy of the informants, but, on the other hand, we should not too easily reject as imagination that which has not been properly investigated. Research into the effects of herbs in particular is still in its infancy and it is not impossible that certain herbs which are commonly used by young people are as yet unknown to modern science.

Yet if certain methods cannot possibly cause abortion and some people claim they have used them, it means that they have never really obtained an abortion. The same point has been made by Ampofo (1971: 94). Tietze (1965: 277) has also

pointed out that some so-called abortions may be "supposed abortions of women who were not really pregnant." I must apply this suggestion to my own data. The "myth" of the efficacy of certain abortifacients may be kept alive as follows. When a woman is a few days or more over time with her menstruation she concludes that she is pregnant. Perhaps she starts taking some supposed abortifacients such as sugar or Fanta, and, if after some time the menstruation follows, it is concluded that the method has worked and the myth is reaffirmed. If she is really pregnant and, therefore, the sugar does not work, she decides that she needs a stronger method, and so forth.

In table 12 we have listed the known methods of the 29 abortions in the lineage. Only 16 could be traced with some certainty. Of these 16 methods 8 will be plausible to doctors, whereas the remaining 8 may be suspect (viz. two enemas from pawpaw roots and one from a pineapple mixture, two Alophen, one *nyanya*, one *ogyamma* and, most implausible, one mixture of Milo and sugar).

<i>Plausible (8)</i>	
D&C . . . . .	1
Instruments . . . . .	3
Twig . . . . .	2
Injection . . . . .	2
<i>Implausible (8)</i>	
Pawpaw roots . . . . .	2
Alophen . . . . .	2
Nyanya . . . . .	1
Ogyamma . . . . .	1
Pineapple mixture . . . . .	1
Milo and sugar . . . . .	1
Unknown . . . . .	13

Looking more closely at these eight suspect cases, it is seen that some pose real problems. The woman who claims to have used the roots of the pawpaw tree says that the pregnancy was in each case two months old, and the young man who reported the use of the pineapple mixture even says his girl friend was three months pregnant. The young man in particular has always been very exact and reliable in his information. The other four cases are less certain. One woman who used Alophen pills (case 2) was only one month pregnant; hers can still have been a delayed menstruation. The same applies to the girl with the *ogyamma* herbs who was only three weeks pregnant when she caused the abortion. Of the remaining three cases we do not know the length of the pregnancy. The sugar-and-Milo case is of course most dubious, but the *nyanya* case, I think, was true. It happened during an earlier research period in the house where I was staying and it is unfortunate that I failed to note how old the pregnancy was. It is clear that much research is still needed in this area to explain certain phenomena, but the secretiveness surrounding the issue will remain a serious obstacle to sound investigation.

One may ask why, after all, I included some cases although I suspected that they were not genuine abortion cases. One may argue that these cases make up for other cases which, I am sure, have been concealed by the respondents. That, however, is not my reason for including them. This study primarily aspires to give an anthropological view of the practice of induced abortion. An anthropologist is interested in the social and cultural implications of human behavior. For example, not only the genitor, but also the pater is important. In a similar way, not only the real abortion but also the imagined abortion counts. Both are products of norm changes and, in turn, contribute towards it: both reveal something about the people's changing attitude towards pregnancy and fertility.

We should not forget to pay attention to the second question: Which methods are dangerous? This is another topic for research, a research that is extremely urgent when we take into account that the high rate of illegal abortion which was observed in this lineage may well pertain to a wider population. The dangers of the twig have been clearly set out by Ampofo (1971: 93). There is a general feeling in Ghana that many young women die unnecessarily from illegal abortion. Almost all respondents associate the practice of induced abortion with sickness and death. When a young woman dies, rumors immediately attribute this to abortion, more so than to witchcraft which is the usual explanation for a sudden death.

Of the 29 cases in the lineage, 9 ended without any complications, 2 with a slight sickness, seven with a quite serious sickness and we have no information about 11 of them. The two cases with the twig did not apparently cause any trouble. Unfortunately in five of the seven cases that caused serious complications I have no definite information as to which method was used. Of the two remaining cases one was performed with "instruments" and one with the seeds of the *nyanya*.

This study can, therefore, say very little that is conclusive about this aspect of abortion, but the high proportion of serious cases in the lineage and the generally acknowledged disastrous effects of abortion sufficiently underline the great danger that lies in this sudden uprise of unlawful and inexpertly practiced abortions.

### CONCLUDING REMARKS

Abortion is the most condemned method of birth control, but it is also the most widely used. Mothers try to keep their daughters away from it, but, when faced with an unwanted pregnancy, two mothers even incited their daughters to have an abortion. Abortion is another example of human inconsistency in the limitation of fertility (cf. Figa-Talamanca, 1972): attitude and actual behavior are not always congruent, at least not on the surface. The following points summarize the main themes of my argument, and offer some practical suggestions.

1. This study pertains to only one lineage and, in some respects, to only one rural community. Most conclusions, therefore, may not be held to be true for a wider population without further research.
2. The different methods which have been used in the various samples suggest that it is virtually impossible to collect reliable information on induced abortion and other more intimate topics in an ordinary large-scale survey.
3. Induced abortion in the lineage has become very frequent.
4. Abortion, hardly known in the past, is predominantly practiced by young people, with at least primary school experience, without children, in a pre-marital or extra-marital situation.

5. The thesis that illegitimacy of children does not exist among the Akan may be correct theoretically, but in practice it seems to play a role of some importance if we consider the high proportion of pre-marital and extra-marital induced abortions.
6. The unwillingness to bear a pregnancy to term is related to, and partially caused by, the reluctance of the present young generation to settle in an early customary union. The ambitions of the young lie outside the traditional sphere of the village where marriage and children used to provide social status. At the present time they are considered rather as a hindrance to success. Those men who nevertheless decide to marry, and to have children, or are caught in the web of marriage, usually prefer loose ties with partner and children and are often not much different from those who are not married and have no children.
7. It cannot be denied that the greatest need for contraceptives is felt at present by the young unmarried. Family planning agencies, however, neglect this fact, at least formally, and continue to direct their services to married couples. This policy will further increase the incidence of illegal abortions.
8. The question whether abortion should be de-criminalized and made more easily obtainable in certain circumstances should be more seriously examined (cf. Bentsi-Enchill, 1973). It is not likely that there are fundamental objections to it from the Akan world view.

#### NOTES

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1. Unless stated differently, "abortion" in this paper means "induced abortion."
2. I consider such a statement ethically correct as the results of the research are meant to benefit the health program in the country.
3. Accusations of abortion between lineage members should be dealt with cautiously in a situation where abortion is considered as evil. They may stem from ill feelings towards the accused person and take the form of slander or even witchcraft accusations. Abortion and still birth are frequently related to witchcraft.
4. Apiol and Steel is also used as an abortifacient (see section 6: A7).
5. Alophen was also the most popular "contraceptive" in that area. It is a stimulant which, according to some doctors, has no contraceptive qualities. For its constituents, see section 6: A5.
6. One case of abortion by a woman over 40 years of age was found outside the sample.
7. I am indebted to Mr. S. K. Avumatsodo of the Botany Department, University of Ghana, for identifying most of the herbs for me.
8. That same day a specimen of *ogyamma* was sent from the Korle Bu hospital to the Botany Department for identification. The patient had died after having used it for abortion.

#### REFERENCES

- Addo, N. O. et al. (eds.) (1971) *Symposium on Implications of Population Trends for Policy Measures in West Africa*. Ghana Population Studies No. 3. Legon: University of Ghana.
- Ampofo, D. A. (1971) "Abortion in the Accra Korle Bu Hospital: Demographic, Social and Medical Perspectives," pp. 79-105 in N. C. Addo et al. (1971).
- \_\_\_\_\_. (1972) "Abortion trend in Korle Bu Hospital." Paper for the Ghana Medical Association.
- Armijo, A. and T. Monreal. (1965) "The Problem of Induced Abortion in Chile." *Milbank Memorial Fund Quarterly* 43 (2): 263-72.
- Bentsi-Enchill, K. (1973) "Abortion and the Law." Unpublished paper. University of Ghana.

- Berelson, B. et al. (eds.) (1966) *Family Planning and Population Programs*. Chicago: University of Chicago Press.
- Bleek, W. (1976) "Sexual Relations and Birthcontrol in Ghana: A Case Study of a Rural Town."
- Caldwell, J. C. (1968) *Population Growth and Family Change in Africa; the New Urban Elite in Ghana*. Canberra: Australian National University Press.
- Cragg, J. B. and N. W. Pirie. (eds.) (1955) *The Numbers of Men and Animals*. Edinburgh: Oliver and Boyd.
- Davis, K. (1963) "The Theory of Change and Response in Modern Demographic History." *Population Index* 29: 345-66.
- Douglas, Mary. (1966) "Population Control in Primitive Groups." *British Journal of Sociology* 17: 263-73.
- Figa-Talamanca, Irene. (1972) "Inconsistencies of Attitudes and Behavior in Family-Planning Studies." *Journal of Marriage and the Family* 34: 336-44.
- Fortes, M. (1954) "A Demographic Field Study in Ashanti," pp. 225-339 in Lorimer (1954).
- Hawthorn, G. (1970) *The Sociology of Fertility*. London: Collier-MacMillan.
- Heer, D. M. (1965) "Abortion, Contraception and Population Policy in the Soviet Union." *Demography* 2: 531-39.
- Lorimer, F. (ed.) (1954) *Culture and Human Fertility*. Paris: UNESCO.
- Mehlan, K. (1966) "The Socialist Countries of Europe," pp. 207-26 in Berelson et al. (eds.)
- Monreal, T. (1965) "Discussion." *Milbank Memorial Fund Quarterly* 43 (2): 277-78.
- Monreal, T. and A. Armijo. (1968) "Evaluation of the Program for the Prevention of Induced Abortion and for Family Planning in the City of Santiago." Santiago: Escuela de Salubridad, Universidad de Chile (mimeo).
- Murumatsu, M. (1960) "Effect of Induced Abortion on the Reduction of Births in Japan." *Milbank Memorial Fund Quarterly* 38: 153-66.
- Nag, M. (1962) *Factors Affecting Human Fertility in Non-industrial Societies: a Cross-cultural Study*. New Haven: Yale University Press.
- Neel, J. V. (1970) "Lessons from a 'Primitive' People." *Science* 170: 815-22.
- Rattray, R. S. (1927) *Religion and Art in Ashanti*. Oxford: Clarendon Press.
- Requena, M. (1968) "The Problem of Induced Abortion in Latin America." *Demography* 5: 785-99.
- Schapera, I. (1955) "An Anthropologist's Approach to Population Growth: Studies in the Bechuanaland Protectorate," pp. 23-29 in Cragg and Pirie (eds.) 1955.
- Tietze, C. (1965) "Discussion." *Milbank Memorial Fund Quarterly* 43 (2): 277.
- Tietze, C. and S. Lewitt. (1969) "Abortion." *Scientific American* 220 (1): 21-27.
- Westoff, C. F. (1965) "Discussion." *Milbank Memorial Fund Quarterly* 43 (2): 112-14.